Turning Point - Pendlebury House

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Good ●

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

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

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

Summary of findings

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

Overall summary

We rated Pendlebury House as outstanding because:

- There was universally positive feedback from patients, carers and outside agencies such as advocacy. All felt that staff went that extra mile to provide recovery focused, person centred care. Staff were continually respectful and positive in their approach to patients and there was evidence of strong caring and supportive relationships between staff and patients. Patients were seen as true partners in their care and were involved in decisions about the service. Patients were involved in interviewing all new staff and attended meetings regarding changes about the service at every level. Staff valued patients emotional and social needs and they worked with patients to identify these needs. Feedback from advocacy services about Pendlebury House was positive reporting that they receive appropriate referrals and patients give positive feedback to them about the hospital and its staff. All patients we spoke with were clear that they knew how to complain should they feel they wanted to.
- Staff at all levels took a proactive approach to understanding the individual needs of each patient. We saw evidence of this during our inspection where kosher food had been ordered for one of the patients. Staff had given careful thought into the ordering and storage of this food. They ensured that it was clearly labelled, kept separately in the fridge and cooked separately. The chef was up to date on the need for kosher food to be kept separate from other foods and the foods that cannot be eaten together in the Jewish religion such as milk and meat. All patients made positive comments about the food. The chef had an excellent knowledge of the patients and was able to talk us through each patient and their nutritional needs on the day of our inspection.
- Pendlebury House was providing holistic and person centred care to every patient. Staff had a clear vision of recovery and used outcome measures to monitor and assess recovery, whilst engaging patients in the process. The in-depth staged admission and assessment process enabled patients and staff to get to know each other in order to ensure the placement was the correct place for everyone involved. Staff encouraged daily living skills to be developed in fun and innovative ways. Patients had access to psychological therapies as recommended by the national institute of health and care excellence (CG178). Every patient's physical health was checked on admission and throughout their time at Pendlebury House.
- The hospital was clean, tidy and well maintained. Staff managed blind spots , such as corridors that were not in sight of the nursing office, by use of observations, individualised risk assessments and the good knowledge of the patients by the staff. The clinic room was fully equipped and there were weekly medication audits. The hospital was staffed sufficiently in order to ensure the safety of patients. There was no evidence of restrictive practice and patient risks were managed on an individual basis using a recognised risk assessment tool. Staff had a good understanding of safeguarding procedures at all levels and the hospital had good links with the local safeguarding team. All staff were aware of how and when to report incidents and the process for learning from incidents.
- There were good links with the local GP practice. Staff were encouraged and supported to undertake specialist training for their role. Staff received supervision every six weeks and 100% of staff had an appraisal in the 12 months leading up to our inspection. There was a good working relationship between the local mental health trust and Pendlebury House which included the use of their on call doctor facilities and psychiatric intensive care unit.
- There was a good understanding at all levels of the Mental Health Act and its code of practice. Likewise the staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff assessed mental capacity when there were concerns and best interest meetings were held for patients that this affected.

Summary of findings

- The staff at Pendlebury House incorporated the vision and values of the provider in everything that they did. Staff had adapted medication audits in order to respond to minor concerns. The morale in the team was high and staff had a sense of pride in their work. The staff were committed to providing good quality, recovery focused care to all patients. The provider had a range of quality assurance and governance meetings set up across their organisation in order to monitor and improve performance and look for trends across similar services. The hospital was engaging in a project with Manchester Art Gallery. This was a service user led visual art and sound project, for patients to explore aspects of mental health and recovery through a series of art workshops. This will culminate in a final exhibition open to the public. This was a good example of innovation and maintaining links with the local community for groups that struggle to engage in society. The project hoped to challenge misconceptions and stereotypes surrounding Schizophrenia and mental illness. There were plans for the project to feature on BBC Radio 4 show "All in the Mind". Following completion of the project there were plans to use it to research the benefits and outcomes.

However:

- Several policies in electronic form on the Turning Point intranet were past their review date. This included the medication policy, the customer feedback policy and the visiting policy. The operations manager was aware of this and had raised it with head office on several occasions. They were now to take part in a policy review group to ensure that policies due to be reviewed were done in a timely manner. This group was currently reviewing three policies per month in order to get all policies up to date.

Summary of findings

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Outstanding ☆

Turning Point –

Services we looked at

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

Summary of this inspection

Background to Turning Point - Pendlebury House

Turning Point is a national health and social care provider with over 250 specialist and integrated services across England and Wales, focusing on improving lives and communities across substance misuse, learning disability, mental health and employment.

Turning Point Pendlebury House is a rehabilitation service for people with enduring mental health problems who have been assessed as possessing the potential to improve their level of functioning and independence. It is a 10-bedded facility for males over the age of 18 and is registered to take individuals detained under sections 3, 37 and 41 of the Mental Health Act 1983. There was a registered manager at the time of our inspection and the operations manager held the role of controlled drugs accountable officer.

Turning Point Pendlebury House is registered for the following regulated activities:

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

Turning Point Pendlebury House has been registered with CQC since 08 February 2011. There have been two previous inspections carried out at Pendlebury House; the most recent was conducted on 30 January 2014. Pendlebury House was deemed to be compliant at the time of this latest inspection.

The most recent Mental Health Act (MHA) Monitoring visit was on 28 January 2016. At this visit we found good adherence to the MHA and MHA code of practice with some minor issues raised. At the time Pendlebury House submitted an action statement of how they would address these issues.

Our inspection team

Team leader: Kirsty Dixon, CQC Inspector.

The team that inspected the service comprised three CQC inspectors and one assistant inspector.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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 five patients who were using the service and three carers.
- Spoke with the registered manager and operations manager for the hospital.
- Spoke with six staff members; including nurses, occupational therapist, ward administrator, art therapist, support workers and project worker.

Summary of this inspection

- Received feedback about the service from commissioners and advocacy.
- Observed a rehab meeting, breakfast club, music group and healthy eating group.
- Attended and observed one hand-over meetings and one multi-disciplinary meetings.
- Looked at seven care and treatment records of patients.
- Carried out a specific check of the medication management at the hospital.
- Looked at a range of policies, procedures and other documents relating to the running of the hospital.

What people who use the service say

We spoke with five of the seven patients at Pendlebury House on the day of our inspection. All the patients we spoke with were positive about the service and explained how things had improved for them since they were admitted to Pendlebury House. All patients felt the staff were friendly and supportive, always having time to talk to them.

There were universally positive comments about the food at Pendlebury House. The patients reported there was lots of choice and there was always food and drinks available to them. All of the patients were supported to cook their own meals at least once per week.

We spoke with three carers of patients that used the service. They were all positive about Pendlebury House saying the staff were approachable and had been supportive of them and took the time to understand their needs as carers. Carers also reported that they had been made to feel welcome whenever they visited Pendlebury House.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- The hospital was clean, tidy and well maintained.
- There were not clear lines of sight throughout the hospital. However, this was managed effectively by regular observations and individual risk assessments.
- There was a fully equipped clinic room with all necessary emergency equipment that was checked on a daily basis. There were weekly medication audits carried out by the registered manager and senior staff.
- Cleaning records were completed and up to date.
- There were enough staff at the hospital to ensure the safety of patients.
- When bank and agency staff were used, they were given a full induction and as much as possible they were staff that knew the hospital and patients well.
- There were few restrictions on patients at Pendlebury house and risks were assessed on an individual basis using a recognised risk assessment tool.
- Staff demonstrated they understood safeguarding procedures and had established links with the local authority safeguarding leads.
- All staff knew the process for reporting incidents and were clear of how and when to report incidents. All staff were clear on the ways learning from incidents was feedback to them.

