

The Hamptons

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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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 The Hamptons as **good** because:

- The ward environment was clean and in good repair, appropriate environmental assessments were in place, and staff checked emergency equipment regularly. The ward had sufficiently qualified staff to meet the needs of the patients.
- Staff treated patients with kindness, dignity and respect. Staff discussed patients with us in a respectful manner. All staff had a good understanding of their individual needs. There were good opportunities for patients to be involved in the planning of their care and involvement in the development of the service. There was a good range of activities available to patients.
- There were no serious untoward incidents or adverse events recorded in the 12 months before the inspection. There was one notable incident related to a registered nurses conduct which was dealt with appropriately. The provider reviewed incident data as part of ongoing governance arrangements.
- The Hamptons had a timetable of mandatory training for which attendance was good. There was a timetable of attendance for new starters. There was a clinical supervision policy in place and an ongoing timetable of clinical supervision.
- There was evidence in the care records of comprehensive assessment on referral/admission and ongoing care planning with reference to national guidance. There was evidence of ongoing patient involvement in care. Regular multi-disciplinary treatment MDT meetings were held with the patient's involvement.
- There was positive leadership at the hospital, and staff described shared visions and values. The culture was recovery focused, inclusive and person centred. The leadership of the Hamptons was committed to quality improvement. Governance systems and a clear structure were in place to ensure monitoring and management of the hospital.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
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Long stay/ rehabilitation mental health wards for working-age adults	Good	
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Summary of findings

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Good 

The Hamptons

Services we looked at

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

Summary of this inspection

Background to The Hamptons

There have been four inspections carried out at The Hamptons. The last Care Quality Commission (CQC)

inspection was in October 2013. The Hamptons met all essential standards of quality and safety at this visit. The Mental Health Act reviewing team visited this location on the 11th May 2015.

Our inspection team

Team leader: Helen Duperouzel

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the hospital and looked at the quality of the ward environment

- observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with the registered manager and managers of the ward
- spoke with 12 other staff members, including doctors, nurses and an occupational therapist
- received feedback about the service from care co-ordinators and commissioners
- attended and observed four multidisciplinary meetings
- looked at five care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about The Hamptons

The Hamptons is a locked rehabilitation facility for 14 men with mental health problems. The service aims to rehabilitate patients within 12 to 18 months following a period of inpatient care. The Hamptons rehabilitation

facility accepts both detained and informal patients. Patients are referred from medium and low secure services. The hospital provides a step- down service for men who no longer need a secure or psychiatric intensive

Summary of this inspection

care unit environment. The service also admits patients from the community who may require periods of additional rehabilitation. The purpose of the unit is to provide intensive rehabilitation using a recovery framework to support people to live independently.

What people who use the service say

The patients we spoke with were generally happy with the quality of care and treatment they received. Patients described staff as being nice. One patient spoke highly of the staff and said they had made remarkable progress while at the Hamptons.

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 hospital was located over two floors. The building was clean and well maintained. The layout of the building included some narrow staircases, which meant staff could not always see what was happening in all areas of the building. However, staff demonstrated a good knowledge of these risks and individual risk assessments were in place
- Emergency equipment was in place and accessible in an emergency. Staff checked it regularly and all equipment and drugs were in date.
- The ward had sufficient numbers of qualified staff on duty to meet the needs of patients. Staff training and safe staffing were regularly monitored and shortfalls addressed and actioned.
- Incident data was reviewed as part of ongoing governance arrangements. From February to July 2015, there were nine incidents of the use of restraint. None of these incidents involved restraint in the prone position (face down restraint) and none resulted in rapid tranquilisation.
- A safeguarding adult's policy was in place (. Safeguarding training formed part of mandatory training for staff. Attendance was 88% for mandatory training and 77% for online follow-up training.

However:

- Some rooms were locked to all patients. Patients were unable to access the kitchen without staff supervision. All facilities for making drinks had been removed from the open areas to manage the risks associated with one patient. This meant the level of restriction was not based on the clinical risks of the majority of patients. This was not in line with the MHA code of practice. There were however plans in place to enable patients to access the kitchen areas.

Good



Are services effective?

We rated effective as **good** because:

- There was a range of staff specialities and the team consisted of a psychiatrist, psychologist, mental health nurses and occupational therapist. The staff were skilled and experienced in working with this patient group.
- Policies were in place on the Mental Health Act (MHA) and Mental Health Act Administration was good. Patients had

Good



Summary of this inspection

regular discussion and information informing them of their rights under the MHA and the staff we spoke with had a good understanding of the MHA. Mental Health Act training took place annually and attendance was 88%.

