

Park Grange

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?

Requires improvement



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 Park Grange as **Good** because:

- The building was less than a year old at the time of inspection; it had been designed to meet the needs of the current patient group and had excellent facilities. The furnishings were of very good quality and the ward areas were very clean.
- Physical health assessments were comprehensive and physical health care needs were well managed.
- National Institute for health and Care Excellence (NICE) guidance was followed for medication prescribing. The medical team regularly reviewed and reduced medication when possible.
- Patients reported that staff were courteous and polite, respectful and willing to help.

- Patients were able to leave the ward and access activities outside and spoke positively of the opportunities available to them.

However:

- There were outstanding ligature risks on the wards that had not been adequately assessed or mitigated against, and staff did not always report incidents using their electronic incident reporting system.
- Care plans were not sufficiently personalised and some patients reported not being involved in care and discharge planning.
- There were insufficient activities for people who remained on the wards, patients reported being bored.

Summary of findings

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Good 

Park Grange

Services we looked at:

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

Summary of this inspection

Background to Park Grange

Park Grange, Woking, provides a locked rehabilitation service for men with complex health needs. There were distinct areas within Park Grange dependent on a person's level of need.

The service offered rehabilitation, assessment and recovery. The emphasis was on treatment optimisation, developing insight, exploring impediments to engagement, anxiety, assessment of needs, and putting things in place to address those needs.

Park Grange is registered to carry out the following regulated activities:

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

- Diagnostic and screening procedures.

There was an acting Registered Manager in place, Cygnet was in the process of appointing a Hospital Director to assume this responsibility.

There were two ward areas, Lower Ground and Upper Ground. Lower Ground consisted of 11 beds, all male, and was the more acute ward area. Upper Ground, 12 beds, all male, and was for people who engaged well with the therapeutic programme.

The service opened in April 2015, this was the first comprehensive inspection.

All patients were detained under the Mental Health Act (MHA).

Our inspection team

Team leader: Russell Hackett, Inspector, Care Quality Commission

The team that inspected the service was comprised of two CQC inspectors, an assistant inspector, a Mental Health Act reviewer, a specialist nurse advisor and an expert by experience.

Why we carried out this inspection

We inspected this independent hospital 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 we reviewed information that we held about the service, and sought feedback from people of their experience of placing patients at Park Grange.

During the inspection visit, the inspection team:

- Visited the two ward areas at the hospital, looked at the quality of the ward environments and observed how staff were caring for patients.
- Spoke with eight patients who were using the service.
- Spoke with three carers of patients.

Summary of this inspection

- Spoke with the acting registered manager, the unit manager, and managers for each of the wards.
- Spoke with 18 other staff members including the medical director and junior doctors, nurses, occupational therapist, training and development lead, security lead, psychologist and social worker.
- Received feedback about the service from two commissioners.
- Spoke with an independent advocate.
- Attended and observed a community meeting, a daily planning meeting, a hospital managers' hearing and medicine dispensing.
- Collected feedback from nine patients using comment cards.
- Looked at 14 (all) care and treatment records of patients.
- Reviewed 14 (all) medicine charts.
- Carried out a specific check of the medication management on the two wards.
- Reviewed all of the staff personnel records.
- Reviewed the ward rotas and cleaning records and spoke with cleaning staff.
- Observed meal preparation and spoke with kitchen staff.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Apart from speaking with the patients, we analysed the comments cards left in the comment boxes on both wards and spoke with carers. Their views were as follows:

- Patients stated that staff were friendly, helpful and empathetic, the environment was clean, comfortable, well-presented and the food was very good. Some staff members were singled out for individual praise.
- Patients informed us there was too much temptation from access to unhealthy food, and that discharge from hospital took too long. Some patients stated that there were insufficient ward-based activities although there was a wide range of activities outside of the hospital for those who were able to access them.
- Carers of patients informed us that the care was very good, they received good communication, support and feedback and that there were a range of activities available in the week but not at the weekend. One carer felt there was not enough emphasis on tackling weight gain.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Requires Improvement** because:

- There were outstanding ligature risks that had not been adequately assessed or mitigated against. The risk was highlighted in the provider's risk register but there was not a local plan to manage the risk or a buildings solution identified.
- A dual entry information system (electronic and paper records) had led to risk assessment and risk management plans not being updated in a timely manner.
- Staff did not always report incidents using the electronic incident reporting system (datix).
- We observed one patient on the lower ground floor ward being disruptive and abusive to staff and patients. Staff did not respond to this behaviour in an appropriate way, and there did not appear to be a clear policy or procedure for how disruptive behaviour should be managed on this ward.
- An external infection control consultant had provided advice, guidance and recommendations to the staff team. There was a lack of evidence to demonstrate how this had resulted in a plan of action or changes to staff practices.

