

# Priory Hospital Romiley

## Quality Report

34 Sandy Lane,  
Romiley,  
Stockport,  
SK6 4NH

Tel: 0161 494 6590







Website: <http://www.priorygroup.com/>

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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.

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

# Summary of findings

## Overall summary

We rated the Priory Hospital Romiley as good because:

The building was clean and in a good state of repair. Staffing levels were sufficient to keep people safe and could be increased in response to needs. There was minimal use of restraint and staff were skilled in de-escalation. Medicines management practice was good.

We saw that full assessments, including a physical assessment, was undertaken at admission. There was evidence in all records of ongoing physical health care and monitoring. Staff completed care plans which were up to date, personalised, holistic and recovery orientated.

Patient feedback was all positive, with detailed descriptions of person centred, individualised care. We saw that relationships between patients and staff were strong, caring and supportive. Patients described feeling supported and empowered by the therapeutic plans and sessions they were involved in. Patients had been

involved in interviewing staff for the service. Patients had also attended the clinical governance meetings to feedback on the service from a patient viewpoint and to highlight any issues.

Admissions had taken place in a planned way taking account of patient mix and the effects of admission on the existing mix. We saw detailed transition and contingency plans. A weekly activity planner outlined groups and activities available, with each patient having their own planner with additional individual sessions.

The service had good governance and oversight. Staff we spoke with were aware of the organisational values and expectations. Staff felt supported by the registered manager and deputy manager.

However:

Mandatory training levels for life support training were lower than 75%.

# Summary of findings

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Good



# Priory Hospital Romiley

**Services we looked at**

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

# Summary of this inspection

## Background to Priory Hospital Romiley

The Priory Hospital Romiley, in Cheshire, is a female only high dependency inpatient rehabilitation unit. All patients are detained under the Mental Health Act and the unit has a controlled access.

The hospital provides accommodation for up to 10 patients. At the time of this inspection, there were five patients living at the hospital.

The hospital was registered with the Care Quality Commission in October 2017. It is registered to provide Assessment or medical treatment for persons detained under the Mental Health Act 1983 and Treatment of disease, disorder and injury.

The hospital has a registered manager and an application has been made for a controlled drugs accountable officer to be registered.

The hospital has not been inspected before.

## Our inspection team

The team that inspected the service comprised two CQC inspectors, a specialist occupational therapy advisor with experience of rehabilitation services and an expert by experience.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the environment and observed how staff were caring for patients;
- spoke with five patients who were using the service;
- spoke with the registered manager and deputy manager;

- spoke with seven other staff members; including doctors, nurses, occupational therapist, psychologist and housekeeper;
- received feedback about the service from one commissioner;
- received feedback about the service from one family member;
- attended and observed one community meeting;
- attended and observed three activity sessions;
- looked at five care and treatment records of patients;
- carried out a specific check of the medication management, including reviewing prescription charts for all five patients and speaking to the visiting pharmacist; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

## What people who use the service say

We spoke to all five patients at the service. Patients gave detailed feedback about their experiences at the hospital. All patients fed back that the environment was clean, homely, safe and that they could personalise their rooms. Patients fed back positively about care for physical health needs, including liaison with specialists when needed.

All patients felt they were treated with kindness, dignity and respect. Patient's feedback for all the staff was that staff were kind, supportive and caring. Staff were felt to be interested in improving well being and assisting patients to their own goals. We saw that relationships between patients and staff were strong, caring and supportive.

All patients had the opportunity to involve family and friends in their care. We received feedback from one carer which was positive, highlighting transition arrangements and maintaining contact as particularly good.

We asked for feedback prior to this inspection from commissioners for the service. We received one response which was positive, noting the quality of the environment and the commitment of the staff, as well as the patient's positivity regarding the placement.

# 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:

- All areas of the building were clean and in a good state of repair.
- Medicines management practice was good.
- Staffing levels were sufficient to keep people safe and could be increased in response to needs.
- Staff were trained in de-escalation techniques and told us they would use these when patients were experiencing difficulties. Restraint was used as a last resort.

However:

- Mandatory training levels for life support training were below the provider target.