Are services effective?

Good

We rated effective as good because:

- Records showed that Pendlebury House were providing personalised and holistic care to every patient.
- Staff were clear about the concept of recovery and they were using several tools to measure outcomes to record progress and promote patient involvement. Patients had access to a range of psychological therapies. This included a dedicated art therapist who was able to offer both group and individual sessions as recommended by the national institute of health and care excellence (CG178).
- Staff encouraged daily living skills to be developed in fun and innovative ways. For example patient who needed help with cooking skills were engaged in “ready steady cook” where patients were given a bag of ingredients, which totalled the

Summary of this inspection

budget they had for food that day, and they were encouraged to create a recipe from these foods. This was in order to educate patients on what types of food they were able to afford to keep within their budget once they move on to live independently.

- Staff had a good understanding of the requirements of the Mental Health Act and the Mental Capacity Act. They worked in accordance with these requirements on a daily basis. We saw good evidence of capacity being assessed where there was concerns around this.
- Every patient had a physical health check on admission. We saw evidence of good links with the local GP practice and patients using this service when they needed to. There was regular monitoring of physical health including weekly weights and blood pressure checks.
- Staff were actively encouraged to undertake specialist training for their role in addition to the mandatory training provided. Examples of this included support staff training to take blood samples and staff undertaking masters in psychosocial interventions at the local university.
- Staff files showed that supervision was happening six weekly as per the policy. 100% of staff had an appraisal in the twelve months leading up to our inspection.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- Feedback from all people that used the hospital including patients, carers and outside agencies such as advocacy was universally positive. They told us that staff go the extra mile to ensure patients receive recovery focused, person centred care.
- Staff were continually respectful and positive in their approach to patients. There was a strong visible person centred culture and the relationships between the staff and patients were strong, caring and supportive.
- The personal, social and cultural needs of patients were always taken into account and care was tailored to support and encourage those needs on a day to day basis.
- Patients at the hospital were true partners in their care. They were fully involved in decisions about the hospital and consulted on an equal level with staff. Patients were involved in interviewing all new staff and attended meetings regarding changes about the service at every level. On the day of our inspection, patients were involved in the presentation given to

Summary of this inspection

us by the senior team and they were encouraged to give their true opinions about the service in a supportive way. Staff empowered patients to have a voice and reach their full potential.

- Staff valued patients' emotional and social needs and they worked with patients to identify these needs. For example on admission, patients completed an interest checklist so their activity plan could be developed with these in mind. Staff supported patients to be involved in meaningful recovery focused activities which helped patients become involved in the local community of Salford.
- There were good links with the local advocacy service to support the needs of those less able to share their views to have a voice. Feedback from this service about Pendlebury House was positive. Advocacy reported that they use their service appropriately and patients give positive feedback to them about the hospital and its staff.

Are services responsive?

Outstanding ☆

We rated responsive as outstanding because:

- Patients individual needs were central to the planning of the service. This meant that patients were actively involved in their care and the staff were flexible to ensure those needs were met.
- Discharge planning was individualised and began at the time of admission. This meant that patients and staff had a shared vision for the journey the patient would take whist at Pendlebury House.
- Staff at all levels took a proactive approach to understanding the needs of all the patients on an individual basis.
- Pendlebury House was awarded a food hygiene rating of five (very good) by Salford City Council in October 2014. There were universally positive comments about the food at Pendlbury House. Patients felt there was plenty of choice and variation in the menu from week to week. There was access to drinks and snacks at all times in the patients' kitchen. This was stocked daily by the chef with everyday essentials such as cheese, eggs and milk. The chef had an excellent knowledge of the patients and was able to talk us through each patient and their nutritional needs on the day of our inspection. Fresh fruit was also available in a fruit bowl in the patient kitchen at all times.
- The in depth assessment and admission process meant that patients were given time to speak with the staff and ask questions about the hospital. They visited the hospital to ensure they were happy with the hospital before admission was planned.

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- Pendlebury House has a good working relationship with the local mental health trust. Therefore, if a patient became unwell and needed more intensive nursing care they would be moved to the psychiatric intensive care unit at the local mental health trust.
- There were no complaints at Pendlebury House in the 12 months leading up to our inspection. During our inspection, we explored this. All patients we spoke with knew how to complain should they feel they wanted to.

Are services well-led?

Good

We rated well-led as good because:

- The staff at Pendlebury House were clearly putting into practice the vision and values of Turning Point the service provider.
- Staff had adapted the medication management audits to continually improve quality by addressing minor concerns.
- The morale of all staff was high and the team were committed to providing good quality recovery focused care to all patients. It was clear that staff felt part of a productive team and had support from the senior team to do their job to a high standard.
- The provider had a range of quality assurance and governance meetings set up across their organisation in order to monitor and improve performance and look for trends across similar services.
- The hospital was engaging in a project with Manchester Art Gallery. This was a service user led visual art and sound project, for patients to explore aspects of mental health and recovery through a series of art workshops. This will culminate in a final exhibition open to the public. This was a good example of innovation and maintaining links with the local community for groups that struggle to engage in society.The project hoped to challenge misconceptions and stereotypes surrounding Schizophrenia and mental illness. There were plans for the project to feature on BBC Radio 4 show “All in the Mind”. Following completion of the project there were plans to use it to research the benefits and outcomes.

However,

- There were several policies that were past their review date in electronic form on the Turning Point intranet. This included the medication policy, the customer feedback policy and the visiting policy. The operations manager was aware of this and had raised it with head office on several occasions. They were

Summary of this inspection

now to take part in a policy review group to ensure that policies due to be reviewed were done in a timely manner. This group was currently reviewing three policies per month in order to get all policies up to date.

Detailed findings from this inspection

Mental Health Act responsibilities

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

97% of staff had received training in the MHA.

We carried out a Mental Health Act review visit in January 2016. During this inspection we found good adherence to the MHA and the code of practice. There were some minor issues raised. At the time, Pendlebury House submitted an action statement of how they would address these issues. During our inspection we were able to see how these issues had been addressed for example, the hospital now clearly displayed on a map on the entrance wall the boundaries of the local area. This was documented on patient leave forms if they could go to the local area where this was located.

There was a MHA administrator who was responsible for ensuring that all MHA paperwork was correctly completed and stored. This person also carried out monthly MHA audits and the registered manager did these audits in-between.

We reviewed the files of all of the detained patients and found these to be well kept and in good order. We were able to see how patients were informed of their rights and how section 17 leave was approved following risk assessments and conversations with the patient and staff following leave periods.

We found that all patients had a record of their capacity and consent to treatment completed by the responsible clinician. Copies of a T2 or T3 form (where patient capacity and consent to treatment is recorded) were attached to the patient medication chart where applicable.

There was access to an independent mental health advocate via Mind, an independent charity for mental health in Salford. We asked the service for feedback on their experience of working with Pendlebury House. They reported that they received appropriate referrals from Pendlebury House on a regular basis.