However:

- The building was less than a year old at the time of inspection; it had been designed to meet the needs of the current patient group. The layout of Park Grange allowed good general observation throughout the lower and upper ground floors that the patients used. The furnishings were of very good quality and the ward areas were very clean.
- We found staff to be rigorous and well-disciplined in medicines management.
- There was evidence of each patient having a modified early warning system (MEWS) chart which recorded physical health observations and these observations were completed daily.

Requires improvement



Are services effective?

We rated effective as **Good** because:

- All patients had a care plan in place that was up to date and showed evidence of review.
- Physical health assessments were comprehensive and demonstrated that physical examination had been undertaken

Good



Summary of this inspection

at admission and regularly repeated. Patients with identified physical health problems were referred to the local GP who effectively co-managed care with the Park Grange practice nurse.

- We saw evidence that the National Institute for health and Care Excellence (NICE) guidance was followed for medication prescribing. The medical team regularly reviewed and reduced medication when possible.
- All staff we spoke with had received regular supervision and 100% of permanent staff had completed an annual appraisal, which was evidenced within the staff electronic records.
- Specialist commissioning placement managers who represented NHS services told us they had attended clinical review meetings and were pleased with the progress that patients were making.
- All patients were detained under the Mental Health Act and had an assessment of their capacity to consent to medical treatment documented on the provider's form. We saw evidence on files that patients were given information with regard to their rights every three months in line with the provider's policy.

However:

- Care plans were not personalised, they were generic and modularised, with each module included for each patient even if that particular area of care had not been identified as a care need.
- The language of the care plan suggested it included a system generated response rather than an individual's response, for example under identified needs, 'I want to work well with the team looking after me. I want to listen to them because I know they are trying to help me'.

Are services caring?

We rated caring as **Good** because:

- Patients reported that staff were courteous and polite, respectful, patient and willing to help.
- All patients we spoke with said they had spent time with the independent advocate and that they were very helpful in offering advice and following up issues.

However:

- Patients were not fully involved in writing their care plans or in discharge planning.

Good



Summary of this inspection

- Park Grange had in the past few months started to identify an internal pathway of progression for patients. Patients were admitted to the lower ground floor ward for a minimum period of four to six weeks before the possibility of transfer to the upper ground floor ward. The criteria for progression from lower to upper wards was clearly displayed on the patients' notice boards. However, the expectations for transfer seemed to be based upon staff judgements rather than patients' attainments.

Are services responsive?

We rated responsive as **Good** because:

- Park Grange was newly built and commissioned to a secure rehabilitation specification. It benefitted from a wide range of facilities to support treatment, therapy and activities of daily living.
- There was a range of lounge and quiet areas available, patients had keys to their own rooms. Patients could personalise their rooms.
- Patients were able to use mobile phones to make phone calls and a pay phone was available for their use.
- Patients received meals that were prepared and cooked on site. The food was of very good quality, and some patients worked with the chef. The Food Standards Agency had awarded Park Grange a food hygiene rating of five (very good).
- Patients were able to leave the ward and access activities outside and spoke positively of the opportunities available to them. However:
- Patients that remained on the unit felt there were insufficient activities available to them and reported being bored.

Good



Are services well-led?

We rated well-led as **Good** because:

- The service was well-led at ward level and by the acting hospital director. The medical director was an intrinsic part of the leadership team.
- The senior managers for the main hospital were frequent visitors to Park Grange and attended meetings. Staff felt supported by managers and there was good communication between the local ward managers and the senior managers.

Good



Summary of this inspection

- Governance processes were generally good and that ward systems were effective in ensuring that patients and staff were kept safe, and that the patients' physical health needs in particular were well met.
- There was a commitment towards continual improvement and innovation as demonstrated by the service presentation and the service reported that it had initiated and was awaiting peer review from the Quality Network for forensic services. However:
- Park Grange was reliant on agency staff to provide the registered nurse cover for each shift.