- Paper care records were stored securely and available to all staff when needed. There was evidence in the care records that patients received a comprehensive assessment on referral/admission and ongoing care planning.
- There was evidence in the patients' records of a holistic approach to all aspects of care with a good balance between physical healthcare and mental healthcare, and associated issues such as substance misuse. There was also evidence of ongoing patient involvement in care. All the care plans reviewed referred to the National Institute for Health and Care Excellence (NICE) guidance.
- Regular multidisciplinary team meetings (MDT) were held with the patient's involvement. Outcome measures such as Health of the Nation Outcome Scales (HONOS) and MDT discussion determined transition through the care pathway. A care pathway is an outline of anticipated care, placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through a clinical experience to positive outcomes.
- An audit programme was in place to check quality issues and assure the following of best guidance principles.

Are services caring?

We rated caring as **good** because:

- Staff we spoke with and observed spoke in a respectful manner and responded with kindness, dignity and respect to the patients. All staff had a good understanding of patients' individual needs.
- There were many opportunities for patients to be involved in the planning of their care and involvement in the development of the service.

Good



Are services responsive?

We rated responsive as **good** because:

- Bed occupancy had been consistent with 90% occupancy from February to July 2015. The average length of stay at the Hamptons was two years. Staff described the adjoining building Brookhaven as part of the pathway towards community

Good



Summary of this inspection

residence and discharge, to aid a quick transition through the anticipated care pathway. We found evidence of comprehensive admission procedures for all newly admitted patients.

- The care programme approach (CPA) was used as a framework for planning and co-ordinating support and treatment for patients.
- There was a range of activities available to patients and an opportunity to join in with a recent initiative for therapeutic earnings, where patients received earnings for participation in real work opportunities. Regular community assessments took place with occupational therapy support, and patients took part in a range of community activities such as the library and volunteer work. Patients had spiritual support within the community and one patient told us of attending local churches.
- Facilities and accommodation were available for patients requiring disabled access.
- All the patients felt the quality of the food was good and all had the opportunity to make their own food.
- All complaints were investigated and feedback given to the person making the complaint in the timeframe detailed within the complaints policy. We were informed the service received 18 formal complaints from August 2014 to July 2015. One of these was upheld.
- Discharge planning was carried out in liaison with the care co-ordinator. Two patients had active discharge plans in place with transition to Brookhaven imminent, at the time of inspection.

Are services well-led?

We rated well led as **good** because:

- There was positive leadership at the hospital, and staff described shared visions and values. The culture was recovery focused, inclusive and person centred.
- Governance systems and a clear structure were in place to ensure monitoring and management of the care and treatment provided.
- Staff told us that managers were supportive and there was good team working at The Hamptons. Staff were given opportunities to give feedback on services and had been encouraged to be involved in service developments.

Good



Summary of this inspection

- The leadership of the Hamptons was committed to quality improvement. Although the provider did not take part in national quality initiative programmes, senior managers had examples of local initiatives of quality improvement.

Detailed findings from this inspection

Mental Health Act responsibilities

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

We found that patients were informed of their rights in accordance with section 132 and that they were reminded of these rights at three monthly intervals. When asked, most patients knew what section of the Mental Health Act they were detained under and all were able to confirm that they had regular discussions about their legal status with their named nurse. Patients confirmed that they were able to operate their rights of appeal effectively and were supported in doing so by staff. A separate informal rights leaflet had been developed, but we noted that information regarding informal patient's right to leave was not displayed by the door.

There was a system in place to ensure that detention documents were scrutinised and errors corrected within the specified period and in accordance with the MHA and Code of Practice.

Patients had access to an Independent Mental Health Advocate who visited the ward fortnightly. While there

was a general information poster regarding advocacy, there was no specific information about this particular service displayed on the information boards. However, a process was in place that informed the advocate of all new admissions in order for them to proactively approach patients and offer advocacy support. All patients we spoke to confirmed that they understood what advocacy was and that they had met the advocate.

We reviewed the section 17 leave for four detained patients. Patients had daily leave to take part in community activities. We found that the parameters of leave were clearly documented. The leave files contained a leave risk assessment, indicating risk and conditions of leave, which was out of date or in need of review for three patients in the sample that we scrutinised. The outcome of section 17 leave was recorded although this did not always include the patient's own view of their leave.

