

The Dallingtons


Quality Report

116 Harlestone Road
Northampton
Northamptonshire
NN5 6AB
Tel: 01604 581181
Website: www.smhc.uk.com

Date of inspection visit: 22-24 March 2016
Date of publication: 25/10/2016

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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
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

Overall we rated The Dallingtons as requires improvement because:

- There were empty medication containers showing patient's confidential information, disposed of in the general waste bins. This meant there was a risk that confidential information could be accessed by a member of the public.
- There were seven errors relating to the prescribing of medication. These included occasions where the maximum dose had been exceeded and the wrong category of medication had been prescribed.
- There was no on call medical cover rota, and there was an expectation for doctors to be available 24 hours a day.
- There were no emergency medications available if, for example, the patient was having a severe allergic reaction or cardiac arrest.
- Twenty percent of staff had not received supervision within the past two months in line with the provider's standard.
- Forty-nine percent of staff had not received an annual appraisal within the past twelve months.

- The registered manager told us that no nationally recognised outcome tools were being used to assess the effect of the care and treatment provided to patients

However:

- The environment was clean and tidy, in a good state of repair, suitable for care and treatment, and was risk assessed.
- Robust systems enabled staff to report incidents.
- Patients' needs were assessed, and care and treatment was planned to meet identified needs.
- Patients received regular one to one time with their named nurse and there was evidence of this in the care records.
- Staff appeared kind with caring and compassionate attitudes, and engaged with patients in a kind and respectful manner.
- Activities were available for patients' specific needs, including local walks, music group, cooking, bingo, pool, arts and crafts, and a money matters group.
- The automated external defibrillator (AED), a machine used when a patient is in cardiac arrest, was checked weekly

Summary of findings

Contents

Summary of this inspection

	Page
Background to The Dallingtons	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Overview of ratings	9
Outstanding practice	17
Areas for improvement	17
Action we have told the provider to take	18

Requires improvement 

The Dallingtons

Services we looked at

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

Summary of this inspection

Background to The Dallingtons

St. Matthews Limited provides a specialist rehabilitation service for patients with history of severe mental illness, who may also have challenging behaviour or a forensic history, at The Dallingtons in Northampton, Northamptonshire.

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

The Dallingtons registered with the CQC on 27 June 2012 and had been previously inspected by the CQC on one occasion.

There is a registered manager and nominated individual for the service.

The Dallingtons can accommodate a maximum of 40 patients. The layout of the premises consisted of two units in separate buildings, the House and the Lodge, each providing accommodation for 20 male patients.

During our inspection, there were 39 patients receiving care and treatment. Twenty-seven patients were detained under the Mental Health Act. Three patients were subject to Deprivation of Liberty Safeguards authorisations (DoLS, part of the Mental Capacity Act 2005, where patients receive care in a way that does not inappropriately restrict their freedom). A further four patients had been referred to the local authority for a DoLS assessment.

Our inspection team

Inspection Manager: Lyn Critchley

Team leader: Sean Nicholson, inspector, CQC, mental health

The inspection team for this core service consisted of:

- three CQC inspectors

- one CQC pharmacy inspector
- a specialist advisor

The team would like to thank all those who met and spoke with the inspectors during the inspection for sharing their experiences and perceptions of the quality of care and treatment at the hospital.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the Dallingtons.

During the inspection visit, the inspection team:

- visited the two buildings within the Dallingtons and looked at the quality of the environments and observed how staff were caring for patients
- spoke with seven patients who were using the service

Summary of this inspection

- collected feedback from five patients and one family member, using comment cards
- spoke with the registered and the deputy manager
- spoke with 12 other staff members, including nursing and support staff, occupational therapy staff, administration staff and a pharmacist.
- looked at 20 medication charts
- looked at eight patients' care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service
- conducted an additional unannounced inspection during the night of the 7 April 2016.

What people who use the service say

Seven patients we spoke with gave positive feedback about the staff in relation to the respect and kindness they showed to them, telling us that the staff were kind and caring

We received positive feedback from the patients about their involvement in the care they received. Patients told us they had been involved in planning their care.

