

Rosebank House







Quality Report

32 Lower Henley Road
Caversham
Berkshire
RG4 5LE
Tel: 01189 463316
Website: www.elysiumhealthcare.co.uk

Date of inspection visit: 22 – 23 June 2017
Date of publication: 08/09/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

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

Summary of findings

Overall summary

We rated Rosebank House as good because:

- Staff and patients reported feeling safe on the unit. Staff carried out regular environmental and ligature risk assessments. The unit met the department of health guidance on same sex accommodation. Staff never used restraint and patients and staff reported a calm and stable atmosphere.
- We reviewed five care records and found risk assessments present and up to date in all five. Staff updated risk management plans and discussed risk at multidisciplinary team meetings. Staff encouraged positive risk taking.
- Staff completed care plans with patients and encouraged patients to be involved in decisions about their care and treatment. Staff used recognised rating scales to measure progress. All patients had a discharge plan and a target discharge date.
- Staff monitored physical health care effectively. Many patients had physical health concerns and all had clear care plans to manage their physical health needs.
- Staff kept prescription and medicine charts in good order. Staff checked for gaps or discrepancies in medicine charts at each handover and carried out regular medicine audits.
- Staff were aware of patients' individual needs. The new occupational therapy team intended to source community resources for older people and we saw evidence of staff meeting the needs of one patient with particular communication needs.
- Staff and patients contributed to multidisciplinary team meetings. The full range of mental health disciplines provided input into the unit. The provider was working with staff and patients to encourage continued recovery based practice suitable for a rehabilitation environment.
- Staff received appropriate training and support. Compliance with mandatory training was high and staff accessed regular supervision, appraisals and attended team meetings.

- Staff interacted with patients in a caring and respectful manner at all times. Patients attended daily planning meetings and regular community meetings and staff encouraged them to contribute.
- Patients knew how to raise a complaint and staff handled these appropriately.
- Staff reported they knew senior managers in the organisation and felt supported by the new provider. All staff spoke positively about the team ethos and spirit and enjoyed working at the unit. Staff knew how to raise concerns and felt safe to do so.

However:

- Staff sickness was high at 9 per cent and three out of five qualified nursing posts were vacant. The provider used regular agency staff where possible to provide continuity and offered incentives to potential new applicants.
- At the time of the inspection, we were not clear on the processes for reporting safeguarding concerns. Following the inspection the registered manager confirmed the process had been agreed with the responsible local authority.
- There was no record on the incident forms or in meeting minutes of what lessons were learned and no evidence of actions taken as a result of incidents. However, staff reported incidents appropriately and the registered manager informed us learning from incidents was shared at team meetings.
- The unit risk register did not reflect current risks and did not feed into the wider risk register for the organisation. Senior managers were addressing this issue.
- The consultant assessed capacity to consent to admission and treatment on a regular basis. However we found no evidence that staff assessed capacity or recorded best interest decisions in relation to any other decisions.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Rosebank House	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	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Outstanding practice	21
Areas for improvement	21

Good 

Rosebank House

Services we looked at

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

Summary of this inspection

Background to Rosebank House

Rosebank House is an independent hospital that provides inpatient rehabilitation for 13 adults with severe and enduring mental health problems. It provides 24 hour care and support. The majority of patients have been transferred from acute inpatient wards and have been assessed as needing further rehabilitation before moving on to more independent living. Rosebank House was initially set up to provide an ongoing service to people who had been long stay patients at the local psychiatric hospital, but more recently its aim is to provide a shorter term rehabilitation service for patients transferred from the wards.

The hospital had four female beds and nine male beds. At the time of our inspection, there were 13 patients.

Rosebank House is registered to provide the following regulated activities:

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

The current registered manager had been in post since May 2016.

Elysium Healthcare Ltd became the registered provider of Rosebank House in December 2016. This is the first inspection of Rosebank House under Elysium Healthcare Ltd.

