

The Copse

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 undertook an unannounced, focused inspection of The Copse following concerns identified at our last inspection in November 2018. During that inspection, we found the provider was not fully meeting the required standards of care in Regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. The service were not completing physical health checks following medication, and did not have reliable systems in place for safeguarding, completion of mental capacity assessments and incident reporting and follow up.

During this focused inspection we inspected the safe and well led key questions only to see if the service had made the required improvements. The service was rated as requires improvement in these key questions following the previous inspection. The service was rated as good in the effective, caring and responsive key questions. These areas were not inspected at this time and so the previous ratings for these areas remain.

During our inspection we found that all the required improvements had been made.

Our rating of this service improved. We rated it as good because:

- We were satisfied that the service had made improvements following the previous inspection, because systems were in place to ensure staff were carrying out physical health checks of patients on clozapine medication and after rapid tranquilisation.

- Improvements had been made to ensure systems were in place to ensure that safeguarding concerns and incidents were reported and followed up appropriately. Staff were also completing and recording mental capacity assessments. Systems were in place to ensure this was done.
- The service provided safe care. The ward environments were safe and clean. The wards had enough staff. 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. They managed medicines safely and followed good practice with respect to safeguarding.
- Staff engaged in clinical audit to evaluate the quality of care they provided.
- The service worked to a recognised model of mental health rehabilitation. It was well led, and the governance processes ensured that ward procedures ran smoothly.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.

Summary of findings

Our judgements about each of the main services

Service

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

Rating

Good



Summary of each main service

The hospital had four, six bedded wards, three male and one female.

Summary of findings

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Good 

The Copse

Services we looked at

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

Summary of this inspection

Background to The Copse

The Copse is a long stay, high dependency hospital that takes patients over the age of 18 with enduring mental health issues from acute inpatient services, to help them transition to living better lives in the community or in supported community placements.

The hospital has 24 beds and is split into four, six bedded wards, three for men and one for women.

There were 19 patients at the hospital at this inspection; 18 were detained under the Mental Health Act and one was informal.

The service is registered to provide the following regulated activities:

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

The service has a registered manager who has been in post since May 2018.

The service was inspected in July 2016, where it was rated as good overall and in all five key questions. At this time the service was run by Partnerships in Care.

The service was inspected again in November 2018. That was the first inspection after the service was acquired by Elysium Healthcare Limited. At that inspection the service was rated as requires improvement overall, with a rating of requires improvement in the safe and well led key questions, and a good rating in the effective, caring and responsive key questions.

Requirement notices were issued in which we told the service it must improve practice in relation to undertaking physical health checks, maintaining the safe management of medication, having robust systems for safeguarding patients, improving practice around the Mental Capacity Act and incident reporting and follow up.

Our inspection team

The team that inspected the service comprised two CQC inspectors.

Why we carried out this inspection

We inspected this service as a follow up to the previous inspection to ensure the requirement notices had been met, that it had made the required improvements to care

and the service was no longer in breach of regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

How we carried out this inspection

As this was a focused inspection, we only looked at the key lines of enquiry in the safe and well led domains that were rated as requires improvement in the previous inspection. We asked the following questions of the service:

- Is it safe?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, including the previous inspection report, the action plan following the previous inspection, and information from stakeholders.

During the inspection visit, the inspection team:

Summary of this inspection

- visited all four wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with three patients who were using the service;
- spoke with the registered manager, the clinical director and the ward manager for the service;
- spoke with four other staff members; including nurses, occupational therapy assistants, and healthcare support workers;
- attended and observed the morning handover meeting and looked at minutes from other handover meetings;
- looked at seven care records and five patients' physical health care plans;
- looked at four incidents and five safeguarding records;
- carried out a specific check of medicines management in the service, including ten medicine charts; and
- looked at a range of other documents relating to the running of the service.

What people who use the service say

The patients we spoke with told us there were enough staff to keep them safe, and to arrange activities and leave. They did not have any concerns about the staff and felt that they were professional in their approach. Patients felt that the ward was clean and well

maintained. Patients were aware of and felt involved in discussions about their medications. They felt that medication side effects and physical health were considered and were managed well.

