St Mary's Hospital

Quality Report

St Mary's Hospital
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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	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive?	Requires improvement
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 St Mary's Hospital as requires improvement because we rated four key questions as requires improvement (effective, caring, responsive and well led) and one key question (safe) as inadequate. This was because:

- Staff did not always act to review or record patient blood results. We issued a warning notice to the provider to make sure they improved their systems for medicines management. Staff did not systematically record checks on patients on high dose antipsychotics. Staff did not always complete a risk assessment of each patient at admission or review risk assessments on an ongoing basis. There were not sufficient numbers of nursing staff trained at the required level of British Sign language working on the four-bed ward for deaf patients. Most patients on Cavendish, Dalston and Adams wards did not have a written positive behavioural support plan to provide staff with guidance on how best to support patients to reduce disturbed behaviour. Where these plans were in place, they had not been informed by functional assessment.
- There had not been a substantive Mental Health Act administrator in post so there were limited systems in place and variable adherence to the Mental Health Act Code of Practice and oversight of Deprivation of Liberty authorisations. Staff did not always record when patients received care and treatment from other health professionals from outside the hospital.
- During our observations, staff on two wards (Dalston and Cavendish wards) were not always respectful and responsive when caring for patients and we observed a small number of poor interactions. While most patients and carers were happy with the support they received from staff, three patients and one carer told us their general concerns about the attitude of some staff members on these same wards.
- Managers did not always fully address the issues raised by patients when they complained. Patients on the deaf unit were not always supported to engage in meaningful activities. Patients on Cavendish ward did not have access to information as there was very little information displayed on the ward about the services available and their rights as patients.
- Some of the shortfalls we found on inspection had not been identified or addressed fully by managers. The audits were not clearly identifying the action staff needed to take to address any identified shortfalls. The acting ward manager on Cavendish ward had not received supervision while taking on the additional responsibilities on an interim basis.

However:

- Leo and Hopkins wards had exemplary positive behavioural support plans. Managers were working to improve staff vacancy rates and mandatory training uptake rates following the transition to Elysium Healthcare. Patients were not subject to blanket restrictions; where restrictions were in place, these were individually assessed. Managers used a computerised dashboard which provided them with very detailed safety incident data for each ward.
- Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Staff supported patients to make decisions about their own care and treatment and assessed and recorded patients' capacity and best interest decisions clearly. The ward multi-disciplinary team worked well together and included the full range of specialists to meet the needs of patients.
- Most of the carers we spoke with were very complimentary about the progress and care that their relatives had received. Where patients could engage in their care and treatment, records showed they were involved in decisions about their care and treatment. The hospital had a monthly patient forum run by patients and most issues raised by the patient forum had been addressed.
- Patients were progressing to conditions of lesser security where it was appropriate; where patients discharge was delayed, the delay was due to factors outside the hospitals' full control. Patients had en suite rooms which they could personalise. Patients had communication passports and information across most wards was displayed in easy read formats.
- Senior managers were visible and approachable. Since Elysium Healthcare took over the running of the hospital, there had been significant improvements including introducing electronic records and

Summary of findings

environmental improvements. Managers had workable plans so staff worked under Elysium Healthcare policies, systems and processes. Managers had begun to monitor the service through detailed dashboards. The ward manager of Leo and Hopkins ward had carried out research and spoken nationally and internationally about reducing restraint and restrictive practices. The secure wards were accredited by the Royal College of Psychiatrists' quality network for forensic mental health services.

Summary of findings

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Services we looked at:
Wards for people with learning disabilities or autism and services for people with acquired brain injury

Summary of this inspection

Background to St Mary's Hospital

St Mary's Hospital is based in Warrington and provides specialist services for people with acquired brain injury, autistic spectrum conditions or both. It is part of the Elysium Healthcare group, which also has other mental health and learning disability hospitals across England.

St Mary's Hospital is a 63 bed hospital which has five wards:

- Cavendish ward, a 17 bed locked rehabilitation ward for men with an acquired brain injury, serving as a step down from low secure services.
- Adams Ward, a 12 bed medium secure ward for men with an acquired brain injury with an additional four bed unit attached for people who are also hearing impaired.
- Dalston ward, an 18 bed low secure ward for men with an acquired brain injury.
- Leo ward, a 12 bed locked ward for men with autistic spectrum disorder. Patients on the unit have a primary diagnosis of an autistic spectrum disorder often accompanied by co-morbid conditions and/or a history of challenging behaviour.
- Hopkins ward, a four bed locked ward for women with autistic spectrum disorder. Patients on the unit have a primary diagnosis of an autistic spectrum disorder often accompanied by co-morbid conditions and/or a history of challenging behaviour. Leo and Hopkins wards were next to each other and worked together under the same ward manager and staff group.

There is a registered manager, accountable officer and nominated individual for this location.

The service is registered to provide the following regulated activities:

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

NHS England and regional specialist commissioners fund the care of patients in the medium and low secure wards. The local clinical commissioning group funds patients admitted to the non-secure services. St Mary's Hospital accepts referrals from across the United Kingdom and from Ireland.

This is the first time we have inspected the St Mary's hospital since it has been managed and overseen by the Elysium Healthcare group. The Elysium Healthcare group took over the running of St Mary's Hospital in August 2018.

We have reported and rated all the wards at St Mary's Hospital together within this report. The report includes both the wards for patients with acquired brain injury together with the wards for people with autism, due to the relatively low number of beds on the wards for patients with autism.

Our inspection team

The team that inspected the service comprised three CQC inspectors, a CQC assistant inspector, two CQC inspection managers, and three specialist advisors (a nurse, a clinical psychologist and a pharmacist).

We were also assisted by a sign language interpreter who helped us to communicate with patients who were deaf.

Summary of this inspection

Why we carried out this inspection

We inspected this service as part of our on-going mental health inspection programme and our commitment to inspect all services within a year of being registered with us.

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?

This inspection was unannounced, which means that the provider did not know we were coming.

Before the inspection visit, we reviewed information that we had gathered about the location and requested additional information from the provider.

During the inspection visit, the inspection team:

- visited all the wards and looked at the quality of the ward environment
- observed how staff cared for and interacted with patients
- observed care through using the short observational framework for inspection on seven occasions across four wards. The short observational framework helps collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems.
- spoke with 19 patients
- spoke with five relatives or carers of patients
- spoke with managers or acting managers for each of the wards
- spoke with 23 other staff members from different disciplines including nursing, medicine, occupational therapy, clinical psychology, speech and language and positive behavioural support lead staff
- interviewed the service director and lead nurse
- spoke with two independent mental health advocates
- observed five clinical meetings including the senior management team morning handover and four multi-disciplinary meetings
- observed two group activity sessions
- spoke with a visiting health professional
- looked at 31 patients' care and treatment records including communication and health passports, positive behavioural support plans and care and treatment review meeting records
- reviewed Mental Health Act documentation including restraint and seclusion records
- looked at 53 medicine charts including looking at the monitoring of patients' physical health and checking that patients on high dose antipsychotic medication
- looked at a range of policies, procedures and other records relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with 19 patients. The feedback we received from patients was mixed. Many patients were complimentary about the care they received from the staff on the wards. Most patients told us staff treated them with dignity and respect.

Some patients told us they were not happy but often this was because they were detained and did not want to be kept in hospital and they would prefer to be at home or even transferred back to prison.

Most patients said staff treated them well and behaved kindly. However, three patients raised general concerns about the attitude of staff members or alleged incidents with staff; we spoke with the hospital director who assured us that these concerns would be considered or were already being considered with local authority safeguarding oversight.

Both deaf patients we interviewed commented that there were not enough staff who could communicate using sign language to an appropriate standard. Patients told us that, although some staff signed, it was not to an appropriate level; the hospital did bring interpreters in for part of the week. The patients found this frustrating as there were significant times when they could not communicate in British Sign Language.

We spoke with five carers. Most of these were very complimentary about the progress and care that their relatives had received. One carer remarked that St Mary's was the best hospital their relative had been in, having been in several healthcare establishments since the accident leading to their acquired brain injury. However, one carer told us that they had made a complaint about some incidents of staff attitude on Dalston ward. One carer also remarked that while they'd had an overall positive experience, they were disappointed as they were not told about a care programme approach meeting so they were not able to attend.

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?

Inadequate

We rated safe as inadequate because:

- Staff did not always act to review or record patient blood results when this was an important part of patients receiving treatment safely. We issued a warning notice to the provider to make sure they improved their systems for medicines management.
- Staff did not have systems in place to monitor when patients were on high dose antipsychotic medication.
- Staff did not always complete a risk assessment of each patient at admission or always review risk assessments on an ongoing basis.
- While there had been recent recruitment of staff with skills in sign language in the medical and social work team, there were not sufficient numbers of nursing staff deployed on the four-bed ward for deaf patients who were trained at the required level in British Sign Language.
- Most patients on Cavendish, Dalston and Adams ward did not have a written positive behavioural support plan to provide staff with guidance on how best to support patients to reduce disturbed behaviour, restrictions and restraint. In contrast, Leo and Hopkins had exemplary positive behavioural support plans.

However:

- Wards were clean and well maintained.
- While the qualified staffing vacancy rate at the hospital had been high prior to the change of owner and the hospital had lost some staff during the change, managers were working to improve ward staff vacancy rates following the transition to Elysium Healthcare and used regular agency staff.
- While not all staff had received appropriate mandatory training, the new provider had a plan to get this back on track.
- Patients were not subject to blanket restrictions; where restrictions were in place, these were individually assessed.
- Staff checked emergency equipment regularly to ensure it worked properly and was accessible.
- Managers had appropriate systems to make sure only staff of good character were recruited to work at the hospital.
- Managers used a computerised dashboard which provided them with very detailed safety incident data for each ward.

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- Managers were working to help staff understand what lessons could been learnt from incidents at this hospital or from incidents at the provider's other hospitals.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- There had not been a substantive Mental Health Act administrator in post so there were limited systems in place and variable adherence to the Mental Health Act Code of Practice particularly around delays in recording of rights, capacity to consent for treatment for mental disorder and other safeguards.
- Staff on three out of five wards had not completed patients' positive behaviour support plans.
- There was no system to oversee Deprivation of Liberty authorisations so we found that one patient's authorisation had lapsed and staff were not aware that it had lapsed.
- Not all staff had received regular supervision.
- Staff did not always record when patients received care and treatment from other health professionals so we found it difficult to assess if patients were receiving appropriate care and treatment.

However:

- Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff on Leo and Hopkins ward completed detailed positive behavioural support plans.
- Staff supported patients to make decisions about their own care and treatment.
- Staff assessed and recorded capacity clearly for patients who might have impaired mental capacity and recorded clearly how decisions were made in patients' best interests, where appropriate.
- The ward team worked well together and included the full range of specialists to meet the needs of patients, including clinical psychologists, occupational therapists and social workers.

Are services caring?

Requires improvement

We rated caring as requires improvement because:

- During our observations, staff on two wards (Dalston and Cavendish wards) were not always respectful and responsive when caring for patients and we observed a small number of poor interactions.

Summary of this inspection

- One of the group activities we observed also showed interactions between staff and patients which were not patient centred.
- Three patients raised general concerns about the attitude of staff members or alleged incidents with staff which we passed on to the hospital managers. One carer had made a complaint relating to attitude of staff. These concerns related to Dalston and Cavendish wards.

