Uplands Independent Hospital

Quality Report

Uplands Independent Hospital
61 Park Lane
Fareham
Hampshire
PO16 7HH
Tel: 01329 221817
Website:
www.uplandsindependenthospital.co.uk

Date of inspection visit: 10 and 11 Janaury 2017
Date of publication: 28/04/2017

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

Summary of findings

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.

Overall summary

We rated Uplands Independent Hospital as requires improvement because:

- In November 2015, we rated Uplands Independent Hospital as requires improvement. During this inspection (January 2017), progress had been made, which was sufficient to amend the ratings for Responsive and Well Led from requires improvement to good. Caring remained good. However, we were unable to re-rate Safe and Effective from requires improvement because of the issues around monitoring rapid tranquilisation and supervision and appraisals were breach of regulation that needed requirement notices.
- Staff did not receive regular appraisals. Senior staff did not always provide debriefs following incidents. Nurses had not been following the rapid tranquilisation policy correctly.
- Staff did not always update care plans correctly following a review. Staff had not updated the recovery star outcome measure regularly.

However:

- The provider had an appropriate environmental risk assessment in place and plans to mitigate any identified risk. Staff reviewed risk assessments following any relevant incidents. Staff used handovers to update the team with changes to patient care including risk issues.
- The provider identified how they could meet patients' needs in recovery support plans. Patients were supported to write their own care plans and set their own goals. Staff met with patients monthly to review their goals and agree new ones.
- The provider had governance systems in place that allowed them to monitor incidents and identify if there were any trends. The hospital manager shared information with staff about learning from incidents. There was a good oversight of the service, which the provider used to address quality issues.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Requires improvement 	see main report

Summary of findings

Contents

Requires improvement

Location name here

Services we looked at

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

Summary of this inspection

Background to Uplands Independent Hospital

Uplands Independent Hospital provides care and treatment to people aged over 18 who may be informal patients or detained under the Mental Health Act 1983. It offers assessment, treatment and continuing care for up to 30 people. At the time of the site visit, there were 18 inpatients; 15 were detained under the Mental Health Act and three were informal. The hospital provides treatment for patients who require long stay and rehabilitation services. The hospital was a single ward with a separate area for the female patients' beds and a female only lounge.

During our previous inspection, we found that governance arrangements were not sufficient to ensure the provider had an overview of the current risk to patients and staff. During this inspection, senior managers showed monthly reports they send to the board, which identify current risks, and the hospital manager's mitigation plans. During our previous inspection, we had concerns about the identification and management of ligature points, during this inspection, we saw that the service continued to monitor and reduce ligature risk via an ongoing works programme and greater awareness of ligature risk within the staff team.

Following our previous inspection we told the provider to review the admission process to ensure all patients received a comprehensive risk assessment. During this inspection, we found that the service had adopted a risk assessment tool and regularly reviewed patients' risks. We identified that the provider had safeguarding threshold care plans that the provider was not reviewing to ensure they we still appropriate; we found on this visit that there were regular meetings with commissioners and the local safeguarding lead. We also told the provider they needed to ensure their incident reporting and monitoring system ensured that all incidents were reviewed and analysed to identify learning and that all staff were trained to use the system. During this inspection we saw that the service had commissioned the incident reporting systems providers to include this with in the incident reporting system and that the hospital management team meet regularly to review incidents and pass on learning to the wider team. The provider trained staff to use the incident reporting system.

During the last inspection, we identified that the provider had not introduced the new Mental Health Act Code of Practice; on this inspection, we saw that they had included it in their policies, practice, admission process and training of staff. We also found at the last inspection that the service was not recording restraint in line with the Mental Health Act and that staff did not have a clear understanding of what the Mental Health Act defines as seclusion. On this visit, staff had a clear understanding of seclusion and restraint was reported in line with the Mental Health Act.

Uplands Independent Hospital is registered to provide the following regulated activities:

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

Uplands Independent Hospital is located in an old manor house on the outskirts of Fareham and is set within its own grounds. When originally established, the service was set up to provide a service for patients who had long-term and enduring mental health issues and was seen as a placement for life. Senior managers told the inspection team that the service intended to provide a more rehabilitation focused model of care; this was because the managers believed this was more in line with current mental health provision. At the time of the inspection the hospital still had patients who were admitted with the intention of the hospital being a placement for life, we were advised that the discharge of these patients would form part of the wider service redevelopment plan. The managers were awaiting approval from the board to redevelop the site.