Good



### Are services effective?

We rated effective as good because:

- We saw that full assessments, including a physical assessment, was undertaken at admission. There was evidence in all five records of ongoing physical health care and monitoring.
- Staff completed care plans which were up to date, personalised, holistic and recovery orientated.
- The multidisciplinary team at the hospital included a consultant rehabilitation psychiatrist, a clinical psychologist, an occupational therapist and therapy assistant.
- Nursing staff received regular supervision which was monitored by managers.
- Staff received training in the Mental Health Act and Code of Practice.

However:

- Staff showed some understanding of the Mental Capacity Act in relation to their roles, although there was some limited knowledge of how this might work alongside the Mental Health Act.

Good



### Are services caring?

We rated caring as good because:

- All patients fed back that the environment was clean, homely, safe and that they could personalise their rooms.
- Patients fed back positively about physical health needs being met, including liaison with specialists when needed.

Good



# Summary of this inspection

- Patient's feedback for all the staff was that staff were kind, supportive and caring.
- We saw that relationships between patients and staff were strong, caring and supportive.
- Admission to the service was well planned with patients.
- Named nurses were praised, with patients reporting weekly sessions where they reviewed care plans and goals.
- Patients described detailed debrief and supportive discussions following incidents.
- Patients described feeling supported and empowered by the therapeutic plans and sessions they were involved in.
- A daily community meeting took place with patients and staff.
- All patients had the opportunity to involve family and friends in their care.
- We received feedback from one carer which was positive, highlighting transition arrangements and maintaining contact as particularly good.
- Patients had been involved in interviewing staff for the service. Patients also attended the clinical governance meetings to feedback on the service from a patient viewpoint and to highlight any issues.

## Are services responsive?

We rated responsive as good because:

- Admissions had taken place in a planned way taking account of patient mix and the effects of admission on the existing patient group.
- We saw detailed transition and contingency plans.
- A weekly activity planner outlined groups and activities available, with each patient having their own planner with additional individual sessions.
- We could see a recovery focus evident throughout the service and clearly identified by patients and staff.
- Patients were aware of how to complain and complaints were addressed well.

Good



## Are services well-led?

We rated well-led as good because

- Staff we spoke with were aware of the organisational values and expectations.
- The service had good governance and oversight.
- Staff felt supported by the registered manager and deputy manager.

Good





# Summary of this inspection

- Staff were able to feedback locally and to a provider wide “your say” forum with representatives who attended from each service.

# Detailed findings from this inspection

## Mental Health Act responsibilities

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

At the time of this inspection, all patients were detained under the Mental Health Act.

Staff received training in the Mental Health Act and Code of Practice. Staff compliance with this was 100%. Staff showed good understanding of this in relation to their roles.

A comprehensive audit was undertaken annually across the providers' services to ensure compliance with the Mental Health Act and Code of Practice.

We saw well completed section 17 leave forms stored within clinical records and pre and post leave assessments comprehensively completed.

Patients had their rights explained regularly under the Mental Health Act with this documented in the clinical records.

Consent to treatment documentation, along with completed capacity assessments in relation to medicines, were in place for all patients. Copies were stored with medicine charts.

Administration of the Mental Health Act was undertaken by a full time team in a neighbouring hospital. They were responsible for checking section documentation prior to admission and then administration after admission, including arranging tribunals and ensuring consent to treatment documentation was completed. Staff were able to contact the team for advice and support if needed.

Patients were able to access an independent advocate and there were posters advising of contact details. The advocate had visited the week before this inspection and would visit if they were contacted.

## Mental Capacity Act and Deprivation of Liberty Safeguards






Staff received training in the Mental Capacity Act. Staff compliance with this was 100%. Staff showed some understanding of this in relation to their roles, although there was some limited knowledge of how this might work alongside the Mental Health Act. There had been no concerns raised regarding capacity or decision making for patients currently living at the service.

There had been no use of deprivation of liberty safeguards at this service.

A comprehensive audit was undertaken annually across the providers' services to ensure compliance with the Mental Capacity Act and to ensure understanding of the provider's policy. This was scheduled for later this year.

# 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 service was located in a detached two storey property. The main communal areas and two bedrooms were downstairs, with the remaining eight bedrooms upstairs. There were no ensuite rooms but there were sufficient bathrooms and toilets located near bedrooms.

The service was for women only so was compliant with Department of Health guidance on same sex accommodation.

