

Partnerships in Care Limited

Burton Park

Inspection report

Warwick Road
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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

Our rating of this location improved. We rated it as requires improvement because:

- The service provided safe care. The ward environments had improved and were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice.
- The ward teams included or had access to a range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, regular supervision and appraisals. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Most staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.
- There were new procedures in place for reporting incidents and learning from when things go wrong, staff were positive about the change and they knew about lessons learnt and changes to practice. Patient records were now kept securely and confidential.
- All relevant staff had been involved in a review of patient observations and provided support. Staff told us about the refreshed vision and values across the service. Many staff told us they felt very proud to work at Burton Park; and the staff culture had improved across site. There was a clear change in the leadership within the service. Staff told us they valued the support and input from the registered manager, medical director and senior management team.


However:

- The provider had staff vacancies with high use of bank and agency staff to cover. The provider had plans to reduce the number of beds that needed high observation levels with the new rehabilitation pathway model.
- Whilst we noted an improvement in the cleanliness in the patient areas, we found that on Cleves ward non patient areas were not cleaned to the same standard. A staff kitchen and back stairs were visibly dirty. We reported this to managers during the inspection and they took action immediately. Some staff reported concerns about no cleaning support Monday to Friday after 3pm
- Staff did not always follow safe administration and storage of medicines on Cleves and Warwick wards; however, we reported this to the manager who took immediate action.
- On Warwick ward one risk assessment and one care plan out of 12 reviewed, were not regularly updated.
- On Warwick ward one patient, who could not reposition themselves without support was observed alone in the same position for a long period.
- Patients community meetings were not taking place regularly; and patients views not acted on. The provider told us they had plans to start in the new year. Some families and carers had concerns about the way patients were treated. Staff did not always respond appropriately to families and carers with support and information.
- A staff member on Warwick ward was heard not speaking to a patient with dignity and respect.

On Warwick wards some bedrooms looked worn with marked floors, drab décor and looked bland and sterile. One patient's bedroom door was unmarked, looked empty, no personalisation on bedroom door despite being at the service since 2019. The provider took immediate action to support the patient to personalise their bedroom.

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	Requires Improvement 	See- Overall summary.

Summary of findings

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Summary of this inspection

Background to Burton Park

Priory Burton Park has 50 highly specialist inpatient rehabilitation beds which provides care and treatment for patients who are in need of a neuro rehabilitation approach to can support the stabilisation and long-term recovery of people after they have been diagnosed with a brain injury.

The service provision is based on a person-centred philosophy and approach that delivers specialist targeted neuro rehabilitation and care, focusing on the physical, functional, cognitive, emotional and social needs of the individuals with a brain injury. As part of the inspection we visited:

- Cleves a 26 bed ward (which focuses on rehabilitation) 22 beds for patients with an acquired brain injury with associated complex neuro behavioural needs requiring comprehensive rehab support. Four beds provide an enhanced neuro behavioural focus.
- Warwick a 15 bed ward for patients with an acquired brain injury with associated complex neuro physical and behavioural needs. In addition, the ward supports existing stroke patients who may then go on to develop further neurological conditions such as vascular dementia. The ward also supports the rehabilitation of patients with neurological impairment post Covid - 19. A provision for palliative care options are available for existing patients if required.
- Dalby a 9 bed ward for patients who have completed the transitional pathway and are now on their final stage's pre-discharge with an emphasis on community access. The ground floor was in use, whilst the top floor was still being refurbished.

The service has a registered manager. The regulated activities provided are: Assessment or medical treatment for persons detained under the Mental Health Act 1983 and treatment of disease, disorder or injury.

The last inspection was in March 2021 we inspected two domains safe and well led. The service was issued an enforcement section 31 letter of intent to address the identified the areas of concern. We issued three warning notices for Regulation 12. (1) Safe care and treatment, Regulation 17 (1) Good Governance and Regulation 18 (1) Staffing. The service was put into special measures. We also issued requirement notices:

- The provider must ensure Covid-19 infection prevention and control principles are followed. Regulation 12(1)
- The provider must ensure food hygiene standards are followed. Regulation 12(1)
- The provider must ensure patients risk assessment are regularly reviewed. Regulation 12(1)
- The provider must ensure there are enough permanent staff at all levels to manage the service and meet the needs of the patient group. Regulation 18(1)
- The provider must ensure robust procedures are in place and lessons learned from investigation, complaints and safeguarding are shared with staff following incidents and fully implemented. Regulation 17(1)
- The provider must take action as soon as they are alerted to suspected, alleged or actual abuse, or the risk of abuse. Regulation 13 (3)
- The staff team must always treat all patients with dignity and respect. Regulation 10(1)
- The culture across the units must be reviewed to ensure patient care is of a high quality. Regulation 17(1).
- The provider must ensure staff receive regular supervision. Regulation 18(2)
- The provider must ensure patient records are kept secure and confidential. Regulation 17(1)
- The provider must ensure there is regular review of patient observations. Regulation 12(1)

Summary of this inspection

This was a follow up comprehensive inspection to check compliance against the three warning notices for Regulation 12. Safe care and treatment, Regulation 17. Good Governance and Regulation 18. Staffing. We found the service had met the warning notices and addressed the concerns. However, there was still more to do. The provider needed more time to recruit more staff and embed the new rehabilitation and recovery model.

