Cambian - The Aspens Hospital

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.

Summary of findings

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

Overall summary

Overall we found that The Aspens Hospital, Mexborough, Doncaster was safe, effective, caring, responsive and well led.

Overall patients spoken with gave positive feedback regarding staff saying they could approach them with any issues they had, and that staff treated them with respect. Patients and staff told us they felt safe in the hospital. Care plans were holistic and reviewed on a regular basis.

Although there had been 196 shifts covered by bank staff in 3 months prior to the inspection, the duty rota for 2015 showed that all shifts had been covered and staffing levels were adequate and adjusted appropriately to accommodate patient numbers, activity level and level of patient acuity. There were 4.5 nursing vacancies but 3 had been appointed and were awaiting start dates.

Staff assessed all patients prior to admission, this included a full risk assessment. Risks were also discussed on a daily basis in the weekday morning meeting by the Multi Disciplinary Team.

The clinical workforce had been extended and a range of allied professionals dedicated to each ward. All staff groups felt supported by managers and welcomed the changes that had been implemented in the last six months. All staff now have access to supervision sessions and a new appraisal system is in place. Mandatory training was above 80% in all areas with many areas at 100% compliance.

Staff understanding of the organisations vision and values were mixed, however all staff felt involved in changes within the hospital which appear to be positive. Clinical governance systems were in place which assisted the provider to monitor and improve the quality of care.

But we also found:

The Aspens is a rehabilitation service and there were concerns regarding the lack of evidence to support the involvement of patients in the planning of their care and discharge. Ward rounds comprised of a professionals meeting prior to inviting the patient into the room. This did not allow for the patients to be fully involved in discussions about their care, treatment and discharge planning. There was limited evidence of patient involvement within care plans. Some patients told us they just get asked to sign and it feels like a tick box exercise.

All fridges that contain medication were not kept securely locked. This was highlighted during the inspection and rectified immediately.

There was no central risk register to identify risks, actions taken and how this was being managed, monitored and implemented.

The key for the controlled drug storage was held on the same key ring as other medication storage keys. This is in contradiction to policy and was highlighted during the inspection and rectified immediately.

The appraisal and supervision system is still in its infancy with only 25% of staff having an appraisal in the last year.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Tier 3 personality disorder services	Good 	This report describes our judgement of the quality of care provided within this core service by The Aspens Hospital. Where relevant we provide detail of each location or area of service visited. Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations. Where applicable, we have reported on each core service provided by The Aspens Hospital and these are brought together to inform our overall judgement of The Aspens Hospital.

Summary of findings

Contents

Good

The Aspens Lodge

Services we looked at

Tier 3 personality disorder services

Summary of this inspection

Background to Cambian - The Aspens Hospital

The Aspens Hospital is located in Mexborough, Doncaster and consists of two wards:

Aspen Lodge is a ward with 18 beds for the rehabilitation of females with a diagnosis of personality disorder. We were advised that the ward was reducing its occupancy level to 16. The unit had 16 beds occupied on the day of inspection.

Aspen House is a ward for 24 beds for the rehabilitation of females with a diagnosed mental illness. We were advised that the ward was reducing its occupancy level to 20. The ward had 12 beds occupied on the day of inspection.

On the day of our inspection 27 of the 28 patients were detained under the Mental Health Act.

The hospital was described as locked rehabilitation.

The Care Quality Commission (CQC) previously inspected the hospital on 1 September 2014 and found noncompliance in relation to three regulatory requirements: the assessment and monitoring of its service, care and welfare of people that use services and management of medicine. We found that this was having a moderate impact on patients.

During this inspection, we paid particular attentions to the areas of concern that were addressed in our last inspection. We found that the provider was now compliant in these areas.

Our inspection team

Our inspection team was led by:

Team Leader: Patti Boden, Inspection manager, Care Quality Commission (CQC).

The inspection team consisted of:

• A person who had experience of using mental health services

• Four mental health inspectors from the CQC

• A Mental Health Act reviewer

• A specialist advisor who was a registered nurse.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

We carried out this inspection on 13 and 14 April 2015. Our inspection was announced.