Mental Capacity Act and Deprivation of Liberty Safeguards

97% of staff have had training in the Mental Capacity Act (MCA)

There were no Deprivation of Liberty Safeguards (DoLS) applications made at Pendlebury House in the last six months.

We spoke to staff during our inspection and found that they had a good understanding of the MCA and DoLS relevant to their role. This was also reflected in the care records where we saw good examples of capacity being considered ad where appropriate best interest meetings being held.

There was a policy and DoLS screening tool in place at Pendlebury House.

Long stay/rehabilitation mental health wards for working age adults

Outstanding ☆

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

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

Good

Safe and clean environment

The layout of the ward did not allow staff to observe all parts. However, this risk was mitigated by the use of observations and risk assessments of the patients using the service. Where there were ligature points (a place where someone intent on harming themselves could tie something around to strangle themselves), these were managed by risk assessments of the patients and regular observations. Patients at Pendlebury House were assessed as being suitable for a rehabilitation facility where they would eventually live independently in the community, therefore the idea of a completely ligature free environment would not be realistic.

As the ward was a male only unit, this complied with guidance on same sex accommodation.

The ward had a fully equipped clinic room that was clean and tidy on the day of our inspection. There was equipment present in the clinic room to take patient observations and weight including a blood pressure machine, temperature recording device, weighing scales and height chart. There was access to emergency equipment including an automated external defibrillator. There were daily checks in place for fridge temperatures and controlled drugs. At the time of our inspection, these were completed correctly and up to date.

Pendlebury House did not have facilities for seclusion and seclusion was never used.

On the day of our inspection, the ward area was clean, tidy and well maintained. The furniture was in a good state of repair and there was lots of artwork on the walls that had been produced by the patients. There was 24 hour access to an outdoor area that was well maintained and had a seating for patients as well as an area for growing vegetables and a barbeque that was used during the summer months.

During our inspection, we saw good adherence to infection control principles. This included hand washing where appropriate for example, when the chef handled food. Cleaning records were kept and completed by the domestic staff. We found these to be completed and up to date on the day of our visit. There were also two daily environmental checks that were completed each morning and evening.

There was access to a nurse call system for patients and staff to use if they needed assistance or if there was an emergency.

Safe staffing

The staffing establishment for the ward was seven (full time) for registered nurses and 6 (WTE) for support staff. At the time of our inspection, there were no vacancies at the service, one nurse was working their notice and this vacancy was already being advertised. There were 113 shifts filled by bank or agency staff between 8 September 2015 and 8 December 2015. This equated to around eight shifts per week. This was to cover three vacancies that the ward had at that time and this had since reduced due to those vacancies being filled. The staff sickness rate was at 14% for qualified staff and 40% for unqualified staff.

However, due to the fact there was such a small team employed at the ward these figures were high due to only three staff being on long term sick during the year. At the time of our inspection the sickness levels had reduced 13%. Two members of staff were off on long term sick and this was not related to work. We saw evidence in staff files of staff being supported whilst on sick leave with regular contact from the registered manager and staged return to work plans.

The provider had a recognised tool to estimate the number and grade of nurses required on each shift. During our inspection, we reviewed the staffing rota to check that this number matched the number of staff that were on each shift and found this to be the case. The ward did have some use of bank and agency nurses leading up to our inspection. Agency staff were rarely used and this would only happen if someone rang in sick at very short notice. When bank staff were used this would either be Pendlebury House own staff that would pick up an extra shift to cover shortfalls or bank staff from the Turning Point casual worker scheme. This meant that staff on the bank had completed induction with Turning Point and all relevant mandatory training prior to commencing work. The bank staff used at Pendlebury House were regular bank staff that knew the ward, staff and patients well as much as was reasonably possible.

The registered manager was confident that they could increase staffing levels if there was a clinical need, for example someone who needed closer observations. There was always a minimum of one qualified nurse on each shift and this was supplemented during core Monday to Friday hours by the registered manager or the operational manager who were both registered nurses. On days when there was a multidisciplinary meeting planned, there were two qualified staff on duty to ensure that there was always a nurse present in the communal areas.

There was sufficient staff on duty to carry out one to one time with patients. As well as qualified staff and support staff there was occupational therapy staff, project workers and an art therapist. This meant that patients were able to spend one to one time with staff when they chose to and this was also planned in with their key worker on a more formal regular basis. All patients except one that were detained on the day of our inspection had unescorted leave from the ward. This meant that staff only needed to facilitate leave for one patient. However, staff were able to support patients if they felt they needed someone to go with them, for example for food shopping. We saw examples of this happening during our visit and patients reported to us that staff were always happy to facilitate this support if they felt they needed it on occasion. There were many planned activities on the ward and staff were able to facilitate these groups. Patients and staff told us that activities were never cancelled due to staffing issues.

Medical cover for the ward was provided by a consultant from the local mental health trust. This included a consultant for two sessions a week and out of hours cover provided by the on call system at all times. The on call doctor was based at the local mental health hospital that was situated in the same town as Pendlebury House. In a medical emergency, the ward would use 999 to call an ambulance. The ward had good links with the local GP who would attend for physical health related problems if required, however, patients were encouraged to attend the GP surgery in keeping with the recovery model of care.

The mandatory training rate for staff was 100% for all staff currently in work. However, three members of staff were on long term sick leave. All staff that were in work currently had completed 100% of their mandatory training as this was done on an annual basis.

Assessing and managing risk to patients and staff

There were no episodes of seclusion or restraint in the 12 months leading up to our inspection. There were no seclusion facilities at Pendlebury house and staff told us that if a patient needed this intensive level of nursing care they would be referred to the local mental health trust as a matter of urgency.

We reviewed all seven patient care records during our inspection. For every patient there was an up to date risk assessment that was completed on admission and reviewed on a regular basis thereafter, including following any changes in risk or any incidents. The staff used a recognised risk assessment tool.

There were few restrictions at Pendlebury House and we found no evidence of any restrictive practice. There were no blanket restrictions in place and we found that patients felt that they had lots of freedom when we interviewed them. Informal patients were able to leave at will and there

was a key code lock on the door but the code was written above the door. We were told this was in place to stop intruders entering the building rather than to stop patients getting out.

Turning Point had an observation policy in place to effectively monitor the patients. The minimum a patient was seen during the day was once per hour. This could be increased based on individual risk to one to one, once in fifteen minutes and once in every half an hour. During the night the level of observations was individually risk assessed and some patients who were closer to discharge were not checked through the night. This was reviewed regularly by the staff and could be increased at any time.

Restraint was not used at Pendlebury House although the staff were trained up to level two in breakaway techniques. If a patient became hostile or was showing signs of agitation the team were trained in de-escalation techniques in order to calm the patient down. Should this fail or if a person became violent, staff followed the local protocol, which was to call the police for assistance and the on call doctor to review medication and/or placement.

All staff received training in safeguarding via online and face to face training courses. Safeguarding incidents were reported online to the local council and there was a safeguarding lead within Turning Point for any queries staff may have. We spoke with nine staff including the registered manager and operations manager. They all knew what safeguarding meant, how to report it and who to report to. There was a file in the staff office that talked staff through each step of this procedure in case for any reason they did not want to involve management in this. All staff were aware of what kind of things they would report and what happened following on from this. The senior management team explained how safeguarding incidents were managed at a more senior level. This included reports going to the risk and assurance team in order for internal processes to be completed as well as the formal safeguarding process.

