

# Cambian - Victoria House Hospital

## Quality Report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	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.

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 Cambian Victoria House Hospital as good because:

- The environment was clean and well maintained. Patients had access to a range of rooms and equipment to support care and treatment. The clinic room was in good order and staff tested all equipment in line with manufacturer's recommendations.
- Compliance with mandatory training was high at 98%. Staff worked well together as a multi-disciplinary team and felt supported by their managers.
- Patient records contained comprehensive assessments and staff used standardised outcome measures to monitor progress and inform treatment planning. Patients had access to a range of activities and therapeutic interventions recommended by NICE guidance.
- Patients felt fully involved in the planning of their care. Staff assisted patients to maintain contact with their families and worked well alongside other organisations involved in the patients' care.
- Staff treated patients with kindness and respect. Interactions between staff and patients were natural and genuine. Staff spoke about patients with care and concern.
- Staff undertook regular audits to ensure they met the required standards. Victoria House Hospital took part in national accreditation schemes and supported staff in innovative research.

However:

- Victoria House Hospital did not have an implementation plan in place for the revised Mental Health Act Code of Practice. Only 54% of staff were trained in the revised Code of Practice and not all policies and procedures had been updated in line with the changes.
- At the time of inspection staff conducted randomised searching of patients that was not based on an individual assessment of risk and need or in line with hospital policy. Victoria House Hospital was in the process of developing a restrictive practice policy. Some blanket restrictions were in place following consultation with patients, although there was a lack of clear documentation as to why and when staff would review them.
- Staff did not actively encourage patients to engage in necessary physical healthcare monitoring if they refused regular checks. At the time of inspection, staff were not delivering evidence based psychological treatment for patients with substance misuse problems.

# Summary of findings

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Good 

# Victoria House

**Services we looked at:**

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

# Summary of this inspection

## Background to Cambian - Victoria House Hospital

Cambian Victoria House Hospital is a 32 bed rehabilitation unit for males with mental health needs. It provides services to patients who are detained under the Mental Health Act 1983 as well as informal patients. The hospital is a modern, purpose built, two storey building which is locked, in a residential area of Darlington.

The hospital had a registered manager and an accountable officer in place at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Victoria House Hospital has been registered with the CQC since 17 November 2010. It is registered to carry out two regulated activities; (1) assessment or medical treatment for persons detained under the Mental Health Act 1983 and (2) treatment of disease, disorder or injury.

The hospital has been inspected by the CQC on four occasions. The most recent inspection was in October 2013. Victoria House Hospital was deemed compliant as of November 2013 and had not been inspected under the current CQC methodology.

## Our inspection team

The lead inspector was Jayne Lightfoot. The team that inspected the service comprised of two inspectors, one inspection assistant, one doctor, one registered mental health nurse, one occupational therapist and one Mental Health Act reviewer.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

Victoria House Independent Hospital. We received feedback from ten care co-ordinators, North of England commissioning support, the local advocacy service and an external therapist who delivered group sessions in the hospital.

During the inspection visit, the inspection team:

- Undertook a tour of the hospital and looked at the layout of the ward and cleanliness of the environment.
- Spoke with 11 patients and the family members of six patients.

# Summary of this inspection

- Spoke with the operations director, the hospital manager and the head of care.
- Spoke with 14 other staff members including doctors, nurses, support workers, occupational therapists, administrators and domestic staff.
- Attended and observed one MDT meeting, one formulation meeting, one occupational therapy planning meeting and three patient activity sessions.
- Reviewed three staff personnel files.
- Reviewed 12 patient's treatment records.
- Reviewed the prescription charts of all 24 patients.
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- Conducted a full Mental Health Act monitoring visit.

## What people who use the service say

We spoke with 11 patients and six carers, received four written comment cards from patients and observed four groups and activities involving patients and staff. Staff interactions with patients were natural and genuine. Patients felt staff were supportive and treated them with

dignity. Patients' families and carers reported staff were caring and respectful. During the inspection staff were observed treating patients with kindness, dignity and respect.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- The environment was clean and well maintained with all necessary audits undertaken to ensure it was safe for patients.
- The hospital was staffed to safe levels and compliance with mandatory training was 98%.
- Patients received regular one to one time with their named nurse.
- Staff used a recognised risk assessment tool and reviewed risk regularly.
- Staff understood safeguarding procedures and knew what to report and when.

However:

- At the time of inspection, the provider did not have a formal process for documenting decision making on restrictive practices and reviewing them regularly. Some blanket restrictions were in place following discussion with patients.
- Following patient feedback, staff had stopped conducting a wand search of every patient and began randomised searching of patients. This was still not in line with hospital policy, which stated searching should be based on individual risk and need.
- Documentation from meeting minutes and incident reviews did not always show where lessons had been learned and shared with staff.

Good



### Are services effective?

We rated effective as requires improvement because:

- Victoria House Hospital did not have an implementation plan in place to ensure policies and procedures reflected the revised MHA Code of Practice.
- Training in the revised Code of Practice had only been delivered to 54% of staff.
- Staff did not document attempts to engage patients who refused physical healthcare monitoring.
- At the time of inspection, staff were not delivering evidence based psychological interventions for patients with substance misuse problems despite this being an issue for a number of patients in the hospital.

However:

Requires improvement



# Summary of this inspection

- Staff undertook a comprehensive assessment of each patient's treatment needs and agreed individualised plans of care with the patient.
- Staff worked well as a multi-disciplinary team. They offered patients medication and therapeutic interventions based on NICE guidance and were committed to continual professional development.

## Are services caring?

We rated caring as good because:

- Staff treated patients with kindness and respect.
- Staff understood the individual needs of patients and spoke about them with genuine care and concern.
- Patients were fully involved in planning their care and felt staff listened to them.
- Staff sought feedback from patients and their families on a regular basis.
- Staff were readily accessible to patients and their families, and responded to concerns in a timely and effective manner.

**Good**



## Are services responsive?

We rated responsive as good because:

- Staff planned for discharge throughout a patient's treatment journey.
- Patients had access to a range of rooms and equipment to support treatment and care.
- Staff supported the individual needs of patients.
- Staff provided activities that promoted independence and integration with the local community.
- Patients and staff knew how to complain and received feedback on the outcome of investigations.