Annual staff training in the Mental Capacity Act, MHA and deprivation of liberty safeguards (DoLS) was at 88%.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received online training in the MHA, MCA and DoLS, attendance at this training was 88%. Capacity assessments were undertaken and records were noted to record discussions on capacity and consent.

We found evidence that patients' capacity to consent was regularly reviewed. We reviewed the prescription cards

and found that in all cases, treatment was given under the appropriate legal authority. Each patient had a laminated capacity assessment form and a record of discussion of consent.

Overview of ratings






Our ratings for this location are:

Detailed findings from this inspection

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

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

The environment was clean and in good repair. The hospital provided accommodation for male patients. The accommodation comprised 14 bedrooms all with en suite bathroom facilities, 3 of which were downstairs bedrooms for people with mobility issues. The building was originally designed as a low secure facility and the en suite bathrooms were designed to be anti-ligature, to eliminate points where a cord, rope, or bed sheet can be looped or tied to a fixture in order to create a point of ligature, which may result in self harm or in extreme cases, loss of life.

The hospital was over two floors, with narrow staircases, which meant that staff could not always see what was happening in all areas of the building. Staff were aware of the risks to patients' safety caused by the layout and had assessed patients' individual risks, environmental risk assessments were in place.

Ligature points were identified on the environmental risk register, which was updated when necessary. A full environmental assessment had taken place in June 2015. The hospital had ligature cutters available and accessible in case of emergency.

The clinic area was in good order although it did not have a couch for patient examination. All patients had their own

rooms and these were used when necessary. Resuscitation equipment was available and accessible; records showed that all were checked regularly with all equipment and drugs in date.

Fire safety assessments took place and there was evidence of regular checks of fire safety equipment. Evacuation drills were held and personal emergency evacuation plans were in place. Patients with mobility issues were placed on the ground floor bedrooms. Portable appliance testing had taken place throughout the unit. A legionella risk assessment had taken place in July 2014. Staff followed infection control practices and had access to protective personal equipment, such as gloves and aprons.

Staff adhered to infection control principles. Records indicated that staff monitored hygiene and tidiness daily in the hospital, which was visibly clean and tidy. The hospital employed a full time maintenance employee who was available on call in case of emergency.

Safe staffing

The hospital had a two-shift system with one qualified nurse and three healthcare assistants during the day with support from the ward manager, and one qualified nurse with two health care assistants at night time. Occupational therapy was available Monday to Friday. Nursing staff coordinated activities at weekends.

The ward had sufficient staff on duty to meet the needs of patients with an establishment for four whole time equivalent qualified nurses and 12 nursing assistants. There were vacancies for 2.5 registered nurses. Bank staff were mainly used to fill shifts and if agency staff were used,

Long stay/rehabilitation mental health wards for working age adults

Good 

the hospital only used one agency to maintain consistency of staffing. Staff would also work from the adjoining unit, Brookhaven, if necessary. Staff from Brookhaven received the same level of mandatory training as the Hamptons.

From May 2015 to July 2015, 235 shifts were filled by bank and agency to cover for sickness, absence and vacancies. We looked at staffing rotas and these showed that staffing levels were in line with the levels and skill mix determined by the service as safe.

Staff sickness was 19% as of the end of July 2015. Fifteen staff had been sick in a 12-month period for either one or more day. There had been 137 days of sick leave in total during this period. This included one staff member who accounted for 88 days while on long-term sick. Staff turnover was at 37% and vacancies stood at 4%.

We saw evidence during the weekly multidisciplinary team (MDT) meeting of managers adjusting staffing levels in response to patient need. Patients and staff told us that there were regular opportunities for one to one time with a named nurse. Patients and staff told us that leave was rarely cancelled because of too few staff and when leave was cancelled, it was rearranged at the earliest possible opportunity.

Online mandatory training was in place. Compliance was 92% for fire safety, infection control 86%, equality and diversity at 84%, challenging behaviour at 79%, safeguarding vulnerable adults 77%, food hygiene 100%, food safety 80%.

Other mandatory training attendance was fire extinguisher and evacuation chair training at 67%, fire marshal training at 100%, health and safety/load management at 83%, safeguarding vulnerable adults 88%, information governance 64%. DoLS and MCA 88%, duty of candour 100%, basic life support and automated external defibrillation 76%.