However:

- Most of the carers we spoke with were very complimentary about the progress and care that their relatives had received.
- Where patients could engage in their care and treatment, records showed they attended multi-disciplinary meetings and were involved in their care planning.
- Staff spoke about patients in a way that was respectful and they had a good understanding of individual patients' needs.
- The hospital had a monthly patient forum run by patients and most issues raised by the patient forum had been fully addressed.

Are services responsive?

Requires improvement

We rated responsive as requires improvement because:

- Managers did not always address fully the issues raised by patients when they complained,
- When managers responded to patient complaints, the response letter did not tell them what the next steps were if patients were unhappy with the response.
- Patients on the deaf unit were not always supported to engage in meaningful activities by staff who could communicate with them.
- Patients on Cavendish ward did not have access to information as there was no information displayed on the ward about the services available and their rights as patients.

However:

- Patients were progressing to conditions of lesser security where it was appropriate.
- Some patients' discharge was delayed but the delay was due to factors outside the hospital's full control such as awaiting specialist placements or work from the patient's community team.
- Patients had en-suite rooms which they could personalise.
- Patients had communication passports so that regular and agency staff could understand how best to speak or communicate with individual patients.

Summary of this inspection

- Information across most wards was displayed in easy read formats.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- The audits carried out by staff identified shortfalls but staff were not clearly identifying the action to address the shortfalls and taking action to improve the overall quality of services at the hospital.
- While most of the shortfalls we found on inspection had already been identified, the shortfalls had not been addressed fully by managers.
- There was no ward manager on Cavendish ward and the acting ward manager had not received supervision while taking on the additional responsibilities on an interim basis.

However:

- Senior managers were visible and approachable.
- Staff we spoke with felt well supported.
- The service had a vision for what it wanted to achieve and workable plans for the transition so that staff worked under Elysium Healthcare policies, systems and processes.
- Since Elysium Healthcare took over the running of the hospital there had been significant improvements including introducing electronic records and environmental improvements.
- Managers were developing a systematic approach to continually monitoring the service through detailed dashboards and improving the quality of its services through introducing corporate quality assurance systems.
- Staff working on Leo and Hopkins ward were passionate advocates for positive behavioural approaches led by the ward manager who had spoken nationally and internationally about reducing restraint and restrictive practices.
- The secure wards were accredited by the Royal College of Psychiatrists' quality network for forensic mental health services.

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.

- The hospital had recently recruited a Mental Health Act administrator; before this there had been a gap where no substantive Mental Health Act administration was in place.
- The current procedures were not fully effective to ensure that all aspects of the Mental Health Act Code of Practice were met. The new Mental Health Act administrator was developing a more robust system to ensure that the responsibilities were met which worked with the new electronic care records system recently introduced.
- The flagging systems in place at the time of the inspection were not properly effective as there was no robust system in place to ensure that important dates were not missed.
- There was limited evidence of administrative or medical scrutiny on recent detentions. We saw one set of detention papers which had a minor rectifiable error which was not picked up.
- Staff explained to each patient their rights under the Mental Health Act in a way that they could understand. However, these were not always repeated as necessary in accordance with the Mental Health Act Code of Practice and recorded clearly in the patient's notes each time. Most detained patients were informed of their rights under section 132 frequently through their detention but not necessarily at the right times, such as when their detention was renewed.
- Staff did not always ensure that legal authorisations around consent to treatment (T2 and T3 forms) were routinely attached to medicines charts to aid nurses to check them prior to administering medication for mental disorder.
- Managers had not ensured that copies of patients' detention papers and associated records were available for all ward staff and stored systematically. The recently recruited Mental Health Act administrator was working through the backlog of records to scan and store these records.

However:

- Most staff had received training on the Mental Health Act and the Mental Health Act Code of Practice.
- Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Patients had access to an independent mental health advocacy service as a representative from the local advocacy visited regularly.
- Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Clinicians clearly recorded Section 17 leave decisions with clear conditions, a risk assessment prior to leave and included the outcome of leave.

Mental Capacity Act and Deprivation of Liberty Safeguards

- CQC have made a public commitment to reviewing provider adherence to Mental Capacity Act and Deprivation of Liberty Safeguards.
- Records showed staff were ensuring that capacity assessments were decision and time specific.
- We saw examples of good capacity assessments and decisions made in line with the principles of the Mental Capacity Act relating to specific decisions. The decisions ranged from cutting patients' hair and nails without informed consent through to serious medical treatment and discharge decisions.
- Patients who were deemed to lack capacity over ongoing treatment decisions for physical health care and treatment had corresponding best interest considerations for continuing treatment in the absence of fully informed consent.

- Staff kept records consistently showing that the initiation or the continuation of care or treatment was in the patients' best interests utilising the correct legal test for establishing patients' best interest.

However:

- On one ward, nursing staff had applied for an urgent and a corresponding standard Deprivation of Liberty Safeguards application for one patient. The standard Deprivation of Liberty Safeguard authorisation had elapsed. Prior to the end of the authorisation, nursing staff had not applied to extend the deprivation.
- This meant that the patient was deprived of their liberty, as staff had not completed the form to extend the standard Deprivation of Liberty Safeguards. When we informed the hospital staff of this, they immediately applied for a standard authorisation but did not apply for an urgent Deprivation of Liberty Safeguard authorisation concurrently to authorise the deprivation until the standard authorisation was determined. This meant that one patient was deprived of their liberty without procedural safeguards because staff did not complete the form in good time or correctly.
- There was no system in place to remind staff to apply for a further standard authorisation to make sure that patients' deprivation of liberty was always authorised.

Requires improvement

Location

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

Is the location safe?

Inadequate

Safe and clean environment

The ward environments were safe and clean. All the wards offered single bedrooms with full en-suite facilities in each bedroom. On each ward, there was a clinic room, a range of other rooms and enclosed courtyards attached. There had been some recent environmental improvements since Elysium Healthcare took over the running of the hospital including a new clinic, new furniture and redecoration.

Staff completed and regularly updated thorough risk assessments of all ward areas, and removed or reduced any risks they identified. Staff had completed comprehensive ligature risk assessments. The assessments included details of any amendments that were required to the ward environments and action to mitigate the risks in the interim.

Each ward had a security nurse allocated on each shift who had a corresponding chart detailing security checks and the risk areas relating to that ward. The security nurse checked the designated risk areas regularly. These checks were in addition to patient observations that were allocated to other members of staff.

Staff could observe patients in all parts of the wards. There were good lines of sight through the wards and there was also closed-circuit television in communal areas. Where there were blind spots, which hindered staff observing patients, there were mirrors at height to help staff have a view of blind spots. There was closed circuit television in communal areas which could be viewed retrospectively for incidents. Patients were informed about the presence of closed circuit television.

There was no mixed sex accommodation. All the wards only admitted either male or female patients. There were no breaches of mixed sex accommodation guidance within this service.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Many of the significant ligature risks had been removed and curtain and shower rails were fully collapsible throughout the wards. Toilet, shower and bathroom fittings in patient bedrooms were anti-ligature. Some fittings such as taps on handwashing sinks in communal areas were not fully anti-ligature. Staff were mitigating the risks of ligatures on the wards through staffing levels and patient observations.

Staff had easy access to alarms and patients had easy access to nurse call systems.

All ward areas were cleaned regularly and most cleaning records were up to date. There were some minor gaps in the cleaning schedule. For example, cleaning schedule records were meant to be completed three times a day but sometimes were only signed by staff once a day. On one ward, there were gaps but there was mostly a corresponding reason why cleaning could not take place but often with good reason. For example, reasons given included the presentation of patients and the ward being unsettled. However, the wards were visibly clean.

Staff followed infection control policy, including hand washing. Managers in the hospital had carried out a hand washing audit in November 2018 which showed good adherence to hand washing practices on the wards with a compliance rate of 94%.

Seclusion room

The hospital had one seclusion suite which had a seclusion room with a separate toilet and shower room which could be accessed by patients without having to come out of seclusion. The room allowed clear observation. The viewing panel in the seclusion room door permitted staff to carry out observations. There was two-way communication with patients having an intercom system so they could speak with staff while in seclusion.

There was a clock outside the seclusion room so patients that were secluded could remain oriented to time. The taps in the sink and shower of the seclusion suites were anti-ligature. Strong seclusion type mattresses, which afforded comfort especially during longer periods of seclusion, were used in the seclusion room. The heating and ventilation was controlled from a panel outside the seclusion room.

The seclusion suite was based on a quiet corridor between the two different parts of the hospital so it could be utilised by any ward in the hospital. If a patient presented with significant behavioural disturbance and could not be conveyed from the ward to the seclusion suite, staff used cleared rooms on the ward while ensuring the required safeguards were still met. We did not identify any incidents relating to the conveying of patients to seclusion.

Clinic room and equipment

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Ward treatment rooms and refrigerators were properly monitored by ward and pharmacy staff to ensure that medicines were stored at the correct temperature and were safe to use. Emergency bags were available which included resuscitation equipment and emergency drugs. Staff checked these daily to ensure that all equipment was in date and fit for purpose. Staff maintained equipment well and kept it clean.

Each clinic room on the wards had a hand washing sink which was a domestic sink with non- lever taps and an overflow. This went against national infection control advice which stated that taps and sinks in clinic rooms used for hand hygiene should be of suitable specification without an overflow. Although there was no current risk management plan in place associated with having clinic room taps and sink which did not meet the required national standard, the hand hygiene audit identified that staff turned domestic taps on with a paper towel reducing the infection control risk. Managers were aware of the shortfalls and had already taken remedial action to cover the overflow in the general clinic room.

Safe staffing

While the service did not have enough staff with the right skills, qualifications and experience for each shift as there were a number of nurse vacancies, managers had a strategy to improve this.

There were a number of registered nurse vacancies (at 45% vacancy rate for registered nursing staff at March 2019 improved from 59% in November 2019). Elysium Healthcare took over the running of St Mary's Hospital in August 2018. During the transition, some staff decided to leave and not transfer to Elysium contracts or terms and conditions, even though there were some enhancements from the previous contract. In addition, Elysium Healthcare increased the staffing establishment including doubling the registered nurse establishment at night on some wards and consolidated some of the regular observations into the core numbers. This led to the hospital having further vacancies due to increasing the staffing establishment.

The core staffing levels on each shift were as follows:

- On Dalston and Adams wards, there were two registered nursing staff and seven recovery workers on days; on nights, they worked on two registered nurses and six recovery workers.
- On Cavendish and Leo/Hopkins wards, there were two registered nursing staff and seven recovery workers on days; on nights, they worked on one registered nurse and five recovery workers.

At the time of the inspection, the vacancy rate for registered nursing staff per ward at St Mary's Hospital was:

- Adams ward - six full-time establishment registered nurse vacancies - 60%
- Cavendish ward - four full time establishment registered nurse vacancies - 50%
- Dalston ward - four and a half full-time establishment registered nurse vacancies - 45%
- Leo and Hopkins ward - five and a half full-time establishment registered nurse vacancies - 65%.

The vacancy rate for non-registered nursing staff per ward at St Mary's Hospital was:

- Adams ward - six full-time establishment recovery worker vacancies - 18%
- Cavendish ward - no recovery worker vacancies - 0%
- Dalston ward – no recovery worker vacancies - 0%
- Leo/Hopkins ward – six and a half full-time establishment recovery worker vacancies - 21%.