**Good**



## Are services well-led?

We rated well-led as good because:

- Staff knew and agreed with Cambian's vision and values.
- Staff felt the management team were supportive and approachable and reported good team working and mutual support.
- The provider monitored its performance with the use of key performance indicators.
- Audits took place as planned and involved clinical staff where appropriate.
- Victoria House Hospital participated in national accreditation schemes and supported staff in innovative research.

**Good**





# Detailed findings from this inspection

## Mental Health Act responsibilities

At the time of inspection, all staff had received their combined annual training in the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However, only 54% of staff had received additional training in the revised Code of Practice.

MHA documentation was checked in four patient records and was in order.

Patients knew their rights to appeal under the MHA and tribunals took place as required. Staff regularly read patients their rights. An independent mental health advocate visited the hospital twice weekly and all patients were aware of how to access the service.

The provider did not have an implementation plan in place for the MHA revised Code of Practice. Policies and procedures had not been updated in line with the changes.

## Mental Capacity Act and Deprivation of Liberty Safeguards






Victoria House Hospital had a DoLS policy in place although staff had made no DoLS applications during the 12 months prior to the inspection. At the time of inspection, there were no informal patients. The provider had a policy on MCA. Staff understood the Act and its principles.

Patient records contained capacity assessments where appropriate and the doctor assessed capacity with the prescribing of any new medication. Staff recorded consent to care and treatment in patient records.

The provider monitored the number of capacity assessments completed each month and audited staff recording of capacity and consent regularly.

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

Good 

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

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

Good 

### Safe and clean environment

Victoria House Hospital was visibly clean and tidy throughout. The décor was well maintained and all furnishings were in good condition. Cleaning records were up to date. Domestic staff completed a daily deep clean of patients' bedrooms depending on need. Staff encouraged all patients to clean and tidy their own rooms as part of their therapy programme, with assistance from staff where required. All domestic staff had received control of substances hazardous to health (COSHH) training, the COSHH cupboard was locked and each item on the cleaning trolley was checked daily.

The hospital operated over two floors. There were a number of blind spots and unsupervised areas where staff managed the risk through individual patient risk assessments. Staff could explain the observation policy and patient notes showed that they monitored any patients deemed to be a risk to themselves or others accordingly. Senior staff conducted an annual ligature risk assessment, with the most recent completed in March 2015. This identified ligature risks and actions required by staff. Patients had access to a nurse call system in each bedroom. If an alarm sounded, panels on each corridor identified the location of the alarm. All clinical staff had received training in managing violence and aggression and non-clinical staff in breakaway techniques.

Patients at Victoria House Hospital had access to a gymnasium, garden, courtyard, a number of small quiet rooms, a kitchen and a lounge area. Patients could have a key to certain areas unsupervised depending on their individual risk assessments. Equipment was well maintained, clean and evidenced regular portable appliance testing.

The clinic room was clean, tidy and well organised. All medicines were labelled and in date. Staff undertook regular comprehensive checks of the fridge temperatures, controlled drugs and stock medication. Emergency drugs and resuscitation equipment were present and documentation showed staff checked these regularly.

The head of care conducted an annual building general risk assessment with a member of the maintenance team. The most recent took place in September 2015 and identified safe procedures for staff to follow across the hospital and in all areas of patient care. The maintenance team conducted a monthly health and safety checklist. This identified any issues with the environment and involved checking the alarm systems and first aid box. Staff discussed the environment daily in the multi-disciplinary team meeting and shared any issues with the rest of the staff team. Infection control procedures were in place throughout the hospital. Quarterly infection control audits occurred as planned, and prior to inspection had taken place in August 2015 and December 2015. At the time of our inspection hand gel dispensers were working throughout the hospital. An external company compiled an annual legionella risk assessment and action report in December 2015 and legionella bacteria were not found in any of the water samples collected. The monthly health and safety audit included checks on water systems and thermostatic controls.

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

Good 

## Safe staffing

There were two vacancies at the time of our inspection. The hospital had recently appointed a therapy co-ordinator who was undergoing employment checks, and had advertised for a nurse. At the time of inspection, six nurses and 16 support workers were in post. The manager was not actively recruiting to four vacant support worker posts, instead was using the budget to keep a regular pool of bank staff that were familiar with the hospital and the patients. When permanent posts became available, they would often recruit from the regular bank staff. Victoria House Hospital did not use agency staff in line with Cambian's group-wide policy. The manager had the authority to adjust staffing levels depending on the patient population and profile. The hospital employed two administrators and a receptionist.

The hospital had 15 staff leavers in the 12 months prior to the inspection. With a total substantive staff team of 69, this equated to an annual staff turnover of 21%. The manager identified there were no consistent themes in the reasons for staff moving on and that a number of staff had been with the hospital since it opened. The total percentage of permanent staff sickness for the previous year was 2.6%. At the time of inspection, no staff were absent long term or under the absence review process. Staff spoke highly of the management team and felt supported in their role.

The provider used their own safe staffing tools to establish the number of staff required on each shift. As the hospital had 24 patients at the time of inspection, the recommended optimum staffing levels were two qualified nurses and six unqualified during the day, and six staff on at night with at least one qualified nurse. Cambian also identified a minimum safe staffing level for Victoria House of one qualified staff member and four unqualified during the day, with one qualified and three unqualified at night. A review of the previous four weeks rota from 11 January 2016 to 7 February 2016 showed that on seven out of 28 days the hospital was short by one staff member based on the optimum staffing levels. The hospital was not short staffed below safe levels during this time.

Staff and patients reported that a qualified nurse was always present in communal areas. Staffing was sufficient to allow patients to receive weekly one to one time with their named nurse and named key worker in addition to daily involvement in therapeutic activities. The hospital

monitored patients access to one to one time to ensure it was happening. Notes from these regular meetings were present in patients' treatment records. Patients and staff reported that leave and activities went ahead as planned.

Within the region there were four Cambian hospitals and each doctor provided cover on an evening for their own hospital with support from their clinical colleagues where needed. Each clinician provided weekend cover across the four hospitals on a rota system. The medical director provided second on call cover and the speciality doctors operated as nominated deputies. The responsible clinician and the speciality doctor lived locally to the hospital. Staff reported good access to medical cover out of hours if needed.