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. Our findings were as follows;

- Both permanent and regular agency staff had completed MHA training within the past 12 months. The training incorporated the MHA Code of Practice.
 - All patients were detained under the Mental Health Act and had an assessment of their capacity to consent to medical treatment documented on the provider's form. All patients had T2 (own consent to treatment) or T3 (doctors' consent to treatment) certificates attached to their medicine cards, as well as photographic identification.
 - Two patients received their medication under section 62 (urgent treatment). The second opinion appointed doctor (SOAD) service had been contacted.
 - Patients were given information with regard to their rights every three months in line with the provider's policy. All information had been provided in a format and language accessible to the patient.
 - The Independent Mental Health Advocate (IMHA) confirmed they visited the unit regularly and met with patients newly admitted. We met with the MHA administrator who was based at the nearby Cygnet hospital and we confirmed information was displayed on the ward with regard to the role of the IMHA, patients' rights under the Mental Health Act, and the role of the Care Quality Commission (CQC).
- There was a system in place to receive detention documents and scrutinise these. All detention paperwork was filed in the paper notes. Although an electronic patient system had been introduced this only currently held the progress notes for each patient. The detention paperwork appeared to be in good order. We did however find two sets of notes without an Approved Mental Health Professional (AMHP) report.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The staff we spoke with understood the Mental Capacity Act (MCA). One patient had had two decision specific assessments under the MCA with regard to finances and housing. The MCA guidance had been followed appropriately.
- All staff had received training in the MCA and deprivation of liberty safeguards.






Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Requires improvement 

Safe and clean environment

- The building was less than a year old at the time of inspection and had been designed to meet the needs of the current patient group. The layout of Park Grange allowed good general observation throughout the lower and upper ground floors that the patients used. Observation was further enhanced through the use of closed circuit television (CCTV) cameras which were situated throughout the wards, with monitors in the staff only areas. The service had a CCTV policy which provided observational guidance for staff. The CCTV system was checked daily and the security lead carried out monthly audits.
- The ligature audit completed in June 2015 highlighted ligature risks in communal areas which were mitigated by staff presence or through the use of CCTV. In addition, Park Grange had an admission policy that excluded people with a history of self-harming.
- The doors to the patients' en-suite bathrooms posed a significant ligature risk. The doors were over 60cm above the floor, were unlocked all the time, and were in areas the patients would be on their own and therefore unobserved. This risk was recorded within the ligature audit which identified the outcome of the assessment of this risk as 'No action required'. This issue was added to the Cygnet Woking local register of risk in October 2015

which stated; 'Multiple ligature points identified at the Lodge (mainly bathrooms and en-suites) that may lead to injury to service users and unsafe environment'. There was no progress reported, or an action plan with an end date. This patient group (young adult male) reports the highest frequency of suicide in the country.

- Park Grange was designated as male only. All of the bedrooms provided en-suite showers and toilets. There were additional bathrooms with baths on each of the lower and upper ground floors. There were three clinic rooms, two of which contained prescribed medicines which were stocked and stored appropriately. Each clinic room was clean and tidy, contained equipment for physical examination, emergency drugs and resuscitation equipment, all of which were operational, clearly labelled and checked weekly. One of the clinic rooms was designated for use by the unit's practice nurse and was appropriately equipped for physical examination, the taking of blood for investigation and also contained a wide range of clinical dressings.
- The lower ground floor (where all patients were admitted to) had a designated de-escalation area with toilet facilities. This area was used for the prevention and management of potential aggression as the unit did not have a seclusion room. The furnishings were of very good quality, the ward areas were very clean and we spoke with the cleaners who showed us their cleaning rotas and cleaning records. All cleaning materials and chemicals were safely stored in a locked and labelled cleaning cupboard. The unit was spacious; corridors were wide; and there was easy access to and from patients' bedrooms and communal areas as space was well used and free from clutter. The lower ground floor had direct access to a safe garden area.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff adhered to the principles of infection control, including regular handwashing. A service level agreement was in place for the provision of specialist infection control services which included telephone advice and a monthly visit from an infection control nurse specialist. However, whilst there were records of visits made and issues identified, there was no evidence to demonstrate how this advice had been acted upon in the absence of an action plan.
- The general maintenance of equipment appeared to be very good, most of which was under a year old. Both staff and patients had access to appropriate nurse call and assistance alarms which were activated during the inspection and responded to in a timely manner.
- Environmental risk assessments were undertaken twice daily. During each walk around, the external perimeter and gates were checked, the fingerprint activated key safe tracking records were reviewed for anomalies, and the CCTV systems for observation were checked.

