

Edith Shaw 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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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 Edith Shaw Hospital as Good overall because:

- During this inspection, we found that the service had addressed the issues that had caused us to rate Safe as requires improvement following the November 2016 inspection. The hospital was now meeting Regulation 18 HSCA (RA) Regulations 2014 Staffing.
- At this inspection, we found that the provider had ensured that all staff received mandatory training and all staff knew how to report safeguarding incidents appropriately. All staff had received regular supervision and appraisal, and were competent in their roles and responsibilities.
- We found that staff used restraint as a last resort and had positive behavioural plans in place for all their patients. This meant that following assessment staff helped patients to develop strategies to recognise triggers of behaviours that challenge to find ways to manage it better.
- Risk assessments at Edith Shaw Hospital positively involved patients and built on their strengths. All risk assessments contained agreed plans to reduce identified risks and both medical and nursing staff were involved in developing them. This involvement ensured the inclusion of different clinical perspectives in the risk reduction plans for patients. Staff also made holistic assessments that included both physical and psychological factors.
- Edith Shaw Hospital was a clean and safe environment and the provider had invested in a continuing refurbishment program that included redecoration, new furniture and flooring.
- The hospital continued to have good working relationships with the local GP, practice nurse and pharmacist. These relationships were important to support the safe care and treatment of Edith Shaw Hospital patients.


- Care planning for patients at Edith Shaw Hospital included comprehensive and personalised plans for patients. Staff were caring towards patients, treated them with dignity and respect, and demonstrated a high level of understanding of individual patients needs and wishes.
- Staff encouraged patients' involvement in activities and ensured patient consultation on the type and frequency of activity they would like to join. The hospital's activity program had improved since our last inspection in 2016.

However:

- We observed that a nurse was interrupted several times by other members of staff when administering drugs to patients.
- Edith Shaw hospital staff learned lessons at a local level with support from clinical colleagues. However, learning from incidents decided on at governance meetings and to be shared from the sister hospital was sometimes not formally communicated to Edith Shaw Hospital staff.
- No patient satisfaction survey had been conducted in several years.
- There were lapses in effective communication within Edith Shaw Hospital's governance systems. In one case senior managers did not effectively communicate the learning from a drug administration error.
- There was limited occupational therapy (OT) input to patients.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Good



Edith Shaw Hospital

Services we looked at:

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

Summary of this inspection

Background to Edith Shaw Hospital

Edith Shaw Hospital is located in Leek, Staffordshire. It has close links to its sister hospital, John Munroe Hospital including shared management and governance structures. The John Munroe Group Limited is the registered provider to the two hospitals. The hospital provides care and treatment for up to 14 women with complex mental health needs, a learning disability and/or substance misuse problems. Admissions are taken for woman over 55 years of age. Patients may be informal or detained under the Mental Health Act 1983. The hospital is a locked rehabilitation unit with secure perimeter fencing. The hospital comprises two lounge areas and all patients' bedrooms have ensuite bathroom facilities.

The hospital is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury

- Assessment or medical treatment, for person detained under the Mental Health Act (1983)
- Diagnostic and screening procedures.

Following the November 2016 inspection, we told the provider it must make the following actions to improve long stay / rehabilitation wards for working age adults:

- The provider must ensure all staff are up-to-date with their mandatory training.
- The provider must ensure staff receive training in safeguarding and always report all safeguarding incidents appropriately.

These related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Team leader: Nick Maiden

The team that inspected the service comprised two CQC inspectors and a nurse specialist advisor.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. Following concerns raised by the unannounced

inspection of other locations in the John Munroe Group, we brought forward this planned inspection forward for assurance about the quality of care at Edith Shaw Hospital.

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 for information and sought feedback from commissioners of the service.

During the inspection visit, the inspection team:

- visited the hospital site, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with two patients who were using the service

Summary of this inspection

- spoke with the interim manager of the hospital
- spoke with six other staff members; including doctors, ward sister, nurses and health care assistants,
- looked at six care and treatment records of patients:
- carried out a specific check of the medication management on the ward and looked at all treatment cards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients we interviewed told us that they felt safe at Edith Shaw Hospital, that staff cared for them well and were pleasant and polite. They also said they enjoyed the activities available.