All staff had completed an induction training package called achieve. This included nine e-learning modules on topics such as safeguarding adults and children, information governance awareness and infection control. Staff had a six month induction period, with three months to complete the achieve package. Depending on the job role staff then attended additional mandatory training. The lowest compliance rate was breakaway training with 90% of the required staff having attended. All staff had completed equality and diversity, active care, first aid, fire marshal and safeguarding alerter training. Compliance with managing violence and aggression (MVA) training was 98%. At the time of inspection, overall compliance with mandatory training was at 98%.

## Assessing and managing risk to patients and staff

The hospital did not have a seclusion room and there were no reported incidents of seclusion or long-term segregation in the last six months. There were 34 reported incidents of the use of restraint, and there were no reported incidents of the use of prone restraint. Prone restraint is a type of physical restraint that involves holding a person chest down. The hospital documented their use of restraint on an IR1 form, with a copy in a central file and a copy in the patient records as per their policy. Staff recorded the position of the restraint, the duration of the restraint and the staff member responsible for each body part. The MVA training focussed on identifying de-escalation techniques and using the least restrictive interventions. Patients had a self-directive incorporated into their care plan which

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

Good 

identified triggers and early warning signs and how they would like to be helped should they present as violent/aggressive. Each patient was offered a de-brief following an incident of restraint.

Cambian had an observation policy and staff could explain this to us. An assessment of patient risk determined observation levels. All of the 12 treatment records reviewed contained an up to date risk assessment and risk management plan. The hospital used the short-term assessment of risk and treatability tool (START). This was an evidence-based tool that assessed future violent and risk behaviours in the short term and identified risk to self and others through structured professional judgements. Repeat assessments captured attitudes and behaviours over time to evaluate patient progress. Staff undertook regular reviews of the START along with a daily risk assessment of each patient. The team discussed the risk status of each patient at the daily multi-disciplinary team (MDT) meeting, including whether patients were receiving any visits that day. A policy was in place to ensure the safety of children visiting the ward that was under review at the time of inspection.

The daily risk assessment was a Cambian tool that Victoria House had adapted to reflect their patient profile. It consisted of a checklist of key risk behaviours in areas of neglect, suicide, and violence. It identified whether each patient had access to restricted areas and items such as aerosols and razors, what their observation level was and their leave status for the day. This was based on the behaviour over the previous 24 hours and the individual needs of the patients each day. Staff could document daily management plans on reducing risk, physical health, personal care and environmental care. Victoria House Hospital had some blanket restrictions in place. They had a 'contraband list' of items that were not permitted within the hospital grounds. These included batteries, lighter fuel, tin cans, plastic bags and blue tack amongst others. Staff locked the courtyard between 1am and 5am. This was because of concerns about patient sleep patterns and staff reported it was through consultation with patients. Staff would unlock it during this time if appropriate. Access to the laundry was only with staff supervision. Staff stated patients requested this due to the risk of personal belongings going missing or being damaged. If the hospital intended to impose any restrictions on patients, they discussed this in the morning meeting and then with patients at the patient meeting. Cambian was devising a

restrictive practice policy at the time of inspection to formalise the decision making and review process for this. Staff were aware of the need to base restrictive practice on individual assessments and were continually reviewing their practice.

The provider had a search policy that was under review, which stated that 'a search of any kind must only be exercised where there are reasonable grounds to believe that the search is necessary'. Staff reported that searching was randomised, and the receptionist would identify every third or fourth patient that returned from leave to be searched. The hospital implemented this current practice following patient feedback, when they had raised concerns about staff searching every patient with a wand every time they returned to the hospital. Staff were unsure whether they kept records of these searches and did not audit the use of searching in the hospital. Staff searched patient bedrooms, with each room searched at least once per month and the order randomised by staff. Staff reported they randomly screened patients for illicit substances with about ten patients tested each time. Staff also checked every patient's mouth after administering medication. The hospital began this practice following issues with patients abusing substances and certain medications the previous year. Staff had not reviewed this practice since and acknowledged it was not necessary for every patient and would be reviewed following the inspection. Notices displayed in the hospital advised patients of searching procedures. Patient records contained signed 'search recording' forms and standardised searching care plans that were not based on individual risk and need. The randomised searching on return from leave, mouth searching and urine screening was not in line with the hospital policy. The management team planned to review this practice following the inspection.

The hospital entrance was via two locked doors. The exit doors into the garden area and courtyard were accessible via a swipe card. Detailed notices were present to advise informal patients of their rights to leave.

Victoria House Hospital had a service level agreement with Speeds pharmacy to supply patients' medication. A pharmacist was rarely on site and nursing staff undertook all medicines management. The hospital had a medicines management policy that was under review at the time of inspection. Nursing staff undertook a monthly clinic audit to ensure the correct storage and administration of

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

Good 

medicines. A review of five of the monthly audits up to January 2016 showed that where staff had made errors on documentation such as missing signatures, staff identified and rectified them.

The nurse on night shift would complete medicines reconciliation checks and the head of care undertook a quarterly full medication audit. The last full medication audit in December 2015 identified two actions; patient photographs to be added to three prescription charts and nursing staff to sign all orders when faxed to the pharmacy. At the time of inspection all prescription charts had a patient photograph attached.

Cambian's quality improvement team conducted annual pharmacy audits. The most recent took place in January 2016 by a pharmacy advisor. The hospital had addressed seven actions identified the previous year and five were outstanding in parts with recommendations made. These included additions to the provider's policies that were under review; one relating to an administration gap in one patients medication chart; one where a witness signature was not documented following the administration of depot medication and a suggestion about the use and recording of PRN medication. Staff reported they were discussing the possibility of separate PRN prescription charts with the medical director.

A rapid tranquilisation policy was in place and under review at the time of inspection. The hospital followed national institute for health and clinical excellence (NICE) guidance and in the record's reviewed staff had completed the necessary documentation for each instance of rapid tranquilisation. Staff completed physical health checks post incident and offered each patient a de-brief.