Since the inspection, we asked for an updated recruitment position and managers confirmed they had made the following offers which have been accepted:

- Five registered nurses amounting to 25% of registered nurse vacancies
- 11 recovery workers amounting to 88% of non-registered nursing staff vacancies
- Seven bank recovery workers had also been recruited.

Managers ensured that a registered mental health nurse and a registered learning disability nurse were deployed on the wards for people with autism. There were also further interviews for both registered and non-registered staff in the pipeline. Managers also planned to recruit 20 recovery workers over budget to cover observations and reduce reliance on agency staff.

The staffing of St Mary's Hospital was highlighted on the risk register from when Elysium Healthcare took over and had been included in the risk register from July 2015. This risk remained on the risk register at the time of this inspection in March 2019. Despite the controls in place to reduce or mitigate the risks, the provider identified that the residual risk score remained the same. This was mainly due to staffing the unit with bank and agency staff due to low staffing levels of substantive staff.

Managers had developed a staffing strategy which included reviewing the staff numbers to provide appropriate contingency arrangements, regular review and oversight by the senior leadership team, incentive approaches and recruitment days.

We asked managers about the impact of staffing and specifically requested the numbers and details of incidents categorised as occurring due to short or critical staffing levels as a primary or secondary factor for the period January to March 2019. The provider told us that they had been no incidents. From looking at complaints, incidents, care records and through speaking to staff and patients, we did not identify any critical concerns about the quality of care being compromised due to the qualified staff vacancy rates and high use of bank and agency staff deployed while managers recruited substantive staff.

The number of staff deployed to work with deaf patients who could sign to a competent level was low. Staff providing care and support to staff could not communicate to an appropriate level with deaf patients. The two (out of three) deaf patients we interviewed commented that there were not enough staff who could communicate using sign language to an appropriate standard. The hospital did bring interpreters in for 2.5 days during weekdays to support patients with ward rounds and other formal meetings.

Staff at St Mary's undertook deaf awareness training on induction which included some sign language. There were British Sign Language training courses run every 2 months. Managers confirmed that there were 16 staff trained to British Sign Language level one (two registered staff and 14 non-registered staff) and 5 staff to British Sign Language level two (one registered staff and 4 non-registered staff). There were no registered nursing staff with higher level training beyond level two. Following the inspection, managers told us that there were also one recovery worker trained to level six and a bank recovery worker who worked on the ward regularly trained to level six.

The patients found this frustrating as there were significant times when they could not communicate to ward based staff in their first and only language (British Sign Language) on a specialist deaf service and even the staff that were trained were only trained to a fairly basic level. The NHS standardised contract for specialist mental

health services for deaf people stated that all staff should be supported to develop British Sign Language level two as a minimum and it was desirable to be trained to level three, especially expert clinical staff.

The hospital had recently recruited a lead consultant psychiatrist from one of the few national centres for mental health and deafness and a deaf social worker. Managers hoped these appointments would increase the profile of the deaf service, assist with recruitment of staff and improve the service to deaf patients.

While managers used agency staff regularly, they requested and used staff familiar with the service. There was a heavy reliance on agency registered nursing staff largely due to nurse vacancies. Agency recovery worker staff were largely used for observations. There were a number of occasions where the agency qualified member of staff was the only nurse on the floor of the ward. We asked for the number of shifts filled by agency, bank and non-substantive staff and shifts not filled. In January and February 2019, 235 and 247 registered nurse shifts were covered by agency, bank and non-substantive staff respectively. In January and February 2019, 1692 and 1449 recovery worker shifts were covered by agency, bank and non-substantive staff respectively. While the hospital did not initially provide clear data about the number of unfilled shifts, on inspection ward managers stated it was rare for shifts not to be filled through utilising regular staff being flexible, bank and agency staff. This was corroborated later by managers who confirmed all shifts had been filled in the three months upto the inspection.

Managers made sure all bank and agency staff had an induction and understood the service before starting their shift. Elysium Healthcare had its own bank staff and agency staff system. Staff from these were provided with induction and annual refresher training skills to be effective in their role. Regular nursing agency staff were block booked and, where possible, were familiar with the patients. External agency staff had a safety briefing at the start of the shift that included detailed information about patients, their risks and needs and the ward environment.

Managers supported staff who needed time off for ill health and helped to keep rates low. The sickness levels for January and February 2019 for each ward were as follows: -

- Adams ward: January 2019 - 8.4%; February 2019 - 6.4%
- Cavendish ward: January 2019 - 6.8%; February 2019 - 5.3%
- Dalston ward: January 2019 - 6.2%; February 2019 - 4.9%
- Leo and Hopkins ward: January 2019 - 3.2%; February 2019 - 4.8%

This meant that sickness rates on most wards were slightly higher when compared to an England average of 4.8% sickness rate for mental health and learning disability hospitals according to the most recent annual figures (for the year 2017/8).

Patients had regular one to one sessions with their named nurse.

Patients rarely had their escorted leave cancelled, even when the ward was short staffed. Staff prioritised patient leave and the deployment of staff on the shift was discussed each morning. Sometimes leave was rescheduled for the same day when there were not enough staff to escort patients.

The service had enough staff on each shift to carry out any physical interventions safely. There were a significant number of additional recovery workers to provide observations where patients required additional observations due to their physical or mental health. Most patients on the wards required additional observations.

The service had enough daytime and night time medical cover and a doctor available to come to the ward quickly in an emergency. There were five doctors at hospital including consultant psychiatrists, a consultant neuropsychiatrist and a staff grade doctor. The hospital also contracted with a local GP service that offered extended hours appointments and visits to the hospital. There was a rota for out of hours cover. We did not identify any concerns regarding delays in doctors attending the hospital when needed. Managers could call locums when they needed additional medical cover.

Managers were making appropriate checks to make sure staff were of good character. We looked at the personnel and recruitment files for four members of staff. Records showed that appropriate recruitment checks were made including completing disclosure and barring service checks and the verification of references, qualifications and professional status before staff started working at the hospital.

Staff had not always completed and were not always up to date with their mandatory training. However managers had plans to get this back on track. During the transition between the previous provider and Elysium Healthcare taking over the running of St Mary's Hospital there had been a gap where some training was not available. In addition, some courses had changed significantly meaning that staff could not use previous accreditation. For example, the management of violence and aggression training was different and staff were being trained on Elysium's approach to management of violence and aggression. This meant that a number of staff mandatory training had lapsed because they had not completed the refresher courses within the appropriate timescales and/or they had not attended the approved Elysium Healthcare training. Managers recognised that training figures were low and did not meet the required minimum percentage. Managers put on extra courses and also included training as a critical issue in their transition assurance plan to improve staff take up of mandatory training. The plan was for 95% of staff to be trained by May 2019.

The provider set a target of 95% for completion of mandatory and statutory training. At March 2019, the mandatory training uptake figures showed that all but one of the training courses failed to achieve the provider target and of those, 4 out of 21 courses were above 75% uptake. These were:

- Basic Life Support training - 100%
- Immediate Life Support training - 83%
- Infection Control Level 1 (Support Staff) training - 85%
- Breakaway training - 83%

Seven courses had uptake rates under 50%. These were:

- Information governance training - 49%
- Equality, Diversity and Human Rights training - 48%
- Mental Health Act Code of Practice training - 46%
- Infection Control Level 2 (Clinical Staff) training - 40%
- Mental Capacity Act and Deprivation of Liberty Safeguarding training - 39%
- Safe Administration of Medicines Level 1 training - 30%
- Safe Administration of Medicines Level 2 training - 26%

The uptake figures had improved dramatically from November 2018 in most courses, when the provider submitted training uptake rates for the provider information request. Some of the lower uptake rates include training where previous learning on the same subject has not been counted; some of the courses are new courses such as safe administration of medicines level 2 training. We were therefore assured that managers had realistic plans to improve the uptake rates in reasonable timeframes. However, it was notable that in the training courses with lowest uptake rates, we found regulatory breaches regarding medicines management which we report on as part of this inspection. Managers kept track of staff and their mandatory training and staff received alerts so they knew when to update or complete training modules.

The mandatory training programme met the needs of staff and patients in the service. Staff had access to training on acquired brain injury, autism and learning disability as part of their core training.

Assessing and managing risk to patients and staff

Staff did not always complete a risk assessment for each patient when they were admitted and did not always review risk assessments this regularly. We looked at risk assessments for 31 patients. Not all patients had up-to-date risk assessments which identified the risks patients posed to themselves or others with risk management plans in place.

We found that in 11 out of 31 records we looked at, staff had not fully completed formal risk assessments initially when the patient was admitted to the hospital or staff had completed a risk assessment score with no or very limited narrative to explain how that score was determined. Following the score, staff had not detailed how risks should be mitigated in the written plans of care. This meant that staff were not always aware of a patient's specific risks or how to manage these. We therefore found the hospital breached regulations in relation to providing safe care to patients.

This meant that patients did not have a current risk assessment that fully reflected the risks or a corresponding risk management plan. For example, one recently admitted patient on Dalston ward had a risk assessment that had been scored but there was no corresponding narrative to understand how the scores were determined and there was no corresponding risk management plan to guide staff. Five out of seven records on Cavendish ward did not contain a complete risk assessment and associated management plan. For example, one patient was identified as a suicide and

self-harm risk but there was no written management plan how staff would mitigate this risk. However, the patients' observation levels had been determined to keep the patient safe. In some cases, risk assessments were not signed or dated.

Staff had not assessed or managed behaviour that challenged others effectively using consistent positive behavioural support approaches. On Dalston, Cavendish and Adams, most patients did not have written positive behavioural support plans in place or where they were in place they had not been informed by functional assessment. These patients presented with behavioural disturbance as a result of acquired brain injury warranting detention under the Mental Health Act. Patients did not have an effective written positive behavioural support plan that identified the primary preventative strategies (enhancing quality of life and meeting unique needs), secondary preventative strategies (recognising and responding to early signs) and tertiary preventative strategies (individualised responses following behavioural disturbance) to guide staff in how they should respond to patients with behavioural disturbance. This was contrary to national guidance including the Mental Health Act Code of Practice, Department of Health guidance and the Royal College of Physician's acquired brain injury rehabilitation national clinical standards.

When we spoke with staff, they showed that they knew patients very well and used this knowledge to help patients stay calm and care plans often identified patients' strengths. However, the approaches staff used were not formulated into a written, individualised positive behavioural support plan. Managers had already recognised this issue, accepted our findings and had plans to improve the consistency of positive behavioural support approaches across all the wards.

In contrast, patients on Leo and Hopkins wards had very detailed positive behaviour support plans in place and a lead positive behaviour support practitioner that had spoken internationally on the subject.

Staff used a recognised risk assessment tool. Staff used the historical clinical risk management 20 (widely known as HCR-20) tool and short-term assessment of risk and treatability risk assessment tools. The historical clinical risk management 20 tool is a comprehensive set of professional guidelines for the assessment and management of risk relating to offending history.

Staff knew about any risks to each patient and acted to prevent or reduce risks. Where patients had physical health problems that could present with risks that needed to be managed these were well documented. For example, we saw where patients were at risk of choking (dysphagia), their care plan included detailed support around mealtimes to manage the risks of choking.