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?

Our rating of this service improved. We were satisfied that the service had made improvements following the previous inspection, because systems were in place to ensure staff were carrying out physical health checks of patients on clozapine medication and after rapid tranquilisation.

We rated the service as good because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- 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. As a result, they used restraint only after attempts at de-escalation had failed.
- 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.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The temperatures in the communal fridges on the wards were out of the expected range, and the fridges had out of date food in them. This was addressed during the inspection.

Good



Summary of this inspection

Are services effective?

We did not inspect this key question at this time.

Good



Are services caring?

We did not inspect this key question at this time.

Good



Are services responsive?

We did not inspect this key question at this time.

Good



Are services well-led?

Our rating of this service improved. We were satisfied that the service had made improvements following the previous inspection, systems were now in place to ensure that safeguarding concerns and incidents were reported and followed up appropriately. Staff were also completing and recording mental capacity assessments. Systems were in place to ensure this was done.

We rated the service as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.
- Our findings demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local quality improvement activities.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

We did not review the service's adherence to the Mental Health Act as part of this focused inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

We did not review the service's adherence to the Mental Capacity Act as part of this focused inspection.

However, as part of the well led key question, we confirmed that there were governance systems in place to ensure that staff were aware of their responsibilities

under the Mental Capacity Act. Staff had received additional training following the previous inspection and took responsibility for assessing and recording mental capacity assessments and best interests decisions in care records.

Overview of ratings






Our ratings for this location are:

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

Notes

Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- Staff carried out regular risk assessments of the service. They routinely assessed ligature points (places where a cord or rope could be tied for self-harm or strangulation) and managed the risks with staff observation and through their referral criterion. The service was in the process of moving patients with greater levels of care needs and risk to wards which had less environmental risks.
- The environmental risk assessments included assessments for the upstairs roof terrace and the nearby railway and main road. All patients had individual risk assessments for access to the terrace. One ward had locked the access to the terrace due to the acuity of patients, but patients could access the terrace at any time by asking staff to unlock this. One patient had been moved to a downstairs ward due to concerns around their safety on the terrace.
- Staff could observe different areas of the wards. Blind spots (places on the ward that couldn't be easily observed) were mitigated by the use of convex mirrors, and by staff observation in communal areas.
- The service complied with guidance on eliminating mixed-sex accommodation. The service admitted male

and female patients onto different wards. The wards had single rooms and single sex lounges, and patients did not need to pass bedrooms of people of a different gender to access bathroom facilities.

- Staff completed regular checks of the fire alarms and evacuation procedures. Staff had access to alarms and radios to summon help if needed. These alarms were regularly checked.
- The ward areas were clean, had good furnishings and were well-maintained. One ward had been refurbished since the previous inspection, and there was ongoing work to replace the flooring in the other wards. One toilet and shower were out of use on one ward due to a recent leak, but maintenance were aware and working to fix this.
- Staff put cleaning records for the ward in place following the previous inspection. These were up to date and demonstrated that the ward areas were regularly cleaned. However, fridge temperatures on each of the communal ward fridges was outside of the expected range. We also found food in the fridges that had not been labelled on opening and disposed of when out of date. We raised this during the inspection and the ward checks were updated to include fridge temperature and food date monitoring. Managers printed posters for staff regarding labelling and removal of food and placed these on the fridges as reminders. Managers also ordered new digital thermometers to replace the manual ones to ensure the temperatures were being accurately monitored.
- Staff adhered to infection control principles, including handwashing. There were posters to remind staff of correct handwashing techniques to reduce the spread of infection.

Long stay or rehabilitation mental health wards for working age adults

Good 

- The clinic room was equipped with accessible resuscitation equipment. Staff checked this weekly to ensure it was fit for purpose. The clinic room also had equipment to take physical health observations, which was clean and appropriately calibrated.