How we carried out this inspection

Our inspection team was led by an inspection manager.

The team included CQC inspectors, inspection manager, specialist advisor and an expert by experience.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the service provider and asked other organisations to share what they knew.

During the inspection visit, the inspection team:

- inspected three wards, looked at the quality of the ward environment and observed how staff were caring for patients
- reviewed 12 patient care plans
- reviewed 12 patient risk assessments
- reviewed 25 prescription charts
- spoke with 17 patients who were using the service
- spoke with five patient families and carers
- spoke with 21 staff, registered manager, ward managers, consultant, senior practitioner manager, director of clinical services, nurses, health care assistants, occupational therapist assistant, social worker, support service manager, activities coordinators, housekeepers, administrators and student nurses
- observed one flash meeting, one senior management meeting, one multiple disciplinary team meeting, reducing restrictive practice meeting and one discharge planning meeting with patient and stakeholders
- looked at a range of policies, procedures and other documents relating to the running of the service.

Areas for improvement

Action the service MUST take to improve:

- The provider must ensure the safe management of medicines including administration and storage are maintained on Cleves and Warwick wards. (Regulation 12. Safe care and treatment (1) (2)(g))

Summary of this inspection

- The provider must ensure that patient and staff areas are clean and properly maintained, and suitable for the purpose for which they are used. Patients views to be considered, when possible. (Regulation 15. Premises and Equipment (1) (a)(e))
- The provider must ensure regular community meetings and meeting minutes are completed with action staff have taken in response to patient feedback; to make improvements to the service. (Regulation 17. Good Governance (1)(2)(a)(e)).
- The provider must ensure that they have effective plans in place which are reviewed regularly to continue to increase the number of permanent staff across the service. (Regulation 18. Staffing (1)).

Action the service SHOULD take to improve:

- The provider should ensure patients risk assessment are regularly reviewed. (Regulation 12. Safe care and treatment (1)).
- The provider should ensure patients have individual care plans that fully address their needs. (Regulation 9. Person - centred care (1) (h))
- The provider should ensure that when care plans are in place that staff follow them to ensure the care delivered is person centred. (Regulation 9. Person - centred care (1) (h))

Our findings

Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



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

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

Requires Improvement



Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated risk assessments for three wards and removed or reduced any risks they identified. A ligature audit included the large outside garden areas.

Whilst staff could not observe patients in all parts of the wards due to the layout of the buildings which were older buildings, patients were supported with enhanced observations in line with their risk assessment and care plan. Staff were positioned around the ward so they could observe patients. We saw curved mirrors had been placed in corridors.

The three wards areas complied with guidance and there was no mixed sex accommodation. In November 2021 on Dalby ward the staff had reviewed mixed sex accommodation arrangements and re-arranged the environment to ensure female only areas on the ward.

Staff had easy access to alarms and patients had easy access to nurse call systems. Some patients has wrist alarms in line with their risk assessment.

Maintenance, cleanliness and infection control

The service had made significant progress since our last inspection. Ward areas were clean, staff were adhering to infection prevention and control principles. Managers had put in place new processes in place for staff to wear and regularly change masks, regular lateral flow testing for Covid-19 before staff started work on the wards. A safety coordinator on each shift checked staff lateral flow tests. Clear signage was displayed around the hospital told staff and visitors to wear masks when visiting. There was signage on doors for the number of people in rooms at any time. Managers had supplied staff with small sanitisers that were attached to their lanyards when on shift. Managers had appointed a new infection prevention and control lead. They provided advice and guidance to staff, with additional staff training around virus, face mask fittings, personal protective equipment usage and wear. Four new hand washing sinks had been provided for each ward. The service had worked closely with a CCG and reviewed the service cleaning materials with improved cleaning products. Everyone to two hours we saw staff sanitise and wipe down furniture, tables and surfaces. Staff made sure cleaning records were up-to-date and the premises were clean.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Whilst the service had made significant progress since our last inspection, we still found some areas where more progress was needed. When we reported our findings to the manager during the inspection, they took immediate action.

In the main reception area, the mask disposal bin was overflowing. The manager took immediate action with the housekeeping team to ensure this bin was emptied each morning checked again in the afternoon and included in the housekeeping audits. We did not have any further issues throughout the remainder of the inspection.