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:

- There were adequate and safe staffing levels at the hospital and Edith Shaw Hospital offered a safe and clean environment.
- The provider had assessed the hospital's ligature points, fixtures and fittings used as potential hanging points, and acted to reduce these risks.
- Edith Shaw Hospital was undergoing a program of refurbishments and the cleanliness and safety of its environment had improved since our last inspection.
- Staff used positive behavioural and de-escalation techniques to reduce the incidences of challenging behaviour from patients. Restraint was used only as a last resort.
- The risk assessment of patients at Edith Shaw Hospital was of high quality and reflected collaboration with the patient, carers and the multidisciplinary team (MDT)
- The hospital had good medicines management practices and had arrangements with a pharmacy to help ensure the safe administration of drugs.
- Staff knew how to recognise and report safeguarding and other incidents and had good local systems in place to learn from incidents and implement changes if required.

However;

- We observed that a nurse was interrupted several times by other members of staff when administering drugs to patients.
- Edith Shaw hospital staff learned lessons at a local level with support from clinical colleagues. However, learning from incidents decided on at governance meetings and to be shared from the sister hospital was sometimes not formally communicated to Edith Shaw Hospital staff.

Good



Are services effective?

We rated effective as Good because:

- All patients had a comprehensive physical and mental health assessment.
- Care plans were personalised and holistic and staff reviewed all assessments and care plans regularly.
- The multidisciplinary team met regularly to discuss and plan patient care and there was good medical leadership from both consultant psychiatrists at the hospital.

Good



Summary of this inspection

- There was good liaison with the patients' GP who visited the hospital regularly to review patients.
- Regular audits to monitor health checks and physical investigations ensured that clinical practice met National Institute for Health and Care Excellence (NICE) guidance on physical healthcare provision in a mental health care setting.
- Staff received full specialist training to maintain their competencies for their clinical roles.
- Hospital staff demonstrated a good knowledge of the Mental Capacity Act (MCA) and helped to make decisions appropriately in patients' best interests.

However;

- The multidisciplinary team (MDT), on site, did not always include the full range of staff to provide rehabilitation and recovery orientated interventions and activities.
- There was limited occupational therapy (OT) input to patients.

Are services caring?

We rated caring as good because:

- Staff treated patients with kindness, dignity, respect, and demonstrated high levels of empathy and care towards patients.
- All patients were encouraged to be involved in their care planning and risk assessment and staff encouraged the involvement of families and carers.
- Patients were encouraged to provide feedback on the care they received and staff told patients when they had made changes.
- Patients had access to independent advocacy services.

However;

- No patient satisfaction survey had been conducted in several years.

Good



Are services responsive?

We rated responsive as good because:

- There was no waiting time for admission to Edith Shaw Hospital and the recently improved facilities provided a pleasant environment for patients
- The hospital provided a choice of food to meet patient's dietary and cultural requirements and the chef attended patient feedback sessions to make further improvements.

Good



Summary of this inspection

- The activities program had improved since the last inspection and patients were consulted fully on the type of activity they wanted.
- Posters displayed information on complaints procedures and staff regularly informed patients of their rights and the complaints process. Leaflets were also available in different languages and other information was available in easy read and plain English

Are services well-led?

We rated well led as requires improvement because:

- There were lapses in effective communication within Edith Shaw Hospital's governance systems. In one case senior managers did not effectively communicate the learning from a drug administration error.
- Managers were still introducing a model of care to the hospital to define its recovery focus. However, staff were able to demonstrate an understanding of recovery principles

However;

- Staff received regular clinical supervision and staff of the right grade and experience worked on the hospital ward.
- Staff were trained in their duty of candour and understood their responsibilities to be open and transparent in their clinical practice.
- Good local clinical and non-clinical management was in place at Edith Shaw Hospital and improvements in recording and local governance were evident
- All staff were 100% compliant with their mandatory training requirements including in safeguarding and the Mental Health Act (MHA)

Requires 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.

An unannounced Mental Health Act (MHA) monitoring visit was made on 10 April 2017 found that staff ensured patients were made aware of their rights on a monthly basis

Staff training compliance for the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards at the time of this inspection was at 100%. Patients received access to an independent mental

health advocate (IMHA) and independent mental capacity advocacy (IMCA). Both staff and patients could make a referral, and posters advertised the services on the notice board, some of which were in easy read and pictorial form.

The Mental Health Act manager undertook monthly audits to ensure the hospital complied with the MHA and the Code of Practice. The Mental Health Act manager also kept an updated list of when patient's Care Programme Approach and appeals were due. There were good systems in place to ensure compliance with the Act.