Patients told us they had opportunities to keep in contact with their family, where appropriate.

The patients told us they knew how to make a complaint.

Patients told us that there was a good amount of activities taking place. We were told that the food was good and patients confirmed they had access to hot drinks and snacks 24 hours a day, seven days a week.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- There was no on call medical cover rota, and there was an expectation for doctors to be available 24 hours a day.
- The hospital did not always have sufficient qualified staff at night.
- There were no emergency medications available if, for example, the patient was having a severe allergic reaction or cardiac arrest

However:

- The environment was clean and tidy, in a good state of repair, suitable for care and treatment, and risk assessed
- Robust systems enabled staff to report incidents
- The automated external defibrillator (AED), a machine used when a patient is in cardiac arrest, was checked weekly

Requires improvement



Are services effective?

We rated effective as requires improvement because:

- Twenty percent of staff had not received supervision within the previous two months in line with the provider's standard.
- Forty-nine percent of staff had not received an annual appraisal within the previous twelve months. The registered manager told us that no nationally recognised outcome tools were being used, such as the recovery star (a tool used to assist people to manage their mental health and recover from mental illness) or Health of the Nation Outcome Scales (HoNOS, used for measuring the problems a patient has and the effect of the care provided). However, since our inspection, the provider has informed us that a range of tools were being used which included Addenbrooke's cognitive Examination- ACE I Standardised Mini-Mental State Examination, Frontal Assessment Battery and the Recovery Star.
- There were five empty medication containers, showing patient's confidential information, disposed of in the general waste bins, creating a risk that confidential information could be accessed by a member of the public.
- There were seven errors relating to the prescribing of medication in relation to the certificate of second opinion (T3) forms, including where the maximum dose had been exceeded and the wrong category of medication had been prescribed.

Requires improvement



Summary of this inspection

However:

- Patients' needs were assessed and care and treatment was planned to meet identified needs.
- patients received regular one to one time with their named nurse and there was evidence of this in the care records

Are services caring?

We rated caring as good because:

- Staff appeared kind with caring and compassionate attitudes, and engaged with patients in a kind and respectful manner.
- Staff were visible in the communal areas and attentive to the needs of the patients.
- Patients we spoke with gave positive feedback about the staff in relation to the respect and kindness they showed to them, telling us that the staff were kind and caring.
- Staff had clearly recorded patients' views in their care plans.

Good



Are services responsive?

We rated responsive as good because:

- There were facilities available for patients with mobility difficulties who required disabled access with assisted bathroom space, wide corridors and ramped access.
- Activities were available for patients' specific needs, including local walks, music group, cooking, bingo, pool, arts and crafts, and a money matters group.
- Patients we spoke with knew how to make a complaint and staff were able to demonstrate verbally how to respond to patients' complaints and what support was available for patients should they have any concerns.
- Patients were fully involved in the planning of their discharge from the Dallingtons.

Good



Are services well-led?

We rated well-led as good because:

- Incidents were reported through the provider's paper-based incident reporting system.
- Plans were in place to develop the service and there was evidence of progress in achieving these plans.
- Patients' views were gathered through service user surveys. These results were analysed by the senior management and improvements were made.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

Fifty-eight percent of staff had received training in the MHA. This online training was combined with training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Twenty-seven patients were detained under the MHA on the day of our inspection. There was a clear process for scrutinising and checking the receipt of MHA documentation on the units.

MHA documentation, relating to the consent and administration of medication, the certificate of consent to treatment (T2) or certificate of second opinion (T3) forms, were attached to the patients' medication charts. However, we found seven errors relating to the prescribing of medication in relation to the certificate of second opinion (T3) forms.

Mental Capacity Act and Deprivation of Liberty Safeguards

Fifty-eight percent of staff had received training in the Mental Capacity Act 2005 (MCA). This online training was combined with training in the Mental Health Act (MHA). When we spoke with staff, they demonstrated a basic knowledge about the MCA and Deprivation of Liberty Safeguards (DoLS).