However, we found the mask disposal bin in the hospital main reception area was overflowing upon the CQC team's arrival.

On Warwick ward in one bedroom the finish and quality of the padding on floors and walls were not to a high standard. Whilst there had been no impact on the health and safety of the patient in that room, we were concerned that there was a potential for an infection control issue or a trip hazard. Following the inspection managers took immediate action by sourcing a new contractor and new quotes for repairs.

On entering the ensuite on Dalby unit (lower floor) we noted an upward slope which presented as a potential hazard, the inspector tripped on this. In addition, the built-in door handles were difficult to use due to their size. To address this the maintenance team had added additional handles which felt sharp with screws raised and protruding. Whilst on site the maintenance team reported they would address these issues immediately.

Managers had addressed the concerns we had found at the last inspection and all patient areas were clean. However, they had not ensured that non patient areas were cleaned to the same standards. For example, we found that Cleves ward staff kitchen area and back stairs were visibly dirty. We reported this to managers when on site and this was actioned immediately. Some staff reported concerns about no cleaning support available Monday to Friday after 3pm.

Food hygiene standards had improved since our last inspection. We saw staff wearing hair nets, gloves and aprons when serving food. Tables were sanitised and wiped down before and after use. We saw staff had access to appropriate equipment for example tongs to handle food in line with good hygiene. Staff followed infection control policy, including handwashing. We observed two mealtimes and found one incident on Warwick ward where one member of staff did not meet food hygiene standards. The staff member was not bare below the elbow, they had long sleeves potentially dripping into patients' meals and no gloves worn for part of the mealtime.

Clinic room and equipment

We inspected four clinic rooms (two on Cleves ward) they were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

We reviewed duty rota's over a three week period and found that the service had enough nursing and medical staff to keep patients safe and provide the care they required. However, in order to do this there was a high use of bank and agency staff. Managers and staff told us that the majority of agency staff had been working in the service for years.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The senior management team had a plan in place to reduce the use of agency staff by reducing the number of beds that needed high observation levels with the new rehabilitation pathway model. The plan was in its infancy, but it was starting to have an impact in the reduction of agency staff. The records show from 1 to 7 November 2021 there were 60% substantive staff and 40% agency staff. Agency staff tended to work evenings and weekends. In the last three months the use of agency staff had reduced by 14%, this is an average of one agency staff member on ward or one across site. The number of shifts filled by agency staff over the last 12 months were 17,277. The number of shifts filled with bank staff over the last 12 months were 2,208. Number of shifts not filled with agency staff or bank staff over last 12 months were 65.

Since our last inspection the provider had made improvements to staffing. The provider worked closely with one staff agency and paid enhanced rates. Three bank staff had been employed with new contracts to work across a seven-day week and enhanced rates. Agency staff were often block booked for work up to eight weeks. Substantive staff told us they were offered to work any additional shifts at overtime pay. Staff contracts now included mandatory working across days, nights and weekends. The provider had employed a night manager to work nights, their duties included staff competency checks, supervision and staff training. The night manager provided a daily report for the next morning which was shared with managers at the flash/morning meetings.

The staff vacancy rates in the last 12 months were 22%. There are currently 30 healthcare assistant vacancies. The remaining staff vacancies were for three nurses, three catering assistants, one housekeeping, one laundry assistant and one occupational therapist.

Managers told us this there were four beds for patients that required high observation levels in line with special duty nursing. The provider were looking to reduce the number of beds that needed high observation levels with the new rehabilitation pathway model. Three patients had been admitted using the new rehabilitation model and admission criteria.

The service had a high turnover rate of 62% in the last 12 months. The provider had an ongoing recruitment strategy with weekly interview slots and assessment centre days. Managers confirmed new staff were due to start work included, three new bank staff, three health care assistants, two speech and language therapist and one speech and language therapist assistant, and one occupational therapy assistant. The provider were interviewing on the 13 to 14 December 2021, one psychologist, two assistant psychologists, and other interviews to be arranged for four healthcare assistants and one nurse.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Levels of sickness were at 6%. Since the last inspection managers had been conducting regular return to work interviews. There were no staff on long term sickness.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The ward manager could adjust staffing levels according to the needs of the patients.