Staff understood their responsibilities in reporting safeguarding concerns. Two staff were designated safeguarding leads within the hospital. Staff used the local authority threshold tool to determine if an alert needed to be raised and reported a good relationship with the local safeguarding team. Cambian monitored all internal and external safeguarding alerts weekly via the electronic clinical statistics reporting system.

## Track record on safety

Victoria House Hospital had recorded one serious incident in the 12 months prior to inspection. The manager produced an incident time line and report, which detailed all actions taken. The hospital informed all relevant

external bodies and the patient's family. Staff and patients were provided with support following the incident and staff highlighted this as an example of how supportive the staff team were of each other.

## Reporting incidents and learning from when things go wrong

Staff felt confident in reporting incidents and raising concerns. The electronic reporting system monitored the number of incidents, the type of incident, the use of restraint and whether staff informed the relevant agencies. Commissioners reported that Victoria House Hospital provided timely and accurate updates about any incidents or issues and implemented changes if required. Each patient had a safeguarding file with a copy of any alerts or concerns raised. At the time of inspection, there was one safeguarding case open with the local authority and the relevant partner agencies were involved. Staff were attending the strategy meeting on the day of inspection. Staff felt well supported following an incident, and discussions were documented on a debrief form.

The daily MDT meeting recorded any incidents that had occurred. The records only showed this as the incident reference number, they did not document any discussion about lessons learned. A monthly review of lessons learned was taking place in this meeting. The documentation of this discussion lacked detail, as it had only been occurring for the two months prior to inspection. The local clinical governance meeting did show some analysis of incidents. However, a review of the records of previous incidents showed that staff did not always clearly document any learning from them. The nurses met regularly as a staff team but again did not document any learning from incidents in the meeting minutes.

The manager had recently completed a review of an incident for her own learning, as it did not meet the threshold for reporting of a serious incident. This review had clearly resulted in some lessons learned. Staff were given additional supervision sessions and support to feel confident in managing patients' aggressive behaviour. Staff raised that a lack of communication had previously been an issue within the hospital, but had since improved and the team felt well informed of any incidents.

The management team understood the term duty of candour. They were aware of the importance of being open



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Good 

and transparent with patients and their families and apologising if things went wrong. Staff understanding of the term varied although all those interviewed identified the need for transparency in their work.

## 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

We reviewed 12 patient records and all contained a comprehensive assessment of the individuals' treatment needs. Prior to admission, a nurse assessor would visit the patient and complete a detailed patient profile. This provided the hospital with information such as the patient's medical history, family history, previous treatment and any forensic background. The multi-disciplinary team would then discuss the patient and make a decision about whether Victoria House Hospital was a suitable placement. This would take into account the patient's needs and the current patient profile within the hospital. Following admission staff would complete the short team assessment of risk and treatability (START).

The hospital had a regional medical director, a full time doctor and a speciality doctor who worked part time. Nursing staff, psychology staff and occupational therapy staff undertook regular assessments of each patient's treatment and progress. The MDT formally reviewed each patient once per month in a ward round and produced a detailed document containing input from psychology, nursing, and the patient's views on their treatment and progress. Staff reviewed care plans with patients at a minimum four weekly in advance of the ward round. Staff wrote the care plans in the first person. They were individual to each patient and contained a holistic look at the patient's treatment journey. The named nurse and patient agreed recovery focussed goals and patients felt involved with their care planning.

Patients had a separate physical healthcare file to document monitoring of physical health needs. We reviewed two of these in detail and undertook a focussed interview with the responsible clinician about physical

healthcare. The doctors had implemented this system five months earlier following a recognition that more work could be done to monitor the physical health of patients. The speciality doctor undertook an annual physical health check with all patients. The records contained correspondence with outside health services, results of any tests and clinical notes. Staff registered all patients with a local GP and dentist following admission. Staff completed an appointment communication form for every external health appointment, which detailed the reason for the appointment, any diagnosis or outcome and any treatment recommendations. In one record both the patient's care plan and section 17 leave form detailed his physical health needs and the importance of supporting regular attendance at appointments. Staff ran a weekly well man clinic on a weekend in an attempt to engage patients in regular health checks. The doctors planned to get more nursing staff trained in using the ECG machine. Not all patients attended the clinic and therefore both records reviewed lacked baseline observations. Staff aimed to complete baseline observations on admission and then six monthly with patients.

Health promotion booklets were in place for each patient to record monthly health and wellbeing checks. In one record, they were blank and in the other staff had completed them in detail; this depended on the patient's consent to these checks. Where a patient refused to have their physical health checks, staff did not always document whether they made further attempts to engage the patient in this. The responsible clinician had plans to develop a spreadsheet identifying those patients who required blood tests or ECG's, and those who refused their monitoring checks. The intention was the MDT would review this in the daily meeting, discuss how to engage these patients and document whether the patient had capacity to refuse these treatments. The doctors also planned to develop a clozaril clinic and a smoking cessation clinic. The responsible clinician felt the monitoring of physical healthcare was in its infancy within the hospital and saw it as a priority for development.

All detained patients were under a Care Programme Approach (CPA). CPA is a national approach, which sets out how mental health services should help people with mental illness and complex needs. The Mental Health Act administrator monitored their compliance with timely care programme reviews that were held at least four monthly or earlier based on patient need. The hospital kept all CPA

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

Good 

records electronically and the inspection team viewed five of these. Home treatment teams, clinical commissioning groups and families were always invited and each discipline of staff within the hospital submitted reports on a patient's progress for each CPA review. Victoria House Hospital sent feedback forms following each meeting to the professional bodies that attended and feedback was positive in each of the records we reviewed.

Patient treatment records were paper based. They were well organised and were stored securely yet available to staff when required. The hospital had a contract with outside services for archiving and shredding of patient identifiable data. The provider had an electronic client management system. Staff uploaded data into the client management system in order to report on the hospital's key performance indicators. Key areas to input were care plan completion and reviews, CPA reviews, activity levels within the hospital and bed occupancy information. A further electronic system contained information on patient details, outcome measures and requirements under the MHA.