In order to carry out our inspection, we:

• Inspected Aspen House and Aspen Lodge.

• Met and interviewed all managers of the hospital regarding the service they provided

• Interviewed a consultant psychiatrist, two psychologists, occupational therapist, two heads of care, occupational therapist assistant, nine members of the nursing team.

• Interviewed a member of the domestic team

• Interviewed 13 patients.

• Observed how patients were cared for on the wards.

Summary of this inspection

- Attended morning handover, ward round and a community meeting.
- Reviewed 19 patient care records across both wards.
- Reviewed the medication records of all patients.
- A full MHA review of both wards also took place as part of the inspection.

What people who use the service say

We spoke to people who used services on an individual basis and we were able to view patient community meeting minutes and also speak to patient advocates.

Most people who spoke to us told us that staff were caring and that they felt safe.

Patients felt the décor and furnishings of the wards was good.

Patients told us they do not always feel fully involved in their care planning.

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?

Good

We rated safe as good because:

The ward areas were visibly clean and welcoming.

Patients told us they feel safe here.

Both wards had fully equipped clinic rooms, resuscitation equipment was present, correct and records demonstrated that it was checked on a regular basis.

The duty rota for 2015 showed that staffing levels were adequate and adjusted appropriately to accommodate patient numbers, activity level and level of patient needs.

Medical cover was always available 24 hours a day.

Physical healthcare needs were assessed on admission and appropriate interventions were in place.

Staff assessed all patients prior to admission, this included a full risk assessment. Risks were also discussed on a daily basis in the weekday morning meeting by the Multi Disciplinary Team.

There were no serious incidents recorded in the last 6 months.

The ligature risks posed by the taps in washrooms was acknowledged and individual risk management plans were in pace where necessary to mitigate these risks.

But we also found

All fridges that contain medication were not kept securely locked. This was highlighted during the inspection and rectified immediately.

There was no central risk register to identify risks, actions taken and how this was being managed, monitored and implemented.

The key for the controlled drug storage was held on the same key ring as other medication storage keys. This is in contradiction to national policy and was highlighted during the inspection and rectified immediately.

Are services effective?

Good

We rated effective as good because:

Care records were kept up to date and stored safely. They were comprehensive in response to the needs of the patient, including mental and physical health.

Summary of this inspection

The clinical workforce had been extended and a range of allied professionals dedicated to each ward.

A training programme was in place to support staff in improving their skills and knowledge to support the patient group.

MDT ward rounds were held weekly on both wards.

Handovers where well attended and comprehensive.

Medication management had been highlighted as an issue in the previous CQC report dated 1 September 2014. This had been addressed through a comprehensive action plan where previous issues had been resolved.

A full Mental Health Act (MHA) review took place along side this inspection. Actions are listed in this report under Mental Health Act and Mental Capacity Act

But we also found:

The new system to improve supervision and appraisal was still in its infancy. Only 25% of staff were recorded as having an appraisal in the last year.

Are services caring?

Good

We rated caring as good because:

Overall patients we spoke with offered positive feedback regarding the staff team. They felt staff were approachable, supportive and treated them with respect.

The provider was able to cater for specialist or religious food choices.

All patients had access to an independent advocate who visited the hospital weekly.

Detained patients had access to an Independent Mental Health Act Advocate and could make direct contact with them.

But we also found:

Ward rounds comprised of a professionals meeting prior to inviting the patient into the room. This did not allow for the patients to be fully involved in discussions about their care and treatment.

There was little evidence of patient involvement within care plans. Some patients told us they just get asked to sign and it feels like a tick box exercise.

Are services responsive?

Good

We rated responsive as good because:

Summary of this inspection

Discharge is planned through weekly Multi-Disciplinary Team meetings and Care Programme Approach meetings.

Average length of stay- Aspen House was 16.75 months (this figure includes one patient who was resident for 6 years 8 months). Aspen lodge was 14 months. there was I delayed discharge due to the lack of appropriate housing being sought out of area. The Royal College of Psychiatrist guidance for commissioners of rehabilitation services for people with mental health needs recommends an admission period of 1-3 years.