Our inspection team

Team leader: Lynda Kelly

The team that inspected the service comprised one CQC inspection manager, one CQC inspector and one specialist advisor who was a nurse by background.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all areas of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients
- spoke with the registered manager and the operational director
- spoke with nine other staff including doctors, nurses, psychologists, occupational therapists and support workers
- received feedback about the service from commissioners

Summary of this inspection

- reviewed all 13 medicine charts
- reviewed five care records
- attended a multi disciplinary team meeting
- joined a morning planning meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with three patients on the unit. All three patients reported liking the unit and said staff were kind. One patient said the staff were great and all patients reported feeling safe on the unit. Patients told us they could talk to staff and felt listened to.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The provider ensured a safe environment for patients. The unit met the department of health guidance on same sex accommodation and staff carried out regular ligature and environmental checks. The unit was clean and staff kept the clinic room in good order.
- Staff and patients reported sufficient staff were available at all times. The local NHS trust provided medical cover and staff accessed the on call rota at the trust out of office hours. The provider ensured a manager and senior nurse were on call out of hours.
- Staff attended mandatory training and the compliance rate was over 80% for 21 out of 22 courses.
- Staff assessed and monitored risk appropriately. We reviewed five care records and found risk assessments present and up to date in all five. Staff regularly reviewed risk and updated risk management plans during handovers and multi disciplinary team meetings.
- Patients and staff reported feeling safe on the unit. Restraint, seclusion and long term segregation were never used. Staff and patients reported a calm and stable environment.
- Staff kept prescription and medicine charts in good order. Staff checked for gaps or discrepancies in medicine charts at each handover and carried out regular medicine audits.

However:

- Staff sickness was high at 9 per cent and three out of five qualified nursing posts were vacant. The provider used regular agency staff where possible to provide continuity and offered incentives to potential new applicants.
- At the time of the inspection, we were not clear on the processes for reporting safeguarding concerns. Following the inspection the registered manager confirmed the process had been agreed with the responsible local authority.
- There was no record on the incident forms or in the meeting minutes of what lessons were learned and no evidence of actions taken as a result of incidents. This could mean learning from incidents was lost. However, staff reported incidents

Good



Summary of this inspection

appropriately and the registered manager informed us learning from incidents was shared at unit meetings and at regional and corporate meetings. We saw incidents were an agenda item at team meetings.

Are services effective?

We rated effective as good because:

- We reviewed five care records and found care plans present and up to date in all five. Care plans showed evidence of patients' views and were holistic and recovery orientated. Staff regularly reviewed and updated care plans. All patients had a discharge plan in place.
- Staff used appropriate assessment tools and rating scales to monitor patients' progress.
- Staff monitored physical health care effectively. Each patient registered with the local GP practice and all patients had individual physical health care plans including weight management plans and epilepsy care plans. Staff ensured they carried out weekly physical health checks.
- The full range of mental health professionals offered input to the unit. Staff attended regular and effective multidisciplinary team meetings to discuss patients' care.
- Staff received appropriate support for their roles. They attended regular supervision sessions and had regular appraisals. Staff accessed monthly team meetings and separate nurse and support worker team meetings.

However:

- The occupational therapy post and occupational therapy assistant post were interim arrangements until more permanent appointments were secured. These posts are essential for an effective rehabilitation unit. The provider assured us these posts would be filled long term.
- The consultant assessed capacity to consent to treatment and admission on a regular basis. However we found no evidence of staff recording capacity assessments for other decisions, such as managing finances or managing personal care. We found no evidence of best interest decisions in the notes we reviewed. Best interest decisions are decisions taken on behalf of patients when they are unable to make this decision for themselves.

Good



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- We observed staff interacting with patients in a caring and respectful manner at all times. Staff knew the patients well and responded to individual needs. Staff accompanied patients to community activities and sat with patients at meal times.
- Staff included patients in decisions about their care. Patients attended multidisciplinary team meetings and staff actively encouraged them to participate.
- Staff encouraged all patients to attend a daily planning meeting and fortnightly community meetings and supported patients to contribute to these meetings.
- Staff and patients reported contact with family and carers was encouraged and we heard patients talking at the daily planning meeting of visits to family and friends. Staff discussed the views of family and carers at the multidisciplinary team meeting.

Are services responsive?

We rated responsive as good because:

- The provider had worked with an external charity to identify suitable follow on placements for all patients. All patients had a discharge plan and a target discharge date. Although all patients had a discharge plan in place these were limited due to lack of beds in identified placements which was out of the control of the provider
- The provider promoted recovery based practice. Occupational therapy staff were implementing a comprehensive range of activities and groups to encourage independence and recovery. The multidisciplinary team promoted a rehabilitation environment.
- Staff clearly identified and attempted to meet individual needs. The new occupational therapy team intended to source community resources for older people and we saw evidence of staff meeting the needs of one patient with particular communication needs.
- Patients knew how to raise a complaint and staff handled these appropriately.

Good



Are services well-led?