During our inspection, we carried out a check of the medications management at Pendlebury House. The medication ordering was done via the local mental health trust and the pharmacist visited the ward on a two weekly basis. We found there was good practice in terms of transport, storage dispensing and reconciliation of medications. When patients were admitted they came with medication from the ward they had been admitted from. This was checked in by the two most senior staff on duty at that time. There were no controlled drugs on the premises on the day of our inspection and there had been none for the previous six months. However, we could see from looking back through records that these were checked daily when there were controlled drugs and this was done by two staff. We saw evidence of recordable (these are drugs that may have an increased risk of illegal diversion or abuse) drugs being signed out by two staff at all times and checked twice weekly as per the medicines policy.

At the time of our inspection, there were two patients who were at the first stage of self medicating, this is where patients can dispense and self-administer their medications. When this happened, the patient was assessed by their key worker prior to beginning using the drug attitude inventory. This enables staff to see a patient's attitude to medication and in turn assess the risks and put risk management plans in place for when that person begins to self medicate. There were three stages to the self medication plan which began with patients coming to the clinic room and staff would observe them pop their own medication out of the blister packs. This progressed to patients taking one day of medication at a time and letting staff know when they had taken it to patients having one week of medication at a time and having full responsibility for this. This was done on an individualised basis with the recognition that some patients may not ever progress to stage three but this did not mean they could not do stages one and two.

Track record on safety

There had not been any serious incidents in the 12 months leading up to our inspection. However, staff were able to talk us through the procedures to follow if a serious incident occurred and how this would be fed back via team meetings and supervision.

Reporting incidents and learning from when things go wrong

Incidents at Pendlebury House were reported via an online system called datix. All staff at each level had access to this system and could report incidents independently. Any incidents that were reported via datix went automatically to the risk and assurance team based at head office. They reviewed the incident and if this was a higher level of incident it was sent on to the managing director. Staff reported that they received feedback from incidents through team meetings and supervision if it was relevant to

Long stay/rehabilitation mental health wards for working age adults

Outstanding ☆

just that one member of staff and there was some individual learning. Staff and patients reported that there were debriefs following on from incidents at any level and support was given by the registered manager and operations manager around facilitating debrief sessions. The operations manager attended meetings for the wider regions and received feedback on incidents that had occurred both within the organisation and in external organisations if they were relevant to Pendlebury house. This would be passed on to the registered manager who would disseminate information to the relevant staff.

There was a duty of candour policy which outlined the need to be open and transparent following incidents, apologising and explaining to patients when things go wrong. Staff were aware of this policy and were able to explain their understanding of this relevant to their role.

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

During our inspection, we reviewed all seven patient care records. Each record contained a comprehensive assessment that was completed on admission. All patients had an arrow support plan, which they all had a copy of apart from one who had declined. This contained holistic information about the person on all aspects of their care including mental health, social networks, self-esteem and trust and hope amongst other areas. We found each one of these to be up to date, recovery orientated and person centred. These were all completed in collaboration with the patient and their key worker.

All patients had a physical health examination on admission. This included amongst other things basic observations such as blood pressure and temperature, weight, height and body mass index. All patients had a nutritional profile which explained their nutritional risks and how these could be managed. This included information around any dietary supplements and food they like and dislike. The chef had a copy of each of these and was able to explain them to the inspection team. This meant that if a patient was not eating well the chef had an idea of what to cook for them that they may like to eat. This also included any allergies or special dietary requirements. There was good evidence of ongoing physical health monitoring, patients' weight and height was recorded weekly. All patients who were on high dose antipsychotics had a care plan in place and a monitoring form to ensure that there were no adverse physical effects on the patient. In keeping with the recovery focused model of care, patients were encouraged to attend the local GP for any medical problems and staff would support this if patients felt they needed it.

Care records were on an online system called client information management (CIM). Some records were still kept in paper format in order for them to be easily accessible when needed. This included mental health paperwork and physical health information in case of an emergency. Staff felt that this system worked well and that there were not any problems around accessing information when they needed it. We found the files and the online system to be easy to navigate and that paper files were kept in good order. In the event that the electronic system went down there was a contingency plan in place whereby staff would record on paper notes and these would be scanned in to CIM by the administrator one it was up and running again. All staff we spoke with were aware of this procedure.

Best practice in treatment and care

The National Institute for Health and Care Excellence (Nice) guidance for Psychosis and schizophrenia in adults: prevention and management (CG178) states that in order to promote recovery for future care antipsychotic medication should be reviewed annually, including observed benefits and any side effects. Each patient at Pendlebury House was on at least one form of antipsychotic medication. We saw evidence in every patient record that there was an annual health check completed, including the use of antipsychotic medication. This was dated and the next review date clearly documented so staff knew when this was next due.

Nice (CG178) also recommends a range of psychological therapies in order to promote recovery and possible future care. Included in this was art therapy to help reduce the negative symptoms of patients. Pendlebury House had a Health and Care Professions Council registered art therapist, who could offer both one to one and group

sessions for patients. This was supported by other staff at the hospital that were provided with training on the benefits of art therapy by the art therapist in order for them to understand and be able to assist patients with this.

Until recently there was also an occupational therapist at the service who offered family therapy and cognitive behavioural therapy to the patients. Unfortunately, this person had recently left. The service was actively seeking a new assistant psychologist to fill this role.

There was good access to physical healthcare at Pendlebury House. On admission, all patients were registered with the local GP. We saw evidence in patient records of this being encouraged and patients attending appointments for physical health related problems. If patients needed specialist help with their physical health, for example, diabetes, this was accessed via the local acute hospital trust and we saw evidence of this taking place.

During our inspection we spent time looking at the nutritional and hydration needs of the patients and how this was being met. We found that each patient had a nutritional profile, this explained about the patient's nutritional status. In this profile, information was included about the patient's weight and any dietary requirements. This also included lots of extra information such as eating habits, for example, if they preferred to eat in a certain place or at a certain time of day and what their likes and dislikes were. A copy of the profile was kept in a file in the kitchen and the chef was able to show us these for each patient and explain how they ensured each patients' nutritional needs were met. This included the chef noticing when patients were not eating enough or if they were losing weight.

The chef also worked with the staff to provide regular snacks and to offer extras of food they had identified that they liked. There were drinks and snacks available twenty four hours a day for the patients. During our inspection, we saw the patients coming up to the kitchen to chat with the chef and being offered food and drinks.

There was also a patient kitchen downstairs where there was a fridge that was regularly stocked up with essentials, such as milk, eggs, cheese and bread in order to allow patients to cook their own meals if they wanted to eat at a different time or if they did not want what was on the menu that day.

In keeping with the recovery model of care used at Pendlebury House, the patients were encouraged to develop skills to cook meals for themselves. Initially this was done with support of staff if patients needed it. One initiative that the staff had developed was to do a "ready steady cook" with patients. Patients would be given a bag of ingredients which totalled the budget they had for food that day and they were encouraged to create a recipe from these foods. This was in order to educate patients on what types of food they were able to afford to keep within their budget once they move on to live independently. Patients would then laminate that recipe and keep it in a file so other patients could use the recipe too. There were also theme evenings around food where patients would develop a menu with staff and go shopping for the ingredients. The most recent one was a curry club night. Patients made their own chapattis and curries and all sat down together with the staff to eat this. Staff and patients reported this improved the patients' confidence in their cooking abilities as people complemented each other on the food and enjoyed it.