Both wards had 2 bedrooms available at ground floor level with facilities for patients with physical disabilities. There was also a life in both buildings to access upstairs facilities.

There was a good range of facilities to support treatment and care: a new gym, sensory room, meeting rooms, crafts room, computer suite, several lounge areas, meeting rooms for groups, individual therapy and visitors.

There was a culture where patients were supported to use the complaints procedure. There were 33 complaints recorded for the 12 month period prior to the inspection, most of these were low level with 16 of these upheld and action taken. There was a structured process for dealing with complaints. There were no complaints referred to the ombudsman. However, one complaint regarding care and discharge had led to an investigation from outside the hospital and is still on-going. The patient has informed us that she wishes to escalate this complaint to the ombudsman.

But we also found:

Discussions by professionals regarding discharge planning at Multi Disciplinary meetings are held without the patient in the room for the whole discussion.

There was little evidence of discharge planning in care plans and Care Programme Approach reports.

Access to the gym and sensory had been slow to take place, this had been noted in the patients community meeting for a three month period.

Are services well-led?

Good

We rated well led good because:

Staff had some understanding of the organisational values. All staff had a good understanding of the changes at the Aspens.

The hospital had one registered manager but each ward had a dedicated hospital manager and a head of care. We saw evidence of a good working relationship between the management team.

Summary of this inspection

Staff training had high levels of compliance with many areas achieving 100%.

Staff felt they could discuss their concerns with either of the hospital managers or heads of care without fear of victimisation.

But we also found:

Staff appraisal and supervision is still in its infancy with only 25% of staff having a record of an appraisal in the last year.

There had been 196 shifts covered by bank in the 3 months prior to the inspection. There had been 33 staff leavers in the past 12 months during the changes. There were still 4.5 nursing vacancies but 3 had been filled and were awaiting start dates.

Detailed findings from this inspection

Mental Health Act responsibilities

A full MHA monitoring visit was undertaken for both wards as part of this inspection.

We found that:

The provider had trained all staff in the Mental Health Act.

Actions from the previous report had been implemented.

Care plans were person-centred but we found limited evidence of patient involvement in the development of the care plans.

We found little recorded evidence of discharge planning with discrete discharge plans within the notes. We found that CPA minutes did not reflect the breadth of information required.

That there was not always an approved Mental Health Act Professional (AMHP) report with patients' detention documentation.

Although there was patient involvement in ward rounds, this was following a pre-meeting of the MDT. This meant that the patient was not involved in the full scope of discussion and decision making about their care.

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider had trained all staff in Mental Capacity Act & Deprivation of Liberty Safeguards.

Staff had a good understanding of the MCA.

We observed decisions regarding care options being discussed with patients in ward round and on the ward.

All patients were detained under the MHA with the exception of one patient who was subject to Deprivation of Liberty under the Mental Capacity Act.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Tier 3 personality disorder services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Tier 3 personality disorder services

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

Are tier 3 personality disorder services safe?

Good

Our findings

Safe and clean ward environment

Both wards provided visibly safe, clean and welcoming environment furnished to meet the needs of the patients.

Staff had identified that taps on the ward posed a ligature risk. This had been highlighted to the provider by the management team. However no plans were in place to make changes in the environment to mitigate this risk. Patients did have individual risk management plans in place in support of this particular issue to ensure their safety.

Although risks were identified and listed in various sources, there was no central risk register held to identify areas of risk with clear actions and timeframes The provider did not have seclusion facilities. There were 63 incidents requiring restraint recorded, no recorded incidents where seclusion, rapid tranquilisation or prone restraint had been required in the six months prior to the inspection.

Staff on both wards carried mobile alarms. In addition both wards had an environmental alarm call system.

Clinical rooms were clean and well organised. Drugs were stored and checked correctly. Medication fridges on both units were not securely locked. This was rectified during our inspection and both fridges were locked and the key attached to the drug keys held by the registered nurse.