Safe staffing

- Park Grange senior staff reported difficulties in recruiting and retaining registered nurses. This was mitigated in part by the use of regular agency registered nurses. These agency nurses had an informal contract with the service which guaranteed shifts to them if Park Grange became their designated work place. This helped to ensure that regular staff provided support to patients
- A two shift system was in place with staff working 12 hour day or night shifts. There were four registered nurse vacancies; each currently filled by a regular agency nurse, and there was one support worker vacancy. The unit manager was also a registered nurse. Their role was to oversee the safe care and treatment of patients. Every shift had vacancies which were covered by regular agency nurses who were familiar with the ward and the patients.
- Staff sickness levels were low at 0.5% per annum; staff turnover rate was at 10% per annum. It was noted that some staff who had resigned their employed posts at the unit now regularly worked for the nursing agency at Park Grange and whilst this allowed for a degree of continuity of care for patients was not a stabilising factor in the retention of the current work force.
- There was sufficient nursing staff to ensure the safety of the patients. There was also a rapid response team

available from the main Cygnet hospital located in the same road. The duty rotas inspected for the past three months demonstrated adequate cover on each of the shifts. The unit manager advised us that they were able to increase staffing numbers as required in order to accommodate activities and events, for example, patients attending court hearings or hospital appointments.

- There was sufficient staff present to enable patients to have one to one time with their named nurses. Patients told us that some activities or leave had been cancelled but this did not happen very often.
- Medical staffing was provided by a consultant psychiatrist and a junior doctor, both of which were present most days of the week. Additional cover was provided by medical staff from the main Cygnet hospital and out of hours cover through a medical on-call rota. All patients were registered with a local GP practice.
- All permanent staff had undertaken an induction training programme. New staff received a personal induction booklet and a 'safe ways of working' exercise book to complete. We examined the training records for permanent staff and regular agency staff. The records were comprehensive and demonstrated that all staff were up to date with mandatory training. However there were annual updates required for least restrictive practice training for four staff which were a month overdue.

Assessing and managing risk to patients and staff

- Staff had not needed to use seclusion in the six months prior to inspection. De-escalation areas were used instead of seclusion and all staff were trained in the therapeutic management of violence and aggression (TMVA). Staff had on one occasion used an arm restraint hold to contain a patient's aggressive outburst whilst being searched for contraband items.
- We examined 15 care records of the 14 current inpatients and one patient that had recently been discharged. All patients had a care plan with a risk assessment in place and showed evidence of review.
- Risk assessments were undertaken on admission and updated using recognised risk assessment tools,

Long stay/rehabilitation mental health wards for working age adults

Good 

namely, the Salford tool for assessment of risk (STAR) and the structured assessment of protective factors (SAPROF) in conjunction with the historical clinical risk management assessment, HCR 20.

- Daily progress notes were recorded on an electronic patient record system (RIO). The risk assessments and care plans were in paper files, therefore, there was a risk that information might not be transferred in a timely manner due to this dual entry system. For one patient, we identified new areas of risk that had occurred and had been recorded electronically in the progress notes but this information had not been transferred to the patient's paper held risk assessment.
- There were good policies and procedures for use of general and specific observation. All patients were placed upon 15 minute observations on admission which was decreased to hourly following agreement at the fortnightly multidisciplinary team meeting. All patients were observed hourly when on the ward.
- Rapid tranquilisation had been used on two occasions since the unit opened. This had been administered in accordance with National Institute for health and Care Excellence (NICE) guidelines, but had not been recorded on the datix system.
- Patients who were more acutely unwell were admitted to the lower ground floor ward. We were unable to clarify the ward's policy with regard to safe and therapeutic responses to disruptive behaviour. It appeared that the staff team had yet to respond to the additional challenges they faced.
- Staff records showed that all staff were trained in safeguarding levels one and two, and level three for senior nurses and the social worker. Staff we spoke with demonstrated knowledge and understanding of the safeguarding process including what to report, when to report and how to report. Park Grange had a safeguarding lead person to oversee the processes. We were given a copy of the Cygnet safeguarding policy which had been issued in 2014, it was not clear whether this policy had been reviewed since issue.
- Staff were rigorous and well-disciplined in medicines management. The controlled drugs were signed and audited as per Nursing and Midwifery Council (NMC) guidelines and the service used the three required spherical cylinders (notable practice) for which to

accurately measure liquid medicines. There was evidence of an 'as necessary' medication usage log for each patient which was also entered electronically into the patient's clinical records for review and management at multidisciplinary ward reviews. 'As necessary' medication usage was minimal except for analgesics. There was evidence of communication and action notation between the pharmacist and the clinical team where practice was reviewed and appropriate actions taken.