Staff followed hospital policies and procedures when they needed to search patients or patients' bedrooms to keep them safe from harm. Staff carried out random and specific searches on patients on the secure wards and worked within a policy on searching. Most patients were on 1:1 observation levels which meant that staff were with them.

Staff had received training on reducing restrictive practice. Restrictions on patients' belongings were kept to a minimum. For example, patients across the hospital were allowed their own mobile phone. The only exception was where this had been risk assessed for individual patients on clinical or security grounds. The ward manager of Leo ward was actively involved in the reducing restraint network and spoke at their last conference.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Following the introduction of an electronic incident record system, managers could access a computer-based dashboard for each ward which was used to monitor and analyse information about the use of restrictive interventions such as restraint and seclusion. The dashboard data was interpreted at the end of each month for each member of the senior management team to discuss with their own department. Managers discussed reducing restrictive practice at hospital governance meetings by monitoring levels of physical restraint and where necessary develop action plans to address any issues.

Staff made every attempt to avoid using restraint by using de-escalation techniques and only restrained patients when these failed and when necessary to keep the patient or others safe. Staff understood the Mental Capacity Act definition of restraint and, where appropriate, worked within it.

Over the 3 months prior to the inspection, incidences of restraint were as follows:

- Leo/Hopkins ward – 188
- Dalston ward – 46
- Adams ward – 23
- Cavendish ward – 11

Leo wards restraint episodes were much higher because they included episodes where staff put hands on to support personal care to patients and also to prevent injury for one patient whose behavioural disturbance was a persistent feature. Staff on Leo ward had completed detailed positive behavioural support plans for each patient.

There were three incidents of prone restraint in the three months of the inspection. These were all categorised as the unexpected unintentional descent to the floor of the patient into the prone position. Managers reviewed the use of all restraints, including prone restraint.

Staff followed NICE guidance when using rapid tranquilisation. On occasions, patients may be prescribed medicines known as rapid tranquillisation to help with extreme episodes of agitation, anxiety and sometimes violence. Following rapid tranquillisation, nursing staff were required to record regular observations of the patient's blood pressure, temperature, oxygen saturation and respiratory rate. The corresponding care records for patients who had been given rapid tranquillisation showed clearly that staff recorded the reasons for giving rapid tranquilisation and had recorded these observations. Where patients declined these checks, staff completed checks based on visual observations.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. There had been three episodes of seclusion for the three-month period prior to the inspection. Records showed that on each ward, seclusion was not used frequently, and where it was used it was often used for short periods of less than four hours. On the inspection, we had the opportunity to review one individual record of seclusion. This showed that most of the safeguards were met in relation to seclusion, apart from minor shortfalls in the 15 minutes observation recording.

Long term segregation was not used frequently and there was one episode of long term segregation since Elysium Healthcare took over. At the time of the inspection, the same patient was still in long term segregation. We did not have the opportunity to review the long-term segregation record. This was because at the time of the inspection, local commissioners were on-site carrying out a review of the segregation including benchmarking against best practice guidance including the guidance in the Mental Health Act Code of Practice.

Safeguarding

Not all staff had received training in safeguarding that was appropriate for their role. Training in safeguarding adults and safeguarding children was mandatory and required staff to attend initial and regular refresher training. Across the hospital, only 50% of staff were up-to-date with their safeguarding adults training.

However, staff could give clear examples of how to protect patients from harassment and discrimination. Staff we spoke with had a good understanding of safeguarding procedures and what to do when faced with a safeguarding concern.

Staff knew how to recognise adults and children at risk of, or suffering harm and worked with other agencies to protect them. The hospital had notified us of safeguarding incidents. Most of the safeguarding notifications included verbal or physical abuse between patients. In each of the safeguarding cases, it was clear that the hospital had taken appropriate action to safeguard vulnerable patients. At the time of the inspection there was one outstanding safeguarding incident which involved local authority oversight or intervention.

Staff followed clear procedures to keep children visiting the ward safe. Social workers employed by the hospital assessed the appropriateness of children visiting patients. They liaised with relevant authorities and made the arrangements for child visiting where this was deemed to be in the best interests of the child. There were family visiting rooms off the ward areas so children could visit patients at the hospital without having to go on the wards.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The hospital had recently recruited social workers who were re-establishing contact with the local authority safeguarding team and checked that appropriate and timely action was taken to protect vulnerable adults.

A safeguarding referral is a request from a member of the public or a professional to the local authority or the

police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

Each authority has their own guidelines as to how to investigate and progress a safeguarding referral. Generally, if a concern is raised regarding a child or vulnerable adult, the organisation will work to ensure the safety of the person and an assessment of the concerns will also be conducted to determine whether an external referral to Children's Services, Adult Services or the police should take place. When the staff in the hospital were in doubt, they informed us they would speak to local authority staff for guidance on whether a referral was necessary.

Staff access to essential information

Patient notes were comprehensive and all staff could access them easily. Elysium Healthcare had introduced an electronic care notes system which was still being implemented at the time of the inspection. Most of the care notes were now completed electronically by staff or scanned in. Elysium had a standardised filing system within their electronic database.

Although the service used a combination of electronic and paper records, staff did not always make sure they were up to date and complete. There were a small number of records kept in paper such as Mental Health Act documents. On some wards we could not find key documents such as Mental Health Act documents in either the electronic care notes system, the computer filing system or paper records.

Medicines management

We reviewed 53 medicines charts and patient records in detail and found staff kept accurate records of the treatment patients received, except in a very small number of minor cases. These included a small number of medicine charts with a small number of isolated missing doses of non-critical medication with no corresponding explanation.

Staff followed national guidance and best practice in all aspects of medicines management. There was good evidence that doctors were reviewing patients' medication regularly and, where possible, patients were not on anti-psychotic medication or had significantly reduced the dose while at St Mary's Hospital. This was in line with national guidance on the stopping over medication of people with a learning disability, autism or both with psychotropic medicines commonly known as STOMP. One carer was particularly complimentary about how their relative was no longer over sedated since coming to St Mary's Hospital.

We reviewed consent to treatment documentation and found medicines were usually prescribed in accordance with the provisions of the Mental Health Act. However, we did find two examples where patients had been prescribed 'as required' medicine for mental disorder which were not included on the relevant consent to treatment certificate. We raised this with the nurse in charge who contacted the responsible clinician to review the prescription in each case. We also found that the legal certificates authorising treatment for mental disorder for detained patients were not always kept with the medicine chart as required by the Mental Health Act Code of Practice. This meant that staff administering medicines could not always show that they were fully checking that they had the appropriate paperwork and legal authority to give medication to detained patients at the time the medicine was given.

Prescriptions for medicines to be given as or when required contained sufficient information to enable staff to administer them safely. However, we saw examples where patients were given when required medicines regularly. Staff were unable to provide evidence that these prescriptions had been reviewed by the responsible clinician to ensure they remained safe and appropriate for each patient.

Staff usually reviewed the effects of each patient's medication on their physical health according to NICE guidance. We reviewed physical health monitoring for patients who were prescribed antipsychotic medicines. A physical health assessment was completed when patients were admitted. Staff kept records of investigations and physical observations in patients' medical notes. In general, we found monitoring had been completed in accordance with national guidance and the hospital policy. While physical health monitoring was good overall, we found that where patients were prescribed high dose antipsychotic treatment, we found there was no overarching system to oversee that appropriate monitoring had been undertaken and recorded in accordance with guidance. For example, to

record those patients routinely refusing basic checks and a corresponding record to state that prescribing clinicians had considered the benefits and risks of continuing high dose anti-psychotics in the absence of regular checks.

The systems in place for managing medicines did not always minimise risks or keep patients safe. Some patients were prescribed medicine that required regular monitoring of blood levels to ensure that ongoing treatment for their mental disorder was safe, such as Lithium or Clozapine treatment. We saw monitoring had not always been completed at the appropriate intervals. In addition, at the time of the inspection, there was no properly effective recording system to provide assurances to managers and prescribing clinicians that these essential blood results were requested or followed up in a timely manner. This was because on inspection, we found:

- There was a service level agreement with a local GP service who undertook physical health checks but when bloods were taken there was no proper system at St Mary's Hospital so that staff could routinely record, chase up or act when bloods were requested or received for each patient that required blood monitoring. There was sometimes a delay in receiving blood results back within the hospital. For example, we saw two sets of records where bloods had been taken but had not been recorded effectively in patients' clinical notes at the hospital. The blood results had been received by the local GP but staff in the hospital had not requested the results until we identified on the inspection the results were not available in clinical records; staff then ensured that they received these from the local GP.
- Where the results were required, the system was not effective to ensure these occurred. One patient due a blood test was not given one as staff stated that the written diary entry that bloods were required for this patient was ambiguous and then crossed out. Therefore, the patient did not receive the correct routine blood tests whilst on Clozapine. In this case, the hospital then received a prohibited notification email from the clozaril patient monitoring service stating that Clozapine treatment had to stop because a valid blood result for this patient had not been received. There was then a gap of 5 days before blood results were received and the patient was given a green light to recommence treatment.
- One patient who was admitted to St Mary's Hospital in late 2018 who was receiving Lithium prior to admission had no written record to show that he had received a routine blood test on admission or throughout his admission to prevent adverse effects. This was corroborated by staff calling the local GP who confirmed that no blood tests relating to Lithium had occurred.
- One patient on Clozapine where adverse high results were noted following a blood test analysis. The results meant that the patient required retesting and remedial action but staff did not act promptly to retake and review the blood tests to prevent serious adverse effects. There was no date recorded to retake bloods for this patient.

The current regularity of blood retesting was not recorded in relevant patients' current care plans to guide and remind staff, for example through a specific Clozapine or Lithium care plan. There was no record of discussions about blood tests or checks to ensure that blood levels stayed within safe parameters at relevant multi-disciplinary reviews for relevant patients. The pharmacy audits that we sampled did not routinely check the necessity and the regularity of blood tests in relevant patients' medicine records. Clinical staff we spoke with accepted that the systems to record and review blood test results and checking them against safe parameters was not fully effective.

This meant that there was no effective system in place at the time of the inspection for the necessary clinical monitoring of patients who required regular blood tests as an essential part of their ongoing treatment for mental disorder such as Clozapine and Lithium. Therefore, care and treatment was not always provided in a safe way for patients. This was because staff were not assessing risks relating to the proper and safe management of medicines which was a breach of regulation. We issued a warning notice to the provider telling them they need to improve the management of medicines by 10 May 2019.

The hospital had recruited a healthcare support worker to help oversee that all necessary physical health checks, including blood tests were properly requested, acted upon and recorded. The healthcare support worker was due to start soon after the inspection. The hospital also introduced a blood monitoring form following the feedback on our inspection.

The systems for managing and storing medicines, including medicines requiring refrigeration, controlled drugs and emergency medicines and equipment, minimised risks. Staff ensured medicines including controlled drugs were securely stored and emergency medicines were regularly checked to ensure they were available if needed. Clinic and fridge temperatures were monitored to make sure that medicines were stored at correct temperatures. However, we found minor discrepancies between the stock balance record and stock of non-controlled drugs and which had also been picked up during pharmacy audits. we saw a small number of non-medicine items being stored in the medicines fridge or cupboard. We also saw that a small number of recently expired medicines which were not being used had not been disposed of appropriately. We highlighted these to the ward manager or senior nurse in charge and they agreed to act to address these minor shortfalls.