All fridges had daily checks. minimum and maximum temperatures were recorded however we noticed that the expected range was 2-9 degrees and should be 2-8 degrees. This was rectified during the inspection.

Emergency equipment was easily accessible and regular checks were undertaken and recorded to ensure all items were present and in date.

Safe staffing

Our last inspection 1 September 2014 highlighted issues with staffing levels following several whistleblowing concerns raised by staff. An action plan was put in place by the provider to increase the workforce capacity. There have been no further concerns raised since September 2014.

Aspen Lodge had a daily staffing establishment of two trained nurses during the day and at night. Aspen House had a daily establishment of 2 trained nurses during the day and one at night, to be adjusted as patient numbers increased. Support worker numbers varied according to occupancy levels, observation levels and daily activities. This was evidenced by the staff rota and the establishment and occupancy tool. There were four trained nurse vacancies and three of these positions had been filled with start dates arranged. We noted that there were not always two trained nurse on shift but additional support workers had been employed to support the nursing vacancies in the short term and occupancy levels were being managed to support the situation. The head of care and hospital managers are also trained nurses who supported the shifts during the week.

Bank usage in the last three months was 142 shifts at the Lodge and 54 shifts at the House.

Good

Tier 3 personality disorder services

Both wards had a multi-disciplinary team consisting of a consultant psychiatrist, clinical psychologist, psychology assistant, occupational therapist and occupational therapy assistants, registered nurses and support workers.

Each patient had a registered nurse as keyworker. The aim was for patients to have a session with their named worker at least once a week. This was being achieved.

Patients told us they feel safe here.

There is a doctor available on both wards during working hours on weekdays. We viewed the on call rota which evidenced arrangements are in place to ensure a local doctor is available to visit the unit if necessary 24 hours a day.

Assessing and managing risk to patients and staff

All patients were assessed prior to admission and a full risk assessment process occurred on admission.

Risk assessments were comprehensive and identified where additional support was required on a daily basis.

In the House, there was a some restrictions on smoking to support attendance in therapeutic activity on weekdays This had been discussed with patients and documented in community meetings.

Only one patient was not detained under the Mental Health Act. Although the main exit doors was locked, there were clear notices advising patients how to request being let out. A Deprivation of Liberty Safeguard (DOLS) application had been made for this patient.

There was a meeting held each weekday morning that was attended by members of the Multi Disciplinary Team. Patients risks were discussed, rated and recorded to help determine levels of support and daily activity.

Restraint was only used where de-escalation had failed. There were 63 incidents recorded where varying levels of restraint had been used. There were no recorded incidents where seclusion, rapid tranquilisation or prone restraint had been required in the six months prior to the inspection.

All relevant staff were trained in management of violence and aggression with the exception of one staff member where training had expired in March 2015. They were booked on training in April.

All staff had received safeguarding training and demonstrated knowledge of how to raise concerns.

The Aspens had a contract with Lloyds pharmacy and they visited the site every week to support stock control and reconciliation of medication. Orders were submitted manually and if medication was required between these visits this could be prescribed by the two consultant psychiatrists and collected locally.

We checked all medication charts. These were legible and there were good recording processes in place for administration of routine medication and PRN medication. Some patients were involved in the self medicating procedure for which there was a structured policy in place.

Controlled drugs were stored and recorded correctly. However, the key for the controlled drugs storage was kept on the drug key ring with other keys held by the registered nurse on duty. This was in contradiction of Cambian policy and was highlighted during our in inspection. The practice was rectified immediately and the controlled drug storage key was now held separately to the other drug keys.

Patients' physical healthcare needs were assessed on admission. We saw evidence that this was reviewed on a regular basis based on the needs of the individual. Patients were supported to attend the local GP practice or hospital appointments.

Track record on safety

There have not been any Serious Incidents reported in 6 months prior to inspection.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents and the process to follow. A manual paper based system was used for the recording of incidents.

Learning from incidents was shared in handover, morning meetings and staff meetings.