Safe staffing

- Managers had calculated the number and grade of nurses and healthcare support workers required. At the time of the inspection all nursing vacancies had been recruited to, but there were eight healthcare support worker vacancies. Three new members of staff were due to start, and eight were going through pre-employment checks. The service was recruiting on an ongoing basis.
- In the month before the inspection, there had been seven occasions when bank or agency staff could not be arranged to cover vacancies. On these occasions wider members of the multi-disciplinary team (such as occupational therapy assistants) were brought in to ensure the ward was safely staffed.
- The hospital manager could adjust staffing levels as needed to take account of case mix. When necessary, managers booked bank and agency staff to maintain safe staffing levels. Those staff were given an induction to the service and where possible staff were block booked to provide continuity. Agency staff were given a separate log in to enable them to access electronic care records.
- A qualified nurse was available in communal areas of the ward at all times. Staffing levels allowed patients to have regular one to ones with staff. Staff shortages did not result in staff cancelling escorted leave or ward activities. On rare occasions this would be rearranged, or staff from the wider multidisciplinary team would step in to assist. The multidisciplinary team were basing themselves on the ward on a permanent basis so they could act as an additional staff member on the ward if needed. A clinical director was also recently employed to strengthen the senior management team.
- There were enough staff across the service to carry out physical interventions safely.
- The hospital psychiatrist was available three days a week. Outside of those hours there was an on-call rota and cover available from another nearby hospital owned by the same provider.
- Staff had received and were mostly up to date with appropriate mandatory training. Following the previous inspection additional face to face training on Mental

Capacity Act, safeguarding, clozapine management and incident recording had been provided. Staff who had not yet completed this training were due to be booked onto a session in the near future.

Assessing and managing risk to patients and staff

- We reviewed the care records of seven patients. These records demonstrated detailed and appropriate risk assessments on admission which were updated following any incidents or changes in risk. Staff used a recognised assessment tool (the historical clinical risk management-20, or HCR-20) to assess patient risks.
- Staff identified, and responded to changing risks to, or posed by patients. We were given an example of a patient who attempted to abscond via the roof terrace. Following this incident, the patient was moved to a downstairs ward with no access to the terrace. Staff also updated the risk assessment for the terrace and the access door was locked to prevent unsupervised access for patients.
- Staff applied blanket restrictions on patients' freedom only when clinically justified. There were appropriate rules to keep patients safe, including a list of banned items. Where there were additional restrictions in place, these were discussed with patients in fortnightly community meetings where patients could feedback any concerns to staff.
- The hospital had stopped being a smoke-free site following a number of complaints from the local community about patients using their leave to smoke off site. The hospital had built a smoking shelter on site for patients. A member of staff was also trained in smoking cessation.
- Informal patients could leave at will and were told this. There were also posters in place advising informal patients of their right to leave if they wished to do so.
- The service did not have a seclusion room and no patients were secluded or in long term segregation. Staff used rapid tranquilisation on occasions, the most recent of these being in the week before the inspection. The service used restraint when needed. None of the restraints were prone (face down on the floor). Staff used restraint only after de-escalation had failed, and used correct techniques. All ward-based staff (including agency) were trained in safe restraint techniques as part of their management of violence and aggression training.

Long stay or rehabilitation mental health wards for working age adults

Good 

- Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. A requirement notice was issued at the previous inspection as staff had not been checking the physical health of patients who had been given sedating medicines. Physical health monitoring is important after administering rapid tranquilisation to ensure that the patient's breathing and heart rate are not affected, which would put them at risk of suffocation. At this inspection we saw that physical checks were being completed and recorded for patients who had received rapid tranquilisation. Staff reviewed all uses of rapid tranquilisation in the morning handover meeting, to ensure all physical health checks had been carried out and recorded.