Mental Capacity Act and Deprivation of Liberty Safeguards

On the day of the Mental Health Act visit in 2017, 14 patients were allocated to the ward of whom 11 were detained under the powers of the Mental Health Act and three were subject to the Deprivation of Liberty Safeguards (DoLS). Where patients were subject to DoLS, the Mental Health Act manager had clearly evidenced contact with the local authorities to extend

authorisations. Patient files showed patients who were subject to DoLS received a capacity assessment to ensure the treatment provided was under an appropriate legal authority. We saw a good examples of capacity assessments for detained patients including best interest decisions made in line with the Mental Capacity Act.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- Edith Shaw Hospital offered a safe and clean environment. A small number of blind spots restricted observations of patients. However, most patients gathered in the communal lounge and staff could observe patients easily. Edith Shaw Hospital met the Department of Health mixed-sex accommodation requirements.
- An audit of ligature points, fixtures and fittings took place in June 2018. The audit identified some potential risks. However, individualised patient risk assessments, specifying recommendations for patient observations, were in place to reduce opportunities for self-harm. Ligature cutters were easily available in the event of an emergency.
- All areas of Edith Shaw Hospital, including the clinic room and bedroom areas, were very clean and displayed up to date cleaning records. Recent refurbishments, as part of a rolling program to improve the cleanliness and safety of the hospital, included new flooring to the stair and hall area with plans to extend this to other areas of the hospital. Plans were also in place for redecoration and purchase of new chairs for the lounge area.

- The hospital's resuscitation and physical health equipment was well maintained and clean. Emergency drugs were stored correctly and fridge temperature checks were up to date except for one omission in the last three months prior to inspection.
- Edith Shaw staff did not seclude patients and the hospital did not therefore have seclusion facilities.
- Hand soap and pictorial hand washing charts were available throughout the hospital and ensured that staff and patients could maintain their hand hygiene and all staff completed hand washing training at induction. The hospital's infection control lead followed this up with yearly local Infection control training updates and the provider issued all staff with personal hand gel sanitisers.
- All staff had personal alarms and patients could use the nurse call system in their bedrooms.

Safe staffing

- Staff establishment levels were one whole time equivalent (WTE) ward sister, six WTE qualified nurses and 19 WTE nursing assistants, 29 staff in total. The Edith Shaw Hospital manager calculated the required levels of staffing for each shift at the hospital and accounted for the extra support needed for meetings such as Care Programme Approach (CPA), multidisciplinary meetings and Mental Health Act (MHA) Tribunals. The hospital had two shifts per day. From Monday to Wednesday, the planned staffing for the day shift was two registered mental health nurses (RMN) and six nursing assistants and from Thursday to Sunday this changed to one RMN and seven nursing assistants. One RMN and four nursing assistants covered the night shift. Edith Shaw Hospital's own bank staff covered shifts left vacant by annual

Long stay/rehabilitation mental health wards for working age adults

Good 

leave, sickness or other absence. However, the provider employed agency staff if bank staff were not available. During the period, June 2017 to May 2018, bank and agency staff covered 63 (8.5%) qualified staff shifts and 42.5 (5.8%) nursing assistant shifts. The provider also deployed staff from other John Munroe hospital wards if necessary and only used staff who were familiar with the ward and patients. The hospital also had access to the John Munroe group main hospital occupational therapy (OT) and psychology departments. The providers full time consultant psychiatrist was supported at Edith Shaw Hospital by a part time consultant psychiatrist who visited the unit one day every week. They were also available for advice and part of the 24 hours doctors on call rota.

- Six staff had left the employment of Edith Shaw Hospital in the 12 months from June 2017 to May 2018. This represented a 23% staff turnover rate compared to 40% at the time of the last inspection. There was one vacancy for a part time nursing assistant at the time of this inspection and overall sickness for June 2017 to May 2018 was low at 0.1% compared to 8% at the time of the last inspection in November 2016.
- Clinical staff were visible in communal areas and the ward sister told us that a nurse was always available in the hospital ward areas at all times. Staff also told us they had could request further qualified support using the mobile telephones issued to them.
- Each patient had scheduled and informal one-to-one time with their named nurses. Staff recorded the outcomes from these in the patients' notes. A renewed emphasis and prioritisation, by staff and hospital management, on community and ward activity meant patients rarely had their escorted leave or hospital-based activities cancelled.
- Staffing levels in the last year and up to the time of the inspection had not fallen below the safe standard set by the hospital manager but there was a system in place to monitor this if it did and the ward sister would inform the directors.
- The hospital had 24-hour access to medical cover and Edith Shaw Hospital doctors could be quickly available to support the patient's own doctor in an emergency and the emergency services.

- The percentage of hospital staff having completed their mandatory training was 100%. This included training in safeguarding which at the time of the last inspection was 50%.