Patients had regular one-to-one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



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

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The overall mandatory training rates were 87%. The lowest compliance rate for immediate life support 75%, two nurses who had just started working in the service were booked on this training in January 2022. The managers had a plan to ensure staff completed this training. The highest compliance rates were 94% for handling complaints. Mandatory training programme included reducing restrictive intervention breakaway training 89%, safe handling of medicines 80%, basic life support with defibrillator (included choking) 84%. The mandatory training programme were comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Most staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

We reviewed 12 risk assessments across the service. We found one risk assessment at Warwick ward which staff had not regularly reviewed. The patient's risks were reviewed 26 November 2021 from high risk to medium risk. Staff had completed an assessment update on 29 November 2021 with reduced observation from one to one observation to intermittent four checks per hour. We found no historical reasons, recent incidents or rationale for this change in nursing care.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Management of patient risk

When we spoke with staff, they knew about any risks to each patient but did not always update the risk assessments.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff attend a weekly incident meeting where any risk presented by a patient were discussed and actioned via the multidisciplinary team approach led by the doctor. This approach has led to more robust interventions which has minimised risk of incidents re-occurring such as peer to peer assaults and physical aggression.

Staff followed procedures to minimise risks where they could not easily observe patients. The service health and safety champion had meet with staff individually on all wards and briefed staff on the service observation policy and how to carry out observations in line with good practice. This is an improvement since our last inspection.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

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

Use of restrictive interventions

Levels of restrictive interventions were low. In January 2021 the number of restraints at the service were 87 and reduced to three in December 2021. Managers told us this was due to improved monitoring of incidents and review of care with the multidisciplinary team.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. We observed a reducing restrictive practice meeting which was focussed on smoking cessation. Meetings aimed to ensure a person centred and least restrictive practice is promoted as deemed practicable. Patients may be invited to be part of the meeting which is empowering as this gives them choice and control over what they would like to happen moving forward. We observed therapy staff, social worker, clinical lead and ward managers discuss how to ensure patients had choice and could access vapes as part of their planned care. The provider policy allowed vapes to be used in line with smoking cessation programmes.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

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

There were no incidents of rapid tranquilisation in the last 12 months.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Since the last inspection this has improved. Managers told us that relevant staff met every six weeks with local authority safeguarding teams to discuss safeguarding investigations. Safeguarding referrals were also discussed at weekly meetings. In April 2021 there were 20 safeguarding referrals submitted to the local authority. In September and October 2021 this reduced to 15 safeguarding referrals. Themes identified were neglect and acts of omission, missed observations, medication administration, physical abuse, and peer to peer physical aggression.

The provider's social worker team provided safeguarding refresher meetings with health care assistants during ward handover. They provided support and guidance around safeguarding adults at risk, shared best practise to minimise risk of patients being put at risk intentionally or unintentionality.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up to date with their safeguarding training. Safeguarding adults training compliance rates were 90%. Most ward managers and deputies had completed the safeguarding lead training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. Safeguarding children training compliance rates were 89%. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Since the last inspection this has improved, we saw patients' records were stored securely. Patient notes were comprehensive, and all staff could access them easily.

The service used electronic records, staff made sure they were up-to-date and complete.

When patients transferred to a new team, there were no delays in staff accessing their records.

Medicines management

The staff did not always use systems and processes to safely administer and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Most staff followed systems and processes to prescribe and administer medicines safely. On Cleves ward we saw staff did not follow good practice for safe storage of medication. We saw staff handling boxed medication on the floor of the clinic room. Staff told us they were transferring medicines from the downstairs clinic room to the upstairs clinic. However, medicine stock transfer records were not completed. We saw the peddle bin lever in the downstairs Cleves clinic room did not work.

On Warwick a patient's topical medicine was recorded as out of stock on 26 November 2021. Records showed staff ordered the medicine on the 2 December 2021 and the medicine back in stock 5 December 2021. The patient were without their medicine for 10 days. We saw in Warwick clinic fybogel were not stored in the locked medicine cupboard. Fybogel is a laxative taken to treat constipation. The manager took immediate action to lock the medicine away.

Staff did not follow the providers policy on the safe administration of medicines. On Cleves ward we saw an apprentice nurse dispensing medicines into pots. Qualified nursing staff were not in attendance to oversee the medicine administration task. We were told that this was not usual practice and that it would cease immediately. This was reported to the manager who took immediate action to speak to the staff members concerned and gave assurance that staff were complying with the provider medicine administration policy.

We saw in the Cleves ward clinic 'My medication My way', care plans described patients' preferences and considerations around their medicines. We saw covert medicines care planned for and held within the medicine charts. Covert medicines are when medicines are administered in a disguised format without the knowledge or consent of the person receiving them. We saw records around best interests and patient's capacity to consent.

On Dalby ward two patients self-administered medicines following self-assessments, with review processes in place. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff completed medicines records accurately and kept them up to date.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Most staff stored and managed all medicines and prescribing documents safely.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

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

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

The service had made progress in managing and learning from safety incidents since the last inspection. Staff told us they had weekly multidisciplinary team meetings where incidents were discussed with actions, lessons and themes. Meeting minutes sampled showed the previous weeks patients' incidents were discussed. Incidents were reviewed to identify if anything had been missed and learning needs discussed. Themes and lessons learnt from the incidents were illustrated with coloured graphs. Violence and aggression, and accident and injury were the top two incidents in November 2021. Incidents were high at the last inspection with 60-70 across sites, reduced to 20-30 for November 2021.