## Best practice in treatment and care

The provider had a medicines management policy, which stated that guidance should be taken into consideration when prescribing, including the latest guidance indicated by the National Institute for Health and Care Excellence (NICE). The responsible clinician told us they followed NICE and Maudsley guidance in prescribing medication and was aware of the necessary checks that had to take place if they deviated from this guidance. The doctor prescribed above British National Formulary (BNF) limits for three patients at the time of inspection and knew of the additional physical health monitoring that was required such as baseline ECG's and three monthly reviews. Staff held a clozapine clinic weekly for the related health and blood monitoring of those prescribed more than one anti-psychotic medication. The doctor discussed one patient in detail and spoke of the decision-making process and rationale for the medication prescribed, which commenced in conjunction with a second opinion appointed doctor (SOAD). A review of all 24 prescription charts showed they were clear and concise with every prescription signed and date. All SOAD forms were completed and up to date and the doctor reviewed and regularly updated all PRN medication. A number of patients had complex needs and substance misuse

difficulties. The doctor did not routinely prescribe hypnotic PRN medication or regular benzodiazepines. Staff followed a safe programme of reduction for patients admitted on benzodiazepines.

Victoria House Hospital employed a full time psychologist and an assistant psychologist. The psychology and occupational therapy staff worked closely together. Staff conducted the START assessment during the first patient review and every eight weeks after that, followed by the HCR-20. The HCR-20 is a 20-item checklist to assess the risk for future violent behaviour. It includes variables that capture relevant past, present, and future considerations to determine an individual's treatment plan. The psychology service offered patients weekly one to one time and delivered group work sessions. The psychologist used NICE guidance to deliver cognitive behavioural therapies and eye movement desensitisation and reprocessing (EMDR) therapy. This uses an eight phase approach in an attempt to reduce the long lasting effects of distressing memories by developing more adaptive coping mechanisms. The World Health Organisation practice guidelines in 2013 recommended CBT and EMDR as the only therapies to be used in the treatment of post-traumatic stress disorder.

The psychologist used motivational interviewing techniques with patients to encourage attendance at therapy sessions although identified that the current patient population were reluctant to engage. We attended a streetwise social skills group delivered by the psychologist and occupational therapist. The content was based on research from the British journal of occupational therapy and focussed on the social inclusion of patients with diagnosed mental health conditions by improving communication skills.

At the time of inspection, Victoria House Hospital identified that at least nine patients had problems with substance misuse. The psychologist had historically run group sessions identifying risk factors, triggers and coping strategies based on the stages of change model. The staff did not find the sessions worked well with patients or that they attended, and delivered the last one over four months ago. The hospital psychologist and two colleagues were developing another substance misuse programme. However, at the time of inspection no patients were receiving one to one or group interventions for substance misuse, or were engaging with substance misuse services in the local community. The hospital would take positive

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

Good 

risks in allowing these patients unescorted leave, but if they abused substances or alcohol during this time then staff would review this and leave could be restricted. Staff acknowledged a more proactive approach to the treatment of substance misuse would benefit these patients.

The staff used recognised rating tools to monitor outcomes for patients. These included health of the nation outcome scales and the model of human occupation screening tool amongst others. The results of these tools helped determine individual treatment plans for patients. The provider also used these tools to monitor patients' progress via their clinical statistics reporting system. The occupational therapist had developed a research proposal involving the use of a different assessment tool, the model of creative ability (MoCA). The research was an attempt to increase the personalisation of rehabilitation for patients by taking into account the variance of skills each patient has. The hospital had supported her to attend an international conference on the tool, contact the developer to discuss steps needed to implement its use and visit another hospital that currently used the model. The OT had written an action plan to present to the MDT and was receiving support from research leads within Cambian.

Clinical staff engaged in clinical audits. The nursing staff undertook the monthly clinic audit and the head of care conducted the quarterly full medication audit. One nurse was a designated lead for infection control and completed a quarterly audit in this area.

## Skilled staff to deliver care

Victoria House Hospital employed a full range of mental health disciplines to provide input to patient care and treatment. These included registered mental health nurses and support workers, occupational therapists, psychologists, administrative, catering and domestic staff.

We reviewed three staff personnel files and found they contained all required information such as disclosure and barring service (DBS) checks, qualifications, identification and evidence of registration with professional bodies. The hospital administrator monitored the documents that had expiry dates and flagged them when they were due for renewal. Staff had an induction and probationary period. A number of the training courses during the induction period met the requirements of the care certificate standards.

Six nursing team meetings were held in the 12 months prior to inspection. They focussed on management and staffing

issues and an action plan was in place following each meeting. Only one support worker meeting occurred in the previous year. In these meetings, staff had raised communication and staff morale amongst support workers as concerns. During the inspection staff reported this was improving. The psychologist and head of care held monthly peer supervision groups. They were clinical based and focussed on patient care.

The registered manager and head of care had recently been promoted within the hospital and were new in post. Staff reported good access to management and a supportive team. Supervisions and appraisals followed the supervision policy which stated that there must be 'regular formal meetings' and that the supervisions and appraisals should be recorded in a prescribed format. One staff member was overdue an annual appraisal at the time of inspection. The manager identified supervision as an area for development in terms of its value. Cambian combined managerial and clinical supervision, which the manager felt was not as meaningful as it could be. The management team had asked for additional training in supervising staff and had attended an external clinical and management supervision session in November 2015. Following this, they were looking to improve the supervision process with separate clinical and managerial supervision and to link it with the appraisal document.

Clinical staff had good access to continuing professional development. The medical staff had an allocated day each week for professional development and engaged in structured teaching sessions bi-weekly. Each month they met with colleagues from other Cambian hospitals to present cases and discuss treatment options. The psychologists worked closely with staff from another local hospital for peer support and attended quarterly professional development days with colleagues from other Cambian hospitals across the country.

Staff could identify and access specialist training as required. Staff identified they lacked confidence in administering oxygen to patients so additional training in this had been delivered. In response to a number of patients having diabetes, an external company delivered training in the management of type 1 and type 2 diabetes. The hospital organised monthly clinical fayres, where members of the MDT would deliver sessions on particular



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

Good 

areas of interest to the rest of the staff team to aid learning and joint working. Planned sessions included the purpose of rehabilitation, side effects of medications, why people self-harm and ways of motivating patients.