We rated well-led as good because:

- Staff reported they knew senior managers in the organisation and felt supported by the new provider. Staff we spoke with were happy with the recent change in provider.

Good



Summary of this inspection

- All staff spoke positively about the team ethos and spirit and enjoyed working at the unit. Staff knew how to raise concerns and felt safe to do so.
- Senior managers were aware of the importance of good governance to ensure continued improvement and progress. They were motivated to ensure systems and processes at Rosebank House were developed in line with the wider organisation.

However:

- The provider was still in the process of developing new operational policies and revising the terms of the service level agreement with commissioners.
- The unit risk register did not reflect current risks and did not feed into the wider risk register for the organisation. Senior managers were addressing this.

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.






- There were three patients detained under the Mental Health Act at the time of our inspection. Staff discussed the ongoing need for detention at the multidisciplinary meeting we attended and recorded the rationale for ongoing detention in the notes.
- The consultant ensured all patients had up to date consent to capacity and treatment forms. Staff attached consent to treatment forms to medicine charts where appropriate. The recovery lead audited these forms on a monthly basis.
- Staff attended training in the Mental Health Act Code of Practice and 94 per cent of staff had completed this training.
- Staff reminded patients of their rights under the Mental Health Act on a regular basis. The unit audited this practice on a monthly basis. An independent mental health advocate (IMHA) visited the unit monthly. Staff displayed a legal board in the communal areas which displayed information on patients' rights and access to advocacy.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff attended training in the Mental Capacity Act and Deprivation of Liberty Safeguards and 94 per cent of staff had completed this training. Staff we spoke with showed an understanding of the Mental Capacity Act.
- The consultant discussed capacity to consent to treatment and admission with other staff at the multidisciplinary team meeting. However we found no evidence of staff conducting or recording capacity assessments for other decisions. We reviewed five care records and found no evidence of capacity assessments or best interest decisions despite there being some evidence that the patient may lack capacity. For example, one patient had a robust care plan around finances where staff looked after their money, kept it securely in the office and rationed the amount the patient was given in line with the care plan. We did not see evidence of any capacity assessment around this yet it is likely such an assessment was indicated.
- We discussed these issues with senior staff and they agreed to address the issues and implement appropriate recording of decisions taken under the Mental Capacity Act. The provider's policy stated an entry should be made in the clinical notes detailing all best interest assessments and the rationale supporting that decision.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- Rosebank House complied with guidance on same sex accommodation. It accommodated up to four women on the ground floor and nine men on the first floor. All bedrooms had en-suite bathrooms and there was also a separate bathroom on each floor. There was a male only lounge upstairs and a female only lounge downstairs. The patient kitchen and dining areas were communal. The laundry room was on the first floor in the male corridor and staff escorted female patients when using this room.
- The unit had several blind spots and ligature risks. However these were adequately mitigated. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Staff included all ligature risks in the ligature risk assessment. Senior staff reviewed this at least every six months and updated it following any changes to the environment or patient behaviour. Staff managed ligature risks through patient observations, knowledge of individual patients and knowledge of the environment. Staff had easy access to ligature cutters.
- Staff carried personal alarms and patient bedrooms and en suite bathrooms had nurse call buttons. Staff had master keys to all bedrooms should they need to enter in an emergency.

- All areas of the unit were clean. Domestic staff signed off the cleaning rota daily. Staff carried out regular infection control audits including food hygiene and storage, and sharps handling and disposal. The local authority awarded a food hygiene rating of good on 1 June 2016. Staff carried out regular environmental checks, including health and safety checks and facilities and maintenance checks.
- The provider had planned a full refurbishment of the unit to include patient bedrooms and bathrooms. This had already started at the time of our inspection and the manager had planned it well to keep disruption to a minimum.
- Staff kept the clinic room clean and in good order. An examination couch, blood pressure monitor and scales were available. Staff checked the fridge and room temperature daily and checked the resuscitation equipment daily. Emergency drugs were checked weekly and the senior nurse agreed to arrange for these to be stored separately in a red bag. Staff kept the drugs cupboard tidy and each patient had an individual shelf and personal tray for their medicines. We noted the clinic room temperature was above 25 degrees celsius for the four days prior to our inspection and immediately brought this to the attention of senior managers. The manager agreed to address this and confirmed the week following our inspection that an air conditioning unit had been installed to ensure the temperature remained within safe limits.