- Each patient had a modified early warning system (MEWS) chart which recorded physical health observations. These observations were completed daily.
- Each patient had an individual medication file. This file contained a photograph, the section of the Mental Health Act under which medication was administered; information regarding maintaining the patient's compliance; and clearly written prescription charts. The prescriber's signature was clearly written and allergies were noted on each chart.
- Park Grange had a contract in place for pharmacy services. The pharmacy provider was extremely pro-active. The pharmacy service had introduced medicines management procedures which assisted the staff team to manage all aspects of medication safely and effectively.
- There were safe procedures for children that visited the ward. A family room with appropriate equipment was used and we were advised that a staff member would be in attendance throughout any child's visit.

Track record on safety

- There were three serious incidents reported in the past 12 months. All incidents involved the same detained patient. In the event of a patient failing to return to the unit from leave, appropriate search procedures were followed and the police were involved where necessary.
- We identified good practice in several areas that aim to improve safety for patients and staff at Park Grange. With regard to medicines management, apart from the rigorous administering and recording of medicine usage, there was also an electronic data system held centrally and easily monitored by the pharmacist and nurses to monitor the expiry dates of emergency drugs stored in clinic rooms.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Keys and fobs were used for general access around the building for staff. Staff accessed keys through a finger print system which denoted names and times of access.
- The service demonstrated national guidance practice under which it functioned, and was awaiting to be peer reviewed by the Quality Network for forensic services.

Reporting incidents and learning from when things go wrong

- All staff records reviewed demonstrated that staff had attended training for incident capture and reporting using an electronic data capture system, datix. Staff we spoke with reported that they were aware of what to report, when to report and how to report untoward events. However, when reviewing patient notes we identified two occasions when staff had administered medication under the rapid tranquilisation protocol to a patient for managing behaviour that challenged, and had not recorded this on the datix system.
- A monthly integrated governance meeting was in place which was established to oversee amongst other topics, complaints, serious incident reporting, safeguarding, incident investigation and clinical effectiveness. The meeting was attended by staff from Park Grange and the main Cygnet hospital. The minutes demonstrated that issues of concern were discussed, reported on and actioned with a person identified to take the action forward within a time frame. The vast majority of the issues related to the practices of the main Cygnet hospital, this had been recognised by senior managers who reported that an integrated governance meeting solely for Park Grange was planned for in the near future.
- We were advised that feedback from incidents were discussed at the fortnightly multidisciplinary team meeting. There was evidence within the ward round minutes that changes to care and treatment had been made as a result of feedback from incidents. Park Grange had developed a restraint reduction team that focused on the therapeutic management of violence and aggression. Most staff reported that restraint was rarely used and that following serious incidents they were provided with de-briefing opportunities as a multidisciplinary team.

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

- The inspection team examined 15 care records which included the 14 current inpatients and one patient that had recently been discharged. All patients had a care plan in place that was up to date and showed evidence of review. However, care plans were not personalised, they were generic and modularised, with each module included for each patient even if that particular area of care had not been identified as a care need. For example, all patients had a drug and alcohol misuse component to their care plan which identified how this problem would be managed even when it was not identified as a care need.
- The language of the care plan suggested a system generated response rather than an individual's response. For example under identified needs, "I want to work well with the team looking after me. I want to listen to them because I know they are trying to help me." Patients may not have engaged in a plan of care that did not fully include their views and treatment goals.
- The physical health assessment module was comprehensive. It demonstrated that physical examination had been undertaken at admission and was regularly repeated.
- Daily progress notes were recorded on an electronic patient system (RIO). The risk assessments and care plans were in paper files. Therefore there was a risk that information might not be transferred in a timely manner due to the dual entry system.

Best practice in treatment and care

- The National Institute for health and Care Excellence (NICE) guidance was followed for medication prescribing. The medical team regularly reviewed and reduced medication when possible. All 14 medication charts were reviewed. One patient had been prescribed two antipsychotic medications and two patients were

Long stay/rehabilitation mental health wards for working age adults

Good 

prescribed high doses of antipsychotic medication. There were individual charts which demonstrated the medication had been reduced since the patients had been admitted to Park Grange.

- Park Grange employed a practice nurse who oversaw the day to day physical health care needs of the patients and worked in close association with the nearby GP practice. Patients were regularly referred to the GP who reviewed and prescribed treatments or requested further investigations as required. We saw evidence of ongoing shared care with the practice nurse.
- Each patient had access to psychological therapies for a minimum of one hour per week based on a psychological assessment of need. Progress was recorded using a range of psychological tests; staff also used Health of the Nation Outcome Scales (HoNOS) to record changes in health.
- Staff reported taking part in a range of clinical audit and we saw evidence of staff involvement in the audit of prescription charts, care plans, pharmacy and medical equipment.