Staff at Pendlebury House used a range of outcome measures to assess and record outcomes for their patients. The main tool used was the recovery star. This was a tool used to enable patients to measure their own recovery progress with the help of the staff. The star contained ten areas which cover the main aspects of a person's life and patients set their own goals and measure them over time to see how they were progressing. All seven patient files we reviewed contained a recovery star tool. We saw evidence during a multidisciplinary meeting of how the scores from this were discussed and used to see how that patient was progressing in their recovery. The occupational therapy team at Pendlebury House used another tool to measure recovery called the Kawa River Model. The river was used in this tool as a representation of a person's life in order to show the flow of recovery. The Kawa model encourages a focus on patient involvement and empowerment over their own recovery. The Kawa model was used at Pendlebury house as a recovery pathway and in one to one sessions. There was a range of other outcome measure tools used for different areas, which would be used for patients on an individual basis if it was identified that they required that tool. For example the drug attitude inventory for people who may want to work towards self medicating, and the Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) to show improvement in drug related side

effects. All the scales used at Pendlebury House for measuring outcomes were utilised in a meaningful way. They were used to feedback at MDT meetings, in one to one sessions with the patient's key worker to identify improvement and as a guide for how that individual patient was progressing along the recovery pathway.

There were many clinical audits taking place and during our inspection, we saw evidence of how clinical staff participate in these. These audits included medications audits, care records audits and care programme approach (CPA) audits. We saw evidence during our inspection of how changes had been made following these audits. For example following a recent audit of CPA meetings it was decided that a template letter would be produced in order to ensure all relevant people were invited to meetings that could automatically be sent out before the CPA was due.

Skilled staff to deliver care

Pendlebury House was staffed by a full range of mental health staff. This included the registered manager, senior nurse, staff nurses, consultant psychiatrist, support staff, project workers, occupational therapist, administration staff, a chef and domestic staff. All staff received a full induction on commencing a post at Pendlebury House. During the inspection, we saw two staff files of people who had recently started. They had a full corporate induction and then an induction workbook to complete with the manager. This included things such as the sickness policy, annual leave policy, and useful contact numbers as well as a checklist of things that need to be completed prior to probationary period being signed off. This included things such as core values and lone working arrangements.

We reviewed staff files during our inspection and found that all staff were having six weekly supervision as per the supervision policy. Supervision was structured and there was clear evidence of people being supported through more difficult times or areas of the job they were struggling with over time. All non-medical staff had an appraisal in the last twelve months. Staff reported that they felt they were supported and encouraged to undertake extra training other than mandatory that was relevant to their role. For example, some of the staff were supported to undertake training to take blood samples from patients and the hospital had supported the previous psychologist through a masters course at Manchester University. The managers were clear that they would fully support any extra training staff wanted to do and this was something they actively encouraged. There were monthly team meetings at Pendlebury House where staff were able to give feedback to the senior team about any suggestions they had for the service or any problems they were having. Staff reported during our inspection that they felt fully supported by the manager and that they felt listened to at team meetings.

We were able to see through reviewing staff files that appropriate steps were followed to manage poor performance via the relevant policy. The registered manager was clear that they were able to manage this via the HR procedures provided by Turning Point and that they would have the right support to do this.

Multi-disciplinary and inter-agency team work

There was a multidisciplinary (MDT) meeting each Monday at Pendlebury House. We observed an MDT during our inspection and found this to be thorough with good involvement of the patient. There was a full range of staff in the meeting, which included a doctor, nurse, occupational therapist, art therapist and a student nurse. During this we saw good evidence of positive support from the staff engaging well with the patient and giving praise around positive behaviour that the patient had displayed. There was a full discussion of all the needs of the patient including physical health needs, outcome measures and discharge planning.

There were three handovers per day at Pendlebury house, one at the beginning of each shift. We observed the lunchtime handover on the day of our inspection. All staff that were on duty, including the occupational therapist, attended the handover. Patients were discussed in a positive and respectful manner and all risks were handed over effectively. Staff were updated on changes in leave status for patients and given a full handover of the previous 24 hours for each patient.

The hospital described good working relationships with community teams and the local authority. We could see from reviewing patient care records that care coordinators were invited to attend MDT meetings for their patient and that there were good links with outside agencies such as advocacy the local GP and local authority staff.

Adherence to the MHA and the MHA Code of Practice

97% of staff have had training in the MHA.

Long stay/rehabilitation mental health wards for working age adults

Outstanding ☆

We reviewed the records of all patients that were detained under the Mental Health Act 1983 (MHA) on the day of our inspection.

Pendlebury House has a MHA administrator who takes responsibility for ensuring that all MHA paperwork was correctly completed and stored. This person also takes responsibility for giving support to the staff around the MHA and its code of practice if they require it. The MHA administrator attends MDT meetings to be able to check paperwork as it was completed in order to reduce errors. The staff at Pendlebury House had a good understanding of the MHA relevant to their role. There had been recent training provided to staff on the new MHA code of practice 2015 that all staff had attended.

We found that all patients had a record of their capacity and consent to treatment completed by the responsible clinician. Copies of a T2 or T3 form (where patient capacity and consent is recorded) were attached to the patient medication chart where applicable.

All patients had their rights read to them at the appropriate intervals and this was recorded by staff on the 132 rights form kept in the patient file. On this form staff could record when the rights were read, record the patients understanding and signature or refusal and when they were next due to be read. This was also put in the diary to ensure that this was not missed.

There was a six monthly MHA audit undertaken by the mental health act administrator. However, the registered manager also carried out a monthly MHA audit to ensure any errors were picked up quickly. We saw evidence of changes to practice being implemented following these audits. For example, the responsible clinician risk assessment template inserted on the reverse of section 17 leave forms to ensure this was completed prior to allowing leave for patients.

There was access to an independent mental health advocate via Mind, a registered mental health charity in Salford. We asked the service for feedback on their experience of working with Pendlebury House they reported that they receive appropriate referrals from Pendlebury House on a regular basis. The referrals have included requests for both existing patients and new patients. The patients they have been involved with had not reported any negative issues about Pendlebury House. The advocacy service reported that the staff have a good understanding of advocacy and have promoted the service to patients.

Good practice in applying the MCA

97% of staff have had training in the Mental Capacity Act (MCA)

There were no Deprivation of Liberty Safeguards (DoLS) applications made at Pendlebury House in the last six months.

We reviewed care records and saw that there was good adherence to the MCA and DoLS.

Staff we spoke with showed a good understanding of the MCA and DoLS. They actively encouraged patients to engage in decisions about their care and treatment. If staff had concerns about a patient's capacity, they would take these concerns to a multidisciplinary team meeting and conducted a mental capacity assessment as appropriate.

There was a policy and DoLs screening tool in place at Pendlebury House.