Track record on safety

We looked at the incidents that had occurred recently at this hospital. All independent hospitals were required to submit notifications of incidents to us. The hospital had notified us of 63 relevant events appropriately including safeguarding incidents. There had been no never events at this hospital. Never events were events that were classified as so serious they should never happen. In mental health services, the relevant never event within hospital settings was actual or attempted suicide of a patient due to the failure to install functional collapsible shower or curtain rails and falling from an unrestricted window.

There had been no episodes of patients going absent without leave since Elysium took over the service.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Elysium Healthcare had a standard system of incident monitoring. Staff we spoke with understood the types of incidents to report.

Staff reported all the incidents they should. Staff completed reports for incidents and near misses on Elysium Healthcare's computerised incident reporting system. Senior managers reviewed incidents entries each day at the morning meeting where decisions were made regarding any further action which may be required. This could include referral to safeguarding, further investigation or reporting as a serious untoward incident.

Staff understood duty of candour. They were open, transparent and gave patients a full explanation when things went wrong. Managers and staff were aware of their responsibilities in relation to duty of candour which required staff to be open and offer an apology when an incident occurred resulting in serious patient harm. There had been no incidents where the serious harm threshold had been met but there had been two incidents which where the hospital accepted shortfalls affecting individual patients since Elysium took over. We saw in these cases, managers had offered a written apology and agreed to meet with patients. Managers were liaising with the police over one further incident.

Managers investigated incidents, gave feedback to staff and shared feedback from incidents outside the service. A range of performance indicators were monitored through a computerised dashboard which provided information for incidents on each ward including numbers, types and categories of incidents, the timeliness of recording incidents, analysis of the days and times when most incidents occurred, the types of injuries sustained and interventions used, where appropriate. Managers therefore had very detailed safety incident data for each ward. This could be accessed centrally by managers at the hospital and senior managers in the Elysium healthcare group. Managers met weekly to ensure there were appropriate reviews of the dashboards and incidents at the hospital.

Managers and staff made changes to practice as a result of incidents and feedback. Managers had recently introduced systems to ensure that learning from incidents was shared via the governance process so that lessons learned from incidents which occurred within St Mary's Hospital and from across Elysium were shared with the staff team. This included a staff newsletter and a 'lessons learned' newsletter which was sent to all staff.

Managers debriefed and supported staff after any serious incident. Senior managers, doctors and ward managers attended a daily morning handover meeting where incidents were reviewed and actions planned. Once a week, the handover reviewed actions overall to ensure a broad view of issues across the hospital and incidents

were maintained. Clinical psychologists offered debriefs immediately following serious incidents, but on occasion staff were not always able to attend due to the pressures on the ward.

Following any death where there had been an inquest, local coroners may issue a report with the intention of learning lessons from the cause of death and preventing deaths. There had been no reports to prevent future deaths issued by the coroner in the 12 months up to the inspection for St Mary's Hospital. There was one patient death from 2016 which was due to be heard by the local coroner later this year.

Is the location effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Patients received medical and clinical assessment to minimise symptoms of their mental ill health through medical input, medication and psychosocial interventions.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Patients had health passports which were updated. Staff ensured that patients received appropriate physical and dental health care including attending primary and secondary medical care appointments. All patients had regular physical health checks. Patients were encouraged to attend their GP for routine health checks and annual physical health checks; the GP also attended the hospital on a weekly basis through a service level agreement. The provider had recruited a health care worker to focus on physical health checking and promotion to further ensure patients' physical health needs were met.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were personalised, holistic and recovery-orientated. Patients had one-page profiles so that staff and patients could quickly understand patients' likes, strengths and needs. Staff completed detailed care plans, with each individual need leading to a separate care plan for each need. The care plans as a whole covered all of the patients. Most care plans were nurse-led and written from the nursing rather than the patient perspective.

Most care plans provided clear, individualised information for patients and staff (including new staff) to fully understand what patients' strengths and needs were and how their needs were being met. The interventions that staff produced from the care plans were detailed and helped to meaningfully maximise recovery from mental health and physical health problems, functional ability, achievement of self-care and, where identified, patient goals. Staff also provided practical assistance to patients to aid their independence. For example, patients were supported with help with budgeting and assistance with activities of daily living, such as shopping, cooking and cleaning.

Staff regularly reviewed and updated care plans when patients' needs changed.

Best practice in treatment and care

Staff on three out of five wards had not completed patients' positive behaviour support plans. However, staff on Leo and Hopkins had worked with patients who presented with behaviours that challenged to produce detailed positive behaviour support plans. Positive behaviour support plans stated the interventions required to change patients' behaviour proactively and manage disturbed behaviour reactively. This was in line with Department of Health recommendations outlined in Positive and Proactive Care: reducing the need for restrictive interventions (2014).

Patients with acquired brain injury were provided with care and treatment using neuro-rehabilitation approaches which included providing acquired brain injury awareness to patients, dialectical behavioural therapy, structured programmes and structured days, and targeting behaviour approaches.

Patients also had access to an occupational therapist and occupational therapy assistants who supported patients with formal daily living assessments and habilitation, rehabilitation and reablement support as well as diversional activities.

Staff delivered care in line with best practice and national guidance (from relevant bodies e.g. the National Institute

for Health and Care Excellence). Patients had access to psychological therapies through the dedicated clinical psychology service available within the hospital. Clinical psychologists worked with patients on an individual basis and in groups, providing evidence-based formulation and interventions. This meant that patients had access to talking treatments as well as medicine to aid their functioning in line with National Institute for Health and Care Excellence guidance. Clinical psychologists also led reflective practice sessions with nursing staff.

Patients with a learning disability or autism had a care and treatment review, in accordance with NHS England's commitment to transforming services for people with a learning disability or autism.

Staff used appropriate communication tools when supporting patients with autism. This included recognising patients' communication and sensory needs, working with families and supporting patients when they were experiencing stress and anxiety.

Clinicians used Health of the Nation Outcome Scales for People with Learning Disabilities (commonly known as HoNOS-LD) which was a scoring scale to measure the degree of patients' disability and improvements in daily and social functioning.

The physical health needs of patients were identified in patient care plans and staff made sure patients had access to physical health care, including specialists as required. Some patients on the acquired brain injury wards had Huntingdon's disease which was a chronic and progressive neurological disorder which led to cognitive deficits and physical impairment. Patients had detailed plans to manage their condition and patients regularly saw neurologists to help monitor their condition. Managers had recently introduced a contracted physiotherapy service to ensure patients with physiotherapy needs received appropriate assessment and treatment.

Staff ensured patients accessed dental, chiropody and optician services through patients' health action plans and hospital passports. Patients had access to designated speech and language therapist employed by the hospital. Dietician support was available via referral.

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. Nursing staff completed a malnutrition universal screening tool for relevant patients to assess the risks of malnutrition. Patients nutrition and hydration needs were planned, such as when patients were at risk of aspiration requiring specific soft diets or thickened fluids.

Staff supported patients to live healthier lives by supporting them to take part in programmes or giving advice. The hospital had recently gone no-smoking; patients were offered smoking cessation and alternatives to smoking.

Managers were introducing clinical audits, benchmarking and quality improvement initiatives from Elysium Healthcare as part of the transition from one service to another. The positive behaviour support lead had spoken nationally and internationally about positive behavioural support approaches.

Skilled staff to deliver care

The service had (access to) a full range of specialists to meet the needs of the patients on the ward. Patients were supported by a staff team that included registered mental health nurses, learning disability trained nurses, and experienced recovery support workers. The ward teams also consisted of ward managers, responsible clinicians, specialist doctors, occupational therapists and occupational therapy assistants, clinical psychologists and social work staff.

Staff had the right skills, qualifications and experience to meet the needs of the patients in their care. Many of the retained staff at St Mary's Hospital had been working there for a number of years and had many years' experience of caring for patients with autism, acquired brain injury and Huntingdon's disease. Staff received training in relevant subjects in addition to their mandatory training such as autism awareness and acquired brain injury awareness training.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. The appraisal rate was 100% uptake. Managers were introducing Elysium's appraisal system for the next appraisal round.

Managers supported nursing staff through regular, constructive clinical supervision of their work. The provider had a clinical supervision target rate of 85%. The uptake rates at March 2019 were as follows:

- Adams ward - 65%
- Dalston ward - 55%
- Cavendish ward - 45%
- Leo/Hopkins wards - 68%

The clinical supervision uptake rates had improved from the figures the hospital provided relating to December 2018. However senior managers recognised the need for improved uptake and had introduced a supervision database. The percentages did not capture reflective practice which was delivered by clinical psychology staff.

Managers supported medical staff through regular, constructive clinical supervision of their work. All the doctors working at St Mary's Hospital had received an appraisal and all had been revalidated.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Clinical psychologists had led reflective practice sessions to support staff to provide evidence-based care to patients.

Managers made sure staff received any specialist training for their role. The provider had prioritised mandatory training uptake. However, since Elysium Healthcare had taken over the running of the hospital, staff had opportunities to attend additional training including leadership training, root cause analysis training, search training and supporting through assessor training.

Managers recognised poor performance, could identify the causes and responded appropriately. We saw that appropriate action was taken to address poor staff performance. For example, we saw that following significant incidents, staff were suspended during the investigation.

Multi-disciplinary and inter-agency team work

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Records showed that there was appropriate attendance at these meetings from the various professionals involved in patients' care.

Ward teams had effective working relationships with other teams in the organisation. Our observations showed good team working and that the multi-disciplinary team worked well with effective communication. Staff we spoke to told us that professionals worked well together and ensured patients were at the centre of their discussions.

Staff made sure they shared clear information about patients and any changes in their care during handover meetings. Staff worked longer shifts to promote continuity of care. There were two handovers each day when shift changes occurred. At the handover, patients' current clinical presentation and anticipated needs were discussed.

Ward teams had effective working relationships with external teams and organisations. We saw that staff worked with other services such as the GP service, district nursing team, physiotherapy and other professionals. However, on occasions, the input of these professionals was often difficult to find in patients' care records. For example, one patient was receiving specialist tissue viability input as he was admitted with pressure sores. The management of the pressure sores was directed by the district nursing team but the records did not indicate the ongoing input the patient had received. One visiting professional who was reviewing a patient told us that key staff that they wanted to speak to as part of their review were not available because their visit had not been properly communicated by staff within the hospital.

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

Most staff had received training on the Mental Health Act and the Mental Health Act Code of Practice and were able to describe the Code of Practice guiding principles. At November 2018, 63% of the workforce had received training in the Mental Health Act. The training compliance reported during this inspection in March 2019 was lower at 46%. This was due to staff having to complete the training run by Elysium Healthcare and new staff starting who had not completed the training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support. The hospital had recently recruited a Mental Health Act administrator; before this there had been a gap where no Mental Health Act administration was in place.