Breakaway training for support staff was at 85%, managing violence and aggression (MVA) for new staff was to be attended by nine new staff, and MVA refresher training had been attended by 56% of staff (15 new staff yet to complete). Training sessions had been booked for August 2015.

Assessing and managing risk to patients and staff

The Hamptons did not have a seclusion or extra care area. Seclusion is the supervised confinement of a (person)

alone in a room, which may be locked, for the protection of others from significant harm. Its sole aim is to contain severely disturbed behaviour, which is likely to cause harm to others.

From February to July 2015, there were nine incidents of the use of restraint. None of these incidents used prone (face down) restraint and none resulted in the use of rapid tranquilisation. Policies were in place to support increased observation where it was needed.

The Salford risk assessment tool was initiated on admission and reviewed regularly through multidisciplinary meetings.

A safeguarding adult's policy was in place and safeguarding training formed part of mandatory training for staff with attendance at 70%.

Three patients were regularly searched on return from leave, this had been risk assessed and drawn up in individual care plans in agreement with the patients.

As patients were preparing for discharge, they had the opportunity to administer their own medication. Locked cupboards were provided in each bedroom for this purpose and we noted self-medication support plans in the medicine card file.

Track record on safety

There were no recorded serious incidents reported in the past twelve months. One adverse event relating to the conduct of a registered nurse was noted, this was managed appropriately by the service.

Reporting incidents and learning from when things go wrong

All staff reported incidents through a mailbox. Although serious incidents at the unit were rare, senior staff were trained to undertake root cause analysis, which would be discussed in the monthly governance meetings. There was an ongoing discussion in these meetings and a three monthly review of incident trends. Information relating to lessons learnt was cascaded to staff via the staff meeting process.

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

Long stay/rehabilitation mental health wards for working age adults

Good 

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

Paper care records were kept which were stored securely and available to all staff when needed. We examined five patient care records and there was evidence in these care records of comprehensive assessment on referral/admission and ongoing care planning. There was evidence in the patient's records of a holistic approach to all aspects of care with a good balance between physical healthcare and mental health care and associated issues such as substance misuse. There was also some evidence of ongoing patient involvement in care planning and use of recovery based tools such as the recovery star to engage patients in the care planning process.

Patients were registered at a local GP practice. None of the patients raised concerns in relation to their physical health. All patients had a full physical health assessment on admission and physical health was regularly monitored. All patients were offered an annual physical examination. Care records showed evidence of ongoing physical health assessment and monitoring with referral to tertiary services when required. Patients used a checklist for mental health patients in a document entitled 'my physical healthcare'.

The OT staff undertook occupational assessments. These were the model of human occupation screening tool (MOHOST) and the Canadian occupational performance measure (COPM). These informed care planning and influenced the activity timetable for each patient.

Patients had individually tailored timetables of activities designed to help them gain/regain daily living skills such as managing their own self-care, budgeting, shopping, cooking, within a collaborative framework of the recovery approach.

Best practice in treatment and care

All the care plans reviewed referred to the National Institute for Health and Care Excellence guidance (NICE). All policies and procedures were underpinned by national guidance and best practice. An audit programme was in place to check quality issues and assure adherence to best guidance principles.

Monthly medication audits were in place. There was also a quarterly audit of MHA support planning. Both audits were of good quality and had the relevant recommendations for improvement and action planning to complete the same.

Skilled staff to deliver care

There was a range of staff specialities and the team consisted of a psychiatrist, psychologist, mental health nurses and occupational therapist. The staff were skilled and experienced in working with this patient group.

Staff attended regular team meetings. A clinical supervision policy was in place and staff told us about clinical supervision sessions. We had sight of a timetable of supervision activity. There was a philosophy of reflective working with staff meetings being used to review achievements and learn from mistakes.

Policies were in place to address poor staff performance and recruitment of appropriate qualified nurses was ongoing to fill vacancies.

We reviewed the personnel files of five staff working in the service. These showed that checks were carried out on staff prior to them commencing employment with the service. These included checks with the disclosure and barring service, identity checks, employment history, referencing, prospective employees' qualifications and professional registration.

A formal disciplinary procedure was in place that was designed to ensure a fair hearing in the event of allegations of misconduct.

Multi-disciplinary and inter-agency team work

Regular multi-disciplinary team meetings (MDT) were held with the patient's involvement. We attended the weekly MDT meeting where all patients were discussed. One patient's request to be seen outside the meeting was facilitated. Full discussion of the care pathways of each patient was discussed. We were informed that the MDT meetings had an open invitation to care coordinators and carers.