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

Outstanding ☆

Kindness, dignity, respect and support

During our inspection, we spoke with five of the seven patients at Pendlebuy House. We heard universally positive comments about the staff at the hospital. Patients told us "staff here are great" "staff are really helpful" and "the freedom is brilliant". When asked if they felt staff listened to what they say patients told us that they have weekly community meeting and that there have been many changes following these meetings. For example, the conservatory was previously used as a lounge and there was a separate games room. Patients felt the space for the pool table restricted them being able to play and requested it be moved to the conservatory, which was a

bigger space. Patients reported this happened straight away and staff were happy to make these changes. All patients we spoke with said that they felt safe at Pendlebury House.

We spent time in the communal areas of the hospital observing staff interactions with patients. We found that staff were respectful when speaking to the patients and that they took time to sit and listen to patients who wanted to talk. Patients told us that staff were always available to them when they needed to talk. Patients were invited into the clinic room for medications, the door was closed so that each patient had time to take their medication in private. Nurses took this time to talk to the patients about their medication and answer any questions the patient may have had.

We observed a handover during our inspection and found the staff spoke about each patient in a positive manner highlighting what good things the patient had done that day. It was clear from our interviews with staff that they had a good understanding of each patient and were aware of their individual needs in order to provide them with the appropriate support.

The involvement of people in the care they receive

There was an in depth and staged admission process to Pendlebury House. Referrals were discussed at the Salford rehabilitation meeting. This meant that each case was individually assessed as to which rehabilitation place in the area was most suitable for that particular patient. If it was decided that Pendlebury House was the most suitable placement then the senior staff would go out to see the patient and explain about the hospital and what they could offer that patient. If the patient was agreeable they would then visit the hospital to look at the environment, meet the staff and other patients and generally get a feel if they liked the hospital. There was then a staged admission process where the patient would go to Pendlebury house on gradual leave to ensure a smooth admission process.

We reviewed all the patients care records at Pendlebury House. It was clear that each patient was actively involved in their care planning and risk assessments. Patients were able to discuss their care plans with staff and if they wanted one they had a copy and this was documented in their notes. Patients all told us there was a level of freedom at Pendlebury house and no unnecessary restrictions were placed on them. Patients were encouraged to be independent and make decisions about their own care and treatment.

There was access to an advocacy service at Pendlebury House. We spoke to them and they provided us with positive feedback about the service and its engagement with advocacy services. They told us that a number of patients they had spoken with talked very highly about the care at Pendlebury house. The advocacy service reported that they had not heard any patients say anything negative about Pendlebury house and that they received appropriate referrals on a regular basis.

We spoke with the carers of three patients at Pendlebury House. All of the carers we spoke with were very happy with the care their relative was receiving. One carer commented that the only negative was that “they have to leave one day”. Carers all told us they were involved in their loved ones care by being invited to meetings and giving feedback. Carers all felt the staff were approachable very supportive. They also said the staff made carers feel very welcome.

Patients felt they were truly listened to at Pendlebury House. They were actively involved in the interviewing and recruitment of new staff. All patients told us that the staff asked them their views on any changes that might happen at the hospital and then they get feedback on what things have changed. Recently the patients at Pendlebury House held a training session for staff where the patients tried to show staff what it was like to hear voices on a regular basis. The patients facilitated the sessions and used techniques such as staff wearing headphones with lots of voices on whilst trying to complete their work. At the end of the training staff received a wristband to say they had completed the course. There was a display on show, which had feedback from staff on how it felt and how they had enjoyed the training.

The provider had an involvement structure in place in order to ensure that patient involvement was embedded at each level of the service. This was headed by an involvement manager. There was a patient representative role at Pendlebury house. This position was held by an individual who was currently using the service. This patient collected feedback from other patients and attended the weekly regional involvement meetings where they would bring the views of patients in the service to the meeting and actively

contribute to business unit decisions. Other key parts of the role were chairing community meetings, arranging patient involvement in interviews and to encourage others to take part in involvement activities. This role was supported by an involvement representative, this person was a member of staff who would support the patient representative in carrying out their role. There was a monthly involvement newsletter which highlighted current involvement initiatives as well as what each region was looking at specifically in relation to patient involvement. This included recruitment, housing campaigns and deaf awareness.

Patients were encouraged to give feedback on Pendlebury House in a number of ways. This included the suggestion box, patient feedback surveys and the annual survey for patients. Results from all of the above were universally positive. Some of the comments from the recent 2016 annual survey from patients were that they thought the service was 'organised and well run', they thought they had a say in decisions about their treatment and care and that they were given regular feedback about their progress and achievements.

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

Outstanding ☆

Access and discharge

Average bed occupancy at Pendlebury House over the last six months was 77%. There were no out of area placements attributed to Pendlebury House in the six months.

Leave beds were never used when patients go on leave and therefore there was always a bed for patients to return to. Discharge was planned from admission and therefore this always happened at an appropriate time of day.

Pendlebury House had a good working relationship with the local mental health trust. Therefore, if a patient became unwell and needed a more intensive nursing care they would be moved to the psychiatric intensive care unit at the local mental health trust. This would therefore be located closely to Pendlebury House and friends and relatives would be able to visit the patient.

In the last six months, there have been no delayed discharges from Pendlebury House. From reviewing the records of those two patients, we saw that the staff at Pendlebury House were working closely with the patient, advocacy and the care coordinator to find a suitable place for the patients that would be appropriate in the long term. We also spoke with carers for those patients who confirmed that they had been fully involved in the process and were confident that this had been dealt with in a sensitive manner for the patients involved.

The facilities promote recovery, comfort, dignity and confidentiality

There was a full range of rooms at Pendlebury House to support care and treatment of patients. There were two lounges, a quiet lounge and a main lounge, and there was also an art room, kitchen, and games room. All patients had their own bedroom.

There was a quiet lounge where patients could sit with visitors although patients were encouraged to meet visitors at local cafes or other local places to encourage social inclusion and a more normalised approach to seeing family. There was also a phone booth where patients could make a phone call in a private area. However, all patients had their own mobile phones. The communal areas at Pendlebury House contained various boards with pictures of the patients and staff at various events organised by the staff and patients in collaboration. This included day trips to Blackpool pleasure beach, barbeques and karaoke evenings. This gave the hospital a homely feel and the feeling that the staff and patients were a joint community rather than a hierarchical relationship.

There was an outdoor area which was utilised by the patients. This included outdoor seating and a barbeque area where there were social events in the summertime. There were pictures around the hospital of patients enjoying events outside. Most recently, this had included a barbeque day in the summer last year.

Pendlebury House was awarded a Food Hygiene Rating of 5 (Very Good) by Salford City Council on 13 October 2014.There were universally positive comments about the food at Pendlebury House. Patients felt there was plenty of

choice and variation in the menu from week to week. Patients felt this was positive as they stayed there for a long time. There was access to drinks and snacks at all times in the patient kitchen. This was stocked daily by the chef with everyday essentials such as cheese, eggs and milk. This meant the patients could make themselves a snack at any time of day or night and we saw patients using this facility during our inspection. The chef had an excellent knowledge of the patients and was able to talk us through each patient and their nutritional needs. They spent time getting to know the patients and used food that they liked to encourage a good nutritional intake if this was noted to be decreasing. During our inspection, we saw patients approaching the chef in the kitchen for fresh fruit and this was also available in a fruit bowl in the patient kitchen.