Three patients were subject to Deprivation of Liberty Safeguards (DoLS, part of the Mental Capacity Act 2005, where patients receive care in a way that does not inappropriately restrict their freedom). A further four patients had been referred to the local authority for a DoLS assessment.

Overview of ratings






Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



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

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

Requires improvement



Safe and clean environment

- The accommodation was clean and tidy, in a good state of repair, and offered an environment suitable for care and treatment. The layout allowed staff to observe most parts of the buildings. However, we did observe some blind spots, where staff might not easily observe patients. The number of staff on duty to ensure safe observation reduced this risk.
- The provider completed environmental risk assessments for the premises and updated them regularly.
- During our tour of the house, we saw, at the top of some stairs, a floor to ceiling pane of glass acting as a partition between the stairs and upstairs corridor. There was no warning signage on the glass, which meant that someone could walk into the glass thinking it was part of the corridor. We drew this to the attention of the registered manager.
- Each building provided accommodation for male patients. There was no mixed sex accommodation. Communal areas within the building allowed patients to socialise, under the supervision of staff.
- Staff completed ligature risk assessments and updated these when necessary. There were a number of ligature points within the buildings, particularly in bathrooms. These included, for example, grab rails, taps and door closures. Control measures in place, to minimise the risk

to patients, included the use of staff observations. Staff were aware of the risks to patients' safety caused by the layout and had assessed patients' individual risks, increasing their observation level as needed. Ligature cutters were available and accessible in the event of an emergency.

- There were call bells throughout the buildings for patients to use to get help if needed.
- There were no seclusion facilities at The Dallingtons.
- The provider had infection control practices and staff had access to protective personal equipment, such as gloves and aprons. Training records showed 96% of staff had received training in infection prevention and control.
- The clinical room in the house was a small, narrow room. The surfaces in the room were cluttered, including the sink area, with limited space for medicine administration preparation.
- Medicines were stored securely. Staff kept records of daily checks of room and fridge temperatures. Temperatures were within the required range. There were arrangements in place with the local community pharmacy. The Dallingtons were using a medication administration recording chart with patient's medication dispensed from the pharmacy on a 28-day cycle. Counts of medication were carried out weekly and we saw evidence of this. The use of controlled drugs (medicines which are stored in a special cupboard and their use recorded in a special register) was clearly recorded in the controlled drugs register. We checked the register against the stock in the controlled drugs cupboard and these matched.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



- We looked at 20 medicine administration records. Appropriate arrangements were in place for recording the administration of medicines. Patient allergies to medications were recorded on their medication administration record.
- We saw the automated external defibrillator (AED), a machine used when a patient is in cardiac arrest. Staff described how they would use the emergency equipment and what the local procedures were for calling for assistance in medical emergencies. Some staff told us that there had been incidents when they had needed to use the machine.
- The provider did not have any emergency medication. This included medication which could be used in the event of a patient having a severe allergic reaction or during resuscitation.
- Outdoor areas provided a spacious area for patients to access fresh air.
- Staff carried personal alarms to call other staff in an emergency.

Safe staffing

- The registered manager told us that staffing levels were two qualified nurses and 13 support workers during the day, and two registered nurses and nine or ten support workers during the night.
- The service rarely used agency nurses to fill the shifts. In January 2016, agency nurses were used on three occasions, and in February 2016 on two occasions. In the previous twelve months, agency nurses had been used on 24 occasions. Both the registered manager and deputy manager told us that they undertook shifts, if necessary, when a shortage of staffing occurred. The provider confirmed that they tried to rota two nurses each night but due to vacancies that was not always possible.
- One member of staff told us that they were concerned that staffing levels dropped when staff accompanied patients on escorts away from the Dallingtons. Other members of staff felt that the staffing levels were sufficient to meet the patients' needs.
- Bank and agency staff underwent a basic induction, including orientation to the units. The induction included emergency procedures such as fire and a handover about patients and current risks. Patients told us there were always staff available.