Staff knew what incidents to report and how to report them. Staff reported serious incidents clearly and in line with the providers policy. There have been six serious incidents in the last 12 months Managers debriefed and supported staff after any serious incident.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. In the last 12 months the provider sent 36 duty of candour letters to relatives or next of kin following incidents.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Paper and electronic copies of provider patient safety meetings were available at Warwick ward library.

Staff met to discuss the feedback and look at improvements to patient care. We saw patient's safety meeting minutes and shared lessons learnt were circulated to all staff.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

There was evidence that changes had been made as a result of feedback. The weekly incidents meetings had become embedded and part of regular practice at the service.

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

Requires Improvement 

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Most care plans reflected patients assessed needs, and were personalised, holistic and recovery oriented.

We saw comprehensive personalise, holistic, rehabilitation focussed care plans. Eleven out of twelve records were reviewed regularly which is an improvement since the last inspection.

One patient's activity planner confirmed they needed physiotherapy three times a day, one session was to be carried out by physiotherapy staff and ward staff provided the remaining two sessions. This was not included in the patients care plan. Care records showed for week of the 29 November 2021 staff had not carried out any physiotherapy. We saw on some occasion's physiotherapy staff were not able to carry out physiotherapy as the patient needed to be in bed. Staff had got the patient up and into their wheelchair which meant the intervention could not be administered and increased the patient's clinical risk. In addition, staff that were providing the physiotherapy intervention for this patient had not been trained in physiotherapy. Following feedback from the inspection, the provider arranged for the physiotherapy team to move base to Warwick ward due to patients' physical complexities on this ward.

Staff did not always follow individual person-centred care plans. We saw one patient on Warwick ward, who could not reposition themselves without support was observed alone in the same position in a wheelchair for a long period. We saw from their care records they were left in the same area in front of the television for five hours and returned to the same area in the evening for 2.5 hours. The care plan confirmed the patient should not be left in the wheelchair for more than three hours.

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

Patients had their physical health assessed soon after admission this included blood virus detection. Most patients were regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Most staff regularly reviewed and updated care plans when patients' needs changed. Care plans were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff provided a range of care and treatment suitable for the patients in the service.

This had improved since our last inspection. The multidisciplinary team were in the early stages of developing an enhanced rehabilitation and recovery model in accordance with independent neurorehabilitation providers alliance standards. Managers had made changes to the ward environment and provided briefings for staff. The service now worked to a new admission and exclusion criteria. The brain injury service managers and service development manager would coordinate referrals. Upon receipt of the multidisciplinary team will devised whether the patients meet the eligibility criteria. Manager's and staff told us this approach was working well.

Patients progression was monitored using a range of outcome measures including module of human occupation screening tool, functioning independence measure, overt aggression scale modified for neurorehabilitation, and rehabilitation complexity scale.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes for example: the national early warning score a tool which improves the detection and response to clinical deterioration in adult patients and improves patient outcomes; hospital anxiety and depression scale aims to measure symptoms of anxiety and depression. Staff used health of the nation outcome scale a method of measuring the health and social functioning of people with severe mental illness, and measured behaviour, impairment, symptoms and social functioning.

Staff identified most patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. Patients had weekly access to the physical health checks

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Speech and language therapist provide support with dysphagia- problems swallowing certain foods or liquids, difficulties with communication and swallowing disorders. Staff could refer patients to other professionals as their care needs required. These included the diabetic community nursing team. Staff helped patients live healthier lives by supporting them to take part in programmes including general exercise and wellbeing.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. For example, medicine, serious incidents, cleaning, and care plan audits. Managers used results from audits to make improvements.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. Teams consisted of health care assistants, registered nurses, psychiatrist, psychologists, physiotherapist, occupational therapists and occupational therapists' assistants. The provider employed activity coordinators who worked with the therapy team and patients. The social worker team supported patients and staff.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work. The social worker team provided a safeguarding element as part of the staff induction.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

This was an improvement since the last inspection, one staff member provided patients observation engagement competencies to new staff, including agency staff. Further training would be provided where staff did not meet the standard required.

Staff support had improved since our last inspection. All staff received individual /group supervision and reflective sessions. Managers supported all staff through regular management and clinical supervision and appraisals of their work. Managers supported all permanent staff with annual appraisals of their work. The appraisal's compliance rate at 87% of staff with 12% left to complete and upload to the electronic training academy platform. Ninety per cent of staff received regular supervision. The night manager ensured staff working nights received management supervision. Regular agency staff who had been working at the service for many years attended staff meetings, staff training and received regular supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We reviewed staff meeting notes and saw staff attended morning/ flash meetings and team meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers told us there were opportunities for leadership development with training.