Requires improvement

Location

The service had clear, accessible, relevant and up to date policies. However, the current procedures were not fully effective to ensure that all aspects of the Mental Health Act Code of Practice were met. The new Mental Health Act administrator was developing a more robust system to ensure that the responsibilities were met which worked with the new electronic care records system. The flagging systems in place at the time of the inspection were not properly effective as there was no robust system in place to ensure that important dates were not missed. There was no or limited evidence of administrative or medical scrutiny on recent detentions. We saw one set of detention papers which had a rectifiable error which was not picked up. There was no currently effective system that ensured that the hospital met its responsibilities to refer incapacitated patients to a tribunal where they had not had a judicial review of their case for some time.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Patients had access to an independent mental health advocacy service as a representative from the local advocacy visited regularly. The advocates we spoke with felt that staff had a good understanding of advocacy and welcome the input advocates could give. One of the independent mental health advocates was from the deaf community and was fluent in British Sign Language.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand. However, these were not always repeated as necessary in accordance with the Mental Health Act Code of Practice and recorded clearly in the patient's notes each time. Most detained patients were informed of their rights under section 132 frequently through their detention. However, we found the records relating to patients' rights were not systematically filed for easy access on the patients' records. We also saw that staff were not always revisiting patients' rights at particular intervals such as when a patient's detention was renewed or their legal status changed. In these cases, it was clearly recorded that patients had received their rights verbally a short time before the renewal but not at the specific time that their detention was renewed. However, in one case, staff had not given a patient their rights on admission.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Clinicians clearly recorded Section 17 leave decisions with clear conditions, a risk assessment prior to leave and the outcome of leave.

When consent to treatment for mental disorder was discussed with patients, the responsible clinician completed an assessment of capacity and consent for treatment for mental disorder.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Staff did not always ensure that legal authorisations around consent to treatment (T2 and T3 forms) were routinely attached to medicines charts to aid nurses to check them prior to administering medication for mental disorder.

Managers had not ensured that copies of patients' detention papers and associated records) were available for all ward staff and stored systematically. This was because there was a gap in Mental Health Act administration support and several important documents were not available on the ward either in the patient's care, legal or electronic care records. This included recent patient rights' records, annual reports to the Ministry of Justice for restricted patients, tribunal decisions (including a recent discharge from detention for a patient who was now informal) and consent to treatment records. The recently recruited Mental Health Act administrator was working through the backlog of records to scan and store these records.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. We saw that one informal patient had a care plan which clearly determined their right to leave the ward freely.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits but action to address the shortfalls were limited. Staff undertook regular audits of adherence to aspects of the Mental Health Act, including consent to treatment and information provided to detained and informal patients. The main findings within recent audits were around need for improvements in patients' rights recording. For example, the 'section 132' audit which checked whether detained patients had been informed of their rights identified poor compliance on Dalston ward. The action

to address this shortfall stated 'complete the rights quarterly' with no more detailed plan to ensure that the poor results on Dalston ward were properly addressed and robustly monitored.

Good practice in applying the Mental Capacity Act

Most staff had received training in the Mental Capacity Act and had a good understanding of at least the five principles. As of November 2018, 61% of the workforce had received training in the Mental Capacity Act Level 1. The training compliance reported during this inspection in March 2019 was lower at 39%. This was due to staff having to complete the training run by Elysium Healthcare and new staff starting. There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on Mental Capacity Act and Deprivation of Liberty safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff recorded when advocates or interpreters were brought in to assist patients to understand and communicate decisions about care and treatment. Staff also recorded what supportive aids were used to aid patients' understanding. Patients who were deemed to lack capacity over ongoing treatment decisions for physical health had corresponding best interest considerations for continuing treatment in the absence of fully informed consent. For example, one incapacitated patient was recorded as lacking capacity for hospital and treatment decisions. The patient was discussed by the multidisciplinary team with appropriate best interest considerations recorded in the patient's notes.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Records showed staff were ensuring that capacity assessments were decision and time specific. For example, we saw capacity assessment were being considered when incapacitated patients (such as patients with significant cognitive impairment due to acquired brain injury) were given care and treatment for which they could not give informed consent. These decisions ranged from cutting patients' hair and nails without consent through to serious medical treatment and discharge decisions.

When staff assessed patients as not having capacity, they made decisions in the best interests of patients and considered the patient's wishes, feelings, culture and history. We saw examples of good best interest decisions made in line with the principles of the Mental Capacity Act relating to specific decisions. For example, we saw best interest decisions being considered when incapacitated patients were given care and treatment for which they could not give informed consent. Where patients lacked capacity to consent to treatment for physical or mental disorders, records consistently showed that the initiation or the continuation of care or treatment was in the patients' best interests utilising the correct legal framework for establishing patients' best interest.

Staff had not always made applications for a Deprivation of Liberty Safeguards order when necessary and did not always monitor the progress of these applications. On one ward, nursing staff had made an urgent and a corresponding standard Deprivation of Liberty Safeguards application for one patient. The standard Deprivation of Liberty Safeguard authorisation had elapsed. Prior to the end of the authorisation, nursing staff had not applied to extend the deprivation.

This meant that the patient was deprived of their liberty, as staff had not completed the application to extend the standard Deprivation of Liberty Safeguards authorisation. When we informed the hospital staff of this, they immediately applied for a standard authorisation but did not apply for an urgent Deprivation of Liberty Safeguard authorisation concurrently to authorise the deprivation until the standard authorisation was determined. This meant that the patient was deprived of their liberty without procedural safeguard because staff did not complete the form in good time or correctly. We received immediate assurances that staff would rectify this shortfall and make sure that the urgent authorisation was completed and the form resubmitted so that the procedural safeguards were met. There was no system in place to remind staff to apply for a further standard authorisation so that patients' deprivation was always authorised.

The service monitored how well it adhered to the Mental Capacity Act and made changes to practice when necessary. Staff audited how they applied the Mental Capacity Act and identified and acted when they needed

to make changes to improve. A recent audit of the Mental Capacity Act showed that across all the wards that staff completed the documentation recorded for Mental Capacity Act assessments to a high standard. The audit identified that there were some shortfalls in staff fully completing the best interest paperwork on two of the wards. Managers hoped that the newly appointed social worker would help address these minor shortfalls.

Is the location caring?

Requires improvement

Kindness, privacy, dignity, respect, compassion and support

We spoke with 19 patients. The feedback we received from patients was mixed. Many patients were complimentary about the care they received from the staff on the wards. Most patients told us staff treated them with dignity and respect. Patients felt they received support to help them with their wellbeing. They felt involved in decisions about their care and treatment. Patients told us that staff had spent time helping them understand their rights whilst being on a section of the Mental Health Act and to understand what medicines they were on and what side effects to look out for. One patient told us that St Mary's was the best hospital they had been in.

Some patients told us they were not happy but often this was because they were detained and did not want to be kept in hospital and they would prefer to be at home or even transferred back to prison. Some patients told us that they had been assaulted by patients who were acutely unwell and who took up a lot of staff time. Patients felt staff did all they could to keep patients safe and well. Patients commented that about the activities available during the week overall were good.

Most patients said staff treated them well and behaved kindly. However, three patients across Dalston and Cavendish wards raised general concerns about the attitude of staff members or alleged incidents with staff. We spoke with the hospital director who assured us that these concerns would be considered or were already being considered with local authority safeguarding oversight.

Both deaf patients we interviewed commented that there were not enough staff who could communicate using sign language to an appropriate standard. Patients told us that, although some staff signed, it was not to an appropriate level; the hospital did bring interpreters in for part of the week. The patients found this frustrating as there were significant times when they could not communicate in British Sign Language.

We observed staff and patient interactions on the ward and undertook seven structured observations using the short observational framework for inspection tool. We use the short observational framework for inspection observational tool to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems.

During these observations, staff were not always respectful and responsive when caring for patients. Most of the the interactions between patients and observing staff that we observed using this tool were good, with 41 interactions showing patients were treated with good quality, dignified and respectful care. However, we also saw 17 interactions which were neutral with staff who were sitting by or observing patients not communicating or having very limited engagement. We observed four poor interactions including a staff member taking blood pressure who spoke with staff and did not speak with the patient, one patient dropping food on the floor and then picking it up and eating it without any of the four staff nearby who saw it intervening, one patient being taken hurriedly by the wrist by a member of staff and one staff not responding at all when the patient asked a question directly. The wards with poorer results were Dalston and Cavendish wards.

One of the group activities we observed also showed interaction which was not patient centred. The group was a topic based group and patients were asked for their thoughts or experiences on the topic but the staff facilitating did not engage or listen fully to all the patients' responses. Staff members in the group were very task oriented and rather than listening actively to patients, staff read a set list of pre-prepared answers.

We spoke with five carers. Most of these were very complimentary about the progress and care that their relatives had received. One carer remarked that St Mary's was the best hospital their relative had been in, having

been in several healthcare establishments since the accident leading to their acquired brain injury. One carer was particularly complimentary about how their relative was no longer over sedated since coming to St Mary's Hospital. However, one carer told us that they had made a complaint about some incidents of staff attitude on Dalston ward. One carer also remarked that while they'd had an overall positive experience, they were disappointed as they had recently not been told about a care programme approach meeting so they were not able to attend.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Involvement in care

Staff introduced patients to the ward and the services as part of their admission. Staff completed detailed admission checklists when a new patient came onto the ward.

Staff involved patients and gave them access to their care planning and risk assessments. Most records indicated that patients were involved in their own care and treatment from an initial assessment through to ongoing treatment, when patients could engage in decisions about their care and treatment. Most records we saw showed that patients had been given or offered a copy of their care plan. Where patients could not communicate or engage in their care and treatment, staff recorded that this was provided in their best interests.

Staff made sure most patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Staff had developed information in simpler language and pictorial formats about the ward, ward rounds and the Mental Health Act for patients with learning difficulties or cognitive impairment. Patients who were deaf were supported by trained interpreters where key decisions were made about their care and treatment such as ward rounds and care programme approach meetings. However deaf patients did not have trained staff available to communicate with them on day-to-day matters and there was significant times in the week when no interpreters were available.

Staff involved patients in decisions about the service, when appropriate. Patients could give feedback on the service and their treatment and staff supported them to do this. The hospital had a monthly patient forum run by patients with patients represented from each ward. This group ensured patients had a voice in not just their own care but how services were run. The senior managers welcomed the input of patients in having a say in the service. Most issues raised by the patient forum had been fully addressed. However, on some issues raised by patients, the minutes did not always clearly record what action was needed or what action had been taken at the next meeting to show that issues had been fully addressed. For example, patients in the forum had repeatedly requested healthy snacks in the hospital 'tuck shop' but this had not been addressed fully. Managers were looking to utilising involvement models from other Elysium hospitals so patients would be more meaningfully involved in coproducing training and tools to improve the service to make the hospital more patient friendly.

The hospital director and registered manager both had a regular presence in the unit which allowed patients, families and carers to approach as and when they needed assistance or wished to give feedback

Staff supported informed and involved families or carers. Family were routinely invited to care programme approach meetings, where applicable, and were also able to attend ward round and professionals' meetings. However, one carer told us that they had recently not been told about a care programme approach meeting so they were not able to attend.

Staff helped families to give feedback on the service. Carers events were held occasionally to encourage working partnerships between families, patients and the hospital. The hospital had also introduced a survey for carers to complete following their visits. Managers had also introduced 'you said; we did' posters which showed that following recent feedback from visitors, managers had ordered a TV and a radio for the visitors' room.

Requires improvement

Location

Is the location responsive to people's needs?
(for example, to feedback?)

Requires improvement

Access and discharge

The hospital offered medium secure, low secure and locked rehabilitation services and accepted referrals from a national catchment area. The hospital did not accept emergency admissions. Staff planned all admissions. Referrals for patients requiring forensic care or specialist neuro-rehabilitation for acquired brain injury were received from specialist commissioners at NHS England.