Safeguarding

- Staff were trained in safeguarding, knew how to make a safeguarding alert, and did that when appropriate. Following the previous inspection, a requirement notice was issued due to concerns that staff did not all recognise their role in safeguarding and delayed the referral of safeguarding concerns until they could seek advice of the team social worker. This was no longer the case.
- Following the inspection, all staff received additional face to face safeguarding training highlighting that safeguarding was the responsibility of all staff. Two staff members were also trained to Level 4 in safeguarding, to enable them to act as safeguarding champions and deliver training to staff. Managers had improved the safeguarding processes and guidance that supported staff to manage safeguarding concerns. Staff discussed all safeguarding concerns in the daily morning meeting to ensure that timely referrals were made, and any follow up actions were allocated to a responsible staff member and actions completed and confirmed on completion.
- Staff knew how to identify adults and children at risk of, or experiencing significant harm. This included working in partnership with other agencies. Designated staff were available at all times to support with safeguarding referrals to ensure there was no delay while waiting for a specific staff member. The management team also met with the local authority safeguarding team to discuss safeguarding processes and effective team working.

- Staff followed safe procedures for children visiting the ward. Patients could meet their relatives off the ward in meeting rooms, or in the community if they had leave.

Staff access to essential information

- Staff used electronic systems to keep care records. The systems were password protected to help protect patients' privacy. All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it, and was in an accessible form. Agency staff were given a temporary log in to the electronic system.

Medicines management

- Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, and disposal) and did it in line with national guidance. At the previous inspection we found some areas of practice that presented potential risks for patients. We issued a requirement notice due to concerns that patients were not receiving physical health checks in line with national guidance following rapid tranquilisation and clozapine medication.
- At this inspection we found that staff were reviewing the effects of medication on patients' physical health regularly and in line with the National Institute for Health and Care Excellence (NICE) guidance, especially when the patient was prescribed a high dose of anti-psychotic medicine.
- Managers had put posters on the wall in the clinic room to prompt staff to check for physical observations and adverse side effects from medicines. Medicines alerts were stored in a folder in the clinic room and staff recorded dates of blood tests for patients on clozapine, and injection dates for patients on a white board.
- Staff recorded all physical health checks in medicines cards and on patient care records. We saw evidence in all five care records we looked at that this was being completed regularly. Staff also highlighted any patients who had received clozapine or rapid tranquilisation as part of the morning meeting to ensure all physical health checks had been completed and documented.

Track record on safety

- There had been a serious incident in the year before this inspection that had been subject to a coroner's inquest. The service had not been requested to attend the

Long stay or rehabilitation mental health wards for working age adults

Good 

inquest and were not found to be at fault. The service carried out an internal investigation following this incident to review whether there were any lessons to be learnt.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report them. This had not been the case at the previous inspection, when we had found that not all staff were reporting incidents. Following the inspection staff attended incident training.
- Staff reported incidents that they should report. The hospital manager reviewed all incident reports before attending the morning meeting. Any incidents discussed during the meeting that had not been reported or followed up were allocated to a staff member for completion.
- Incidents that were reported were reviewed by managers at both a local and provider level and learning shared across services. Staff received feedback from investigation of incidents, both internal and external to the service. The learning from these incidents were shared through email and lessons learnt posters, and where necessary, supervision and team meetings.
- 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.
- Staff were debriefed and received support after a serious incident.

Are long stay or rehabilitation mental health wards for working-age adults effective?
(for example, treatment is effective)

Good 

We did not inspect this key question at this time.

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

Good 

We did not inspect this key question at this time.

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

Good 

We did not inspect this key question at this time.

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

Good 

Leadership

- Leaders had the skills, knowledge and experience to perform their roles. Staff spoke positively about changes in the service that followed the appointment of a new hospital manager last year, and the recently appointed clinical director. Staff found leaders to be approachable and supportive.
- Leaders had a good understanding of the service they managed. They could explain clearly how the team was working to provide high quality care.
- Leaders were visible in the service and approachable for patients and staff. Leadership development opportunities were available. The hospital manager had received leadership training since coming into post last year.

Vision and strategy

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

Long stay or rehabilitation mental health wards for working age adults

Good 

The values also formed part of the structure of staff appraisals. The senior leadership team had successfully communicated the provider's vision and values to the frontline staff in the service.

- Staff worked towards a shared idea of recovery. They saw recovery as improving the patient's management of their condition and improving their physical health and self-esteem. They aimed to move patients on with as much independence as possible and empower them to be in charge of their daily life.
- Staff had the opportunity to contribute to discussions about the strategy for their service. They were invited to staff consultative meetings and encouraged to share their views.