Patients were encouraged to personalise their bedrooms and bedrooms that we saw had photographs and items from home that the patients had brought in with them. This also included artwork from groups they have joined in and pictures from events at Pendlebury House such as day trips and theme nights.

There was a locked space in each of the patients bedrooms where they could store any valuables. All patients had their own keys to their bedroom so they were able to lock these when they left.

There was a wide range of activities on offer at Pendlebury House. We found that these were recovery focused and person centred, tailored to the needs of each patient rather than general activities where one size fits all. On admission, the occupational therapy (OT) team completed an interest's checklist with the patients where they could pick out subjects they were interested in and others they may never have tried but would like to try. From this the patient and the OT worked together to create an individualised person centred activity plan which would incorporate the skills that person would need post discharge and their own interests. This interest checklist was revisited over the time the patient was at Pendlebury House to see if anything has changed or needs adding.

There was an art therapist at Pendlebury House who was able to offer one to one and group art therapy sessions as recommended by Nice (CG178) for patients with a diagnosis of a psychotic illness in order to promote recovery and possible future care.

As the activities in the week were incorporated into the recovery pathway and aimed to improve skills for future living, the activities at weekend tended to be more focused on fun and relaxing. These included cinema nights and karaoke nights as well as games and music. During the week, activities were more recovery focused including meal planning and budgeting, art therapy, recovery group and basic kitchen skills. In the evenings, there were activities available to patients which included a film night. There was a cinema screen in the art room that was used for this. There were other evening activities which included quizzes and community meetings.

Pendlebury House was a good example of creating fun ways to improve daily living skills, for example, the "ready steady cook" with patients. Patients would be given a bag of ingredients which totalled the budget they had for food that day and they were encouraged to create a recipe from these foods. This was in order to educate patients on what types of food they were able to afford to keep within their budget once they move on to live independently. Patients would then laminate that recipe and keep it in a file so other patients could use the recipe too. Another example was a group to improve awareness of healthy eating and making wiser meal choices. In these groups, patients were able to try healthier food, learn about the effects of missing meals and incorporate fun activities involving everyday types of foods that the patient may eat or drink. These sessions were very interactive and comments from patients were that they improved confidence, lifted their mood and assisted in recovery.

There was also a chance for patients to do work experience in the kitchen. Within this, patients would work alongside the project worker to prepare food and they would complete a number of sessions at set times. Once this was completed and they had been on time for work, they would receive a reference in order to hopefully gain future work. During this time the project worker provided chef whites for the patients to wear in order for them to feel the part and take the role seriously. Patients reported this was a positive experience and for some their only experience of a working day.

Many of the patients at Pendlebury House had expressed an interest in trying to learn to play a musical instrument. Therefore, a music group was created where there were several instruments that patients could try to learn. This included piano and guitar as well as singing. During the

music sessions patients were encouraged to write songs, discuss lyrics and create harmonies. We observed the music group on the day of our inspection. We found that patients were asked about their music preferences but that staff also had a good prior understanding of this if patients were not confident in expressing these. The patients started by discussing the music and then playing their instruments together. We found the staff to be extremely supportive in this group giving lots of positive feedback and giving praise for learning. This was all done at a comfortable pace for the patients and the patients were observed to progress in their skills during the session.

Meeting the needs of all people who use the service

Pendlebury House was all on one level (ground floor) so had full disabled access. The bedrooms were spacious with wet room style bathrooms so someone with mobility problems could use these with ease.

There was a range of information on treatments, local services, patients' rights and how to complain at Pendlebury house and these were displayed around the building clearly. These included different mental health problems as well as leaflets on what was available at Pendlebury house and information about what was available for patients to access in the local area. One of these was the "chug" pass. This was an agreement that patients could use the local gym and receive an annual pass for only £75. This meant that patients could access the gym during off peak hours when the gym was quieter at a much reduced rate.

If the hospital required leaflets in other languages then these could be ordered via Turning Point head office. There was lots of information about patient rights under the Mental Health Act. This included information about the advocacy service available to the hospital and the complaints procedure including contact details for the Care Quality Commission. Staff at Pendlebury House had never needed to access and interpreter, however, they were clear on how they would do this should the need arise trough the Turning Point head office.

The food ordering system at Pendlebury House was done on an individualised basis. Patients had a basic shopping list that was ordered each week for the menu and then patients could request if they wanted anything extra via the community meetings each week. An example of this was at a recent community meeting when a patient requested some chocolate cake on the menu, staff were able to show us how this was ordered the next week and feedback to the patient. If patients had any specific dietary requirements for religious purposes, this was done through thorough discussions with the chef. We saw evidence of this during our inspection where Kosher food had been ordered for one of the patients. We saw that careful thought had gone into the ordering and storage of this food where this was clearly labelled and kept separately in the fridge and cooked separately. In order for the patient to enjoy the food others enjoyed they had ordered the Kosher version of some of the meals on the menu such as Kosher hotdogs. The chef was up to date on the need for Kosher food to be kept separate from other foods and also the foods that cannot be eaten together in the Jewish religion such as milk and meat. This was also fully documented in the patient nutritional profile in case the chef was ever off sick or someone else needed to fill in. The food was clearly marked in the fridge and freezer so that other staff were aware not to use this food for other patients. In a similar way if patients had any other dietary requirements such as being vegetarian or gluten free the chef would follow the same process and order food that was suitable for those patients.

Due to the recovery focused nature of Pendlebury House patients were encouraged to maintain links with their own spiritual support groups. Staff would assist patients with this in the early stages of recovery by walking to the religious meeting with the patients or catching the bus if it was further away. Staff were clear that if patients could not attend these meetings for any reason every effort would be made to ensure the patient continued those links via visits from religious leaders to Pendlebury House. We saw evidence of the multidisciplinary team considering religious days when planning section 17 leave for patients. For example, it was nearing the time of Passover during our inspection and this was added to the MDT notes for patients that would effect to ensure leave was agreed for those times so the patients could celebrate with family at home. When we spoke with carers, this was confirmed and this was viewed as a positive part of Pendlebury House.

Listening to and learning from concerns and complaints

There were no complaints at Pendlebury House in the 12 months leading up to our inspection. During our inspection we explored this. All patients we spoke with were clear that

they knew how to complain should they feel they wanted to. We saw that complaints was a permanent fixture on the community meeting agenda and that there were lots of leaflets on the wall around the building explaining to patients how to complain. We also observed a comments box that was on the wall in the hospital which was opened each week by the registered manager prior to the community meetings so any comments can be discussed. There was also a customer complaints policy which was displayed at the hospital also in easy read format. This policy sets out how compliments and suggestions were captured and reported. It also detailed how feedback that related to negative experiences would be handled, as either concerns (informal complaints) or formal complaints.

The document also contained Turning Points procedures for handling formal and informal complaints. Staff that we spoke with as part of the inspection were clear on ow to handle complaints effectively referencing the complaints policy.

Although there were no complaints in the 12 months leading up to our inspection, the staff were able to show us how they act on feedback from patients and give feedback to patients following this. All the patients we spoke with said that they were kept up to date with changes following their feedback at the hospital and that they were actively engaged in any changes at the hospital through discussions at community meetings. Furthermore, patients felt that their views were taken serious and were listened to in order to make changes they wanted at the hospital.