Staff were aware of ligature points throughout the building. A risk assessment was completed throughout the service every six months. Where risks were identified, there were mitigation plans in place. There had been a recent review and decision to remove some fittings identified as high risk. We saw that other risks had been reduced with the use of collapsible or non weight-bearing fittings. Staff were aware of the contents of the most recent ligature risk assessment, including risk mitigation and safer fittings. Staff knew where ligature cutters were kept in case of an emergency.

The clinic room was on the first floor. Medicines were stored securely. Staff checked room and fridge temperatures daily to ensure medicines were stored correctly. Resuscitation equipment, including emergency

medication, was stored in a locked room on the main corridor so that staff could access this in an emergency. The defibrillator was stored in the clinic room. Staff checked emergency equipment regularly.

All areas of the building were clean and in a good state of repair. A housekeeper worked throughout the week keeping the service clean and there was recruitment underway for a weekend housekeeper. Cleaning records were completed and up to date.

Staff completed infection control training, with 86% of staff up to date with this. An infection control audit was completed annually by the provider. There was good adherence to infection control procedures around the service. Staff were able to access aprons and gloves when needed. Spill kits were stored in the clinic room.

Fire safety risk assessments had been completed when the service was registered and all actions within these had been completed. There had been a recent fire drill with minor actions highlighted for the unit manager. We saw a personal emergency evacuation plan in place for one patient highlighting assistance they may need in an evacuation.

Environmental risk assessments were completed regularly and were scheduled by the provider organisation. These included health and safety audits, maintenance checks of the building, portable appliance testing, alarm checks, window restrictors and equipment checks. We saw that where actions had been identified these were completed in a timely fashion.

An alarm system was in place throughout the building so staff and patients could summon assistance if needed.

### Safe staffing

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

Good 

The provider used a safer staffing model to determine staffing levels within the service. The staffing establishment was for two qualified nurses and one support worker during the day and one qualified nurse and two support workers at night. These levels were increased if any patients required continuous observations and the manager could adjust staffing levels if needed for other reasons.

There were three qualified nurse vacancies and one support worker vacancy at the time of inspection. This meant that day shifts tended to be one qualified nurse with two support workers with additional support provided by the deputy manager.

Agency and bank nurses completed an induction checklist and a tour of the building prior to commencing work. We spoke with an agency staff member on duty who confirmed this had taken place and talked us through all the information they had gone through.

The manager ensured there were enough staff on duty to meet the needs of the service. Regular staff were able to work overtime shifts if they were available. If bank or agency staff were required, these could be booked through the provider bank system. When agency or bank staff were booked, bookings were for staff who worked regularly in the service and were familiar with the service and patients.

In addition to nursing staff, during weekdays, the hospital manager was on duty and a therapy assistant worked 9-5 to ensure activities and leave could go ahead.

Patients and staff told us there were no difficulties arranging weekly one to one sessions. Patients told us that leave or activities had never been cancelled due to staffing. Managers said they would monitor staffing if this was an issue and would ensure activities and leave could take place as planned.

In terms of medical cover, the psychiatrist visited for one and a half days each week. Arrangements were being finalised for a staff grade doctor to provide additional cover for one and a half days per week. Medical advice could be sought from on call doctors at one of the provider's larger hospitals out of office hours and we saw occasions where this had happened. A doctor could attend within half an hour out of hours if needed. If there was a medical emergency, emergency services would be contacted.

Staff were up to date with mandatory training, with the exception of life support training. The percentage of staff trained in basic life support was 63% with all staff booked on this within the month of this inspection. One qualified nurse out of five was up to date with immediate life support training. Qualified nurses had all been previously trained in immediate life support but this had been due for update in the month before inspection. All nurses were booked on forthcoming training dates. Some shifts were being covered by agency nurses who were up to date for life support training.

The registered manager mitigated for this by ensuring there were always staff on duty who were up to date with life support training. Duty rotas confirmed this. The service does not carry out rapid tranquillisation and has had only two episodes of restraint since opening.

## Assessing and managing risk to patients and staff

In the last six months, there had been two incidents where restraint was used. There had been no incidents of seclusion or long term segregation, and there were no seclusion facilities.

Staff completed risk assessments when patients were admitted. These were detailed and comprehensive. Staff reviewed these regularly as patients progressed.