## Multi-disciplinary and inter-agency team work

The MDT met daily to discuss patient risk and need, staffing issues, the environment and plan the day ahead. This involved identifying any patient visits, CPA reviews, staff supervision and tasks for the MDT. Observation of this meeting showed strong working between all members of the team. Staff were knowledgeable about patients and appeared caring. Detailed clinical discussions about physical and mental health took place. Handovers happened twice daily and staff felt fully informed of patient risk and need each day. An MDT meeting and handover book kept a record of all discussions. Senior staff would disseminate information to the rest of their team following the morning meeting.

Staff felt that team working within the hospital was effective. We observed a formulation meeting attended by nursing staff, support staff, psychology and the doctor. They discussed a patient's needs in detail and shared ideas for treatment options. Observation of a group ran jointly by occupational therapists and psychology staff showed joined up working and a shared understanding of patient need.

Ten care co-ordinators from community mental health teams and local authorities provided feedback on Victoria House Hospital prior to the inspection. They reported an accessible staff team, effective communication, access to necessary documentation as required and feeling fully involved in the patients' care. Commissioners reported that Cambian relationship managers met them regularly to discuss patients' progress and potential new admissions to the hospital. Staff from other organisations that worked into the hospital reported feeling welcomed and supported.

## Adherence to the MHA and the MHA Code of Practice

All staff had completed combined training in the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However, the provider had only trained 54% of staff on the revised MHA Code of Practice.

The inspection team reviewed MHA documentation in four patient records. They were maintained in a separate folder and were in good order although the reports from the approved mental health professionals were not present. The administrator had requested these but was yet to receive them.

Staff documented consent to treatment in patients' records and consent to treatment forms were attached to medication charts where required. A T2 form is used when a patient who has capacity agrees to take medication after three months detention. A T3 form is provided by a SOAD when a person who lacks the capacity to consent to medication remains on medication after the first three months detention, or the patient has capacity but does not agree to take their medication. In all records where a T3 was present, the responsible clinician had recorded the feedback. The provider's T2 certificate was particularly clear in requiring the responsible clinician to specify the treatment by both the British National Formulary category and the drug's approved name. The hospital administered all of the prescribed treatments under the appropriate legal authority.

Staff regularly read patients their rights and documented this. The detail provided on the degree to which the patient understood this varied amongst staff. Some provided an assessment of the patient understanding, some recorded the verbatim patient comments and some simply provided a yes answer.

Patients had access to a local advocacy service that provided Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) for Victoria House Hospital. The advocate visited the hospital twice weekly and all patients were aware of how to access the service. Staff monitored those patients that did not regularly attend the drop in and the advocate approached them to offer support.

The MHA administrator conducted audits every six months on the MHA documentation. They would review MHA papers, T2 and T3 forms and feedback to the management team. The last audit prior to inspection took place in October 2015 and identified the need for manager's hearing to take place as close to the section renewal as possible. In the files reviewed during inspection, this was timely.

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Good 

The provider did not have an implementation plan in place for the MHA revised Code of Practice. Cambian had a policy group that would look at changes required from the revised Code as they would with any changes in practice and guidance. They had devised workshop information slides and tools to train staff in the revised MHA Code of Practice. The MHA administrator had been asked by Victoria House Hospital to take a lead in advising staff on the changes. Certain restrictive practices and policies had not been reconsidered in light of the changes in the revised MHA Code of Practice. Visitors could not go into patients' bedrooms. The visitor's policy did not state this, but staff confirmed this was the case. This was not in line with the MHA revised Code (11.4), which stated that patients should be able to see all their visitors in private, including in their own bedroom if the patient wishes. The hospital did not document why it was deviating from the Code of Practice and there was no individual assessment of risk and need to explain this. Following the inspection the provider had dates planned to train more staff in the revised Code of Practice and was undertaking a review of their policies in light of the changes.

## Good practice in applying the MCA

The provider had a policy and procedure on the Mental Capacity Act, 2005 that was under review at the time of inspection. It detailed the principles of the Act, the processes around decision-making and best interest assessments, the use of the independent mental capacity advocate and the legal obligations set out in the Act. Staff understood the MCA and were able to articulate the five key principles underpinning it.

Staff documented capacity assessments in patient records and the responsible clinician recorded their assessment of the patient's capacity to consent to their treatment on a specific form. This identified the proposed treatment, recorded their four point functional assessment and provided details of their discussion with the patient. The responsible clinician would complete a new capacity assessment with each change in medication. We reviewed the records of three patients where capacity assessments had taken place. The assessment was decision specific and staff clearly documented decisions made. The hospital had used capacity assessments in relation to patients smoking and eating behaviours where appropriate. Several patients had appointeeships in place for managing their finances.

The hospital monitored the number of capacity assessments completed each week. Senior staff completed a regular case-tracking audit, part of which involved checking patient records for evidence of consent to care and treatment and ensuring staff had completed capacity assessments where required.

Victoria House Hospital had made no DoLS applications in the 12 months prior to inspection.

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

Good 

### Kindness, dignity, respect and support

Staff interacted with patients in a natural, warm and caring manner. We observed all disciplines of staff chatting with patients as they walked around the hospital, and staff and patients ate lunch together in the dining area. During the MDT and formulation meetings, it was clear staff knew the individual needs of the patients and spoke about them with genuine care and concern. Just prior to inspection, one staff member had raised concerns regarding the attitudes of another staff member towards a patient. The management team had acted on this immediately and it was being investigated in conjunction with the local safeguarding team.

In planning activities for the day, staff gave patients options on which groups to attend and involved them in identifying what times were best for each activity. During group work sessions, staff involved all patients and used appropriate humour to engage them in the discussions. Patients felt able to joke with staff and reported that staff treated them with respect.

Nine patients gave feedback about staff behaviours and attitudes. Seven made positive comments describing staff as wonderful, brilliant, polite and happy. They felt staff were never too busy for them, did their job properly and treated them like human beings not like patients. The other two patients felt it depended on individual staff members, with some inconsistency about responding to patient requests and attitudes towards patients. Of the six families

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

Good 

and carers spoken to, four gave feedback on staff interactions with patients. These were all positive and spoke of caring and respectful staff, describing them as fantastic and exemplary.