- The registered manager told us they could adjust staffing levels daily to take into account increased clinical needs. For example, increased level of observation or patient escorts.
- Thirty-two staff had left in the previous 12 months. The Dallingtons had a vacancy for one registered nurse and four support workers. We were told that recruitment to vacant positions was on-going and a number of new staff had recently been appointed.
- The average staff sickness, from the previous 12 months, was 3.9%. The provider had processes in place to manage staff sickness.
- Staff were required to attend a variety of mandatory training courses. These included courses in fire safety and awareness, health and safety, infection control, theory of moving and handling, safeguarding adults and children, food and hygiene safety, and Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards training. Training records showed that 77% of staff had attended tier one of the recently introduced online training from an independent company.
- Medical cover at the Dallingtons was undertaken by the responsible clinician. The provider did not provide on call rota, and there was an expectation for doctors to be available 24 hours a day. Medical emergencies were covered by calling emergency services.

Assessing and managing risk to patients and staff

- There were 12 incidents of use of restraint between June and December 2015. Of these, no patients were restrained in the prone position (when a patient held in a face down position on a surface and is physically prevented from moving out of this position). Staff were working towards reducing the use of restraint as recommended in the guidelines 'Positive and Proactive Care' produced by the Department of Health in 2014. Staff recorded each incident of restraint using the provider's paper-based incident reporting system. Incidents were reviewed and investigated where necessary, and signed off by the registered manager.
- All staff working within the Dallingtons had received training in physical intervention (patient restraint).
- In the eight care records reviewed, patients had individualised risk assessments, which formed part of their individual care plan. The risk assessments were up to date and reflected the patient's current risks. Staff told us that measures were put in place to ensure that any risk was managed.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- Ninety six percent of staff had completed safeguarding vulnerable adults and children's training. Staff could describe what actions could amount to abuse. They were able to apply this knowledge to the patients who used the service and described in detail what actions they were required to take in response to any concerns. We saw posters providing information about safeguarding for staff and patients. The provider had comprehensive and up to date policies and procedures in place in relation to safeguarding adults and children.

Track record on safety

- During our inspection the provider gave us details of all incidents since September 2015. These were collated and reported for all incidents occurring across the providers four hospital sites. There had been 136 incidents between September 2015 and February 2016 at the four hospital sites. The senior management team had reviewed incidents via the quality improvement group meeting to reduce the risk of reoccurrence.

Reporting incidents and learning from when things go wrong

- Staff described the paper-based system to report incidents and their role in the reporting process. Staff had access to sufficient quantities of incident forms to enable them to report and record incidents and near misses.
- Staff described various examples of incidents that had occurred within the Dallingtons.
- The registered manager told us how they provided feedback in relation to learning from incidents to the staff. Staff meeting minutes confirmed this. The registered manager was in the process of developing "learning alerts" to improve learning from incidents.

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

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

- Staff reviewed patients' needs and care. Care and treatment was planned to meet identified needs. We

looked at eight care records. The records contained up to date care plans that gave information to staff about how best to care for the patient. Care plans related to, for example, aggressive behaviour and risk to others. The overall quality of the documentation in the care plans was good.

- Staff completed care plans for patients. We found these were detailed, individualised to the patients' needs and showed the patients' involvement in the care planning process.
- A paper-based record system operated across the service. The information, such as care plans and risk assessments, was accessible to staff.
- All records showed that the doctor had completed a physical healthcare check on admission. A range of physical health care tools, such as Waterlow (a tool used to estimate the risk of a patient developing a pressure sore) and the Malnutrition Universal Screening Tool (MUST, a tool used to assess nutritional risk), were being used.
- During our inspection, we found five empty medication containers, showing patients' confidential information, had been disposed of in the general waste bins. As a result, there was a risk that confidential information could be accessed by a member of the public. This was immediately drawn to the attention of the registered manager who took action.