There were some blanket restrictions in place. The hospital was locked, with access via keypads or fobs. The kitchen was locked, although it was used during the day by patients with staff to cook meals and patients told us they could access this when they wanted to. Access was restricted without staff to minimise access to items or equipment that may be used for self injury. This kitchen was the main kitchen for the service and was equipped as a catering style rather than domestic kitchen.

Staff followed the provider's observation policies in terms of routine and enhanced observations. There was no routine searching of patients.

Staff were trained in de-escalation techniques and told us they would use these when patients were experiencing difficulties. Restraint was used as a last resort.

There had been no use of rapid tranquillisation in this service and this was not likely to be used at the service.

Staff had undertaken safeguarding training and at the time of inspection compliance with the training was 93% of staff.

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

Good 

A mandatory safeguarding audit was undertaken in the service annually. Staff understood incidents or situations which required a safeguarding referral and were aware of the process to follow. The managers were aware of the need to notify CQC of safeguarding incidents. There had been two safeguarding notifications made to CQC at the time of this inspection.

There was good medicines management within the service. Staff used a request system to order medicines and these were checked when they were delivered to the service. Medicines were stored safely. All prescription charts were clearly completed, including allergies and sensitivities.

There was a separate visiting room which patients could use when they had visitors. This was newly furnished and there were toys and games available for child visits. This room could be accessed from the outside of the building for visitors to directly access the room without walking through the main hospital building.

## Track record on safety

There had been no serious untoward incidents since the service opened.

## Reporting incidents and learning from when things go wrong

Staff completed incident forms using an electronic system. All clinical staff we spoke to were familiar with the system and how to use this.

Staff told patients if errors had been made. Where errors had occurred, we saw that these were investigated and actions taken to prevent recurrence. We reviewed investigations from three separate incidents and found these had been investigated thoroughly, with learning and actions to be taken.

Staff were made aware of lessons learned across the provider group as well as from incidents within the service at team meetings. Incidents and learning were also shared with other services within the provider group through clinical governance meetings.

Staff told us they had been involved in debriefs immediately following incidents and in multidisciplinary post incident discussions and reviews. The focus in these

had been on reviewing incidents to look at what else could have been done and what could be put in place to prevent similar incidents. Staff described good support from managers following incidents.

## Duty of Candour

There was a policy outlining the duty of candour that provided guidance for staff. The policy set out the provider's approach to the duty of candour and what action it would take if an incident occurred that prompted the duty. There had been no incidents since the service opened which had required consideration of duty of candour.

Staff we spoke to showed understanding of the duty of candour. We saw that staff apologised and offered explanations when incidents occurred.

**Are long stay/rehabilitation mental health wards for working-age adults effective?**  
(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

We reviewed five care and treatment records. We saw that full assessments, including a physical assessment, was undertaken at admission. There was evidence in all five records of ongoing physical health care and monitoring.

Staff completed care plans which were up to date, personalised, holistic and recovery orientated.

Care records were all stored on an electronic system used throughout the provider group. We saw staff using the system throughout the day to access leave authorisations and to complete pre and post assessments for leave, as well as ongoing clinical entries. Staff felt that increased provision of computers would be beneficial, particularly when there were additional staff needing to access records from the multidisciplinary team. There were currently two computers available for all staff to use.

## Best practice in treatment and care

The service used National Institute for Health and Care Excellence guidance to inform treatment choices, including

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

Good 

prescribing practice and access to psychological therapies. There was access to both group and individual therapies, including motivational interviewing, engagement, anxiety management and a psychosis group.

All patients were registered with local GP practices. Staff assisted with appointments where needed. There was evidence in clinical records of good liaison between the service doctors and GPs.

Clinical audits were used within the service to monitor care being provided. This included an annual audit against the National Institute for Health and Care Excellence guidance for schizophrenia and annual risk assessment and suicide prevention audits. The visiting pharmacist completed monthly medicines management audits. Nursing and medical staff attended to any issues raised promptly.

## Skilled staff to deliver care

The multidisciplinary team at the hospital included a consultant rehabilitation psychiatrist, a clinical psychologist, an occupational therapist and therapy assistant. The psychiatrist also provided medical input to two other small rehabilitation services within the company. The occupational therapist and psychologist worked across two provider hospitals. The therapy assistant was employed full time in this service. Social workers could provide advice and input from a neighbouring location if needed.