The service had previously had a comprehensive inspection in November 2015, with a follow up inspection in March 2016.

Summary of this inspection

Our inspection team

Team leader: Gavin Tulk, Inspector

The team that inspected this service comprised an inspection manager, two inspectors, two Mental Health Act reviewers (MHAR) and an assistant inspector.

Why we carried out this inspection

We inspected this core 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 spoke with other parties who worked with the provider.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with patients who were using the service;
- spoke with the registered manager and operations managers for the hospital;
- spoke with six other staff members; including doctors, nurses, occupational therapist, and recovery support workers;
- attended and observed a hand-over meeting and a therapy group
- spent time in patient communal areas so that we could observe patient and staff interaction
- looked at 12 care and treatment records of patients:
- carried out a specific check of the medication management in the hospital; and
- looked at a range of policies, procedures and other documents relating to the running of the service
- reviewed 10 staff records.

What people who use the service say

We spent time in the communal areas of the service to give patients an opportunity to speak to us. Patients told us:

- they were happy to be there,
- they felt well-looked after and liked the staff,
- the food was very good.

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?

Requires improvement

We rated safe as requires improvement because:

- Staff were not documenting the correct physical checks following the use of rapid tranquilisation.
- The service did not always follow the policy on debrief following incidents.

However:

- The 12 risk assessments we reviewed were up to date and staff reviewed them after any risk incident.
- There was a comprehensive ligature and environmental risk assessment in place. There were plans to mitigate any risks that the provider could not remove immediately.
- Staff discussed observations levels with patients and adjusted them to meet patient needs.
- There were good medicines management procedures.
- All staff could report incidents and received feedback on incidents including any lessons learnt.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Staff were not regular receiving bi- monthly supervision or regular annual appraisals.
- Not all members of the multi-disciplinary team regularly attended the weekly clinical review meeting.

However:

- Recovery support plans showed identified needs and how they would be met.
- Handovers reported information about changes in risk and care plans.
- There was a quarterly meeting to review quality with commissioners and safeguarding.

Are services caring?

Good

We rated caring as good because:

- The provider gave patients the opportunity to visit the hospital prior to admission.
- Patients were encouraged to write their own care plans.
- The provider had identified a dignity in care framework and included patients in the development of this within the service.

Summary of this inspection

- Staff met with patients monthly to review their goals and set new ones.
- Patients could give feedback at a weekly residents meeting.

Are services responsive?

Good

We rated responsive as good because:

- The provider planned all admissions and discharges and they took place at an appropriate time of day.
- The service had put agreements in place to prevent delayed discharges.
- Patients had kettles to make hot drinks in their bedrooms.
- Staff tailored activities around individual patient preferences.
- There was adequate access for disabled patients.

Are services well-led?

Good

we rated well-led as good because:

- Staff were aware of the core company values and local values around dignity in care.
- There was an appropriate system in place for managing incidents. Staff received feedback on incidents at team meetings.
- There was a weekly multi-disciplinary risk meeting to discuss relevant safety and quality matters such as safeguarding issues and incidents. The governance processes reported key performance indicators around quality and safety to the board.
- The meeting structure provided an overview of the service that the manager used to improve quality.
- All staff were confident in raising concerns via the local manager and following the hospital's policies.
- There was leadership training available to the deputy managers.
- The provider was looking at different ways to improve staff recruitment and retention.

However:

- There had been a recent significant turnover of staff, some of which the manager told us were due to changes in the service. Staff reported morale could vary particularly around changes to staffing.

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.

- At the time of our inspection, 100% of registered nurses had received training in the Mental Health Act. However, only 50% of recovery support workers had completed Mental Health Act training. There is further training for recovery support workers planned for May 2017.Staff were able to demonstrate an understanding of the Mental Health Act code of practice.
- All medication records that needed consent to treatment forms had them attached to the prescription cards.
- Patients had their rights under the Mental Health Act explained to them on admission and monthly after admission and after any renewals of section or tribunals.
- The hospital had a Mental Health Act administrator who worked two days a week.
- We reviewed four sets of detention paperwork and it was all stored safely and in good order.
- An independent mental health advocate (IMHA) visited the hospital weekly.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety-two percent of staff had up to date Mental Capacity Act training.
- The staff we spoke to had a good understanding of the Mental Capacity Act.
- Staff completed decision specific capacity assessments for patients who lacked capacity.
- Capacity assessments about medication for formal and informal patients were kept with medicine cards.
- Advice on the Mental Capacity Act was available from the provider.

Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

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

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

Requires improvement

Safe and clean environment

- Uplands was set in a listed building with limited options for adapting the building for a hospital setting. The layout of the building meant there were restricted lines of sight with bedrooms down corridors set over two floors. However, there had been adaptations made with the use of convex mirrors that allowed staff to view areas where they were not present. We saw environmental risk assessments that identified the use of mirrors to mitigate this risk. The provider had mirrors placed at several locations around the building in order to mitigate the risk of the layout.
- The provider had taken steps to mitigate the risk of ligature points (anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation). We found that there continued to be various ligature points around the hospital but there had been a thorough assessment of the risk these posed to patients. The provider had carried out work in order to reduce the risk of ligature points. For example, the provider had lowered door handles on bedroom and bathroom doors to a safer height, and installed ligature proof handles on bedroom drawers. Staff had considered the current and historical ligature risks of patients through completion of individual risk assessment. From this assessment, staff were able to plan care accordingly and we found that staff had considered the risk posed by the environment. Staff had placed ligature cutters at various points around the hospital in order to provide quick access in the event of a ligature incident. All staff we spoke with were aware of the ligature cutters' locations.
- Staff completed an assessment of the environment each shift in order to identify any new risks and mitigate against them. This assessment included a check of ligature risks as well as maintenance issues and general safety points in the environment.
- The provider had taken steps to ensure that patients had same sex accommodation. There were separate male and female sleeping areas, separate female lounge and separate washing facilities for male and female patients.
- There was a fully equipped clinic room with access to a defibrillator, emergency resuscitation bag and oxygen. There was a system in place to check these weekly to ensure items were in full working order and in date. However, we found that staff had not completed these checks in three of the previous eight weeks. The weekly pharmacy audit had highlighted that staff had not completed the checks; we were not shown any actions plans to address this.
- The clinic room environment and equipment appeared clean and well maintained. The provider had conducted electronic testing of appliances to ensure they were safe for use. There was a range of calibrated physical monitoring equipment available.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- The hospital was visibly clean. The provider employed cleaners seven days per week and a cleaning schedule was in place. Furnishings appeared clean and well maintained; the hospital was generally in a good state of repair.
- The provider had taken steps to ensure that staff adhered to infection control principles. Staff received training in infection control principles such as hand washing. Clinical waste bins were in place along with boxes for safe disposal of sharps. Staff knew how to arrange transport for the safe disposal of clinical waste away from the hospital and reordering of clinical waste bags and sharps boxes. Staff separated out inhalers used by patients into their own bags to reduce the risk of infection.
- Staff and patients had use of a call system in order to call for assistance in the event of an incident or emergency. The system alerted staff through a pager system in order for them to pin point the area where staff needed help.