Safe staffing

- Staff and patients reported there were sufficient staff. The provider ensured a minimum of one registered mental health nurse and two support workers on each shift. The nurse in charge completed a safe staffing tool

Long stay/rehabilitation mental health wards for working age adults

Good 

at each shift and booked extra staff if needed. The registered manager, the temporary clinical lead, recovery lead and occupational therapy assistant provided additional cover from 9am to 5pm Monday to Friday. Staff accessed the on call senior nurse or on call manager if needed out of hours.

- The provider contracted the local NHS trust to provide medical cover. The specialist rehabilitation consultant provided six hours cover per week and the associate specialist provided eight sessions per week over four days. All staff reported sufficient medical cover. Staff accessed the on call consultant out of hours and cover was provided when the regular doctors were absent.
- The provider reported five whole time equivalent nursing posts but only two staff in post. The provider reported 219 shifts were covered by bank or agency staff for the period 1 January 2017 to 31 March 2017 and 39 shifts were not covered. The provider recruited three agency nurses on three month contracts to provide continuity and consistency. The vacant posts were being advertised and the provider offered incentives to potential new starters to encourage applications. There were nine support workers in post and one vacancy. The registered manager reported sickness rates from December 2016 to June 2017 were high at 8.7%.
- The provider offered 22 mandatory training courses and uptake of this training was high. Twelve courses had 100% compliance and of the remainder, all were above 80% compliance apart from suggestions, ideas and complaints at 69%. Agency staff accessed training from the agency but the provider ensured they were all trained in immediate life support.

Assessing and managing risk to patients and staff

- Staff assessed and monitored risk appropriately. Staff used the short term assessment of risk and treatability (START) risk assessment tool for each patient. This evaluated risk across seven domains including violence to others, suicide, self harm and substance misuse. We reviewed five care records and found risk assessments were present and up to date in all five. The records contained evidence of risk formulation and how to manage individual risk behaviours.
- Staff regularly reviewed risk for each patient and any risks were passed on at regular handovers. We saw this in patient records and observed this happening in the multidisciplinary team meeting. Staff implemented positive risk taking where appropriate.
- The registered manager confirmed all new referrals underwent a comprehensive risk assessment to ensure it was possible to manage them safely in a community setting. Patients with a recent history of self harm or harm to others were not considered suitable.
- Staff followed unit policy and all patients were on hourly observations including at night. Staff could increase the level of observations if deemed appropriate. We reviewed the observation sheets which confirmed observations happened regularly. We considered hourly observations at night might unnecessarily disturb patients. We discussed this with senior managers who confirmed this was the policy but it could be reviewed on an individual basis and reduced if deemed appropriate. They agreed to review this for individual patients.
- Staff rarely searched patients and would only do so based on individual risk and with consent. Staff carried out room searches only if a risk were identified. The manager reported one room search in the last three months.
- Staff never used restraint, seclusion or long term segregation. Staff received training in conflict resolution and breakaway and the training matrix reported 81% of staff had been trained. The provider commissioned a yearly one day refresher course for all staff. All staff and patients we spoke with confirmed feeling safe and low levels of aggression on the unit.
- The registered manager confirmed all safeguarding referrals were reported to the local community mental health team and if necessary this team would forward concerns to the responsible local authority. We queried this with the registered manager and with the local authority to ensure the correct processes were followed. Following our inspection the registered manager confirmed he had agreed a new process of reporting concerns with the local authority. Staff were aware of

Long stay/rehabilitation mental health wards for working age adults

Good 

safeguarding concerns and knew what to report. The registered manager informed us of two recent safeguarding concerns which were handled appropriately.

- We reviewed 13 medicine records and found them all in good order. All prescriptions were signed and dated and all had photos of the patients for identification. Four patients had regular monthly blood tests as required for the medication prescribed. Staff checked at each handover for any gaps or discrepancies in the medicine charts. Two staff together conducted weekly audits. A pharmacist visited the unit every fortnight and supplied medicines, checked stock levels and completed audits.