Staff received a comprehensive induction prior to starting work within the service, including managing violence and aggression training, life support training (immediate life support training for registered nurses and medical staff and basic life support training for all staff), infection control, safeguarding and boundaries training. Further on line training was available for staff. The pharmacy provider supplied access to online medicines management modules and were in the process of finalising topical medicines management training sessions for the service.

Nursing staff received regular supervision which was monitored by managers. Staff supervision was on a monthly basis with qualified nurses receiving clinical and managerial supervision from the deputy manager. Staff within other disciplines had regular clinical supervision from senior colleagues at a neighbouring provider location.

Because the service was recently opened, many staff were still working through probationary periods and appraisals were completed as staff successfully completed probation. For staff who required an appraisal these had all been completed.

Staff were able to attend team meetings which were held each month. The clinical psychologist had also provided reflective practice sessions which centred on formulation and understanding patterns of behaviour for staff.

Staff received additional training to develop their skills and knowledge. This had included training in relational issues including managing boundaries. Staff described being able to access additional on line training if they wanted to improve their knowledge.

## Multi-disciplinary and inter-agency team work

Handovers took place between nursing shifts in the morning and evenings. Multidisciplinary staff also received a handover when they arrived for the day.

Multidisciplinary team meetings were held each week. Care co-ordinators attended these at times. Care programme approach reviews were being arranged by named nurses.

We asked for feedback prior to this inspection from commissioners for the service. We received one response which was positive, noting the quality of the environment and the commitment of the staff, as well as the patient's positivity regarding the placement.

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

Staff received training in the Mental Health Act and Code of Practice. Staff compliance with this was 100%. Staff showed good understanding of this in relation to their roles.

A comprehensive audit was undertaken annually across the providers' services to ensure compliance with the Act and Code of Practice.

We saw well completed section 17 leave forms stored within clinical records and pre and post leave assessments comprehensively completed.

Patients had their rights explained regularly under the Mental Health Act with this documented in the clinical records.



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

Good 

Consent to treatment documentation, along with completed capacity assessments in relation to medicines, were in place for all patients. Copies were stored with medicine charts.

Administration of the Mental Health Act was undertaken by a full time team in a neighbouring hospital. They were responsible for checking section documentation prior to admission and then administration after admission, including arranging tribunals and ensuring consent to treatment documentation was completed. Staff were able to contact the team for advice and support if needed.

Patients were able to access an independent advocate and there were posters advising of contact details. The advocate had visited the week before this inspection and would visit if they were contacted.

## Good practice in applying the MCA

Staff received training in the Mental Capacity Act and Code of Practice. Staff compliance with this was 100%. Staff showed some understanding of this in relation to their roles, although there was some limited knowledge of how this might work alongside the Mental Health Act. There had been no concerns raised regarding capacity or decision making for patients currently living at the service.

A comprehensive audit was undertaken annually across the providers' services to ensure compliance with the Act and to ensure understanding of the provider's policy. This was scheduled for later this year.

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

Good 

## Kindness, dignity, respect and support

We spoke to all five patients at the service. Patients gave detailed feedback about their experiences at the hospital. All patients fed back that the environment was clean, homely, safe and that they could personalise their rooms. Patients fed back positively about physical health needs, including liaison with specialists when needed.

All patients felt they were treated with kindness, dignity and respect. Patient's feedback for all the staff was that staff

were kind, supportive and caring. Staff were felt to be interested in improving well being and assisting patients to their own goals. We saw that relationships between patients and staff were strong, caring and supportive.

We also received individual feedback about how patients own specific needs and preferences were taken into account in all aspects of their care.

During this inspection, all inspection team members noted respectful and warm interactions with patients. There was a calm and friendly atmosphere throughout the service.

## The involvement of people in the care they receive

Patients described a positive admission process. They described being involved in pre-admission assessment in terms of their needs and what the service could offer. They had received written information and a pack at their previous placement to look at and go through with their care team and family. Admissions were planned individually, with initial care plans focussing on support and transition and most patients having several visits before moving. This meant they had met staff and other patients and often a named nurse before admission.