Best practice in treatment and care

- Patients received regular individual time with their named nurse and there was evidence of this in the care records. A psychologist worked for the provider, and saw patients when the need arose. We were given an example of where the psychologist assisted in formulating a plan for a disturbed patient.
- Multidisciplinary team meetings provided opportunities to assess whether the care plan was achieving the desired outcome for patients. The multidisciplinary team meeting took place once a month.
- The registered manager told us that no nationally recognised outcome tools were being used, such as the recovery star (a tool used to assist people to manage their mental health and recover from mental illness) or Health of the Nation Outcome Scales (HoNOS, used for measuring the problems a patient has and the effect of the care provided). However, since our inspection, the provider has informed us that a range of tools were

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

being used which included Addenbrooke's cognitive Examination- ACE I Standardised Mini-Mental State Examination, Frontal Assessment Battery and the Recovery Star.

- We saw guidance from the National Institute for Health and Care Excellence (NICE) was being used, for example, in relation to epilepsy.
- Staff completed on-going monitoring of physical health problems for all patients. The care records included a care plan which provided staff with clear details of how to meet patients' physical care needs.
- Staff referred patients for physical healthcare, such as dentistry and podiatry, when required.
- The provider monitored and audited outcomes for patients receiving care and treatment. These included the monitoring of key performance indicators such as length of stay and the use of restraint.

Skilled staff to deliver care

- New permanent staff underwent a formal induction period. Records showed that all staff had completed this. This involved learning about the service, policies and procedures, and a period of shadowing existing staff before working alone.
- Registered manager told us that bank and agency staff underwent a basic induction including orientation to the units, emergency procedures such as fire and a handover about patients and current risks.
- Some staff told us they were concerned about the provider's new system for training. This was an online system, which one member of staff told us had to be completed in their own time, as opposed to their working hours.
- The provider's standard for the frequency of supervision was every two months. Supervision is an accountable process, which supports, assures and develops the knowledge skills and values of an individual. We saw examples of completed supervision records. Forty-three percent of staff had received supervision in February 2016 and 37% of staff in March 2016. The provider could not, therefore, be sure that performance issues or development opportunities were identified or discussed with staff.

- Fifty-one percent of staff had received an appraisal. Staff we spoke with told us that they had an up to date appraisal and personal development plan in place at the time of our inspection. The provider's standard for the frequency of appraisal was annually.
- Staff told us that they received support and debriefing from within their team following serious incidents.
- Staff told us there were regular team meetings and they felt supported by their peers and immediate managers. We saw team meeting minutes. Staff also told us they enjoyed good team working as a positive aspect of their work.
- The registered manager explained that staff performance issues, when identified, were addressed promptly and effectively.
- There was a psychiatrist and occupational therapist working at the Dallingtons, in addition to the nursing and support staff, and managerial and administrative staff.

Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings provided opportunities to assess whether the care plan was achieving the desired outcome for patients. The multidisciplinary team meeting took place once a month.
- Staff invited representatives from community teams to attend the multidisciplinary meetings. These representatives attended, as necessary. Additionally, representatives from the relevant clinical reviewing team would also attend multidisciplinary team meetings.

Adherence to the MHA and the MHA Code of Practice

- The provider had systems in place to ensure compliance with the Mental Health Act 1983 (MHA) and adherence to the guiding principles of the MHA Code of Practice.
- Twenty-seven patients were detained under the MHA on the day of our inspection. A MHA administrator was based at the Dallingtons. There was a clear process for scrutinising and checking the receipt of MHA documentation.
- MHA documentation, relating to the consent and administration of medication, the certificate of consent to treatment (T2) or certificate of second opinion (T3) forms, were attached to the patients' medication charts.
- Medical staff completed capacity to consent to treatment documents. However, we found seven errors

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



relating to the prescribing of medication in relation to the certificate of second opinion (T3) forms. These included, for example, where the maximum dose had been exceeded and the wrong category of medication had been prescribed. We drew this to the attention of the registered manager.

- Posters were displayed informing patients of how to contact the independent mental health advocate (IMHA).
- Fifty-eight percent of staff had received training in the MHA.
- The entrances were locked with entry and exit controlled by staff. There were signs displayed on the doors providing informal patients information about their right to leave.

Good practice in applying the MCA

- Fifty-eight percent of staff had received training in the Mental Capacity Act 2005 (MCA). When we spoke with staff, they demonstrated a basic knowledge about the MCA and Deprivation of Liberty Safeguards (DoLS).
- Three patients were receiving care and treatment under DoLS authorisations (part of the MCA, where patients receive care in a way that does not inappropriately restrict their freedom).