The provider provided information for average bed occupancy for six months to 11 January 2019 as follows:

- Adams ward - 92%
- Adams Deaf Unit - 92%
- Dalston ward - 94%
- Cavendish ward - 88%
- Leo ward – 83%
- Hopkins ward – 88%

All but one of the wards within this service reported average bed occupancies above the Royal College of Psychiatrists' optimum benchmark of occupancy levels in adult mental health inpatients services of 85% over this period.

The average length of stay for patients in the hospital at 2 January 2019 at St Mary's Hospital was as follows:

- Adams ward – 930 days
- Adams Deaf unit - 390 days
- Dalston ward – 837 days
- Cavendish ward – 615 days
- Leo ward – 785 days
- Hopkins – 770 days

The mean average for the hospital was 721 days which was nearly two years, with Adams ward having the highest average of nearly three years average stay. These were within lengths of stay we may expect for patients with complex and chronic needs such as acquired brain injury or autism requiring specialist and/or forensic hospital setting. Many of the patients at St Mary's Hospital had significant habilitation needs (learning new skills for daily living) or rehabilitation needs, co-morbid mental and physical health needs and/or had stepped down from forensic settings.

Patients moved between wards during admission when there were clear clinical reasons such as moving down from conditions of medium secure care to low secure care.

Managers monitored the number of delayed discharges and knew which wards had the highest number. There were no delayed discharges across the hospital at the time of the inspection. However, some patients were moving to conditions of lower security and faced delays due to the lack of specialist beds. We saw two patients on Adams ward, the medium secure unit, who had been assessed and accepted for low secure placements but were awaiting beds.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Staff at St Mary's Hospital were reliant on local services and commissioners to find placements or assess patients for moves to conditions of low security. There was a dispute between two funding authorities for one patient who was progressing towards discharge. In some cases, staff recording within the care programme approach documentation could have been clearer about progress towards discharge, including any barriers faced by local services and commissioners.

Facilities that promote comfort, dignity and privacy

Each patient had their own en-suite bedroom, which they could personalise. Following an appropriate individualised assessment, patients could have keys to their bedrooms to open or lock their own bedrooms.

Patients had a secure place to store personal possessions. Bedrooms contained a secure place to keep valuables and each patient was allocated a secure locker on the ward. Staff would lock secure items away which were items which were allowed under supervision such as razors. The wards had secure storage for valuables. Patients had personalised their bedroom areas.

The service had a full range of rooms and equipment to support treatment and care. Staff had made efforts to make the reception, ward areas and visitor rooms welcoming.

Each ward had central lounge areas with other rooms available. The other rooms differed for each ward but included a games room with a pool table, television and games console and comfortable seating. There were also smaller communal lounges on each ward. There were occupational therapy kitchens on each ward where patients' daily living skills could be assessed.

Patients could also access shared spaces off the ward; there was a family visiting room, an art and craft workshop, a woodwork workshop, tuck shop and gym. Some wards had a sensory room.

The service had quiet areas and a room where patients could meet with visitors in private. Each ward had quiet areas and there were no restrictions on patients accessing their bedrooms throughout the day so patients could spend some quiet time. There were off the ward facilities such as a gym, café, and therapy centre. There was a family visiting room in the area immediately before the secure entrance to the ward. Children, such as siblings and friends, could therefore visit patients without entering the ward.

Patients could make phone calls in private. Patients were allowed their own mobile phone. The only exception was where this had been risk assessed for individual patients on clinical or security grounds. Patients also had access to a portable phone.

The service had an outside space that patients could access easily. Each ward also had secure courtyards which patients accessed with staff support.

The service offered good quality and a variety of food. Most patients told us that the food was acceptable and did not raise any concerns about the quality of the food.

Patients' engagement with the wider community

Staff made sure patients had access to opportunities for education and work, and supported patients. The hospital offered a permitted earnings scheme to patients. Patients were interviewed and assessed for various roles, which included assisting in the tuck shop and cleaning the outdoor courtyard area. Patients were paid money for completing identified tasks. There was a structured programme of activities with groups planned by the therapy team. There were individual activities also planned for each patient that included community leave, college courses, and other activities based on patients' interests.

St Mary's Hospital was within walking distance of a large local leisure centre with a library and a large local college so many patients accessed leisure, education and vocational courses to help aid their wellbeing.

Staff helped patients to stay in contact with families and carers. Most carers we spoke with felt welcomed when they visited and were kept informed of significant events.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Staff supported patients with a variety of social, cultural and leisure activities. These included staff supporting patients to attend community groups to assist with their well-being such as attending weight watchers and alcoholics anonymous to maintain progress made in hospital. Deaf patients were supported to access a local deaf club.

Meeting the needs of all people who use the service

The service had adapted the environment to make adjustments for people with disabilities, communication needs or other specific needs. St Mary's Hospital had disabled parking, ramped access at the front, level access on both floors throughout the building and there was a lift to the first floor to enable people who use a wheel chair easy access. Wards had a bathroom with some aids and adaptations to assist patients with physical care needs. If additional aids or support were required for patients, these would be sourced on an individual basis. One patient who required a full bath hoist was awaiting transfer to a more suitable care facility.

The environment was adapted for deaf patients such as staff using a light to inform patients they were entering their bedroom and a flashing fire alarm light.

Patients had communication passports so that regular and agency staff could understand how best to speak or communicate with individual patients.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There were notice boards available on the wards on many topics, including patient rights, advocacy, safeguarding, and complaints. The exception was Cavendish ward where there was very little information displayed for patients. Staff we spoke with accepted this.

The service had information available in languages spoken by the patients and local community. A lot of the information was presented in easy read formats to assist patient with autism and acquired brain injury to understand. Where appropriate, there were posters with visual pictures including pictorial sign language to aid understanding among deaf patients.

Managers did not always make sure staff and patients could get hold of interpreters or signers when needed. Patients who were deaf were supported by hospital staff who could sign to a basic level (level one or two). The provider brought in sign language interpreters for 2.5 days a week. Both deaf patients we interviewed commented that there were not enough staff who could communicate using sign language to an appropriate standard. The hospital did bring interpreters in for part of the week. The patients found this frustrating as there were significant times when they could not communicate in British Sign Language.

The independent mental health advocacy service corroborated on the significant barriers to communication deaf patients faced and the associated lack of meaningful engagement. This meant that there were significant times during the week, evenings and at weekend where activities occurred and there were not always appropriate trained staff or interpreters to assist deaf patient to meaningfully engage in activities. We observed one activity where deaf patients attended but the hospital had no interpreter and the interaction by hospital staff with the deaf patients was limited.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. St Mary's Hospital cooked food for patients on-site which helped to ensure flexibility around patients' choice. There was always both a meat and vegetarian option available. Patients made daily choices regarding their food choice. We did not receive any significant concerns from patients about the current quality of the food.

Patients had access to spiritual, religious and cultural support. There was information displayed on wards about local churches and other places of worship. Staff also told us how patients' cultural and religious requirements could be supported. Patients with religious needs with leave could attend community religious facilities as part of their integration back into the community. Posters on local places of worship were displayed for patients.

Listening to and learning from concerns and complaints

Patients knew how to complain or raise concerns. Information on complaints and the Care Quality Commission's role in complaints were displayed on most of the wards. Posters were displayed on the ward containing information about the independent mental health advocacy service.

Ward staff understood the policy on complaints and knew how to handle them. The hospital had received 26 complaints between August 2018 and March 2019. Six of these were upheld and the rest were not upheld. None of the complaints were referred to the Health Service Ombudsman, who looks further at unresolved complaints from patients receiving NHS care.

Managers did not show that they investigated complaints fully and identified themes. We looked at the complaints folder provided by the hospital which contained eight complaints received from patients or relatives of patients. It was not clear that a proper investigation had occurred into the complaints as no details of the investigation process were available. For example, there were no notes of people interviewed or details of documents considered. The responses did not fully address the issues raised by the complainants in four out of eight. The responses did not clearly state if investigators had treated each complaint as a formal complaint or if it was being resolved locally.

Patients had not always received feedback from managers after the investigation into their complaint. In some cases, the patient had not been given a full response which addressed each aspect of their complaint within the written decision response to enable them to understand the outcome and how the hospital would improve to prevent a reoccurrence. One complaint raised in October 2018 did not appear to have a final response, despite holding letters detailing that a response would be provided in December 2018.

Managers had not signposted the patient where to go if they were unhappy with the latest responses in most of

the responses. For example, signposting to the Health Service Ombudsman and/or the CQC if the complaint related to powers and duties under the Mental Health Act.

Staff had not received feedback from mangers after investigations. Managers had just commenced a formal review of complaints and therefore no themes from complaints had been identified and disseminated to staff at the time of the inspection.

Is the location well-led?

Requires improvement

Leadership

The hospital manager had many years of experience managing secure services within Elysium Healthcare. They had made changes since they started to ensure that the treatment offered was safe and effective such as improving the environment and staffing establishment at night. The wards were managed by experienced nurses who led the wards and ensured the complex needs of the patients were met.

The exception was Cavendish ward which did not have a ward manager but one had been recently recruited and was due to start soon after the inspection. One of the ward nurses was acting ward manager but had no protected time for these additional duties and was still counted in the nursing numbers. While the interim ward manager had received informal support, they had also not received formal supervision for the three months they were acting up as manager.

Leaders had a clear understanding of the service they managed and knew how their teams worked to provide high quality care. Senior managers were well sighted on issues within the hospital and were working to address these. The hospital had recently introduced ward dashboards which assisted managers to understand what each ward did well and the pressures faced by ward staff.

Patients and staff new who the leaders were, could approach them and saw them often in the service. Staff were positive about the clinical leaders and the hospital manager, describing them as effective leaders who were approachable. Staff said they received support from their managers. Staff felt that managers listened to them.

The hospital gave opportunity for leaders to develop their skills and for other staff to develop leadership skills. Several staff had started the corporate introduction to leadership course which was an accredited course which included off-site and residential elements.

Vision and strategy

Elysium Healthcare had the following values:

- Innovation so we drive forward the standards and outcomes of care
- Empowerment to encourage all to lead a meaningful life
- Collaboration because in partnership we can deliver transformational care
- Integrity because we are ethical, open, honest and transparent
- Compassion show respect, consideration and afford dignity to all

The vision and values were displayed throughout the hospital and managers were working to embed the values following the transition of staff to Elysium Healthcare contracts. Managers planned future changes which evidenced the values. For example, managers planned a simple change so that staff and patients would eat together at mealtimes to break down barriers between staff and patients in line with compassionate and collaborative care.

Staff could describe how they worked to deliver high quality care within the available budget. Since Elysium Healthcare took over the running of St Mary's Hospital, staff have appreciated the investment in the hospital environment, furniture and facilities.

Culture

Staff felt respected, support and valued by their team and wider management. Morale was reported to be much improved, having taken a dip when Elysium Healthcare initially took over due to levels of uncertainty. Staff felt able to raise concerns with managers.

Staff felt proud to work for their team and the hospital. Staff we spoke with were positive about the transition and future direction of St Mary's Hospital.

Staff could raise concerns without fear. Staff understood the whistle-blowing policy. There was information

displayed in the hospital about how staff could raise concerns about patient care. Staff told us that they knew how to raise any issues through this process or anonymously.