Named nurses were praised, with patients reporting weekly sessions where they reviewed care plans and goals. Patients said they had or were offered copies of care plans. Patients described detailed debrief and supportive discussions following incidents.

Patients reported contact with all members of the multidisciplinary team and plans they had made with the doctor, psychologist and occupational therapist. Patients described feeling supported and empowered by the therapeutic plans and sessions they were involved in. Patients were involved and aware of plans for progress with short and longer term goals.

A daily community meeting took place with patients and staff. This ensured any issues or concerns could be immediately addressed. There was also a focus then on activities and leave planned for the day.

Patients had completed satisfaction questionnaires in April 2018. All five patients had completed these. Most responses were positive, with strong responses for feeling staff were caring, patients were treated with respect and dignity, that clinical staff had the right skills and that the environment was clean and comfortable. All patients reported feeling encouraged and supported to be involved in care planning.

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

Good 

There was one neutral and one negative response for medical support that had been discussed with the patients involved as this related to specific decisions. The only other theme was around there being “plenty of things to do that I find interesting/helpful/enjoyable”, which two patients disagreed with and one marked as neutral.

Managers completed regular ‘quality walkrounds’ to speak to patients and capture patient’s views and opinions. We saw changes that had been made following feedback.

All patients had the opportunity to involve family and friends in their care. We received feedback from one carer which was positive, highlighting transition arrangements and maintaining contact as particularly good.

Patients had been involved in interviewing staff for the service. Patients had also attended the clinical governance meetings to feedback on the service from a patient viewpoint and to highlight any issues.

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

Good 

## Access and discharge

This service opened in November 2017 and at the time of inspection there were five patients in the service. Admissions had taken place in a planned way taking account of patient mix and the effects of admission on the existing patient group. The admission process was individually planned and patient centred. The focus was on ensuring a successful transition to the service. We saw detailed transition and contingency plans.

There had been one patient transfer to an intensive care service in the last six months. We saw that alternative strategies had been employed prior to the transfer but that the transfer had been necessary in terms of clinical risk. Contingency and crisis plans were in place for all patients admitted if more intensive support was needed.

There had been no delayed discharges, with all patients admitted to the service in the last six months. Maximum length of stay was anticipated to be 18 months to two years

for patients. Discharge planning started at admission with goal setting with their primary nurse. All plans focused on goals and progress towards discharge which were reviewed weekly with named nurses and in the multidisciplinary team meetings.

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

The service was set across two levels with communal areas on the ground floor, including a lounge, dining room, visitors room and a large activity/meeting room which was within a purpose built building in the garden. Patients fed back positively on the spaces available, particularly a separate building being used for therapy sessions.

The service was recently decorated and furniture and fittings were good quality and in good condition. There was storage provided in bedrooms, including lockable drawers for valuables. In the bathrooms, because of the wet room design, there were no fittings to store clothing whilst washing. The manager was exploring ways to address this.

The garden area was small and tidy and there were plans to purchase garden furniture to use there.

The kitchen was kept locked when not in use, with drinks available in the dining area. This was the main kitchen for the building with current recruitment underway for a chef. Whilst there was no chef employed, staff and patients were shopping for meals and able to make their own meals as well as a whole service evening meal. Patients told us they could access the kitchen as and when they needed.

Patients were able to have their own phones and chargers and there was access to cordless phones within the service to make or take calls.

A weekly activity planner outlined groups and activities available, with each patient having their own planner with additional individual sessions. We observed and attended activities throughout the day which were in keeping with the planners. All patients at some point during the day had engaged in an activity with nursing or occupational therapy staff in addition to accessing community leave. The occupational therapist and nursing staff were working to identify vocational opportunities for patients to be involved in who had expressed an interest.

Hospital based activities included recreational and leisure activities, including beauty and pamper sessions, arts and crafts and bingo. In addition to the daily meals there were



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

Good 

breakfast groups, smoothie making and baking sessions. There were some psychologically informed groups such as anxiety management and hearing voices. Community leave included shopping, café visits and using community amenities, for example, local hairdressers and physical health appointments. One patient was currently using escorted leave to attend a community group.