Assessing and managing risk to patients and staff

- There were twelve incidents of restraint in the six-month period from January 2018 to May 2018 and these incidents involved seven patients. The ward manager described these incidences of restraint as low level except for one. Staff managed this incident using specialised training in the management of actual and potential aggression (MAPA). This meant staff could hold and/or restrain the patient as safely as possible and reducing harm to the patient and others. Staff employed as bank and agency received MAPA training. The provider told us that most incidents concerned patients hitting out when staff attended to patients' personal care.
- There were no incidences of prone (face-down) restraint, long-term segregation or seclusion.
- We reviewed care records for six patients. Each patient received a risk assessment and records demonstrated risk management strategies based on individual need. Staff also ensured that these risk assessments included self-assessment by engaging the patient as much as possible. Monthly updates, and updates made following incidents, were recorded in the assessments and included contact with family and carers. Patients signed their risk assessments and staff recorded where patients declined to do this.
- Edith Shaw Hospital followed national guidance for patients smoking cigarettes and did not allow smoking inside of the premises. However, patients could smoke within the grounds outside. Staff also encouraged patients to stop smoking through smoking cessation plans. Clear implementation of policy and the setting out of clear boundaries on the ward reduced risk in the hospital and staff supported patients to understand the reasons for certain rules applied them fairly. Staff we spoke understood the importance of least restrictive practice as set out in the Mental Health Act 1983 Code of Practice.
- Patients told us that they felt safe with staff and the inspection team observed that the relational security, the quality of relationships between staff and patients

Long stay/rehabilitation mental health wards for working age adults

Good 

helped to prevent incidents. Staff recognised the progress of patients through positive behavioural support and ensured they understood the reasons for any challenging behaviours. Staff took time with patients to hear their personal stories and histories.

- Staff continually assessed the risk to patients through high levels of engagement with them on the ward, constantly monitoring how patients were interacting with one another. Patient care plans detailed the specific observations each patient required. At the time of our inspection two patients were on one to one observation and another patient was taken out on home leave with a one to one staff escort. These were risk assessed and documented in the case notes.
- The hospital accommodated informal patients and clear signs informed these patients that they could leave the ward.
- There were no intrusive personal body searches of patients at Edith Shaw Hospital. However, staff did ask patients to hand unauthorised items over, and searched them if necessary, when returning from leave.
- In the preceding 12 months prior to the inspection staff offered a patient oral medication to help calm them. However, the patient refused this option. To reduce any risk to the patient themselves and to other patients, and to allow the patient to receive the medical care that they needed, staff at Edith Shaw Hospital used intra muscular rapid tranquillisation. This was not an intervention used very often at the hospital and used as a last resort after all attempts at de-escalation had failed. Inspectors found that this intervention complied with guidance provided by NICE, National Institute for Health and Care Excellence, who provide national guidance and advice on how to improve health and social care.
- All staff we interviewed knew how to recognise and report safeguarding incidents and how to contact the organisational safeguarding lead. The John Munroe Group safeguarding lead referred safeguarding incidents and concerns to the local authority in line with locally agreed thresholds. However, staff made no safeguarding alerts or referrals from June 2017 up until the date of inspection.
- Edith Shaw Hospital's medicines management, in conjunction with a community pharmacist, was person

centred, and effective in achieving the best health outcomes for patients. Staff faxed and posted prescriptions to the pharmacist and used a new medication ordering checklist to ensure prescribed medication was always available. Staff administered medication from the clinic room and took medications directly to the patient. However, medication rounds were not protected from interruptions. The inspection team observed that other members of staff interrupted the nurse dispensing medications to patients on several occasions. This practice did not meet National Institute for Health and Care Excellence (NICE) guidance and could have potentially contributed toward the nurse making errors. Patients had a medication stock record in their medication folder as well as a reconciliation sheet. These records showed the correct recording of medicines given to patients. The pharmacist audited these regularly.

- Patients, assessed as having a risk of falls had specific plans to reduce this risk. These assessments helped increase patient safety by identifying patients at risk and implementing interventions that reduced falls. This included assessment of environmental risk factors and the impact of medication on the patient's mobility and stability. The provider should have collected data for the number of falls at Edith Shaw hospital to help analyse and help prevent falls. However, no data was available at the time of inspection.
- The hospital had a children's visiting policy that involved a full risk assessment and the supervision of children on the hospital premises.

Track record on safety

- The provider reported no serious incidents for the year June 2017 to May 2018. However, staff informed the inspection team of a drug error made in January 2018 when a patient received the wrong medication. However, no patient was harmed by this error and apart from this, there were no serious incidents or unexpected deaths in the past 12 months prior to inspection.

Reporting incidents and learning from when things go wrong

- Staff we interviewed had a good understanding of what incidents were and how to report them if they occurred. Staff knew to escalate incidents and concerns to senior

Long stay/rehabilitation mental health wards for working age adults

Good 

staff and to the provider's safeguarding lead. The consultant psychiatrist and the safeguarding lead made joint decisions on referral to the local authority safeguarding board.