Managers made sure staff received specialist training for their role. Managers provided to all staff enhanced rehabilitation and recovery training programme briefings.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early on in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. For example, learning from incidents multidisciplinary meetings were held weekly to discuss themes and actions to ensure the well-being and safety of the patients. Multidisciplinary least restrictive practise meetings were held monthly with a view to promote anti oppressive and anti- disclination practice. Clinical governance meetings were held monthly to review safe patient care and where improvements maybe needed.

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

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations. We observed a virtual multidisciplinary plan to discharge meeting take place which included the patient, a family member, commissioners, placement representative, local authority social worker and staff. The focus was on the patient, who had prepared for the meeting with pre-written questions.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice compliance rate at 85%. Staff could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

There were two Mental Health Act monitoring visits in 2021 at Cleves ward 1. 2 March 2021 and Dalby ward 8 November 2021. Managers supplied provider action statements but actioned most points during the visit. Following on the Dalby ward Mental Health Act review in November 2021 on Dalby ward the staff had reviewed mixed sex accommodation arrangements and re-arranged the environment to ensure female only areas on the ward.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

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

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. We sampled papers for a tribunal hearing on Cleves ward and found they were clear and well presented.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff received and kept up to date with training in the Mental Capacity Act with compliance rate at 84% and had a good understanding of at least the five principles.

There were 13 Deprivation of Liberty Safeguards applications made in the last 12 months with five further requests made for standard authorisations. Managers knew which wards made the highest and monitored staff, so they did them correctly.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

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

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

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

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

Requires Improvement 

Kindness, privacy, dignity, respect, compassion and support

Staff respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. However, not all staff treated patients with kindness and respect when they interacted with them.

We spoke with 17 patients they told us they felt well supported, and staff and were kind caring, and respectful. We observed and heard positive interactions between patients and most staff across all wards visited. Staff understood and respected the individual needs of each patient. Staff supported patients to understand and manage their own care treatment or condition.

However, we saw one incident where staff did not speak with sensitivity and respect to one patient on Cleves ward. Upon waking up, the patient was briefly disorientated and began to shout out. A staff member responded by shouting back loudly "You can't remember because you have a brain injury." Whilst, we saw other staff engage in a respectful and sensitive tone with the same patient. We saw in the patients care plan they agreed to be reminded of their condition. The manager took immediate action and followed this up with staff.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff gave patients help, emotional support and advice when they needed it.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. We were pleased to hear this as this was not the case at the last inspection. Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessments. Staff did not always engage with patients seek their feedback on the service they received, and act on this. Staff ensured that patients had easy access to independent advocates.

Involvement of patients

Staff involved patients and gave them access to their care planning and risk assessments. We saw advanced statements in some care plans. An advanced statement is a written statement that sets down patients' preferences, wishes, beliefs and values regarding their future care.

Staff introduced patients to the ward and the services as part of their admission. A welcome leaflet and ward brochures were available. Patients gave feedback to staff that they wanted an explanation of the staff roles that worked at the service. The social worker team had been leading this with the patients and were looking to complete a new format for wards soon.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. We saw communication care plans for each patient.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients could attend community meetings. We saw 24 sets of community meeting minutes and one action plan. We saw regular meeting minutes from June to early August 2021. Meetings stopped in September and October and started up again briefly from November 2021. Managers told us community meetings were weekly, but from the meeting minutes viewed were not taking place weekly. Patients on Dalby ward from November had asked for monthly meetings. Managers told us therapy staff had been running community meetings but had been handed over to ward staff to lead from September 2021. Therapy staff would continue with the community meetings in the new year.

We saw most community meeting minutes were not completed and did not include the action staff had taken in response to patient feedback. Patients gave feedback around trips out, clothes shopping, sensory boxes, a fish tank, decorations for bedrooms, a sensory room equipment, and more activities but these were not acted on.

We saw on all the wards 'You said, We did', white boards. These would capture patient community meeting feedback. On Cleves and Warwick wards some of the white boards had heading's on but were left blank. Staff told us some patients will wipe the boards once staff have written on them.

Staff supported patients to make decisions on their care. Staff made sure patients could access advocacy services from an independent advocacy service.

Involvement of families and carers

Some families and carers had concerns about the way patients were treated. Staff did not always respond appropriately to families and carers with support and information.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

We spoke with five patient families and carers and received mixed feedback. One family and carer told us that the service was not responsive, telephone calls to the service were not answered during the evening or phone calls returned.