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

Good

Vision and values

The vision at Pendlebury House was “doing whatever it takes to make more things possible for more people”.

The values were

- We believe that everyone has the potential to grow, learn and make choices
- We all communicate in an authentic and confident way that blends support and challenge
- We are here to embrace change even when it is complex and uncomfortable
- We treat each other and those we support as individuals however difficult and challenging
- We deliver better outcomes by encouraging ideas and new thinking
- We commit to building a strong and financially viable Turning Point together

We found during our inspection that the team incorporated these values every day in their work. This included supporting the patients to grow whilst challenging them and treating each patient as an individual. It was clear from the work that staff were doing with patients that they would do whatever it took to help that patient along the recovery pathway in a creative innovative way.

All staff were able to tell us who the senior managers were in the organisation. They told us that they regularly saw more senior managers at the hospital and felt that they were friendly and approachable.

Good governance

The service had a clear governance structure, with effective systems and processes for overseeing all aspects of care. These included regular business unit governance meetings and clinical governance and its implementation at Pendlebury House meeting. The minutes of the clinical governance meeting from December 2015 showed that the meeting discussed issues, identified actions and monitored progress pertaining to the quality and safety of care.

Staff received mandatory training, supervision and appraisals. Staff were appropriately trained and mandatory training levels were at 100%, 97% of staff had received training in Mental Health Act and Mental Capacity Act.

A sufficient number of suitably qualified and experienced staff covered shifts, and staff were able to

dedicate a large amount of their time to face-to-face patient care.

Staff participated in clinical audits and knew how to report incidents. Staff worked with patients, creating a team at Pendlebury House, where patients and staff saw themselves as equal partners. An example of learning from incidents was when there was a recent break in at the Hospital. Despite the fact that nobody was hurt during this

break- in, the staff looked at what could be done to further secure the building and maintain safety of the patients. Therefore, they reinforced the fence surrounding the hospital, educated patients about the incident and offered support around locking windows and keeping valuables locked away and out of sight.

There was an organisation and local risk register in place. The register recorded high level risks to the organisation. The registered manager at Pendlebury House was able to submit items to the register. Local governance processes were of a high standard with lots of audits and actions to address any shortfalls identified.

There were good structures in place to monitor the Mental Health Act (MHA) and Mental Capacity Act (MCA). There was a MHA administrator who was very involved with the hospital. They attended multi disciplinary meetings and ensured that MHA documentation was filled in correctly.

The registered manager was clear that they had sufficient authority to carry out their role. They were supported by the operations manager in doing this and had administration support.

However, there were several policies that were past their review date in electronic form on the Turning Point intranet. This included the medication policy, the customer feedback policy and the visiting policy. The operations manager was aware of this and had raised it with head office on several occasions. They were now to take part in a policy review group to ensure that policies due to be reviewed were done in a timely manner. This group was currently reviewing three policies per month in order to get all policies up to date.

Leadership, morale and staff engagement

The staff we spoke with during our inspection were positive about the team and their role within it. Comments included "I love coming to work" and "I come here because I want to not because I have to". There was a strong sense of team at Pendlebury House and we saw staff working together for the greater good of the patient. The team morale was high and staff appeared genuinely happy in their work. Staff told us they were empowered to bring their own ideas forward and that these were listened to and incorporated into the service.

Pendlebury House had a sickness rate of 40% in the 12 months leading up to our inspection. This related to two members of the team being on long term sick. Due to the size of the team, this meant that the percentage appeared very high. We reviewed sickness levels on the day of our inspection and found them to be 13%. We saw evidence in staff files of sickness being managed in line with the policy when people hit triggers for formal sickness reviews.

There were no cases of bullying or harassment at the time of our inspection. However, the provider had a whistleblowing policy and staff were aware of what this was and how to whistle blow if they wanted to. Staff we spoke with were all clear that they could approach the managers at the hospital and raise concerns if they had them. They all felt their opinions were listened to and that they receive feedback in a timely manner.

The staff were given many opportunities to develop at Pendlebury House. The senior team were clear that they not only supported but actively encouraged people to develop themselves either through university or college courses and they gave these staff time off to study if they required it.

Staff felt included in decisions about the hospital and that they were given the chance to have input into any changes that were happening. For example, staff attended regional meetings where they could feedback about the service and their views to more senior managers and meet with staff of their own level from across the region.

Staff were clear that the need to be open and transparent was important in maintaining the strong relationships they had with the patients. If something went wrong staff would apologise to patients and explain what had happened. There was a duty of candour policy that staff were aware of and knew how to locate it. Duty of candour relates to the onus on the staff to be open, transparent and to apologise when things go wrong.

Staff knew the names of the most senior managers in the organisation and knew who they were. Staff were invited to join in regional and national meetings about the service where they were given the opportunity to meet with these senior managers

Commitment to quality improvement and innovation

The hospital was engaging in a project with Manchester Art Gallery. This was a service user led visual art and sound project, for patients to explore aspects of mental health and recovery through a series of art workshops. This will

culminate in a final exhibition open to the public. This was a good example of innovation and maintaining links with the local community for groups that struggle to engage in society. The project hoped to challenge misconceptions and stereotypes surrounding Schizophrenia and mental illness. There were plans for the project to feature on BBC Radio 4 show "All in the Mind". Following completion of the project there were plans to use it to research the benefits and outcomes

Pendlebury House was engaging with Implementing Recovery through Organisational Change (ImROC). The ImROC programme supports local NHS and independent mental health service providers and their partners to become more 'recovery orientated'. The programme was based on an annual membership scheme.

Pendlebury House was not currently accredited by the Royal College of Psychiatry quality network. However, once there was a new psychologist in post there were plans to begin this process.

The provider had an integrated governance framework which showed the various meetings that occurred and how these fed up to the board level and back down to the manager at Pendlebury House. This enabled the provider to analyse the information from these meetings to ensure that the quality of all services was maintained.

Outstanding practice and areas for improvement

Outstanding practice

Recently the patients at Pendlebury House held a training session for staff where the patients tried to show staff what it was like to hear voices on a regular basis. The patients facilitated the sessions and used techniques such as staff wearing headphones with lots of voices on whilst trying to complete their work. At the end of the training staff received a wristband to say they had completed the course. There was a display on show, which had feedback from staff on how it felt and how they had enjoyed the training.

Patients were actively involved in recruitment for all levels of staff. Feedback from patients and staff was that this was embedded well into the service and that patients felt their opinions were truly listened to during this process. The provider had an involvement structure in place in order to ensure that patient involvement was embedded at each level of the service. This meant that patients attended regional meetings with senior members of staff and were given time to put the opinions of the patients forward and ensure that service changes involved patient feedback and views.

There was a wide range of activities on offer at Pendlebury House. We found that these were recovery focused and person centred, tailored to the needs of each patient rather than general activities where one size fits all. On admission, the occupational therapy (OT) team completed an interests checklist with the patients where they could pick out subjects they were interested in and others they may never have tried but would like to try. From this the patient and the OT worked together to create an individualised person centred activity plan which would incorporate the skills that person would need post discharge and their own interests. This interest checklist was revisited over the time the patient was at Pendlebury House to see if anything had changed or needs adding.

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Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that they continue to review policies in order to ensure they are all up to date and reviewed on time.