Patients reported that the staff team took time to explain things. Patients were encouraged to attend weekly community meetings to openly discuss any concerns.

Are tier 3 personality disorder services effective?

(for example, treatment is effective)

Good

Tier 3 personality disorder services

Good

Our findings

Assessment of needs and planning of care

We reviewed 19 patient records across both wards:

• Folders were clearly labelled, stored in a locked cupboard and staff had easy access.

• Each folder held comprehensive information relating to the patient to support their treatment and care.

• Care plans were comprehensive and covered all aspects of care including physical health. however, there was little evidence of patient involvement and structured discharge planning. Some patients told us they just get asked to sign and it feels like a tick box exercise.

• Health promotion booklets were in place for patients however we noticed these were not always fully completed.

Best practice in treatment and care

The Royal college of Psychiatrists describe mental health rehabilitation services as helping people to recover from the long term effects of mental health problems. People may struggle to manage everyday activities like self care, planning activities, budgeting, shopping, cooking, managing behaviour that others may find difficult or threatening, harmful use of alcohol or non-prescribed drugs and being exploited by others. The focus is on thorough continual assessment, maximising benefits from medication, engagement reducing challenging behaviour and re-engaging with families and communities. We saw evidence of this through:

• An increase in the Occupational Therapy Team to include a Senior Occupational Therapist plus 2 dedicated assistants per ward. This support is provided between 8am and 8pm Monday - Saturday. Activities scheduled included; shopping, cooking, budgeting, planning and graded exposure to leave.

• Individual and group therapy is provided by the Clinical Psychologist and the Assistant Psychologist on a weekly basis. This included a range of therapy options.

• We attended a ward round and observed several interactions between the doctor and patients discussing medication options.

• We saw evidence that patients were supported through a graded approach to self medication and this process was clearly structured within the self medicating policy.

Skilled staff to deliver care

Our previous report dated September 1 2014 stated that there were not enough skilled and qualified staff to meet the patients needs. The hospital had restructured the two wards to accommodate women with different psychological needs. Training in different therapeutic models was being delivered to the staff team to help increase knowledge, skills, consistency and improve patient care:

• Both wards had recently recruited to develop extended Multi Disciplinary Team.

• We were shown examples of recent training events facilitated internally to support staff development. These included: working with personality disorder and self harm. Various other training is planned on both wards over the coming year to enhance and develop a more therapeutic approach.

• Mandatory training showed good compliance with many areas at 100%. All mandatory training was above 80%.

• The management team had a system in place to deliver clinical and managerial supervision. This had now started and all staff had at least one session in 2015. Training had commenced to support senior members of the team to be trained in delivering supervision to enable monthly individual sessions to be held.

• Staff appraisals had started to take place however this was still in its infancy at 21% for the Lodge and 30% for the House. Prior to October 2014 there were no records of appraisal held. We were informed that all staff are planned in for an appraisal this year then annually thereafter.

Team meetings took place every two weeks and minutes were kept and displayed on the staff notice boards.

Aspen Lodge also had a weekly reflective practice session for the staff team.

Multi-disciplinary and inter agency work

Good

Tier 3 personality disorder services

Each ward has a weekly ward round attended by members of the Multi Disciplinary Team. We attended a ward round at the House with the consent of patients:

• The meeting began with a professionals' meeting that the patients were not involved in.

• We observed reports made by all members of the Multi Disciplinary Team and a comprehensive discussion on progress and treatment of the patient.

• Patients attended the meeting following the discussion and the doctor summarised the discussion and suggested options for the patient to consider. The patient was involved in the end process. However they had no prior knowledge or discussion before joining the meeting.

• We were informed that local commissioners from the clinical commissioning groups also attend the MDT meetings when required.

Each ward had a meeting each weekday morning to discuss the risk status of each patient. We attended these meetings on both wards:

• The MDT were then able to plan strategies in support of the patients and staff and where risks were thought to be significant or requiring further investigation.

Handover took place twice a day on each ward at 8am and 8pm between shifts. We attended morning handover at the House:

• The meeting was held in a separate room to ensure confidentiality and reduce interruption.