Track record on safety

- The provider reported no serious incidents since taking over Rosebank House in December 2016.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents on the electronic reporting system. Examples included verbal aggression, medicine errors, patients going absent without leave. We reviewed incident data which reported 11 incidents from 1 January 2017 to 23 June 2017. The data confirmed all incidents reported were low level incidents.
- The registered manager or the recovery lead signed off all reported incidents. The registered manager included incidents in the monthly ward to board report, which was then sent to senior managers within the organisation. The manager reported incidents and learning were discussed with staff at unit meetings and learning shared. Incidents were also discussed at regional governance meetings and corporate clinical governance meetings for the wider organisation. The registered manager confirmed he shared any learning from incidents at these meetings with staff at Rosebank House.
- We reviewed minutes of meetings and found incidents were a standing agenda item. However there was no record on the incident forms themselves or in the minutes of what lessons were learned and no evidence of actions taken because of incidents. The registered manager stated that this was not recorded in team

meetings due to confidentiality and any learning was recorded in patients' notes. We discussed the need to record lessons learned to ensure these actions would not be lost and the provider agreed to address this.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff reported they completed a comprehensive assessment with each patient prior to admission and discussed each assessment with the multidisciplinary team. The recovery lead recently provided training for staff, which included care planning and goal setting from the time of admission. Staff set goals for patients and reviewed these with patients and the wider team.
- We reviewed five care records and found care plans present and up to date in all five. Care plans showed evidence of patients' views and were holistic and recovery orientated. Staff completed the recovery star for all patients. The recovery star is an outcome measure that enables staff to support individuals to understand their recovery and progress across 10 domains including living skills, relationships, physical health and self care. Staff completed a positive behaviour support plan with all patients. Positive behaviour support aims to increase an individual's quality of life while reducing behaviour that is more challenging.
- Staff regularly reviewed care plans with patients. The multidisciplinary team met weekly and reviewed care plans and reviewed each patient six monthly within the care programme approach. Staff ensured each patient worked towards a discharge plan and again regularly reviewed this through multidisciplinary team meetings.
- Staff monitored physical health care effectively. Each patient registered with the local GP surgery on admission. We saw evidence of ongoing physical health care in all five records we reviewed including epilepsy

Long stay/rehabilitation mental health wards for working age adults

Good 

care plans, weight management plans and bathing care plans. Staff undertook weekly physical health checks with patients that included blood pressure, pulse and hydration levels.

- Staff used the electronic patient data base to store all patients records securely.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidelines where appropriate. Doctors discussed NICE guidelines in relation to prescribing anti psychotic medication in the multidisciplinary team meeting and in relation to physical health care. The psychologist used NICE guidance to inform their work on anxiety and depression and when using interventions such as cognitive behavioural therapy (CBT). The temporary clinical lead planned to implement NICE guidance with other clinical staff and planned to continue discussions around the guidance at nurses' meetings.
- Patients received appropriate physical health care. Each patient registered with the local GP practice, dentist and optician and accessed other specialists such as a diabetes nurse when indicated. Staff regularly recorded body mass index (BMI) for patients and we saw the malnutrition universal screening tool (MUST) being used. Each patient had an individual physical health care plan. The clinical lead introduced weekly emergency medical drills to ensure competency of staff. For example, a recent drill covered how to respond to choking incidents.
- Staff used appropriate assessment tools and ratings scales. The short term assessment of risk and treatability (START) was used for risk assessments. This focussed on patients' strengths and vulnerabilities. The occupational therapist recently led training sessions for staff on the recovery star. The recovery star is an outcome measure which enables patients to measure their progress towards recovery with the help of staff. The occupational therapist used the model of human occupation screening tool (MOHOST) to gain an overview of each patient's functioning.
- Staff participated in clinical audits. The temporary clinical lead led audits on care plans, infection control,

environmental and ligature risks and weekly medicine audits. The unit participated in the prescribing observatory for mental health (POMH-UK) which is an online audit of anti psychotic medication.

Skilled staff to deliver care

- The full range of mental health professionals provided input to the ward. The local NHS trust provided medical and pharmacist staff. Following the change of provider, Rosebank House accessed psychology and occupational therapy staff from a local related site. The psychologist worked one day per week, provided input into the multidisciplinary team meetings, and met with individual patients. The psychologist planned to implement one to one sessions and group sessions with patients and provide training to staff to ensure they offered a recovery based approach. The occupational therapist worked two days per week and was supported by a full time occupational therapy assistant. This team planned to set up a full activity programme and implement individual one to one plans for patients to enable them to live more independently. Both the occupational therapy staff and the psychologist had only recently started and the occupational therapy arrangement was an interim arrangement until more permanent staff were appointed.
- The occupational therapist provided some training for staff in the recovery star. The recovery lead visited other rehabilitation units to look at good practice in relation to recovery. The recovery lead provided a one day training session to staff on the principles of recovery and how this should be implemented at the unit.
- Staff received regular supervision every four to six weeks. We saw the supervision matrix, which confirmed supervisions were happening, and were booked for the next few months. Staff were supervised by appropriate clinical leads. For example, the occupational therapist and psychologist accessed supervision from the clinical leads for their profession. The provider recently recruited a senior clinical nurse lead on a temporary basis to improve clinical practice and leadership at the unit.
- Staff received regular appraisals and 78.5 per cent of staff received an appraisal in the last 12 months. The remaining staff were new staff in the probationary period.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff accessed regular team meetings. The manager held monthly unit meetings and staff also accessed regular nurses' meetings or support workers' meetings.