## The involvement of people in the care they receive

Nurse assessors conducted a detailed patient assessment at the point of referral and the hospital manager would visit the patient prior to admission if required. Victoria House Hospital produced a patient booklet, which contained details of the staff team, the environment, the daily routine, the community guidelines, and the types of activities on offer. Patients reported they felt welcomed to the ward at the point of admission.

All 11 patients reported they were involved in the planning of their care. Their named nurse talked through their progress and treatment plan in weekly one to one sessions. Patients reported the doctor explained their medications to them and gave them leaflets with additional information about the medication. Staff gave patients a copy of their care plan and reviewed it at least monthly. Patients inputted their views to their ward round and felt staff listened to them. Two patients reported they felt that their access to leave was unfairly restricted. The treatment record of these two patients clearly documented the risk assessments and decisions made to support restrictions on section 17 leave. The hospital had encouraged patients to chair their own CPA reviews for a time. Patients reported feeling anxious about this so staff now chaired these reviews and patients felt fully involved in them. Care plans were present in all treatment records reviewed, reflected the patient's views and contained the patient's signature.

Community meetings were scheduled monthly although sometimes took place on alternate months. Staff chaired them and seven or eight patients generally attended them. Minutes showed they contained an element of 'you said we did' in response to patient feedback. An action plan was present for staff and patients encouraging patient ownership of improvements and developments within the hospital.

Activities were aimed at promoting integration within the community and independence. A giving back group involved links with a foodbank in the local area. Patients would shop for items and deliver them to the foodbank. This aimed to teach patients budgeting skills, community safety, social awareness and to develop volunteering

opportunities in the community for patients. Patients also took part in healthy eating sessions where they planned a recipe and went to the shops with staff to buy the ingredients. Patients received therapeutic earnings if they undertook specific jobs around the hospital.

Victoria House Hospital supported patients to remain involved with their families and carers, organising visits out of hospital, paying for taxi fares and inviting family to patient review meetings. Five out of the six carers spoken to felt fully involved in their relatives care. They reported staff were always available to speak to and kept them informed of their family member's care and treatment. One carer felt they did not have enough information about their relatives impending discharge, although the hospital had invited them to meetings but they could not recall if they had attended.

Victoria House Hospital conducted an annual patient survey. The most recent took place in November 2015. The survey covered 11 areas including staff, catering, activities, complaints and safeguarding. Questions asked included whether staff were polite and approachable, whether patients knew how to make a complaint and whether they felt safe. Of the sixteen patients that took part, at least twelve responded positively to each of the questions asked. The exceptions to this were two questions; one where seven patients reported staff did not give them advice on diet and nutrition and another where five felt staff did not support them to work towards qualifications and employment. The hospital produced a report and identified any required actions. Staff shared the results in the community meetings and staff meetings.

The hospital undertook an annual relatives survey, which was last completed in December 2015. This had five parts focussing on staff, location, and the service provided. Staff issued nineteen surveys and five were returned. Three families did not know which staff member was their relatives named nurse although all viewed staff as friendly and caring. An action was taken to send all families with patient permission an information sheet upon admission detailing staff involved in their care. All were happy with the location; however, one relative commented they would have liked to see their relative's room. Following inspection, the hospital is now looking at this issue in line with the revised changes to the MHA code of practice.

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

Good 

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

Good 

## Access and discharge

Victoria House Hospital reported that average bed occupancy was 87% for the six month period between 04 May 2015 and 04 October 2015. The hospital had 32 beds although the manager reported they rarely filled to capacity.

Eight patients were discharged in the 12 months prior to inspection. Two moved to other rehabilitation services, three to open rehabilitation services, two to supported living and one to independent living. Discharge planning involved the home treatment teams and the patients' families and carers. Staff clearly documented progress towards discharge in patient records and commissioners viewed the discharge pathway as effective.

## The facilities promote recovery, comfort, dignity and confidentiality

Victoria House Hospital had a range of rooms and equipment to support patient treatment and care. The ground floor had two patient lounges, an activity room, a computer area, a dining room, a gymnasium and a therapy kitchen. A pay phone was available for patients to use in private and patients had their own mobile phones where appropriate. Patients used a visitor's room to meet with family and friends. On the first floor was a lounge, a faith room and a small kitchen. Patient bedrooms were located on both floors and all had en-suite facilities.

Patient risk assessments determined whether they had unsupervised access to certain areas such as the therapy kitchen and activity room. The laundry was available to all patients under staff supervision. Staff encouraged patients to personalise their bedrooms and each patient had a key to their own room.

Catering staff prepared food on site and patients selected their own meals. Darlington Borough Council gave the hospital a hygiene rating of five 'very good' in February

2015. Staff displayed the daily menu on a white board in the dining area identifying which were the healthiest options. In November 2015, a patient survey indicated 75% had requested a greater variety of food. As a result, the hospital had recently introduced new menus. Patients reported the food was generally ok.

Activity planning occurred daily with patients, and a full weekly timetable was available in the hospital corridor for patients to see. The hospital aimed for 25 hours of meaningful activity each week and monitored how many patients were active by 10am each day. Staff had identified the lack of therapy and activity space as an issue and as a result, the hospital altered two bedrooms to create additional therapy space. These could be returned to bedrooms if required. Staff supported patients to attend activities in the local community where possible. These included swimming, fishing and the use of a local gymnasium. On-site activities included woodcraft, sound therapy, pet therapy, holistic therapies and cooking. Weekend activities generally involved trips out into the community and the hospital had three minibuses to transport patients further afield. A therapy coordinator would be present at the weekend. Patients reported good access to activities. Five of the six families spoken to felt there were enough activities on offer and that patients frequently left the hospital.

## Meeting the needs of all people who use the service

Victoria House Hospital was accessible for patients with a physical disability and had a disabled access lift. A notice displayed in the reception area informed patients and visitors that staff could access leaflets in different languages. The hospital could access an interpreter service if required.

Patients had access to a multi faith room with religious texts available on request. Every Monday staff supported patients to attend a local church. Staff made adjustments for one patient who attended church regularly with family members as part of their culture. In response to feedback from the patient and their family, the staff member remained in the car rather than attended the service.