Regular handovers took place and advice and support from the responsible clinician (RC) was available outside of the MDT meetings. We were informed that the RC was available by email and telephone to staff and patients as and when necessary out of hours. Medical cover was also available for annual leave and sickness.

Long stay/rehabilitation mental health wards for working age adults

Good 

All patients were registered with the local GP and patients were supported to attend appointments. We saw evidence in the care notes of regular attendance at the GP practices. Talks were ongoing between the Hamptons managers and the safeguarding board regarding the service being represented on the local safeguarding board.

Adherence to the MHA and the MHA Code of Practice

Mental Health Act (MHA), Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) training was part of the mandatory training calendar and held annually with 88% attendance.

Staff had a good understanding of the MHA. Patients had regular discussion and information informing them of their rights under the MHA. Copies of the consent to treatment forms were attached to medication charts. We found that the relevant detention documents, including an Approved Mental Health Professional (AMHP) report, where relevant, were available in the patient files.

Policies were in place on the MHA and MHA administration. Administrative support was available fortnightly and the mental health records system was in good order. All the paperwork was correctly documented, up to date and stored securely. There were regular audits of the MHA and its application.

Advocacy services and independent mental health advocacy services were available to all patients.

Good practice in applying the MCA

Capacity was assessed and capacity issues were dealt with on a decision specific basis. Staff supported patients to make decisions for themselves. 88% of staff were trained in the Mental Capacity Act and DoLS.

There were no patients subject to the deprivation of liberty safeguards (DoLS) and there were no pending DoLS applications.

Staff at all levels of the service we spoke with and observed spoke in a respectful manner and responded with kindness, dignity and respect to the patients. All staff had a good understanding of their individual needs.

We observed staff to be courteous, compassionate and respectful in their direct interactions with patients. We observed staff on the ward and in MDT meetings and found the staff were respectful of the patients.

Overall, the patients we spoke with were happy with the care, treatment and support they received from staff.

The involvement of people in the care they receive

There were many opportunities for patients to be involved in the planning of their care and involvement in the development of the service. There was evidence within some patient's records of patient's views and wishes being recorded. Care plans were written in the first person and some were signed by the patient. All the patients we spoke with stated they were involved in their care planning and had a copy of their care plans.

All patients had an individualised activity plan, which included on site activities, community activities and opportunities for therapeutic paid work either within the service or, in the case of one patient, within a local business.

There was a weekly patient, "have your say" meeting which was facilitated by the occupational therapist. The service manager attended where possible. Patients had the opportunity to raise issues and ideas at this meeting. The service manager informed us that issues from the community meeting were fed into the clinical governance and operational management meetings and a number of changes in practice and policy had resulted from this. These included for example; environmental improvements including choosing décor and design of the outside space and garden, also therapeutic earnings, where patients had expressed a wish to become active in real work activities and be paid for the same. In addition to the weekly meeting, there was also a service wide partnership meeting, whereby a patient representative was invited to raise issues.

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

Good 

Kindness, dignity, respect and support

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

The majority of patients at the Hamptons had been referred from an acute inpatient ward or a psychiatric intensive care unit. Inclusion and exclusion criteria were in place and took into account the pre admission assessment, patient mix/dynamics and staff skills. Bed occupancy had been consistent with 90% occupancy from February to July 2015. The average length of stay at the Hamptons was two years.

The adjoining building Brookhaven was part of the pathway towards community residence and discharge, to aid a quick transition through the care pathway offered. The responsible clinician described challenges relating to two patients who were delayed on the care pathway for some time because of enduring mental health issues and Home Office restrictions.

We found evidence of comprehensive admission procedures for all newly admitted patients. The care programme approach (CPA) was used as a framework for planning and coordinating support and treatment. Outcome measures such as health of the nation outcomes scales (HONOS) and multi-disciplinary team discussion determined transition through the care pathway.

Discharge planning was carried out in liaison with the care coordinator. Two patients had discharge plans in place with transition to Brookhaven imminent, at the time of inspection.

The facilities promote recovery, comfort, dignity and confidentiality

There was a range of activities available to patients such as a healthy lifestyle group, quizzes, bingo, relaxation groups, walking group, gardening, arts and crafts, relapse prevention group, snooker, football, and a self-esteem group.

Patients were supported to shop for and cook their own food. All the patients felt that the quality of the food was good and all had the opportunity to self-cater and make their own food. Weekly budgets were available to support this.