Safe staffing

- The service had three shifts a day. An early day shift 7am to 2:30pm, a late shift from 2pm to 9:30pm and a night shift from 9pm to 7:15am. On a day shift, there were five members of staff; one qualified nurse and four recovery support workers and on a night shift, there was one qualified nurse and two recovery support workers. In addition to these numbers, the service had an occupational therapist and an assistant who worked across the shift pattern.
- The service had needed to cover 84 shifts with bank or agency staff in the three months prior to inspection. The manager told us that they always tried to use their own staff working additional hours or agency that were familiar with the service. We reviewed rotas and saw that this was the case.
- Staff told us that a number of staff had recently left employment. At the time of the inspection, there were two vacancies for qualified nurses and five vacancies for recovery support workers. The manager told us that the service had one qualified nurse going through pre-employment checks and had booked a long-term agency nurse placement. The provider had reviewed its employment package to make it more competitive, this included loyalty bonuses, employment commencement bonuses, training, pension and salary. The manager rejected any applications that were not of an acceptable standard.
- The manager was able to adjust staff numbers to meet patient need. A senior manager on site at the time of the inspection confirmed this and that additional funding would be sought from commissioners if this was needed.
- A qualified nurse was always present on the ward and all staff we spoke with confirmed this. Staff told us that patients would often refuse one to one time with a member of staff. However, staff were encouraged to use natural one to one time to speak with patients and assess their progress. For example, when patients were engaging in daily living activities, like clothes washing.
- The registered manager told us that escorted leave was rarely cancelled and if it was, the patient would be told when this was going to be rearranged. Staff only cancelled ward activities due to a lack of interest from the patients.
- The provider trained all staff in physical intervention techniques. The provider had their own trainers and the service manager pre-booked new staff onto courses prior to their start date. Some staff told us that the use of agency could have an effect on the service, as some staff will not be able to assist with physical interventions, which meant permanent staff needed to do this. We did not identify any impact on patient care relating to this.
- There were two consultant psychiatrists each providing a morning session once a week. Staff were able to contact them during usual working hours. The hospital had an on call rota that provided psychiatric cover out of hours and weekends; three doctors were on this rota. The hospital used the local G.P for physical health cover.
- Mandatory training was at 90% or over in all areas.

Assessing and managing risk to patients and staff

- We reviewed 12 sets of care records including recovery plans, risk assessment and Mental Health Act documentation. All risk assessments were up to date. Staff undertook a comprehensive risk assessment of all patients within the service. Risk assessments included past, present and historical risks around identified

areas. For example, risk to self, risk to others, safeguarding concerns and risk of violence and aggression. Staff completed details of each risk and updated the assessment regularly particularly following incidents and changes in risk status. The risk assessment document was printed and kept safely in a folder with personally identifiable information on the front including a picture.

- Following each risk assessment staff completed a comprehensive risk management plan for identified risks. The management plan guided staff on how they may react to risks identified within the assessment. For example, management plans stated that staff would move a patient to a safer room if there was increased risk from ligaturing. All patients had a completed personal emergency evacuation plan (PEEP). This informed staff of practical plans to help manage the safety of individual patients in the event of an emergency. For example, on evacuating the building.
- The provider locked the front door of the hospital. Staff had control of the front door through an electronic key fob. The provider had placed a sign that clearly informed informal patients of their rights on the front door. Staff stated that informal patients just needed to ask staff if they wanted to leave. We were unable to confirm with patients if they knew their right to leave the building. We found no evidence to suggest patients were prevented from leaving.
- Staff completed individual care plans for level of observations. Staff completed these following assessments of risk to ensure that staff observed patients at appropriate intervals. Staff sought patient views on observations and adapted observation frequency accordingly. For example, staff had clearly documented that a patient did not want to be observed at night-time due to the disruption of the checks.
- Staff were trained in the use of restraint and stated that it was only used as a last resort. This was supported by care plans and the hospital's analysis showed a reduction in restraint use. Staff stated that they had used restraint for the administration of rapid tranquilisation and for the administration of regular medicine for patients detained under the Mental Health Act. We found that staff had administered rapid tranquilisation to a patient under restraint. Staff did not document the necessary physical checks following administration of rapid tranquilisation or provide a debrief to address the psychological impact on the patient. Monitoring a patient should help to identify and prevent any possible harm caused by rapid tranquilisation. We found three administrations of rapid tranquilisation where there were no physical health checks. We brought this to the attention of the registered manager and a consultant psychiatrist. The registered manager sent the CQC a reviewed and updated rapid tranquilisation policy, following our inspection that reflected the need to do this. The consultant also reviewed all patients who received oral as required medication to identify if any needed to have physical health checks due to underlying health conditions. The service was also going to provide training for staff on the new policy and procedures, the date had not been set at the time of the inspection.
- There was a safe approach to the management of medicines. Staff kept a record of controlled drugs and of drugs liable for misuse. Controlled drugs were stored safely according to regulations. Medicines were ordered as stock rather than for individual patients, there was regular monitoring of the stock to ensure that there were medicines were when needed. Staff kept a stock of medicines such as antibiotics in order for them to administer in good time following prescribing. There were systems in place to ensure that patient's prescribed injectable antipsychotic medication received their medication on the correct day. An external pharmacist visited the service weekly and undertook an audit of medicines, medication charts and the clinic room.
- Staff kept a record of who had completed a medication round in order to show who had administered medication. This meant that they could contact the correct staff member to see if they had given the medication but not signed the prescription. Staff kept a record of disposal of unwanted drugs, completed an audit to flag up medicines that were approaching their use by date and documented fridge and room temperatures daily.
- The service had no seclusion facilities; during our last inspection we found evidence that patients were secluded by being asked to remain in their bedroom.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

During this inspection we found that staff, following Mental Health Act training, had a far better understanding of what seclusion was and no evidence that patients were being secluded.