Skilled staff to deliver care

- Park Grange had a comprehensive team of nurses, doctors, therapists, social work and ancillary staff who were appropriately qualified and experienced for working within a rehabilitation setting. Staff had undergone an extensive induction programme which covered areas of mandatory training, use of electronic data recording systems and information governance. It also included role specific training for example, autism awareness, working with self-harm and suicide prevention, least restrictive practices, person centred working, and assessing and monitoring physical health.
- All staff we spoke with had received regular supervision and 100% of permanent staff had completed an annual appraisal, which was evidenced within the staff electronic records. All staff, whether permanent or regular agency staff, held a current enhanced, disclosure and barring service (DBS) certification.
- The organisational responsibility for managing staff performance had recently been devolved to unit manager level. Unit managers had recently been provided with leadership training which covered areas of values and expectations, and managerial autonomy including performance management.

Multidisciplinary and inter-agency team work

- The Park Grange multidisciplinary team met each fortnight to review patient progress and discuss issues pertaining to the safe and effective care and treatment of patients generally. The minutes from the previous meeting for all patients identified the range of attendees (which differed appropriately as each patient was discussed), a review of leave status, an updated interview with the patient, a review of outcome measures, medication and progress notes. The 12 hour shift pattern allowed for half an hour handover between shifts.
- Care co-ordinating staff from the patient's home area attended Care Programme Approach (CPA) reviews if available. Community based staff attended if there was a plan to discharge a patient to the local area. We liaised with specialist commissioning placement managers who represent NHS services. They advised that the clinical review meetings demonstrated that patients' mental health was improving and patients were able to engage in more therapeutic activities than had previously been available.
- Park Grange had a service level agreement in place for enhanced GP services. The GP surgery was located nearby and we saw evidence in patients' care records of GP appointments and attendance.

Adherence to the MHA and the MHA Code of Practice

- Both permanent and regular agency staff had completed MHA training within the past 12 months. The training incorporated the MHA Code of Practice.
- All patients were detained under the MHA. An assessment of the patients' capacity to consent to medical treatment was documented on the provider's form. All patients had T2 (own consent to treatment) or T3 (doctors' consent to treatment) certificates attached to their medicine cards, as well as photographic identification.
- Two patients received their medication under section 62 (urgent treatment). The service had requested a second opinion appointed doctor (SOAD).
- Patients were given information with regard to their rights every three months in line with the provider's policy. All information had been provided in a format and language accessible to the patient.

Long stay/rehabilitation mental health wards for working age adults

Good 

- We met with the Independent Mental Health Advocate (IMHA), who confirmed they visited the unit regularly and met with patients newly admitted. We met with the MHA administrator who was based at the nearby Cygnet hospital and we confirmed information was displayed on the ward with regard to the role of the IMHA, patients' rights under the MHA, and that of the Care Quality Commission (CQC).
- There was a system in place to receive and scrutinise detention documents. All detention paperwork was filed in the paper notes. Although an electronic patient system had been introduced this only currently held the progress notes for each patient. The detention paperwork appeared to be in good order. We did however find two sets of notes without an (Approved Mental Health Professional) AMHP report.
- Patients we spoke with said that they had been given a lot of information about Park Grange to read and sign when they were admitted and were shown around the ward. One patient reported that staff had visited him in his old hospital and informed him about Park Grange prior to his transfer.
- Patients were encouraged to maintain their independence although several remained in their beds throughout the morning and activities appeared to be more group based than individualised. Patients told us they were given copies of their care plans but had not felt that they were involved in writing their plan of care or given a range of treatment options. Six of the eight patients we spoke with told us they had not been involved in discharge planning and discharge plans had not been discussed with them.

Good practice in applying the MCA

- The staff we spoke with understood the Mental Capacity Act (MCA). One patient had had two decision specific assessments under the Act with regard to finances and housing. The MCA guidance had been followed appropriately.
- All staff had received training in the MCA and deprivation of liberty safeguards.

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

Good 

Kindness, dignity, respect and support

- We saw positive interactions between staff and patients. Ward staff knew the patients well, including very senior hospital staff who knew all the patients by name. Staff were able to anticipate the needs of patients and provided appropriate levels of support when requested to provide assistance or advice.
- We spoke with eight patients individually who reported that staff were courteous and polite, respectful, patient and willing to help.