Multidisciplinary and inter-agency team work

- The unit held weekly multidisciplinary team meetings. All disciplines were able to attend and contributed to individual care plans. We observed three patients being reviewed in the multidisciplinary team meetings and saw clear staff knowledge of patients and involvement of patients in their care plans. Staff reviewed risk assessments, care plans and discharge plans for each patient.
- Staff reported thorough handovers at each shift change including current risks and activity plans for each patient.
- Staff reported care co-ordinators from the local community mental health teams attended six monthly care programme approach meetings for patients. Staff discussed the views of care co-ordinators and other professionals at the multi disciplinary team meeting.

Adherence to the MHA and the MHA Code of Practice

- There were three patients detained under the Mental Health Act at the time of our inspection. Staff discussed the ongoing need for detention at the multi disciplinary meeting we attended and recorded the rationale for ongoing detention in the notes. Staff discussed one patient detained under section 3 who might need a community treatment order (CTO) or Deprivation of Liberty Safeguards (DoLS) application when discharged to a more independent setting.
- The consultant ensured all patients had up to date consent to capacity and treatment forms. Staff attached consent to treatment forms to medicine charts where appropriate. The recovery lead audited these forms on a monthly basis.
- The consultant assessed one informal patient as lacking capacity to consent to treatment. We discussed this with the consultant who reported the treatment mainly referred to physical health and the responsibility for this lay with the local GP. He reported the mental health medication had been prescribed long term and there had been no need to change this. Following our

discussion he agreed to record a best interest decision in the patient's notes. This meant the patient received mental health medication in their best interests as they were unable to consent.

- Staff attended training in the Mental Health Act Code of Practice and 94 per cent of staff had completed this training.
- The local NHS trust provided Mental Health Act support for the unit. The Mental Health Act administrator was available for advice when needed. The local trust carried out monthly Mental Health Act audits to ensure compliance with the Act.
- Staff reminded patients of their rights under the Mental Health Act on a regular basis. The unit audited this practice on a monthly basis. An independent mental health advocate (IMHA) visited the unit monthly. Staff displayed a legal board in the communal areas which displayed information on patients' rights and access to advocacy.

Good practice in applying the MCA

- Staff attended training in the Mental Capacity Act and Deprivation of Liberty Safeguards and 94 per cent of staff had completed this training. Staff we spoke with showed an understanding of the Mental Capacity Act.
- The consultant discussed capacity to consent to treatment and admission with other staff at the multidisciplinary team meeting. However we found no evidence of staff recording capacity assessments for other decisions. We reviewed five care records and found no evidence of capacity assessments or best interest decisions despite there being some evidence that the patient may lack capacity. For example one patient had a robust care plan around finances where staff looked after their money, kept it securely in the office and rationed the amount the patient was given in line with the care plan. We did not see evidence of any capacity assessment around this yet it is likely such an assessment was indicated.
- We discussed these issues with senior staff and they agreed to address these issues and implement appropriate assessment and recording of decisions

Long stay/rehabilitation mental health wards for working age adults

Good 

taken under the Mental Capacity Act. The provider's policy stated an entry should be made in the clinical notes detailing all best interest assessments and the rationale supporting that decision.

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

Good 

Kindness, dignity, respect and support

- We observed staff interacting with patients in a caring and respectful manner at all times. We observed a planning meeting and multidisciplinary team meeting and staff knowledge and understanding of individual patients was evident. Staff encouraged patients to contribute and to be involved in these meetings.
- We spoke with three patients on the unit. All three reported liking the unit and said staff were kind. One patient said the staff were great and all patients reported feeling safe on the unit. Patients reported they could talk to staff and felt listened to. Two patients were not sure whether they had a care plan.
- We observed staff sitting with and helping patients at meal times. We saw staff accompanying patients out of the unit to access community activities.