- There was a search policy in place. The provider did not routinely search patients following leave. Staff searched patients if there was an identified risk. Staff explained to the patient why it was necessary to search them, their room or belongings.
- The provider trained all staff in safeguarding and staff we spoke to knew how to raise a safeguarding alert. Staff told us that they would usually report any concerns to the senior member of staff on duty and they would raise the alert. We found one incident that staff had not reported to safeguarding that should have been. We discussed this with the registered manager. We identified three patients who had care plans relating to possible safeguarding issues that asked staff to refer to a safeguarding threshold care plan. Staff had not updated these records correctly as the threshold care plans were no longer in place.

Track record on safety

- In the six months before the inspection, there had been 77 incidents, 23 of which required staff to use physical interventions. None of the incidents required the use of prone restraint. A large number of the incidents related to one patient who was no longer an inpatient and this resulted in a significant reduction in the number of incidents reported.
- The service had not had any serious incidents that required investigation in the six months prior to our visit.

Reporting incidents and learning from when things go wrong

- All staff knew how to report an incident and what sort of incidents should be reported. All staff were able to access the electronic incident reporting system.
- An external organisation managed the electronic incident reporting system. The local management team reviewed and investigated Incidents. The deputy manager was aware that there was variability in the level of detail staff put in reports but and these were reviewed weekly and feedback given to support staff to complete them as effectively as possible. The manager reviewed incidents weekly at the risk management meeting for trends and monitoring restraint activity.
- Staff received feedback from incidents at the monthly staff meetings. The manager told us that if indicated they would arrange a learning forum and circulated the minutes to the whole team. Staff also discussed incidents at patients clinical review meeting and during handover.
- There was a clear process for staff to have a debrief following an incident. However, we were told that the process was not always followed as staff would not always stay at the end of their shift.

Duty of Candour

- Three members of staff we spoke with were not aware of the term duty of candour. However, once this was explained they were able to explain the need to be open and honest with patients if things went wrong. The hospital manager told us she would apologise if needed, we were not shown any examples of where the service had apologised to patients.

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

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- Staff assessed patient needs on admission. We reviewed 12 sets of care records for their assessments and resulting recovery support plans. All patients had a range of recovery support plans completed and up to date. Recovery support plans covered a number of areas related to patient care; staff planned these with patients according to need and risk. There was evidence of assessment of needs related to recovery. For example, around use of the patient kitchen. Recovery support plans showed the identified need and how the need could be met, or achieved.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- Staff completed assessment and care plans around physical health monitoring. There was continuing monitoring of patients' physical health with minimum monthly physical health checks completed. We also found good evidence of a safe approach to the monitoring of patients receiving the medication Clozapine.
- All records were stored within the nursing office, which staff locked and was secure. All staff could access information needed to provide care when it was required.

Best practice in treatment and care

- The provider included The National Institute for Health and Care Excellence (NICE) guidance in care plans relating to challenging behaviour, clozapine and diabetes medication.
- The service did not have a permanent psychologist but was to able access some psychology support from the within the company. Psychology support was mainly in relation to managing behaviours that challenge.
- We saw evidence in care plans and assessments that staff considered physical health issues. The local GP met physical health needs and arranged access to specialist care.