One family carer said, their relative had not made a lot of progress and they had declined. When you raise something with staff, you don't hear anything back. Another family member said the hospital is safe and clean, went to their relative's bedroom and the lounge seems okay. They seem happy enough, and see their GP regularly,

Another family carer said we are involved in phone in meetings, but don't receive meeting minutes. Not all families and carers knew they could attend virtual ward meetings and care programme approach meetings. Another family carer said staff are very marvellous I phone once a week, my relative has a better quality of life and has settled down. The doctor is approachable, and we are confident they sort out any problems.

All the families and carers said the wards were clean and all had visited this year.

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

Requires Improvement 

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. Staff managed discharge well. As a result, patients did not have excessive lengths of stay and did not experience any delays in their discharge.

Managers reported a new admission procedure for patients with built in reviews at 72 hours, seven days, four weeks and at 28 days. During the senior management meeting feedback from a local authority complemented the service on well the admission reviews were working.

The provider reported bed occupancy of 66% in the last 12 months across this service. The average length of stay for patients is on average 26 months. Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

Patients did not experience any delays in their discharge. Managers and staff worked to make sure they did not discharge patients before they were ready. When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

The psychiatric intensive care unit always had a bed available if a patient needed more intensive care and this was not far away from the patient's family and friends.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Discharge and transfers of care

The service had no delayed discharges in the past year. Staff carefully planned patients' discharge and worked closely with the social work team and commissioners. Patients may transition to either a care home, supported accommodation or to supported living. The social worker team attended the wards for discharge meetings, ward rounds, care programme approach meetings.

Staff supported patients when they were referred or transferred between services. The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

On Cleves and Dalby wards the facilities promoted comfort, dignity and privacy. However, On Warwick ward the design, layout, and furnishings did not always support patients' treatment and care in line with the providers new model of care.

On all wards there were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise. However, on Warwick ward some bedrooms were worn with marked floors, drab décor and looked bland and sterile.

On Warwick ward one patient's bedroom door was unmarked, looked empty, no personalisation on bedroom door despite being at the service since 2019. The manager took immediate steps to seek patients views around the personalisation of their bed space, and spoke with ward staff, activity coordinator and housekeepers to review bedrooms and make changes. Following the inspection on Warwick ward five bedrooms were tidied and personalised, and further maintenance work identified for each bedroom. Staff were looking at changing lighting to provide more light. All doors will have a name plate and room number on. From 9 December 2021 staff were looking to complete one room per day.

Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private.

The service had an outside space that patients could access easily. We saw staff supporting patients walking around the large outdoor area.

On Dalby and Cleves ward patients could make their own hot drinks and snacks and were not dependent on staff. Staff on Dalby ward told us in early in 2022 the patients were planning to prepare and cook their own meals in the ward kitchen. The service offered a variety of good quality food cooked on site. We saw the meals served were varied and nutritious.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



Staff helped patients to stay in contact with families and carers. We saw a letter about one patient's care had been translated from English to Afrikaans and sent to the relative to keep them informed.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. We saw patients visit the local church with the activity coordinator. Some patients went shopping and staff assisted them with home and budgeting skills. There were trips to the local garden centre. Some patients had arranged day and weekend trips to spend time with their relatives. Staff can access the provider patient transport for outings.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

We saw some patients received therapeutic activities and requested a breakdown of activities for patients across site. However, upon receipt of this we were unable to judge how often patients received therapy, and when they declined.

The service could support and adjust for disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local services, their rights and how to complain

However, we saw the service patient leaflets and brochures were being developed. We saw health and general information was accessible in different formats and languages including easy read.

Patients had access to spiritual, religious and cultural support. We saw patients go to the local church with the activity coordinator. Patients had access to the chaplaincy service.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. One patient raised a complaint with the CQC inspectors around the behaviour of agency staff at night, attitude, rudeness and loudness. The manager took immediate action with initial fact finding, escalated this with the staffing agency, and recorded this as a formal complaint and confirmed in writing to the patient. The patient is awaiting the investigation outcome.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. There were 12 formal complaints in the last 12 months. Five on Warwick, four on Cleves and one on Dalby ward and two from members of the community around environmental issues.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The service used compliments to learn, celebrate success and improve the quality of care.

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

Requires Improvement 

Leadership

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

There was clear change in leadership within the service. Managers had the right skills, knowledge and experience to perform their roles. Managers had a good understanding of the services they managed. Staff told us that senior managers and ward managers were visible and they knew who they were. Staff across site were complimentary about the registered manager.

Managers and staff confirmed development opportunities for career progression were available and were encouraged to take these up.

Vision and strategy

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

Those staff we asked knew the organisation's new vision and values. We heard about staff training for the new rehabilitation model. We saw evidence of the provider vision in team meeting minutes. Staff were able to articulate the philosophy of the wards.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

The culture had improved since our last inspection. Since the last inspection the provider had created a post for a part time speak up guardian. The staff member also worked as an occupational therapist assistant and provided monthly staff drop-in sessions. They told us the staff's current concerns were around mandatory staff vaccinations, high levels of patient's observations, staffing.