The involvement of people in the care they receive

- It was not clear from reviewing the patients' notes and talking to the patients how involved they were with their recovery pathway and rehabilitation plans. We were unable to see any clear discharge plans within the notes. Patients were not sure what would happen to them next or how long they would be staying on the unit. We were informed by staff that there were plans to open a seven bed step down unit, but it was not clear when this would happen.
- Park Grange had in the past few months started to identify an internal pathway of progression for patients. Patients were admitted to the lower ground floor ward for a minimum period of four to six weeks before the possibility of transfer to the upper ground floor ward. The criteria for progression from lower to upper was clearly displayed on the patients' notice boards. However, the expectations for transfer seemed to be based upon staff judgements rather than patients' attainments. For example, expectations included achieving an acceptable level of personal hygiene and presentation.
- Patients who were more acutely unwell were admitted to the lower ground floor ward. We observed one patient being disruptive and abusive to staff and patients. It was not clear how this was managed on the day.

Long stay/rehabilitation mental health wards for working age adults

Good 

- All patients we spoke with said they had spent time with the independent advocate and that they were very helpful in offering advice and following up issues. Some patients had visits from family members. For others, the distances from home were too far.
- Community meetings were held daily, the meeting we observed lacked focus and purpose. Patients drifted in and out of the meeting at will. There were notes from the previous meeting which one patient read aloud to the group of patients and staff, however, there did not appear to be any follow up on the previous issues raised. Some patients voiced concerns about the range of activities available to them and the perceived over-use of medication at this meeting, staff did not respond to the concerns.
- Five patients told us they had been asked to give feedback on the service at Park Grange but were not involved in service developments or interviewing future staff.
- We found no evidence during our inspection that patients' wishes in advance for the management of crises in their conditions were discussed or recorded.

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

Good 

Access and discharge

- Park Grange recently opened the upper ground floor to provide rehabilitation opportunities for patients to progress from the lower ground floor admission ward. The lower ground floor achieved an occupancy rate of 100% and the upper ground floor 16%. Beds were available for new admissions and were available for people who returned from leave. The unit was able to flex the numbers on each ward by moving patients on clinical grounds from one ward to the other by applying the Park Grange 'criteria for progression'.
- There had been one discharge from the hospital since it opened. This took place at an appropriate time of day. Many of the current patient group had previously been

cared for in medium and low secure settings. The step-down to Park Grange and to the wider community required significant planning including, where necessary approval from the Ministry of Justice. This could lead to delays in the discharge process. The senior management team advised that there were plans to open an eight to nine bedded area at Park Grange, which was currently unused, to provide a pre-discharge environment where patients could live more independently, self-medicate, and prepare for community living.

The facilities promote recovery, comfort, dignity and confidentiality

- Park Grange was newly built and commissioned to a secure rehabilitation specification. It benefitted from a wide range of facilities to support treatment, therapy and activities of daily living. There was a range of lounge and quiet areas and patients had keys to their own rooms for privacy. A separate visitors' room was available which was equipped for child visits. Patients were able to use mobile phones to make phone calls and in addition, a pay phone in an observable kiosk was also available for use.
- In addition to the large circulation space on the wards, a very pleasant enclosed garden area was accessible from the lower ground floor. Patients received meals that were prepared and cooked on site. The food was of very good quality, and some patients worked with the chef to learn food hygiene, food handling and preparation. All patients we met reported that the food provided was very good, with two choices at mealtimes. They were able to make hot drinks and snacks, and had access to the patients' kitchen which housed a large refrigerator for personal use. The Food Standards Agency had awarded Park Grange a food hygiene rating of five (very good).
- Patients were able to personalise their bedroom space which featured an en-suite shower, toilet and sink. All rooms had a nurse call button and additional space to store personal belongings.
- Patients who were able to leave the ward and access activities outside spoke positively of the opportunities available to them. However those patients that remained on the unit felt there were insufficient

Long stay/rehabilitation mental health wards for working age adults

Good 

activities available to them. Some patients told us the activities were not appropriate for their needs, there was insufficient occupational therapy input and activity rooms were underused.