The service had recently introduced a therapeutic earnings initiative where patients applied for jobs such as maintenance and kitchen work. The successful candidates were paid for this work.

Regular community assessments took place with occupational therapy support and patients accessed a range of community activities such as access to the library and volunteer work in the local community. One patient undertook voluntary work in the local park.

However, the laundry, telephone room and kitchen were locked. Patients were unable to access the kitchen without staff supervision. All facilities for making drinks had been removed from the open areas in order to manage the risks associated with one patient. This meant that the level of restriction was not based on the clinical risks of the majority of patients, which is not in line with the Mental Health Act Code of Practice. There was a plan in place to reduce restrictive practice and ensure those not at risk could access the kitchen areas.

Meeting the needs of all people who use the service

Facilities and accommodation was available for patients requiring disabled access. There were three downstairs bedrooms, a lift to access the first floor and adapted bathroom facilities. Information leaflets were available in six different languages and a full orientation pack was available to all new admissions to the hospital.

There was community access to spiritual support and one patient told us of regular attendance at a local church. Staff told us that they would facilitate all patients' religious and spiritual needs, preferably within the local community.

Listening to and learning from concerns and complaints

All complaints and general comments about the service were recorded on a local complaints form so that all issues raised could be monitored and actioned. We were informed that the service received 18 formal complaints during August 2014 to July 2015. One of 18 of the complaints was upheld.

Long stay/rehabilitation mental health wards for working age adults

Good 

All complaints were investigated where appropriate and feedback given to the person making the complaint in the timeframe detailed within the complaints policy. The registered manager checked the complaint database weekly. Outcomes of complaints were fed back to staff at staff meetings and to the wider governance team through the monthly committee meetings so that any lessons learned were addressed and communicated.

Patients told us that they knew how to complain about the service to staff and to outside agencies such as the CQC.

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

Good 

Vision and values

There was positive leadership at the hospital, and staff described shared visions and values. The culture was recovery focused, inclusive and person centred. Staff were aware of senior managers in the organisation who regularly visited the ward.

Senior management carried out quality assurance visits. These were focused on assessing the premises and talking to patients and staff to assure themselves that the essential standards of quality, safety and risk management were in place.

Good governance

Governance systems and a clear structure were in place to ensure monitoring and management of the service provided. A governance policy was in place and the registered manager had overall responsibility for the governance process. The service manager and responsible clinician also had responsibility to participate in the governance structure. An audit calendar was in place and staff at all levels of the organisation were encouraged to participate in the audit calendar, regular medicines audits took place. Quality issues were regularly monitored and action plans were in place to drive improvement.

Accident and incident reporting was completed by all staff with the use of a standardised form. Incident data was reviewed as part of ongoing governance arrangements.

Staff training and safe staffing was regularly monitored and shortfalls addressed and actioned. The risk register was centrally managed. Staff raised risks through their managers who would populate the risk register.

Key performance indicators such as MDT reviews and incident reporting were collated monthly by the registered manager and reported through the governance structure.

Leadership, morale and staff engagement

Changes in management, the MDT and also company changes had prompted a review of the leadership of the Hamptons. Action planning from this review prioritised objectives to ensure leadership supported the visions. The staff survey information from 2014 was positive and staff felt supported by their line managers.

Staff turnover and sickness rates were monitored. Staff stated they would be comfortable approaching managers with any issues and felt that their concerns would be dealt with appropriately. Staff felt that managers were supportive and there was good team working at the Hamptons. Staff were given opportunities to give feedback on services and had been encouraged to be involved in service developments. One staff member told us that they were encouraged to develop their skills and were discussing further training as a nurse prescriber.

Staff were motivated to deliver the best care and treatment they could for the patients. There was good staff morale and all the staff we spoke with were enthusiastic about their role and the care they provided for patients.

Commitment to quality improvement and innovation

The leadership of the Hamptons were committed to quality improvement, although they did not participate in national quality initiative programmes, they had examples of local initiatives of quality improvement.

One initiative involved the team in developing the empathy excellence model. This took place in April 2015 where ideas were shared relating to an understanding of recovery and what staff wanted to achieve. This led to the development of a shared recovery model for patients and a shared staff development model.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should ensure that patient's access to a telephone and drink-making facilities is based on individual clinical risk in line with the Mental Health Act Code of Practice.
- The provider should display a sign at the entrance/exit of the building explaining the rights of informal patients to leave.