- Staff regularly met monthly to discuss incidents at staff team and multidisciplinary team meetings. However, senior management did not always formally communicate learning from incidents to staff. The outcome of staff receiving no formal communication on the learning from a medication error incident in January meant that staff continued to interrupt each other during drug administration rounds.
- Edith Shaw Hospital followed the organisational Duty of Candour policy and all staff received training in their responsibilities for ensuring honesty in their clinical practice, at induction and in their safeguarding training. Staff we spoke to confirmed they were aware of the need to be open and when discussing errors with patients and to offer an apology where necessary

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

- The inspection team examined six sets of patient records. All records contained comprehensive assessments of the specific needs of patients, expressed clear goals and contained regular evaluations of patient's clinical needs. Care plans were recovery orientated and focussed on community based activity and social relationships. Consultation with patients ensured that care plans were personalised and that the type of activities offered related to the personal interests and experiences of the patients. Some plans included specialised assessments from the occupational therapist (OT).
- Securely stored treatment records documented the physical health care of patients plus liaison with GPs and practice nurses. Regularly updated records existed in both written and electronic form. All the records contained care programme approach (CPA) review

documents and positive behaviour support plans. These plans focused on identifying the early warning signs of challenging behaviour and reducing incidences of it through the teaching of new and alternative skills that the patient would find more useful and effective than their challenging behaviour.

Best practice in treatment and care

- Patients referred by the multidisciplinary team could go on a waiting list to see a part-time consultant clinical psychologist for psychological therapies. Access to the providers occupational therapy (OT) team was also by referral only. Both the psychology and OT departments could attend all patient's multidisciplinary team meetings once per month to contribute to discussions and care plans. The inspection team found incidences of staff providing psychological therapies to patients.
- Staff carried out routine physical observations of patients such as heart and respiratory rates, blood pressure and temperature. They also used a validated scoring system to recognise emerging physical health problems and to know when to escalate physical health concerns to senior staff and doctors.
- The patients GP visited the hospital once every six weeks and reviewed seven patients on each visit. He would also see any patient who required an appointment on the day and patients could also make appointments at his surgery. The GP saw all patients at least every 12 weeks and the surgery's clinical nurse practitioner also provided advice and visits as required. Staff told us that they conducted monthly audits of the physical health care they provided. These audits monitored the regular individual health checks and recommended investigations of patients and ensured that clinical practice met National Institute for Health and Care Excellence (NICE) guidance. These health checks included smear tests and screening for breast cancer.
- Staff followed NICE guidance when prescribing medication with clear clinical leadership from the consultant on the management of complex medication regimes for detained patients.
- Discussion of the hospital's adherence to NICE guidance took place at senior clinical governance meetings. However, the organisations did not engage nursing and nursing assistant staff in these discussions. This meant that staff did not always understand how clinical governance agenda related to their nursing practice.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Edith Shaw Hospital provided for patient's nutrition and hydration needs by providing healthy meals. Observations of patient's eating habits, a knowledge of their physical health and personalised weight plans helped staff to tailor meals to their patient's individual dietary requirements.
- Staff used the health of the nation outcome scales (HoNOS) to assess the severity of behaviour, self-injury and cognitive problems. Staff completed regular audits of physical care plans, GP visits and infection control. The community pharmacist audited medications prescribed to patients.

Skilled staff to deliver care

- The core multidisciplinary team at Edith Shaw Hospital included psychiatrists, nurses and care assistants. However, the multidisciplinary team, on site, did not routinely include the full range of staff with the necessary training to deliver recovery focused care.
- The John Munroe Group provided all nursing and health care assistant staff at Edith Shaw Hospital with validated and comprehensive specialist training. This included induction training at the beginning of their employment. Healthcare assistant's training also met care certificate standards. These are a set of nationally recognised standards that health and social care workers must meet when caring for patients.
- Edith Shaw Hospital had also achieved a 100% compliance rate for clinical supervision. Staff told us that senior clinical staff supported them outside of formal supervision at team meetings and throughout the day when providing care and treatment to patients. Staff also had access to peer and group supervision.
- At the day of inspection senior staff told us that all except one member of Edith Shaw Hospital staff had received their yearly appraisal. Staff appraisals are opportunities to reflect on their work over the long term and to measure their performance against set objectives. Senior staff stated that all clinical staff were meeting their performance objectives.