Patients were able to prepare their own meals in the therapy kitchen with the support of staff as part of their therapeutic plan. Patients were able to request specific food based on their cultural and religious needs.



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

Good 

## Listening to and learning from concerns and complaints

Victoria House Hospital received one complaint and one whistleblowing in the last twelve months. This complaint identified concerns about medication and access to worship and was partially upheld. A review of the complaint found that staff had investigated it in line with the hospital's policy and procedure. The hospital encouraged patients to complain if they were unhappy with the service and used a pictorial booklet, which detailed the complaints process for patients and provided the contact details of the NHS Ombudsman. All staff received training on dealing with concerns at work as part of their mandatory induction training package.

Patients and their families knew how to complain and felt comfortable doing so if required. Posters displayed around the hospital informed patients of the rights to complain and of the advocacy service. The advocate reported that staff took patient complaints seriously and dealt with them in a timely manner. The manager was easily accessible to patients, which often resulted in low level complaints being dealt with at the time.

Staff felt able to approach the management team and discuss concerns openly. Staff were familiar with the whistleblowing policy and a poster detailing the line of reporting was displayed in staff areas. Following a serious incident in 2015, managers kept staff fully informed of the investigation and its findings.

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

Good 

## Vision and values

The Cambian group's vision was 'to become the highest quality provider of specialist behavioural health services in the UK'. In place of values, the group had four 'beliefs'; (1) everyone has a personal best, (2) everyone can find something to aim for, (3) everyone can achieve something special and (4) everyone should have the opportunity to strive for it. We found that senior managers were very aware of the vision and beliefs of the organisation. We

found that staff in interviews displayed a personal commitment to providing high quality care. Staff reported that the senior management team was approachable and had high visibility in the hospital. The operations director visited weekly and had a good relationship with the staff and patients.

## Good governance

Victoria House Hospital used key performance indicators (KPI) to measure the performance of the hospital. These were compiled from the electronic recording systems that staff populated with certain patient data. The manager received the data pack monthly, and Cambian shared this data with the whole Cambian group for each hospital every three months. The hospital worked closely with another hospital in the Cambian group and there was a shared regional clinical governance structure in place. The regional clinical governance meeting allowed both hospitals to benchmark KPIs between comparatively similar services. The hospital manager attended a quarterly KPI supervision review reviewing the data pack and additional areas such as relationships with community services, patient inclusion, regulatory compliance and budgets amongst others.

The hospital recorded and monitored risks on Cambian's group-wide risk register. This register had 14 risks specific to Victoria House Hospital. Of these, 13 were deemed moderate risk and one was low risk. The group-wide risk register also included a list of action points that should be taken to mitigate the identified risks. The hospital had also recently introduced a local risk register with four risks identified. The local risk register had actions in place to mitigate risks and timescales for completion. The manager had introduced the local risk register in the month before the inspection therefore; it was not possible to conclude whether it was an embedded approach to managing and monitoring risk at a local level.

The hospital reported that it had an audit schedule of 23 audit titles for the year however this schedule was for the Cambian group and not specific to the hospital. In total, the hospital had completed 49 audits including four infection control audits and three full medication audits during 2015. The audits were completed using the Cambian audit templates and where issues were identified there was an action plan in place, which was reviewed in subsequent audits.

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

Good 

## Leadership, morale and staff engagement

We found that staff morale was high throughout the service. In staff meeting minutes communication between teams had been historically raised as an issue; however, staff reported in interviews that this had improved considerably in recent months. The hospital had a low sickness rate and there were two vacancies at the time of inspection. There was a well-established staff team and many had been in post for a number of years or since the hospital had opened in 2010.

All staff reported that they felt they could raise issues without fear of bullying or intimidation, and that they were encouraged to do so. There were no formally reported incidents of bullying and the hospital had taken action to improve staff relationships when there was tension in staff teams. There was a strong record of providing

opportunities for leadership development within the hospital. The senior management team was relatively new in post but were recruited from within the existing staff team.

## Commitment to quality improvement and innovation

Victoria House Hospital was assessed for the Accreditation for Independent Mental Health Services (AIMS) scheme on 23 July 2013. It will keep this accreditation until it is due reassessment in October 2016. Victoria House Hospital was a member of the Star Wards. This was a charity run project aiming to make mental health hospitals a better place to be, with more to do and more patient choice and involvement in planning their time. It consisted of 75 suggested ideas across seven areas of patient care. The hospital was awarded the 'full monty' for implementing all 75 suggestions.

# Outstanding practice and areas for improvement

## Outstanding practice

The occupational therapist (OT) had developed a research proposal involving the use of a different assessment tool, the model of creative ability (MoCA), to increase the personalisation of rehabilitation for patients by taking into account the variance of skills each patient has. The hospital had supported her to attend an international conference on the use of the tool and visit another hospital where it was already in use. The OT

made contact with the developer of MoCA to seek advice and guidance on its implementation. The intended outcome was that it would better meet the needs of patients in a rehabilitation setting by focussing on recovering ability to enable positive change. The OT would deliver a presentation on the model to the multi-disciplinary team and if approved, staff would implement the use of the tool.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must have an implementation plan in place to ensure changes in the Mental Health Act revised Code of Practice are implemented within the hospital. All staff must be trained in the revised Code and policies and procedures updated as required.

### Action the provider **SHOULD** take to improve

- The provider should ensure that staff only search patients when there has been an individual assessment of risk that requires this. Searching should only take place in line with the hospital policy.
- The provider should ensure that staff formally document and regularly review decision making around restrictive practice and that there is a policy in place to support this.

- The provider should ensure that staff review the current blanket restrictions in place, such as access to the courtyard and laundry and the 'contraband' list. It should be clear why these are in place and how and when staff will review them.
- The provider should ensure that staff document how lessons learned from incidents are shared with others.
- The provider should ensure that staff actively encourage patients to engage in necessary physical healthcare monitoring and record how they are doing this.
- The provider should ensure staff offer evidence based psychological treatment for patients with substance misuse problems.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have an implementation plan in place for the MHA revised Code of Practice. Not all staff were trained in the revised code and not all policies and procedures had been updated.</p> <p>This was a breach of Regulation 17 (2) (a)</p>