• Twelve staff members were in attendance including all staff members on the incoming shift.

• Handover was thorough, discussed a wide range of issues and delegated responsibilities for the day.

The GP service was local and patients are encouraged to attend the surgery with staff support.

Staff told us the working ethos between the allied health professionals and management was good, They reported as a Multi Disciplinary Team that they felt respected and supported.

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

A full Mental Health Act monitoring visit was undertaken for both wards as part of this inspection.

We found that:

All staff had received Mental Health Act training.

Actions from the previous report had been implemented. Although care plans were person-centred we found limited evidence of patient involvement in the development of the care plans.

We found little recorded evidence of structured discharge planning within the notes. We found that Care Programme Approach minutes did not reflect the breadth of information required.

That there was not always an Approved Mental Health Professional report with patients' detention documentation.

That although there was patient involvement in ward rounds, this was following a pre-meeting of the Multi Disciplinary Team. This meant that the patient was not involved in the full scope of discussion and decision making about their care.

Good practice in applying the MCA

Training on Mental Capacity Act & Depravation Of Liberty Safeguarding was 100%.

Staff had a good understanding of the Mental Capacity Act.

We observed decisions regarding care options being discussed with patients in ward round and on the ward.

Are tier 3 personality disorder services caring?

Good

Our findings

kindness, dignity, respect and support

We observed interactions between staff and patients in many settings: on the ward, in communal areas, in a ward round, community meetings, groups. Staff spoke with patients in a respectful and appropriate manner.

Patients mostly reported that the staff were respectful and supportive. Feedback in a patient group was that " the staff are good and care about patients" However one patient reported that she felt staff did not respect her. This patient actively used the advocacy service to support her.

Good

Tier 3 personality disorder services

The involvement of people in the care they receive

On admission patients were orientated the ward with the help of a buddy from the existing patient group.

A local independent advocate visited the hospital weekly. A number of patients were observed meeting with the advocate during our inspection.

There were visiting rooms available on each ward however we were informed that visiting could be difficult due to geographical constraints. We observed staff discussions to try and make a visit to the hospital possible in difficult circumstances. Lots of options were discussed to make this a possibility.

We attended a community meeting on one of the wards and had access to the minutes of previous meetings. Patients told us these are not always well attended and the recorded minutes substantiated this. There was a varied agenda and a list of actions to follow up after each meeting. We did notice an action relating to the opening of the gym had remained on the action list for several weeks before completion. The gym in now in use by both wards under staff supervision.

Care plans were in place for each patient. However patients told us they were given the plans to sign but they did not always feel actively involved in the content. Some patients told us they just get asked to sign and it feels like a tick box exercise.

Are tier 3 personality disorder services responsive to people's needs?

(for example, to feedback?)

Good

Our findings

The services provided at The Aspens Hospital were responsive because

Access, discharge and bed management

Both wards had reduced bed numbers to support a restructuring of the hospital and compliance with the previous CQC inspection report findings. There was a review of criteria and suitability of patients. Alternative placements were sought for some patients where their needs could be met in a more appropriate setting. This process had been completed through a structured action plan. Admissions are planned over the coming weeks and months in a graded format:

• Average length of stay- Aspen House was 16.75 months (this figure includes one patient who was resident for 6 years 8 months). Aspen lodge was 14 months. The Royal College of Psychiatrist Guidance for commissioners of rehabilitation services for people with complex mental health needs suggest an admission period of 1-3 years.

• Aspens Lodge had reduced its occupancy level from 18 to 16. One patient was on leave in general hospital leaving 15 present on the ward.

• Aspen House had reduced its occupancy level from 24 to 20 with 12 beds occupied at the time of our inspection.

• External commissioners were invited to attend Care Programme Approach meetings which were held for each patient every four months.

• There was one delayed discharge reported due to difficulties with housing outside of area, this was being pursued.

The ward optimises recovery, comfort and dignity

Patients were offered the choice of paint colour for a feature wall in their bedroom.