Multidisciplinary and inter-agency team work

- No multi disciplinary meeting took place on the day of inspection. However, staff told us that meetings took place regularly and that staff discussed the care and treatment of patients in detail, sharing good clinical practice and reflection. All staff attended daily meetings

to handover details of patient's care to nurses commencing the next shift. The recording of these handover meetings ensured that up to date clinical information was available to all staff.

- Inter-agency work with primary and secondary physical health care services, facilitated by the local GP, ensured that patients always received the care they needed. The provider also worked closely with local healthcare commissioners and involved them in regular clinical reviews of a patient's progress. Minutes of these meetings were detailed and included discussion of short and long term goals for each patient directly from the patient themselves and the clinical team. These ongoing assessments formed part of the hospital multi disciplinary team and Care Program Approach (CPA) meetings.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- The inspection team found that 100% of Edith Shaw Hospital Staff had received training and a follow up questionnaire on the Mental Health Act (MHA) and its Code of Practice. The Mental Health Act is the law that allows for the detention of people when they need urgent treatment for a mental health problem and are at risk of harm to themselves or others. Staff we interviewed demonstrated that they understood their roles and responsibilities under the Mental Health Act.
- The Mental Health Act manager based at the John Munroe Group head office completed MHA audits and compiled individual legal files for patients that were clear and easy to navigate through. The files contained information such as detention paperwork, tribunals, managers hearing and renewals. We found that detention paperwork was up to date and completed accurately.
- Edith Shaw Hospital ensured the availability of an independent mental health advocate (IMHA) to support people to understand their rights under the Mental Health Act (MHA). Staff and patients could make referrals to the service and we saw posters displayed on the notice board. Some of the posters were in easy read and pictorial form. Patients had their rights under the MHA explained to them on admission and then monthly. Patient files also demonstrated patients consent to treatment.

Good practice in applying the Mental Capacity Act

Long stay/rehabilitation mental health wards for working age adults

Good 

- Training figures showed that 100% of all clinical staff had received training in the Mental Capacity Act (MCA). The MCA protects patients who lack the mental capacity to make their own decisions about their care and treatment. It is important that clinical staff know that they must help patients make their own decisions where possible and to accept the decisions they make. If a patient cannot make decision staff must decide in the patient's best interests. Staff we interviewed demonstrated a good understanding of their MCA responsibilities.
- At the time of the Mental Health Act Reviewer (MHAR) visit, three patients were resident at the hospital under Deprivation of Liberty Safeguards (DoLS), a means of protecting vulnerable adults who may not have the ability to make their own decisions about their own care or treatment. These patients had a detailed capacity assessment and a clear best interest decision was made in line with the Mental Capacity Act (MCA)

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

Good 

Kindness, dignity, respect and support

- Staff we interviewed expressed high levels of motivation to deliver excellent care to their patients at Edith Shaw Hospital. All staff we observed treated patients with kindness, respect and compassion and provided emotional support when needed. Staff told us they strived to ensure that they listened carefully to patients wishes and preferences. Regular discussions and reflection helped staff understand their patients and to ensure the maintenance of patients' privacy and dignity.
- Observations of the interactions between staff and patients showed us that patients enjoyed the company of staff. Patients demonstrated high level of trust in staff and this helped in the good delivery of care.
- Staff offered patients the opportunity to give feedback both formally and informally and wherever possible staff made changes in line with this feedback. This included feedback on meals and activities.

The involvement of people in the care they receive

- The admission process at Edith Shaw Hospital made sure that patients felt welcomed and orientated to the hospital environment. Each patient would be given a pack on admission informing them about their treatment and the care available to them.
- All patients were encouraged to be involved in their care planning and risk assessment. Staff spent time helping patients of varying capacity express their needs and hopes for their treatment. Staff offered patients copies of their care plans and patients signed to confirm receipt of them. Staff recorded when a patient declined to contribute to their care planning or when they refused a copy of their care plan. Each patient had a file in their room where they stored copies of their care records, if they wished to.
- Staff supported their patients at multidisciplinary team meetings with the doctor and were able to advocate for them effectively due to the detailed insights they had into individual patient's issues and concerns. Staff also encouraged patients to take up the independent advocacy available at the hospital.
- Patients could involve their families and carers in their care planning and care and we saw examples in the care notes of carers involvement.
- Edith Shaw Hospital had not conducted a patient survey since the last inspection.

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

Good 

Access and discharge

- Edith Shaw Hospital's bed occupancy was 100% for the period 12 March 2017 to 1 June 2018. The average length of stay of the patients in the hospital at the time of our inspection was three years and one month.
- Staff told the inspection team that Edith Shaw Hospital cared for some patients whose complex and long term mental and physical health needs made it difficult for

Long stay/rehabilitation mental health wards for working age adults

Good 

them to consider transition, in the short term, to a community mental health setting. Patients had discharge plans in place and staff agreed these with the patients and their carers. There were no delays in the four discharges made in the last four years. Staff did not move patients to other units except for essential clinical reasons.