We could see a recovery focus evident throughout the service and clearly identified by patients and staff. A similar focus on rehabilitation was needed, in terms of ensuring existing skills are not lost and new skills are developed. For example, there were high levels of escorted leave using a hospital owned car. A progression of this would be for leave to take place using public transport including assessment and development of community skills. Similarly, whilst all patient planners included cleaning tasks, these were being completed in the main by the housekeeper. The current position where patients were able to cook both individually and with staff in completing larger meals, was positive in terms of rehabilitation but may be lost with the appointment of a chef. The occupational therapist had a clear drive for developing rehabilitation but this needed support across the service.

Information was displayed for patients advising how to contact the advocacy service, how to make a complaint and how to contact CQC.

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

The service had limitations in terms of disabled access owing to the building age and design. The ground floor had a number of low steps within the building and outside, although a ramp was available for access. The corridors were narrow and unlikely to be accessible easily by wheelchair. The service had not had any referrals where reasonable adjustments would be required, and they advised they would assess on an individual basis whether they could meet people's needs.

We saw that patients who required dietary adjustments for health or religious reasons were catered for.

Staff could arrange for interpreters to attend the service if needed, although this had not been required so far. Leaflets were available from the provider in a range of languages. There was some easy read information available via the provider and medicines leaflets were provided through the pharmacy provider in an easy read format.

Patients told us they had been offered access to spiritual support but none had needed this.

## Listening to and learning from concerns and complaints

.There had been one formal complaint since the service opened. This had been addressed by the managers and responded to appropriately.

There were posters detailing how to complain and leaflets were available, including an easy read version. One patient told us they had raised a complaint to the manager and this was dealt with promptly. All patients told us they knew how to make a complaint.

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

Good 

## Vision and values

The provider group had corporate values which were

Putting people first – We put the needs of our service users above all else.

Being a family – We support our colleagues, our service users and their families.

Acting with integrity – We are honest, transparent, decent and respectful.

Striving for excellence – We constantly strive to improve the services we provide.

Being positive – We see the best in our service users and we never give up.

Staff we spoke with were aware of the organisational values and expectations.

## Good governance

The service had good governance and oversight. Staff received regular supervision and appraisal. Staffing rotas ensured sufficient staff were on duty to meet patient's needs. Managers ensured audits were completed and actions taken to address issues.

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

Good 

Clinical governance meetings were held each month with another rehabilitation service. These allowed for sharing of information between services, and ensured information from the provider senior management was cascaded down to individual services. Information from the governance meetings was shared during staff meetings. Members of the multidisciplinary team attended the meetings to ensure there was input from both clinical and managerial staff.

The service benefitted from close links with a larger hospital within the provider group in terms of accessing specialist advice and administration, for example, from the Mental Health Act administrators and safeguarding team. This hospital was working with two other rehabilitation services within the provider group to share experience and expertise and this appeared to work well.

The registered manager oversaw the local risk register and this linked to the corporate risk register. Risks identified included the recruitment of personnel and actions taken to mitigate these risks.

## **Leadership, morale and staff engagement**

The service had low sickness rates with an average 3% since opening. There had been no bullying or harassment concerns. Staff were aware of how to raise concerns, felt confident they could do so and were aware of wider provider mechanisms for support, including a phone line for reporting concerns anonymously.

Staff felt supported by the registered manager and deputy manager and described feeling able to raise issues and concerns directly. The team at the hospital were described as friendly and welcoming and all staff felt part of the team. Morale was good.

Staff were open and transparent when things went wrong, this was evident in incidents which had been investigated and when informal complaints were made and resolved.

Staff gave feedback about development of their roles or opportunities to expand their skills, with some staff feeling it was difficult to access support or funding for this.

Staff meetings were held each month. Staff were also able to feedback to a wider provider wide “your say” forum with representatives who attended from each service.

## **Commitment to quality improvement and innovation**

As a relatively newly opened service, the hospital was not accredited with any national quality improvement programmes. The service managers were keen to be involved with the provider recovery and rehabilitation service meetings to ensure they were up to date with good practice and to share experience.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should ensure that all staff receive training in life support.
- The provider should ensure sufficient medical cover for the service.
- The provider should ensure staff understand how the Mental Capacity Act works alongside the Mental Health Act.
- The provider should ensure the service continues to explore opportunities to maximise the rehabilitation focus and extending links into the wider community, including vocational links.