Skilled staff to deliver care

- The provider employed nurses, psychiatrists and occupational therapists. The provider had a contract with a local pharmacy and they visited weekly.
- Staff had the necessary qualifications and received an induction before starting work. Agency staff had an agency staff induction on their first shift.
- Staff should have received supervision bi-monthly. However, we were advised that this did not always happen. Most staff reported only receiving supervision a few times a year, which was supported by the records we looked at. The provider recorded team meetings as group supervisions. Six staff had received an appraisal in the past 12 months. Staff were not receiving supervision or appraisal in line with the hospital policy but staff received the necessary training to complete their roles and completed a personal development plan to access additional training. Staff reported being well supported.
- Medical staff reported that they received professional supervision from outside of the employer, which also included their work at Uplands independent hospital.
- The manager told us that there were no current staff performance or disciplinary issues. They were able to explain the policy and where they could get support if required. The manager was clear that they would address poor performance immediately.

Multi-disciplinary and inter-agency team work

- There were multi-disciplinary meetings twice a week to review patient care. Staff told us that doctors and nurses attended these meetings, with occasional attendance by the occupational therapist.
- There were handovers between each shift all patients were discussed and any changes to care plans or risk status were reported.
- The provider had good links with commissioners and the local safeguarding lead, who met quarterly to review quality. We saw minutes of these meetings and saw how quality was reviewed and plans put in place to develop the service. For example, the provider reported how it was going to promote physical health.

Adherence to the MHA and the MHA Code of Practice

- At the time of our inspection, 100% of registered nurses had received training in the Mental Health Act. However, only 50% of recovery support workers had completed Mental Health Act training. Registered nurses and recovery support workers had different levels of training based on their role. There is further training for recovery support workers planned for May 2017.Staff were able to demonstrate an understanding of the Mental Health Act code of practice.
- All medication records that needed consent to treatment forms had them attached to the prescription cards.
- Patients had their rights under the Mental Health Act explained to them on admission and monthly after admission and after any renewals of section or tribunals. The registered manager advised us that they had decided to extend the period between staff explaining rights to patients to quarterly for patients who clearly understood their rights.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- The hospital had a Mental Health Act administrator who worked two days a week. The administrator was based in the hospital and available to give staff advice when required. All staff we spoke with were aware of who the administrator was and how to contact them.
- We reviewed four sets of detention paperwork and it was all stored safely and in good order. There were monthly audits of Mental Health Act paperwork.
- An independent mental health advocate (IMHA) visited the hospital weekly. There were posters of the IMHA around the ward. Patients and staff could contact the advocate when needed.

Good practice in applying the MCA

- Training in the Mental Capacity Act was mandatory and at the time of our inspection, 92% of staff had up to date training. The staff we spoke to had a good understanding of the Mental Capacity Act.
- There had been no Deprivation of Liberty Safeguard applications in the past six months
- Staff completed capacity assessments and developed care plans for patients who lacked capacity on a decision specific basis. For example, we found that a patient under an appointee-ship for their finances had this care planned. There were also plans in place for a patient who lacked capacity to make a decision about taking medication. The plan ensured that staff gave the patient all the information needed in order make an informed choice.
- Staff kept capacity assessments about medication for both formal and informal patients with the patients' medicine card. We found that staff requested support from an Independent Mental Capacity Advocate (IMCA) around a decision to take physical health medication.
- Advice on the Mental Capacity Act was available from the provider and staff we spoke to knew how to access this.
- Staff we spoke to understood what defined restraint and recorded it appropriately if it occurred.

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

Good

Kindness, dignity, respect and support

- All interaction we observed between patients and staff showed staff interacting in a respectful manner with patients. Staff would sit down and eat with patients at meal times. We observed staff sitting with patients and talking to them in the hospital lounges. Patients told us that it was a good place and the staff were friendly and that they understood their needs. Staff we spoke with were able to describe individual patient needs.
- The registered manager advised us that the service had signed up to the 10 do's in dignity in care, identified by the dignity in care campaign. All staff and some of the patients received training in dignity in care and a joint meeting between patients and staff was held. Patients were encouraged to discuss their experiences in care and how staff have made then feel. Following this, staff had all signed a dignity in care pledge and agreed an action plan. The 10 do's in dignity in care, which is a strategy to put dignity at the centre of health care, were displayed throughout the hospital and there was a dignity in care display that included comments from patients.