A welcome pack of toiletries was made available in bedrooms on admission.

There was a good range of facilities to support treatment and care: a new gym, sensory room, meeting rooms, crafts room, computer suite, several lounge areas, meeting rooms for groups, individual therapy and visitors. However we noted from patient community meetings and patient feedback that the gym had taken several months to become operational.

Both wards had a phone available on the ward but we found that most patients had mobile phones which they had access to at all times.

Both wards had a well maintained garden area. At the Lodge this was open for free access from 6am to midnight. At the House, regular smoking times were identified during weekdays, limiting garden access. This had been discussed with the patients in community meetings. This was to help support attendance and engagements in the therapeutic

groups. Patients told us this had been discussed at length and they were generally in support of this but sometimes felt staff were slow to open the door in the designated breaks. There was a constant staff presence in the garden area on both wards.

Food was cooked on site with a varied menu to cater for all nationalities and religions. One patient told us "great food and great cooks".

All patients could access cold drinks 24 hours a day. Access to the therapy kitchen where hot drinks could be made was 24 hours a day at the Lodge but limited at the house to those patients who have been risk assessed, however other patients have access with staff support.

A hairdresser attends the hospital weekly and there was a salon available for this purpose, this could also be accessed on other days.

Patients had a secure storage place to store their possessions.

Both wards had a timetable of activity to cater for a variety of patient needs. The staff rota had been adjusted to facilitate occupational therapy assistants working on Saturdays to support weekend activity. One patient did mention that weekends can be a bit slow.

There were visiting rooms available on each ward however we were informed that visiting could be difficult due to distance travelled. We observed staff discussions to try and make a visit to the hospital possible in difficult circumstances. Lots of options were discussed to make this a possibility.

Meeting the needs of people who use the service.

At the time of our inspection there were no patients requiring access to disabled facilities. Each ward had a working lift to facilitate easy access to upstairs areas. Each ward had two downstairs bedrooms with wet rooms and modifications suitable for disabled occupancy if required.

At the time of our inspection one patient was making use of an interpreter.

There was a number of booklets available and notices to support care options; how to make a complaint, access advocacy, CQC visit, multi faith information, healthy eating, laundry rota, ward round dates, activity timetable, patient forum dates, community meeting dates.

Listening to and learning from complaints

Patients understood how to make a complaint and there were leaflets displayed on both wards. patients felt able to raise concerns through community meetings.

There was a culture where patients were supported to use the complaints procedure. There were 33 complaints recorded for the 12 month period prior to the inspection, most of these were low level with 16 of these upheld and action taken. There was a structured process for dealing with complaints. There were no complaints referred to the ombudsman. However, one complaint regarding care and discharge had led to an investigation from outside the hospital and is still on-going. The patient has informed us that she wishes to escalate this complaint to the ombudsman.

Feedback on the outcome of investigations was through handover and staff meetings. Some of the changes that had been implemented following complaints were: more timely production of Care Programme Approach reports, re structure of occupational therapy to include weekend work, discussions re use of laundry facilities.

Are tier 3 personality disorder services well-led?

Good

Our findings

The services provided at The Aspens Hospital were well led because

Vision and values

Staff's understanding of the organisation's vision and values were mixed. The hospital is in the process of change.

All staff had a good understanding of the changes at the Aspens.

Quality monitoring systems were effective in identifying areas for improvement in the service. The CQC report 1 September 2014 highlighted several areas of concern. An action plan had been developed and acted upon to implement change in these areas. It was evident that the actions had been monitored and driven forward to ensure improvements were made.

Good

Tier 3 personality disorder services

Staff all described good working relations with hospital managers and senior clinicians within the hospital.

We saw evidence of the "Active Care" model in use; occupation therapy led interventions, psychology led interventions, travel safe programme and live well choices. Both wards are currently reviewing how this model can best fit the needs of the defined patient group.

Good governance

Some of the improvements were still in their infancy for example, supervision and appraisal. We saw evidence that there was a clear plan in place to ensure the momentum continued.