Many staff commented on an improved culture at Burton Park. Staff told us they felt happy and enjoyed their work. There was good staff morale. Staff felt respected, supported and valued. Staff felt able to raise their concerns without fear of retribution.

We saw staff had a good understanding of the service they provided. Staff told us about weekly meetings for health care assistants and nurses. Health care assistants could attend monthly drop in coffee and cake meetings with the registered manager who served refreshments for the staff. There were awards for colleague/employee of the month with £25:00 gift vouchers. Staff were awarded monthly happy hampers, with prizes of sweets and chocolates. The providers Priory engagement officer visited the wards monthly to listen to and speak with staff.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



Staff told us they promoted equality and diversity in their day to day work.

Governance

Our findings from the other key questions demonstrated that most governance processes operated effectively at team level; and that performance and most risks were managed well. It was apparent that the leadership team had plans in place to develop the new model across the hospital including the related governance processes, this was still in its infancy and more work was required.

We saw many improvements in the service since the last inspection. Areas included adhering to infection prevention and control principles and food hygiene standards; although a new infection prevention issue were identified. New procedures were in place for reporting incidents and learning when things go wrong. Staff told us about the lessons learnt and changes to practice. We saw improved patient risk management; and staff responded when alerted to abuse. We saw patients' records were kept confidential and secure. Staff received regular mandatory training appraisals and supervision. All staff were involved in the review of patient's observation briefings in readiness to provide support. Staff told about the "refreshed" vision and values and we saw the culture had improved across the service.

Whilst we noted an improvement in governance processes since the last inspection these were not robust or embedded and did not support managers to identify issues and implement change for example, the processes did not identify environment issues on Warwick ward. We did see some improvements were still required around cleanliness in non-patient areas and maintenance.

The service had high levels of agency staff, but there were plans in place to reduce a reliance on agency staff. Patients were treated with dignity and respect; however, we saw one incident where a patient was spoken to in a loud voice and not treated with dignity and respect. Patients community meetings were not regular, and the service did not use patient feedback to make improvements to the service. Staff did not always respond appropriately to families and carers with support and information.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Managers kept patients and staff safe, however saw incidents where staff had not followed safe administration and storage of medicines on Cleves and Warwick wards. We told managers and they took action.

Effective multidisciplinary meetings across the service helped to reduce patient risks and keep patients and staff safe. Staff notified and shared information with external organisations. Staff were open and transparent and explained to patients when something went wrong. We saw staff had good rapport with patients.

Staff were offered the opportunity to give feedback and input into service development. Staff did this through regular health care assistants nurses, team meetings and governance meetings.

Staff said the service provided information governance systems to measure key performance indicators and to gauge the performance of teams. Managers had information that supported them.

Managers told us they had access to the risk register at ward level.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Teams had timely access to the information they needed to provide safe and effective care.

Information governance systems included policy on confidentiality of patient records.

Managers had access to dashboards with information that supported them. All information was usually accurate and identified areas for improvement.

Staff notified and shared information with external organisations when necessary, seeking patient consent when required to do so.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Managers from the service participated actively in the work of the local transforming care partnership.

We were concerned that due to the lack of effective community meetings, managers had missed an opportunity to actively engage and provide feedback systems to patients across the hospital. Due to this we were not assured that managers had improvement plans in place that reflected the patient's needs.

Learning, continuous improvement and innovation

Managers had made many improvements since the last inspection which addressed the concerns that were found. Managers had also worked together effectively to improve the service, for example the new model of neuro rehabilitation and recovery of care. However, they now needed to ensure that the improvements made are embedded and sustained. In addition to this manager need to develop and monitor a continuous improvement plan to ensure that they can identify areas of practise that need to be improved, and then sustained

Managers supported development of new student nurses, with nurses soon to qualify to join the Burton Park workforce. We spoke with two students they said they felt welcomed and quickly made to feel part of the team.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider must ensure that patient and staff areas are clean and properly maintained, and suitable for the purpose for which they are used. Patients views to be considered, when possible. (Regulation 15. Premises and Equipment (1) (a)(e))

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider must ensure regular community meetings and meeting minutes are completed with action staff have taken in response to patient feedback; to make improvements to the service. (Regulation 17. Good Governance (1)(2)(a)(e)).

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider must ensure that they have effective plans in place which are reviewed regularly to continue to increase the number of permanent staff across the service. (Regulation 18. Staffing (1)).

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider must ensure the safe management of medicines including administration and storage are maintained on Cleves and Warwick wards. (Regulation 12. Safe care and treatment (1) (2)(g))