The involvement of people in the care they receive

- All patients had the opportunity to visit the hospital prior to admission, have lunch and, if the room was available, see their allocated bedroom. On the day of admission, patients were shown round by a member of staff and introduced to the other patients and staff on duty. Staff completed an admission checklist with the patient. At the time of the inspection, staff gave patients a leaflet that gave them information about the hospital such as contact numbers, but the staff team were developing a more comprehensive induction pack. An advocate visited the service weekly and posters were displayed advising the patients of who they were when they would visit and how they could be contacted.
- We reviewed 12 patient records and saw that they had up to date recovery focused care plans where

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

appropriate. Patients were encouraged to write their own care plans, although not all patients would, or could, engage in this. Patients were encouraged to sign the plans to say they agreed with them. When patients declined to sign care plans staff recorded this on the care plan. It was not identified in on all of the care plans not signed by patients that they had refused, or were unable to sign. There were monthly patient engagement meetings with each patient to discuss their goals for the coming month and review the previous month's goals. We saw the records of these meetings, which staff recorded on a template, the template had been adjusted to meet the needs of each patient. For example, the language was simplified on some and pictures were used where needed.

- Patients were able to give feedback to the hospital at the weekly residents meeting and were able to speak to the manager or any of the other staff members. The service carried out audits including a quality of food audit to help understand the patient experience. Currently patients were not involved in recruitment of staff.
- We did not see any advance decisions in place for patients explaining how they would like to be treated if certain events took place.

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

Good

. **Access and discharge**

- In the past six months occupancy levels had been 60%, this was partly due to the service preparing for redevelopment and the need to have lower patient number during this period.
- Staff planned all admissions and discharges with patients and they took place at an appropriate time for the patient. The service was a standalone hospital and required support from commissioners to place a patient if the provider needed to discharge them quickly. The consultant gave us an example where the service had admitted a patient from a secure service and had agreed that a bed would remain available for the patient for an initial review period in case the placement broke down. Patients' beds were not admitted into during leave. Patients were not moved between bedrooms unless it was clinically necessary. We did not identify reference to section 117 after care in patients' care plans.
- In the past 12 months, there had been nine discharges and five admissions to the hospital. In the past six months, there had been no delayed discharges. The service supported patients who it was recognised would need a slower discharge process; some had been admitted when the hospital was seen as a placement for life and had been in the hospital for over nine years.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had a rehabilitation kitchen, a female lounge, a quiet lounge used for activities, a TV lounge and a large dining room. The furniture was comfortable and appropriate for the patients. The hospital was set within large well-maintained gardens and there was a large covered smoking area for patients.
- Patients could access a rehabilitation kitchen for hot drinks and snacks 24 hours a day. Patients could have a kettle for making hot drinks in their bedrooms once the occupational therapy staff had assessed them as being able to use this safely. Patients were able to personalise their bedrooms and we saw examples of how they had done this. For example, putting picture on the walls. Patients could have keys to their rooms so that they could lock their bedroom doors or ask staff to do so.
- The service had an onsite kitchen and could offer meals for a variety of dietary needs. There was a choice of meals at each sitting and patients we spoke with were very pleased with the quality of the food.
- The occupational therapist filled out an activity interest chart on admission. This put the patient at the centre, identified their interests, hobbies and activities, and what activities Uplands could offer to meet their interests. This was reviewed at the patient six monthly review meeting in case interests have changed and can be refocused to assist with the rehabilitation plan. We observed groups taking place and patients spoke positively about activities on offer.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- Activities were available seven days a week but the manager advised us that the focus was during the five-day working week with a more relaxed approach taken during the weekend. However, activities were available and the occupational therapy staff would also work at weekends to support additional activities.

Meeting the needs of all people who use the service

- The service could provide for disabled patients with access via a ramp into the building and other adaptations on the ground floor. The service could access leaflets in different languages and interpreters as required. We found that there was a female patient needing to use an accessible shower in the male end of the hospital, staff managed this by a staff member escorting them and took steps to protect patient dignity.

Listening to and learning from concerns and complaints

- We spoke with eight staff and they told us patients knew how to make a complaint and that they would help them to do so if needed. There were leaflets on how to make a complaint in the reception area and on the notice board in the dining room. Staff reminded patients of the complaints procedure and that they could raise concerns with staff anytime at residents meetings. Staff would try to resolve complaints issues before they became formal complaints. The manager told us that there had not been any complaints in the past six months. They were available to speak to patients and would always try to address any issues before they became complaints. Staff would receive feedback about complaints via team meetings or individually if required.