Culture

- Staff felt respected, supported and valued. They felt positive and proud to work in the team. Staff morale was good. Staff worked well together and supported each other.
- Staff felt able to raise concerns without fear of retribution. The service had a speak up guardian and staff knew how to raise concerns.
- Managers dealt with poor staff performance when needed. Teams worked well together, and when there were issues, managers dealt with them appropriately.
- Staff appraisals included conversations about career development for staff, and how this could be supported.
- Staff had access to support for their physical and emotional health needs from a provider wide wellbeing team, who had recently visited the service to meet with staff.

Governance

- At the previous inspection we found that governance systems did not always ensure that key aspects of care were carried out and documented and audit procedures did not highlight these risks. We issued a requirement notice in relation to this.
- At this inspection we found that managers had changed systems to ensure that safeguarding was viewed as everyone's responsibility. Staff did not delay making referrals until a single member of staff was available. The service had a number of designated staff who could support with safeguarding, and all potential safeguarding issues were discussed in the morning meeting. Actions to be completed were allocated to a

named person and followed up to ensure these were done. Incidents were followed up in the same way to ensure that these were reported and investigated, and any lessons learnt shared with staff.

- Following concerns at the previous inspection around the recording of mental capacity assessments and best interests decisions, staff had received further training and support to understand their responsibilities under the Mental Capacity Act. Staff discussed mental capacity in the morning meeting, and we saw evidence in the care records that this was being assessed and recorded appropriately by a range of staff. The service manager reviewed mental capacity assessments on the quality dashboard and audited these in care records to ensure these had been completed where appropriate.
- There were systems and procedures to ensure the wards were safe and clean, that there were enough staff, and staff were trained and supervised. Systems ensured that patients were assessed and treated well, the ward adhered to the Mental Health Act and the Mental Capacity Act, that beds were managed well, discharges were planned, and incidents were reported, investigated and learnt from.
- There was a clear framework of what must be discussed at a team level at the morning meetings to ensure that essential information, such as learning from incidents, was shared and discussed.
- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. For example, the clinical lead completed an audit of the NEWS2 (national early warning score assessment tool for deterioration to physical health). The audit results were displayed for staff in the clinic room, and the service was able to demonstrate an increase in compliance from 82% to 95% between May and June.

Management of risk, issues and performance

- The hospital manager maintained the local risk register and discussed this with staff at team meetings. Staff felt they could raise concerns to the risk register.

Information management

- The service used systems to collect data that were not over-burdensome for frontline staff.

Long stay or rehabilitation mental health wards for working age adults

Good 

- Staff had access to the equipment and information technology they needed to do their work. The electronic record system was password protected and set up to help protect the confidentiality of patient records.
- The hospital manager had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. This information was in an accessible format, and was timely, accurate and identified areas for improvement.
- Staff made notifications to external bodies as needed.

Engagement

- Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. The service produced a newsletter to keep patients and carers up to date. Staff also received bulletins with information about lessons learnt within the provider group, and to update them on relevant changes to policies or procedures.
- The service had recently contributed to a local community newsletter to share information about the

work of the service to increase community awareness and understanding of the service provided following a number of concerns raised within the community about the situation of the service in a residential area. The hospital manager was also working closely with the neighbours to address their concerns and resolve any issues as they were raised.

- The service also sent monthly updates to the local clinical commissioning groups that funded patients to receive care, and a monthly update to the Care Quality Commission.

Learning, continuous improvement and innovation

- Staff were given the time and support to consider opportunities for improvements and innovation as part of regular staff consultation meetings.
- The service was not taking part in any research at the time of this inspection. The service had recently signed up to become a part of the AIMS (accreditation for inpatient mental health services) scheme, and were keen to work towards this accreditation to demonstrate ongoing improvements in the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all food in the communal fridge is checked for use by dates and disposed of accordingly, and that the fridge temperatures in the communal fridge are within acceptable ranges.