Meeting the needs of all people who use the service

- Park Grange received referrals from the southern half of England and Wales. The facility was located in a residential area and therefore, patients with a recent history of sexual offending and or violence were not considered appropriate for admission. People with a recent history of self-harming were also not considered for admission.
- Many of the patients were from the county of Surrey. Other patients were from London boroughs and the South West. Efforts were made to remain in active contact with placing commissioners and local care co-ordinators to assist with future discharge plans.
- Park Grange had wheelchair access to the building and garden areas and a lift to all floors. Adapted bedrooms and bathrooms met the needs of people with physical disabilities. One patient we spoke with expressed a wish to cross dress in privacy; we were advised that therapy staff were examining how they could meet this expressed need.
- All patients spoke English. One patient who was of European origin but English was not his first language had been given access to an interpreter for his care reviews. All leaflets and notices we observed were written in English only. Both ward areas had notice boards which displayed a range of accessible information on activities, progression through Park Grange, patients' rights and how to complain. There was no information posted on services available in the local community.
- The chef at Park Grange told us he could cater for any dietary requirements. The catering team managed the catering budget and catering supplies. A multi faith room was accessible to patients and we were advised that there was ready access to appropriate spiritual support as required.

Listening to and learning from concerns and complaints

- There had been a total of two complaints over the past year, one of which had been upheld. The service had ensured that staff members involved in the upheld complaint were provided with appropriate learning to ensure it did not happen again.

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

Good 

Vision and values

- The staff we spoke with were aware of the organisations' values and felt they were mostly reflective of their own values in terms of the job they were doing. The induction training programme reviewed the values each morning.
- The team objectives reflected those of the organisation which consisted of amongst others, progress towards full occupancy. The senior managers for the main hospital were frequent visitors to Park Grange and attended meetings regularly.
- Staff felt supported by managers who understood the issues that arose at Park Grange on a daily basis.

Good governance

- Governance processes were generally good. Ward systems were effective in ensuring that patients and staff were kept safe. They ensured that patients' physical health needs in particular were well met.
- Staff participated in a programme of clinical audit and mechanisms existed for assessing reporting and learning from incidents involving risk.
- Staff received regular supervision which was documented and all staff had taken part in annual appraisals. All staff were up to date with mandatory training requirements.
- Despite the difficulty of recruiting and retaining staff, shifts were covered with a sufficient number of staff at the right grades and with appropriate experience for the patient group. We observed staff prioritising spending time with patients over other duties.
- Safeguarding, Mental Health Act and Mental Capacity Act procedures were embedded in daily practices.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff were aware of their responsibilities under the duty of candour and those we spoke with stated that they would be open and honest with patients and apologise if things go wrong and work to put matters right.

Leadership, morale and staff engagement

- The service was well-led at ward level and by the acting hospital director. The medical director was an intrinsic part of the leadership team which was starting to impact positively upon delivering a service model of care that was of significant benefit to patients.
- A staff survey of all Cygnet (Surrey) staff was completed in 2015. It highlighted that most people felt safe at work, felt safety was taken seriously by their team and systems were effective. However staff had indicated that communication from management could be improved. Staff also reported they wanted improved pay and facilities, and a stable management team that spent less time in meetings and more time on the wards.

- Park Grange was reliant on agency staff to provide the registered nurse cover for each shift. Some of the agency staff we spoke with were not fully engaged with the hospital's vision and values. The agency staff were 'contracted' to work at Park Grange but, as agency staff, they could choose to work elsewhere if they wished. This placed Park Grange in a vulnerable position.

Commitment to quality improvement and innovation

- Park Grange had applied to become part of the Quality Network for forensic services. Membership of this network would assist in benchmarking the facilities against other services nationally.
- Staff were working towards goals set under Commissioning for Quality and Innovation (CQUIN) targets. These included training staff in assessing and monitoring physical health, smoking cessation training for staff to support plans to make Park Grange a non-smoking environment from 2017, and carers' awareness training.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that the ligature risk caused by the patient bedroom en suite bathroom doors is properly assessed and mitigating action is taken.

Action the provider **SHOULD** take to improve

- The provider should ensure that a procedure is put in place to ensure that any newly identified risks from daily progress notes are added to the risk assessment and management plan immediately.
- The provider should ensure that all notable incidents are reported using the electronic recording process available.
- The provider should ensure that staff act on the recommendations of the infection control consultant.

- The provider should ensure that all care plans are personalised and that patients take an active role in their care and discharge planning.
- The provider should ensure that clear guidance is given, and leadership demonstrates safe and therapeutic responses to disruptive behaviour on the lower ground floor ward.
- The provider should ensure that there is a range of meaningful, focused activities available to patients on the wards.
- The provider should continue to review its recruitment processes to ensure they attract permanent registered nurses.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not ensure that care and treatment was provided in a safe way for service users.
Treatment of disease, disorder or injury	The ligature risk caused by the patients' en suite bathroom doors had not been fully assessed or mitigated.
	This is a breach of regulation 12 (1) (2) (a) (b) (d)