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

Good

Vision and values

- All staff we spoke to knew the company's vision and values which was to provide high quality assessment, treatment, rehabilitation and continuing care. Staff reported that locally they had adopted dignity in care and were developing dignity in care, care plans with all the patients.
- Staff knew who the senior managers were. The operations manager visited weekly and board members visited at least quarterly.

Good governance

- Staff were able to access mandatory training via e-learning modules and at the time of our inspection, mandatory training was 90% across all areas. Six staff had received an appraisal and recorded supervisions only happened rarely. Staff files we reviewed showed they occurred only a couple of times a year.
- There was a clear system in place for investigating incidents and complaints. Staff received feedback in team meetings about the outcome of complaints and incidents. There was evidence that the provider had discussed with patients, staff and commissioners issues that required practical change. For example, there had been the addition of CCTV inside the building to help with blind spots and poor lines of sight.
- The management team reviewed all safeguarding concerns and incidents. The weekly multidisciplinary team risk meeting was an open forum to discuss and escalate issues of risk and safeguarding. We saw examples of learning following a safeguarding referral that had led to improvements in managing foot care for patients.
- Governance processes identified where the service needed to improve. This had led to improvement plans for the service. The manager collated a range of key performance indicators relating to quality, safety and finances. The manager reported these monthly to the operational manager, who in turn reported to the board. These included information about staffing, incidents and occupancy.
- A patient risk register identified a range of individual patient risks and gave an overview of the overall risks of the patient profile of the hospital. The management team reviewed this monthly and used it when considering suitability of referrals to the service.
- The records that we reviewed showed the provider had carried out the necessary building safety and

maintenance checks. For example, gas safety checks and legionella checks. There were regular maintenance reviews and fire alarm tests. We saw that there had been two fire drills in the past 12 months. The manager had undertaken a series of checks and audits to check the safety of the environment provided for patients. These included emergency lighting, annual infection control audits and daily checks on the cleanliness of the environment. We found that these were completed.

- There was a local meeting structure in place to provide an overview of the service. For example, risk management and clinical governance. This meant that the local management team had oversight of a range of quality and safety issues. We saw meeting minutes that showed that staff discussed a range of safety and quality issues, including complaints and incidents. The manager used these meetings to identify areas for improvement and potential trends or near misses to learn from and prevent future incidents.
- Handover records showed that staff passed on appropriate information about patients' behaviour and health. This included the observation level and if there had been any incidents involving the patient.

Leadership, morale and staff engagement

- All of the staff members we spoke with knew how to raise a concern using the local whistle blowing policy. Staff reported feeling able to raise concerns with management without any fear of repercussions for doing so.
- Staff felt that morale could be quite variable at times. There had been a recent turnover of staff that had affected the morale of the remaining staff team. We discussed this with the manager who advised that some staff had left for promotion, some for further education and some staff had left as the demands of working at Uplands Independent Hospital had changed, and this did not suit all staff. For example, there was less physical care required for the patients.
- The manager and the deputies had the opportunity to develop their leadership through a diploma in leadership in health and social care.
- Staff were able to give feedback to the service via the weekly team meetings.

Commitment to quality improvement and innovation

- The hospital was implementing the safe ward strategy to help reduce physical aggression.
- The hospital was actively engaging in the dignity in care campaign, they had encouraged staff members to sign the dignity in care plan and displayed the 10 do's of dignity in care throughout the ward and were actively engaging patients in the plan.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure all staff receive regular supervisions and appraisals.
- The provider must ensure they follow the policy on rapid tranquilisation.

Action the provider SHOULD take to improve

- The provider should review all care plans to ensure they do not include references to safeguarding threshold plans when they are no longer in place.
- The provider should ensure they always record when a patient has refused or is unable to record that they agree or disagree with their care plan.
- The provider should action plan to ensure equipment is checked in line with the policy.

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 18 HSCA (RA) Regulations 2014 Staffing Six staff had received appraisal in the past 12 months. Supervision was not occurring on a regular basis. This is a breach of regulation 18(2)(a)

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 The hospital was not adhering to best practice in line with national and local guidance with regards to a rapid tranquilisation event. This was a breach of Regulation 12: 1 and 2 (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12.