The involvement of people in the care they receive

- Staff welcomed new patients to the unit. Patients visited the unit for a day following assessment and then stayed for a longer trial period before being formally admitted. Patients received a welcome pack on admission and were allocated a key nurse and support worker.
- Staff reported patients were involved in writing their care plans and were offered a copy of their care plan. We observed staff actively involving patients in decisions about their care at the daily planning meeting and at a multidisciplinary team meeting.
- Staff encouraged all patients to attend a morning daily planning meeting, which set out activities for the day and asked individual patients their plans for the day. Staff encouraged all patients to participate and the meeting facilitated a community spirit.

- Patients attended two community meetings per month and staff encouraged them to participate. We saw minutes of these meetings which contained an agenda and any actions from the previous meeting. Topics discussed included the planned refurbishment and ideas for new activities. There was evidence of patient involvement where patients received colour choices for the refurbishment and ideas for trips and activities were acted on. Patients we spoke with talked positively about these meetings.
- The registered manager reported all patients were supported to participate in an annual patient satisfaction survey. Patients were also involved in an environmental audit.
- Staff maintained information boards for patients in communal areas. These included 'you said, we did' posters, information on the Mental Health Act and legal advice, and advocacy information. An advocate visited the unit monthly. There was a recovery board with information on the recovery star and group and individual activities.
- Staff and patients reported contact with family and carers was encouraged and we heard patients talking at the daily planning meeting of visits to family and friends. Patients regularly stayed with family. Staff at the multidisciplinary team meeting discussed the views of family and carers and informed us family were regularly invited to care reviews.

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

Good 

Access and discharge

- Rosebank house was initially set up to provide ongoing care to a group of patients who had been resident in long term hospital wards. More recently the service had started to provide more short term care for patients who

Long stay/rehabilitation mental health wards for working age adults

Good 

were low risk but had a good chance of moving on to more independent living. The local NHS trust was the main commissioner of the service and the trust provided positive feedback on the provision.

- The revised expected length of stay was six to 24 months. However, due to the original cohort of residents, the average length of stay for current patients was 4.8 years. This was not necessarily reflective of current practice and all patients had a discharge plan and a target discharge date. An external charity had worked with the service over the last year and identified move on placements for all patients. The main barrier to discharge was a lack of beds in identified placements.
- The unit accepted two new admissions since December 2016. Two people were on the waiting list for admission. The referrals manager managed all new referrals and arranged new assessments. The unit had operated at 100 per cent occupancy since December 2016. One patient was discharged to residential care in December 2016. We saw care plans evidencing good discharge planning for this patient.
- The consultant attended placement panels every three months which reviewed and identified new placements for move on. Care co-ordinators were required to attend. Care co-ordinators in the community mental health team remained responsible for sourcing move-on placements for patients.
- Staff planned well for discharges and patients were informed and fully involved in the plans. Staff facilitated patients visiting potential new placements and provided support during this transition.
- The local NHS trust provided acute beds in the local mental health wards or psychiatric intensive care unit if indicated. This was included in the service level agreement but was rarely needed.

The facilities promote recovery, comfort, dignity and confidentiality

- The unit provided a male only and female only lounge. Patients interacted in the communal dining area. There was an activity room for groups but this room had limited space. The unit provided a quiet room where patients saw visitors. The provider recently redeveloped the communal garden area.

- Patients had keys to their bedrooms and personalised their rooms accordingly. The unit was undergoing refurbishment and the provider offered colour choices to the patients. We witnessed individual needs being discussed in the multidisciplinary team meeting about patient rooms.
- Patients used their own mobile phone but had access to a pay phone with a privacy hood if needed. The provider enabled internet access on the communal computer and risk assessed this appropriately.
- The unit had a communal kitchen with locked cupboards for individual patients. The occupational therapist had ordered new equipment for the kitchen to encourage patients to cook independently. Patients could access drinks and snacks at all times.
- Patients accessed activities seven days a week. The new occupational therapist and occupational therapy assistant had developed an activity timetable for each patient. They aimed to introduce structure and routine into patients' lives and had begun to implement a basic group activity programme. They aimed to increase the range of activities and groups offered once the occupational therapy programme was better established.
- Patients took part in house walking groups, gardening groups, arts and crafts and current affairs groups. Staff supported patients to access activities in the community such as voluntary work, supported paid work, college courses and community groups. The occupational therapy staff intended to source more community resources catered to the individual needs of patients. Staff encouraged patients to attend daily morning meetings to plan activities.