The facilities promote recovery, comfort, dignity and confidentiality

- Edith Shaw Hospital was in a residential setting with secure fencing and a large garden area. Patients had access to a combined lounge and dining area, communal toilets and bathrooms. Every patient had a single room and all bedrooms had en-suite facilities. Patients also had independent and supported access to local services and activities in the community.
- The refurbishment programme at Edith Shaw Hospital had improved the comfort of its facilities. Improvements included replacement floor covering, redecoration and the purchase of new chairs for the lounge area. The hospital did not have sole use of a room for therapy activity or for quiet time. However, the provider had sought planning permission to extend the building to offer these facilities in the future. Staff told us that they were seeking planning permission for a small two-story extension, which would include a new small lounge downstairs and an occupational therapy room and kitchen upstairs. If approved the work would begin in January 2019.
- There was a well-equipped clinic room. However, there was no examination couch. Patient examinations took place in patients' bedrooms if patients needed to lie down.
- Patients had free access, after a risk assessment on admission, to mobile 'phones and Wi-Fi. All patients had access to outside space and had their own keys to their bedrooms. They could also lock their possessions in draws in their bedrooms or in the office safe. All patients could personalise their bedrooms with pictures and other personal touches.
- The chef at Edith Shaw Hospital provided good food to patients and attended patient feedback meetings on the meals she cooked.
- Two members of the activities team from the main John Munroe Hospital site visited Edith Shaw Hospital each week and carried out both group sessions and individual patient activities. Activities included holistic

therapy, hand massage, access to a therapy dog, arts and crafts, bingo, quiz's, gardening, meals out and other social trips. Patients chose these activities and could also make other suggestions if they wished. All patients had an activity check list completed by the activities team soon after admission and the patients notice board clearly displayed the daily activities on offer. Staff reminded patients of planned activity each day and encouraged them to participate. Staff also placed strong emphasis on encouraging patients to maintain their social skills and on the continuing assessment of patients' needs. Family members could also be present to help identify activities which individuals participated in prior to hospital admission.

Meeting the needs of all people who use the service

- The hospital had a wheelchair accessible lift and assisted bathroom equipment to support patients with disabilities.
- Leaflets were available in different languages and interpreters were available with notice. Information was easily available on how to make a complaint and on accessing independent advocacy. Staff provided patients with easy read literature about the Mental Health Act and patient rights leaflets were individualised with the patient's name, the commencement date of their section, and details of their nearest relative.
- Edith Shaw Hospital respected the ethnicity, culture and language of its patients. Patients could attend places of worship or have spiritual meetings within the hospital. However, there was no multi-faith room on site.
- Staff supported offered patient's choice of food to meet their dietary requirements and their religious and ethnic needs. Patients could access drinks and snacks throughout the day and night if safe to do so.

Listening to and learning from concerns and complaints

- Patients we spoke to said they knew how to make complaints to staff. However, Edith Shaw Hospital had not received any formal complaints in the last year. Qualified staff would deal with patients' complaints if nursing assistants could not resolve them immediately. Staff knew how to handle complaints appropriately and the provider's Human Resources (HR) manager kept a data base of all complaints, action taken and outcomes.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Requires improvement 

Vision and values

- Staff demonstrated the John Munroe Group's vision and values by treating patients as individuals and being responsive to their choices on all aspect of their care. They also supported patients to express their views and be actively involved in making decisions about their care and treatment. Staff also described discussing team objectives that reflected the organisation's values and vision.
- Staff we interviewed told us they knew who their line managers were and had seen John Munroe Group directors occasionally on site at the hospital.

Good governance

- At the time of inspection, the John Munroe Group were undertaking a review of their clinical governance framework. As part of this review the senior management had committed themselves to regular visits to their locations. A new interim manager at Edith Shaw Hospital supported this review of quality performance and staff at Edith Shaw welcomed this local leadership.
- The provider's training data showed that all Edith Shaw staff had attended and completed 100% of their mandatory training. This meant that staff were competent to deliver care and maintained their knowledge and skills. Mandatory training included safeguarding and Mental Health Act (MHA) training.
- All Edith Shaw Hospital staff had received regular yearly appraisal and supervision. This regular formal support and performance management ensured that staff had insight into the impact of their clinical practice on patients. The regular supervision of staff also ensured that staff worked in accordance with the organisation's responsibilities and were accountable to professional standards. Staff we spoke to were clear about their roles and said they felt supported by the advice and support from their supervisor.