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

Good



Kindness, dignity, respect and support

- We spoke with seven patients who gave positive feedback about the staff in relation to the respect and kindness they showed to them, telling us that the staff were kind and caring.
- We observed how staff interacted with patients. Staff appeared kind with caring and compassionate attitudes. There were many examples of staff treating patients with care and compassion. Staff engaged with patients in a kind and respectful manner.

- We saw positive interactions between the staff and patients. Staff knocked before entering patients' rooms, and spoke positively with patients. Staff were visible in the communal areas and attentive to the needs of the patients they cared for.
- Staff demonstrated an understanding of the personal, cultural and religious needs of patients who used the service and we saw examples of actions taken to meet these needs.

The involvement of people in the care they receive

- We received positive feedback from the patients about their involvement in the care they received. Patients told us they had been involved in planning their care. Patients' views were evident in their care plans in the seven care records we reviewed. Patients attended their multidisciplinary meetings along with their family, where appropriate.
- Patients told us they had opportunities to keep in contact with their family, where appropriate. There were sufficient areas for patients to see their visitors.
- A daily meeting took place in which patients and staff met together. The primary aim of the meeting was to discuss the activities for the day. However, any issues or concerns that the patients had were also discussed at the meetings.
- Patients had access to a local advocacy service and independent mental health advocates (IMHA). There was suitable information on the notice boards on how to access these services.

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

Good



Access and discharge

- There was one vacant bed available for admission of patients on the day of inspection. The average bed occupancy rate was 96%.
- The registered manager told us that there had been no delayed discharges. They told us when a patient is ready for discharge, the necessary arrangements were made for the patient to move on.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement



- The average length of stay, from admission to discharge, was approximately two to four years.
- Patients were fully involved in the planning of their discharge from the Dallingtons. We saw examples of “moving on plans” (which involved in, and prepared patients for, their discharge) being appropriately used.
- The registered manager said they had good links with local authorities and commissioning teams.

The facilities promote recovery, comfort, dignity and confidentiality

- The Dallingtons offered an environment suitable for care and treatment. The accommodation was spacious, pleasantly decorated and calming.
- The premises had lounge and dining areas, bedrooms and bathing facilities. Single bedroom accommodation was available throughout the building. Patients had personalised their own bedrooms with, for example, pictures of their family and artwork.
- Patients were able to make private telephone calls, using either their own mobile telephone or the office telephone.
- Patients had access to outside space, a well maintained garden. Patients could smoke outside.
- Staff provided activities for patients’ specific needs. These included, for example, a local walks, music group, cooking, bingo, pool, arts and crafts, and a money matters group. Patients told us that there was a good amount of activities taking place.
- There were three pet rabbits at the Dallingtons. Some patients actively took part in caring for the rabbits. One patient talked very enthusiastically to us about this.

Meeting the needs of all people who use the service

- There were facilities available for patients with mobility difficulties who required disabled access with assisted bathroom space, wide corridors and ramped access.
- Spiritual care and chaplaincy was provided when requested.
- The provider catered for patients’ dietary likes and dislikes, any allergies and the type of diet required. There was a range of menu choices. Support staff either catered for the patients or assisted the patients to cater for themselves. Patients told us the food was good, however one patient commented they wished they had more choice. Patients had access to hot drinks and snacks 24 hours a day, seven days a week.

- Staff told us that interpreters were available using an interpreting service or language line.

Listening to and learning from concerns and complaints

- Patients could access the provider’s complaints system. Information about the complaints process was displayed on posters and was also available as a leaflet. Six of the seven patients we spoke with knew how to make a complaint. However, one patient was unsure how to make a complaint if they ever needed to.
- Staff were able to demonstrate verbally how to respond to patients complaints and what support was available for patients should they have any concerns. Staff also knew whom they would seek guidance from in relation to complaints.
- There had been four complaints between June to November 2015. These had been investigated. One complaint had been upheld. The complaints related to smoking outside and a patient feeling bullied. On the day of our inspection, the registered manager showed us an example of a recently received complaint that was being investigated. The registered manager told us they shared learning amongst their staff via staff meetings and communications.