Managers could identify and support staff who needed it to perform their jobs. Managers recognised the strengths and shortfalls and were working to address these. For example, managers recognised that some of the wards needed to improve their written positive behavioural support plans to bring them up and were looking to utilise the skills of the positive behavioural support lead to address this.

Teams worked well together and their manager dealt with any difficulties when they happened. Staff we spoke to across disciplines stated that staff respected each other's professional roles and felt well supported. Managers were working to improve the recruitment, retention, supervision, and training rates within the hospital.

The hospital supported their staff with access to occupational health services. Managers had brought in Elysium's wellbeing team and were looking to develop wellbeing services which included pamper sessions.

Governance

Managers had a clear framework of items they must discuss at each ward, team and directorate meeting. Senior managers held daily internal morning meetings with the clinical service leads and ward managers daily to discuss any service and operational issues. The senior management team met on a weekly basis to look at any themes from operational issues arising from a range of data including audits, incidents and infection control.

Staff undertook or participated in local clinical audits. However, staff were not always clearly determining or implementing recommended changes following reviews of the service.

The audits in place at the time of the inspection were limited in scope and those used by the previous provider. The service was in transition to fully implementing the Elysium Health Care governance system. Before we looked at the audits, the hospital director identified that the action plans assigned to each completed audit were not effective and was hopeful that a move to Elysium's auditing processes would lead to more robust action planning.

We saw a number of recent audits had recently been completed which identified shortfalls in the systems but the audit action plan did not fully address the shortfalls identified. For example, the 'section 132' audit which checked whether detained patients had been informed of their rights identified poor compliance on Dalston ward with only 6% compliance rates on the audit. The action to address this shortfall stated 'complete the rights quarterly' with no more detailed plan to ensure that the poor results on Dalston ward were properly addressed and robustly monitored.

The physical health audit completed in January 2019 identified shortfalls in malnutrition universal screening tool completion, and minor risk coding of electrocardiograph, blood sugar and cardiovascular recording errors but again there were no clear actions to address the shortfalls. The medicine checks carried out by the visiting pharmacist did not highlight or fully address the shortfalls we identified such as the poor systems for blood monitoring and missing legal certificates. This was because the checks commissioned were limited to fairly standard checks of the clinic room, stock and medicine chart checks.

There was a gap in the Mental Health Act administration which had led to a backlog in filing key paperwork. The newly appointed Mental Health Act administrator was improving the system from a paper based to an electronic based system of filing and oversight. This meant that at the time of the inspection, the Mental Health Act and Deprivation of Liberty governance systems were not robust to ensure that the hospital met their responsibilities. For example, the shortfalls included systems for administrative and medical scrutiny, filing systems to ensure ward staff had ready access to key documents, and reminder systems to make sure key dates were not missed such as dates around consent to treatment and to ensure that the hospital managers duties to refer certain incapacitated patients for a tribunal were not missed.

Ward based staff we spoke with were not always able to describe what recent audits had been carried out, what the results of the audits were and what improvements were needed.

Requires improvement

Location

Management of risk, issues and performance

Managers kept a risk register which identified risks to patients or staff which were managed locally by managers and staff within the hospital. The current risks identified were:

- Qualified nurse vacancy rates and high use of agency staff
- Transition to an electronic records system
- Providing care and treatment to forensic patients and patients with significant levels of need and disturbed behaviour
- Staff training uptake levels.

The risk register had details of how these risks could be mitigated and we saw that managers were making efforts to improve in these areas. The concerns we saw on the inspection broadly matched those on the risk register.

The service had clear plans for dealing with emergencies and staff understood these. Wards had emergency equipment which were easily accessible and checked regularly. The hospital had a business continuity plan which included identifying and mitigating the risks in relation to disruption of services including flooding or fire and other key risks.

Managers made sure that cost improvements did not compromise patient care. Since Elysium Healthcare took over the running of the hospital there had been significant improvements including introducing electronic records and environmental improvements.

Information management

Staff had access to equipment and technology that worked well and supported them to do their work. The systems to collect ward and directorate data did not create extra work for frontline staff. The focus of governance had been the transition to Elysium Healthcare systems and processes following the purchase. This included the introduction of electronic patient records and an electronic incident reporting system which were used across the Elysium group. Both systems were introduced in December 2018 following training which was delivered to all clinical staff. The data inputted into the system then populated ward dashboards.

Managers monitored a range of performance indicators through these computerised dashboards which provided information for incidents on each ward including observations levels, seclusion and long-term segregation use, incidents, leave episodes, care planning and risk assessments, and other key performance and safety data for each ward. There was a longer-term plan to ensure that the system had full functionality of the Elysium system which included an array of other metrics including patient activities uptake levels and commissioner led metric. Following the inspection key dates around the Mental Health Act and recent physical health checks were systematically added as part of the transition roll out to provide assurances to managers on some of the shortfalls we found on inspection.

Team managers had access to information that supported them. The dashboards could be accessed centrally by senior managers in the Elysium healthcare group. Governance arrangements were in place to ensure there were appropriate reviews of the dashboards, incidents and other data internally within the hospital and corporate regional meetings.

Information governance systems clearly stated policy on confidentiality of patient records. Staff notified and shared information with external organisations when necessary, seeking patient consent or acting in patients' best interests when required to do so.

Engagement

Staff, patients and their carers could access up to date information about the services they used and the hospital as a whole. Staff were positive about the transition of the hospital to Elysium Healthcare reporting improved communication and enhanced terms and conditions of employment.

Patients and carers could give feedback about their care and in ways that reflected their individual needs. Managers used the feedback from patients and staff to make improvements to the service. Managers and staff involved patients and carers in decisions about changes to the service. There were monthly staff and patient forums. We saw there were some improvements because of patient and staff feedback. For example, additional laundry items were purchased following a repeated issue raised at the staff forum.

Requires improvement

Location

Learning, continuous improvement and innovation

Managers were looking to start implementing Elysium group's quality assurance systems from April 2019 onward which included audit tools and benchmarking against Elysium group's quality priorities.

Managers supported staff to take part in research. Positive behavioural support approaches were truly embedded on Leo and Hopkins ward. Staff completed positive behavioural support plans with patients to a very high standard. Staff working on the ward were passionate advocates for positive behavioural approaches. The ward manager had carried out research and spoke nationally and internationally about reducing restraint and restrictive practices. However, managers accepted that this experience had not been best utilised internally within the hospital to support positive behavioural support approaches on the other wards.

Wards took part in accreditation schemes and learned from this. Health providers are able to participate in a number of accreditation schemes whereby the services they provide are reviewed and a decision is made whether or not to award the service with an accreditation. A service will be accredited if they are able to demonstrate that they meet a certain standard of best practice in the given area. An accreditation usually carries an end date (or review date) whereby the service will need to be re-assessed in order to continue to be accredited.

St Mary's Hospital low and medium secure wards had been awarded an accreditation by the Royal College of Psychiatrists' quality network for forensic mental health services in September 2018.

At the time of inspection, managers were still completing actions from an action plan to address some minor shortfalls identified at their most recent review from the quality network for forensic service accreditation review.

Outstanding practice and areas for improvement

Outstanding practice

- Positive behavioural support approaches were truly embedded on Leo/Hopkins ward. Staff completed positive behavioural support plans with patients to a very high standard. Staff working on the ward were passionate advocates for positive behavioural approaches led by the ward manager who had spoken nationally and internationally about reducing restraint and restrictive practices.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that staff assess risks relating to the proper and safe management of medicines through improving the system for blood testing. The provider must improve by 10 May 2019, as we served the provider with a warning notice telling them they needed to improve.
- The provider must ensure that staff assess risks to patients through ensuring that each patient has a current, written risk assessment.
- The provider must ensure that staff mitigate the risks through formulating appropriate positive behavioural support approaches for patients presenting with behaviour that challenges on Dalston, Cavendish and Adams wards.
- The provider must ensure that patients are always treated with dignity and respect so that staff engage with patients meaningfully, especially on Dalston and Cavendish wards.
- The provider must ensure that staff always have regard to the needs of patients with protected characteristics, namely patients who are deaf.
- The provider must ensure that sufficient numbers of skilled staff are deployed so that there are sufficient staff who are competent in British Sign Language working with patients who are deaf on Adams ward.
- The provider must ensure that complaints are investigated and action taken and improve the system for recording and responding to complaints.
- The provider must ensure that the systems and processes in relation to the Mental Health Act are checking and benchmarking against national guidance and accurate records are maintained relating to each patient's detention.
- The provider must ensure that the auditing systems and processes are improved so that managers take appropriate action to address any shortfalls identified leading to improvements in the quality of the services.

Action the provider SHOULD take to improve

- The provider should make sure that the minor shortfalls in other aspects of medicines management are addressed including systems for monitoring patients on high dose anti-psychotics and minor stock and recording discrepancies.
- The provider should continue with its plans to recruit nursing staff and improve further mandatory training and supervision uptake levels and monitor any impact on patients in the interim.
- The provider should make sure that nursing staff are reminded to fully complete Deprivation of Liberty Safeguards applications for urgent authorisation alongside standard authorisation within appropriate timescales so that patients are only deprived of their liberty with the full procedural safeguards.
- The provider should make sure that nursing staff fully reflect patients' views and involvement in their care plans.
- The provider should make sure that written minutes of the patients' forum clearly record what action is needed or what action has been taken to show clearly that patients' concerns have been fully addressed.
- The provider should make sure that patients on Cavendish ward are provided with information on noticeboards and/or leaflets to inform them of the services available and their rights.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 - Safe Care and Treatment **How the regulation was not being met:** Care and treatment was not provided in a safe way for service users. This was because staff were not always assessing risks as not all service users had a current risk assessment. Staff were not mitigating risks through appropriate positive behavioural support approaches on Dalston, Cavendish and Adams wards. This was a breach of regulation 12 (1) (2) (a) and (b)

Regulated activity	Regulation
	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 – Dignity and Respect **How the regulation was not being met:** Service users were not always treated with dignity and respect.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 10 (1).

Staff did not always have regard to the needs of patients with protected characteristics, namely patients who were deaf

This was a breach of regulation 10 (2).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 - Staffing **How the regulation was not being met:** Sufficient numbers of skilled staff were not deployed as there were not sufficient staff who were competent in British Sign Language working with patients who were deaf. This was a breach of regulation of regulation 18 (1) and (2).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 - Complaints **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 - Good Governance **How the regulation was not being met:** Systems and processes were not effective. The systems and processes were not checking and benchmarking against national guidance. There was not an accurate record which was maintained. This was a breach of regulation of regulation 17 (1) (2) (b) and (c). Systems and processes were not effective. The systems and processes were not improving the quality of the services. This was a breach of regulation 17 (1) and (2) (a).
	Complaints were not investigated and necessary and proportionate action taken. The system for complaints for recording and responding to complaints was not fully effective. This was a breach of regulation 16 (1) and (2).

This section is primarily information for the provider

Enforcement actions

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 - Safe Care and Treatment **How the regulation was not being met:** Care and treatment was not provided in a safe way for service users. This was because staff were not assessing risks relating to the proper and safe management of medicines when service users required blood test monitoring as an essential part of their ongoing treatment for mental disorder. This was a breach of regulation 12 (1) (2) (a) and (g). We have issued a warning notice to St Mary's Hospital telling them that they must improve in this area by 10 May 2019.