- Staff we spoke to were positive about their work and the improved training and supervision compliance at Edith Shaw Hospital had improved their job satisfaction. In providing this consistent formal support the John Munroe Group had recognised its duty of care to staff working in a difficult and challenging clinical environment.
- Edith Shaw Hospital had the correct number of staff to cover each shift. Senior management ensured that there were enough staff of the right grade and experience to respond to the needs of patients. Occasional staffing shortages due to annual leave and staff sickness did not overly compromise the amount of time staff spent on direct care activities. However, one member of staff told us that she thought staff could spend more time talking to patients.
- Regular audits of patient information including physical health monitoring and medicine management took place at Edith Shaw. Front line clinical staff did not participate in these. However, the ward sister was aware of the results of audits and implemented any changes and improvements recommended by the John Munroe Group Board.
- All Edith Shaw Hospital staff knew how to report incidents and were familiar with the John Munroe Group's incident reporting systems. Staff we interviewed demonstrated a good understanding of the procedures for safeguarding incident reporting. This meant that staff would report concerns, suspicions and the abuse of patients promptly to senior management and the John Munroe Group safeguarding lead. The John Munroe Group clinical governance group monitored incidents to identify any themes and trends and fed these back to staff through the interim manager and ward sister. However, the John Munroe Group board recognised the need to improve their processes of sharing information to ensure that all the staff had a good understanding of lessons learned from incidents and to discuss key performance indicators and quality issues. At the time of inspection senior management were developing monthly team briefs to include staff representatives from Edith Shaw Hospital.
- All staff could place risks on the ward risk register by informing the ward sister. The risk register was reviewed regularly at local and at board level.

Leadership, morale and staff engagement

Long stay/rehabilitation mental health wards for working age adults

Good 

- Senior management employed a new interim manager at Edith Shaw Hospital following the departure of its registered manager who the hospital shared with the rest of the group. The interim manager, dedicated solely for Edith Shaw Hospital ensured business continuity, staff support and management leadership. The new interim manager appointment also supported the ward sister in continuing to deliver high quality clinical leadership.
- Following inspections of services elsewhere within the John Munroe Group, the acting registered manager told us that he and the board of directors were placing a renewed emphasis on leadership to ensure sustained improvement in the services the group provide to patients, staff and the local community.
- The management of Edith Shaw Hospital had not sought the views of their staff through a staff survey. However, senior management planned to visit the hospital more regularly to engage and speak with staff to obtain their views on clinical and operational plans.
- The sickness and absence rate for the period June 2017 to May 2018 was at 0.1%. The ward sister confirmed this low sickness rate and reported only two members of staff off sick in the preceding month to the inspection.
- At the time of inspection, no cases of bullying and harassment had occurred in the preceding 12 months.
- Staff at the Edith Shaw Hospital were aware of the John Munroe Group's whistle blowing policy, a means by which staff could raise a concern about a wrongdoing in their workplace. Staff told us they felt able to raise concerns and said that there were always open and transparent discussions within the team. Staff said they could learn together from any mistakes and support each other to improve their clinical practice.
- The inspection team found the morale of staff to be good. Staff spoke positively about providing high quality care and felt supported in their role. One member of staff said the unit was stressful due to the challenging behaviour of patients and told us that they felt more staff should be available to respond to this. One member of staff felt that senior management should have a more visible presence and be fully involved in non-clinical management tasks. Another member of staff thought that management should do more to protect staff from having to consider cost pressures.
- Staff were aware of the John Munroe Group's duty of candour policy and discussed their responsibility to be open and transparent with service users about their care and treatment at induction and in their training updates. The team culture and the ward sister supported this duty of candour.

Commitment to quality improvement and innovation

- The John Munroe Group focus for Edith Shaw Hospital was to continue with its staff engagement program to share opinions and ideas. Work streams for quality improvement focused on excellent patient care and a positive working environment. Senior management told us it would sustain improvements through a refreshed approach to effective leadership and the implementation of new key performance measures. The group was also developing its own person centred model of care and a care planning tool. However, Edith Shaw Hospital did not participate in any national quality improvement or accreditation programmes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that they have communication systems in place to inform staff of the results of reviews about the quality and safety of the service.

Action the provider **SHOULD** take to improve

- The provider should seek regular feedback from both staff and patients to inform their own assessment of quality of care and service development plans.
- The provider should ensure that it reviews its measures for eliminating interruptions to staff administering drugs to patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance
Treatment of disease, disorder or injury	The provider did not ensure effective communication of lessons learned to staff who needed to know.
	Regulation 17(2)(a)