Meeting the needs of all people who use the service

- The unit provided access for people with disabilities. There was a lift to the first floor and one male bedroom was adapted for improved access for people with additional mobility needs. The ground floor was fully accessible for all mobility needs. The unit contained bathrooms on both floors suitable for use by people with additional mobility needs.
- The provider displayed communal notice boards with information on the Mental Health Act, patients' rights and how to raise a complaint.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff clearly identified and attempted to meet individual needs. Staff encouraged patients to access community activities and the multidisciplinary team promoted a rehabilitation environment. The occupational therapist intended to source community resources for older people and we saw evidence of staff meeting the needs of one patient with particular communication needs.
- The chef catered for individual dietary needs and preferences.
- Staff supported patients to access appropriate spiritual support and one patient reported regularly attending church.

Listening to and learning from concerns and complaints

- The provider reported two formal complaints since December 2016. These were both upheld and handled appropriately. Staff showed awareness of the provider's complaints policy.
- Staff recorded all informal complaints in the complaints folder and noted discussions with patients and agreed outcomes. The ward to board data reported seven informal complaints between December 2016 and April 2017 and these were all resolved satisfactorily.
- The provider displayed information on how to raise a complaint in communal areas and patients we spoke to were aware of this process. Staff supported patients to raise complaints if needed.

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

Good 

Vision and values

- Staff we spoke to did not know the organisation's values. However staff reported the objectives and vision of Rosebank House was based on recovery and rehabilitation. The providers described Rosebank House as a service in transition as it moved from a long stay unit for the initial cohort of patients to a more focused shorter term rehabilitation unit. The provider

acknowledged that the operational policy needed development to fully describe the service provided. The providers were in discussion with commissioners about a new, revised service level agreement.

- Staff reported they knew senior managers in the organisation and felt supported by the provider. Staff we spoke with were happy with the recent change in provider.

Good governance

- The registered manager completed a monthly ward to board report for senior managers in the organisation. This captured ward data including incidents, complaints, vacancies, staff training, audits, number of primary nurse sessions and physical health monitoring. This report provided an overview of how the unit performed and gave an ongoing commitment to improving quality. Staff reported incidents appropriately but did not keep a log of learning from incidents.
- Senior managers accessed the live electronic patient record system, which meant they viewed themes and identified patterns as they occurred. Reports from this system were discussed at clinical governance meetings. We viewed the clinical quality improvement schedule which supported services in carrying out clinical audits. It outlined the timetable for audits due in 2017 to 2018.
- The registered manager attended regional and corporate clinical governance meetings. He disseminated information to the unit at unit meetings. There had only been one corporate clinical governance meeting since the new provider took over. Provider compliance visits were carried out by the director of regulation and set targets for improvement.
- We viewed the unit risk register but found this did not reflect current risks. It was not clear how this fed into the organisational risk register. Senior managers advised that the organisation was in the early stages of governance oversight since the new provider took over, and the risk register was under review. They planned to provide training for staff.

Leadership, morale and staff engagement

- The provider encouraged staff to engage in yearly staff satisfaction surveys. They were awaiting feedback from the current survey which would be the first one under the new provider.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The provider had advertised the vacant posts and offered incentives to potential new applicants.
- The majority of staff we spoke with were positive about recent changes and found unit managers and senior managers approachable and supportive. One staff member reported senior managers thanked them for their hard work and this motivated and encouraged staff to work hard. All staff spoke positively about the team ethos and spirit and enjoyed working at the unit. Staff knew how to raise concerns and felt safe to do so.

- Staff were positive about the temporary clinical lead who recently started to provide support and expertise to clinical staff. Other staff accessed leadership training where appropriate.

Commitment to quality improvement and innovation

- Rosebank House was not involved in any accreditation schemes. The clinical lead was considering this as a future objective.
- Rosebank House provided placements for student nurses and we spoke with one student who reported a positive learning experience.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure actions and learning from incidents are recorded in order to ensure learning is logged and implemented.
- The provider should ensure local safeguarding processes are followed when reporting safeguarding concerns.
- The provider should ensure staff appropriately assess and record capacity assessments. This should include any capacity assessments where it is indicated an individual may lack capacity in relation to a specific decision, and any best interest decisions taken as a result of these assessments.
- The provider should ensure there is an updated operational policy which reflects the aims and objectives of the unit.
- The provider should ensure the unit risk register reflects current risks and is integrated into the organisational risk register.