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

Good



Vision and values

- The staff told us they were aware of the provider’s values. Staff spoke passionately about caring for patients.
- Staff told us who the most senior managers were within the Dallingtons. Staff commented that the Dallingtons’ management team were a regular presence around the building. Staff told us that the provider’s senior management team, including the chief executive, regularly visited.

Good governance

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- The lines of communication, from the provider's headquarters and registered managers at the Dallingtons, to the frontline services were clear.
- Staff reported incidents through a paper-based incident reporting system. We reviewed individual specific events and incidents and found recording was effective.
- The provider shared learning from incidents and complaints with staff in order to change practice and we saw evidence of this.
- A senior registered manager confirmed they had sufficient authority to manage their unit and received some administrative support. They told us they received a good level of support from their line manager.
- The provider had a comprehensive business continuity plan, dated September 2015, which gave details about how patients' care would continue to be provided in the event of an emergency situation. Such situations included, for example, an electricity power cut or extreme staffing shortage.

Leadership, morale and staff engagement

- The Dallingtons was well managed, both on a day to day basis and strategically (for example, there were future plans of what needed to be achieved and how this would be done).
- Staff told us that morale was good. We were impressed with the morale of the staff we spoke with and found that the teams were cohesive and enthusiastic.
- Staff we spoke with told us that they felt part of a team and received support from each other. Regular staff meetings took place.
- The registered manager confirmed that there were no current cases of bullying and harassment involving the staff. Staff knew how to use the whistle-blowing process.
- Staff said they felt well supported by the registered manager, and felt their work was valued by them. There was a positive working culture within the teams. The registered manager was a visible presence at the Dallingtons.

Commitment to quality improvement and innovation

- Patients' views were gathered through service user surveys. We saw the results of the annual survey, dated February 2016. The survey asked questions relating to, for example, information about the service, development and review of care plans, dignity, respect, safety, food and laundry facilities. Forty surveys were given out and 23 were returned completed. Overall, 44% of patients answered questions as "excellent or good", 13% as satisfactory, 34% as "poor or very poor" and 9% as "not applicable". The provider had developed action points to address the issues found from the survey.
- The senior staff told us how the service was performing and had a good understanding of where improvements were required. They were making improvements in the quality of the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that medication containers, showing patients' confidential information, are disposed of appropriately and confidentially.
- The provider must ensure that medication is prescribed in accordance with the certificate of second opinion (T3) under the Mental Health Act.
- The provider must ensure that the automated external defibrillator is checked and serviced on a regular basis.
- The provider must ensure that there are appropriate medications available for use in a medical emergency.
- The provider must review its medical on call arrangements to ensure the safety and welfare of both patients and staff.
- The provider must ensure that all staff receive an annual appraisal and supervision in line with the provider's standard.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12: Safe care and treatment.</p> <ul style="list-style-type: none">• There were seven errors relating to the prescribing of medication in relation to the certificate of second opinion (T3) forms, including, where the maximum dose had been exceeded and the wrong category of medication had been prescribed.• The resuscitation equipment, such as the automated external defibrillator, was not checked or serviced on a regular basis.• The provider did not have any emergency medication, including medication that could be used in the event of a patient having a severe allergic reaction or during resuscitation. <p>This was a breach of regulation 12(2)(b), 12(2)(e) and 12(2)(g).</p>
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17: Good governance.</p> <ul style="list-style-type: none">• Five empty medication containers, with patient's confidential information on, had been incorrectly disposed of in the general waste bins. <p>This was a breach of regulation 17(2)(d).</p>

This section is primarily information for the provider

Requirement notices

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

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18: Staffing.

- The provider did not provide on call medical cover rota, and there was an expectation for doctors to be available 24 hours a day.
- Not all staff had received supervision and appraisal on a regular basis.

This was a breach of regulation 18(1) and 18(2)(a).