• Mandatory training compliance was good with many areas, management of violence and aggression, active care. MCA, MCA, DOLs, achieving 100%. Safeguarding was 94% all other areas were above 80%. There was a clear method of monitoring and booking training for all staff.

• Bank cover for the three months prior to the inspection were 142 for the lodge and 54 for the house. There had been a substantial number of staff leaving the service during the previous 12 months: 15 at the Lodge and 23 at the House. This had been impacted by changes in the service. Staff vacancies were one occupational therapist, currently being filled by a secondment from another service and 4 nurse vacancies at with 3 awaiting start dates and on-going recruitment for the remaining vacancy.

• Completing staff appraisals was an area of concern. There were no clear systems in place prior to 2015. We saw evidence that staff appraisals were now being completed but only 25% of staff across both wards have currently received an appraisal in 2015. Both hospital mangers had a strategy to ensure all staff were appraised during the year.

• Supervision was also being delivered in a structured way. Aspen Lodge had been undertaking one to one supervision on a regular basis since the start of 2015. A team reflective practice session was also taking place weekly. At Aspen House, supervision had been delivered to all staff at least once this year and this was structured and documented. Training had just taken place to allow other senior members of the team to deliver supervision on a more regular basis.

• Clinical audit was taking place on both wards.

• Staffing levels had been improved since the last inspection to ensure there were sufficient staff with a good skill mix on duty at all times. An example of this was the flexible shifts worked by occupational therapy assistants to support meaningful activity from 8am - 8pm during the week and also working shifts on Saturdays.

• There was one registered manager for the hospital but each ward had a dedicated hospital manager and a head of care. We saw evidence of a good working relationship between the management team. Measures were in place to track training, complaints, risk issues, sickness levels, recruitment. There was cover for holidays and sharing of experience and best practice.

• Both hospital managers reported having sufficient authority to manage the wards in accordance with Cambian policy. They felt able to challenge and influence decision making regarding their individual wards.

Leadership, morale and staff engagement

• All the staff interviewed felt there had been a huge improvement in staff morale in the last 6 months. Staff told us that they once again look forward to coming to work. They felt the current management had done a good job in making changes for the better.

• Staff told us they know how to use the whistleblowing process.

• Staff felt they could discuss their concerns with either of the hospital mangers or heads of care without fear of victimisation.

• There were 33 complaints recorded for the aspens The documentation showed discussion and dialogue with those concerned and also the changes to practice that has followed. There is an unresolved complaint which has been subject to an investigation from outside the hospital. We have been informed the patient will be escalating this through the ombudsman.

• Staff development opportunities were beginning to emerge through the appraisal and supervision process. Internal training to meet the needs of the patient group is already underway for example training on self harm & personality disorder.

• Staff meetings are held on both wards and the hospital managers attend quarterly meetings with other Cambian managers.

Good

Tier 3 personality disorder services

Commitment to quality improvement and innovation

The wards did not participate in any accreditation process, however they are considering this for the future. There had been a lot of staff recruitment to improve the service provision and there is a process of embedding basic standards before progressing.

Outstanding practice and areas for improvement

Outstanding practice

Good Practice

A self medicating policy is in use with several stages in a graded format. This enables patients to have some control over the management of their medication in preparation for discharge.

Areas for improvement

Action the provider SHOULD take to improve

• The Aspens should ensure that patient are fully involved in discussions with regard to their care, treatment and discharge planning options in ward round and this should be clearly recorded.

• The Aspens should ensure that a central risk register is held to detail all risks identified with clear actions and timeframes. This should be reviewed and updated on a regular basis.

• The Aspens should ensure that fridges that contain medication are kept securely locked and under the supervision of a registered nurse.

• The Aspens should consider making adjustments to the environment to mitigate the ligature risks posed by taps used in areas open to patients.

• The Aspens should ensure that the controlled drug storage key is not held on the same key ring as other medication.

• The Aspens should ensure that all staff receive an annual appraisal.

• The Aspens should ensure that all clinical staff are in receipt of regular managerial and clinical supervision..