

Cambian - St Augustines Hospital

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

Summary of findings

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

Overall summary

We rated St Augustine's Hospital as good because:

- Patients told us that they felt safe. Staff carried out environmental risk assessments in areas such as health and safety, fire safety, access to therapy rooms, the gym, use of any equipment and infection control and prevention.
- Staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse. They had established links with the local authority safeguarding leads.
- The ward had appropriate arrangements for the management of medicines. We found good links between St Augustine's hospital and the local Lloyds pharmacy.
- The hospital practised excellent monitoring of physical health and healthy lifestyle promotion. Patients had regular physical health checks that included heart checks carried out on site and blood taken by staff for tests. Staff encouraged patients to participate in physical exercises and attend healthy lifestyle group. The hospital maintained close links with a local general practitioner (GP).
- Patients had access to psychological therapies as part of their treatment as individuals or group therapy. The doctors had access to information from National Institute for Health and Care Excellence (NICE) guidance updates that they shared with the clinical team.
- Staff carried out a range of clinical audits to monitor the effectiveness of the service provided. For example, care planning, risk management, information governance medicines and health and safety.
- Staff showed positive engagement and willingness to support patients. We saw that staff interacted with patients in a relaxed, kind and respectful way.
- Staff involved patients in their clinical reviews and care planning and encouraged them to involve relatives and friends if they wished.
- Staff encouraged patients to maintain independence. For example, patients were encouraged to self-administer their medicines.
- All discharges and transfers were discussed in the multi-disciplinary team meeting and were managed in a planned and co-ordinated way.
- There was a range of activities offered to patients. Each patient had an individual structured programme of activities.
- Staff offered and supported patients with the choice of food they wanted to meet their dietary requirements and their health, religious and ethnic needs when required.
- Staff told us that they felt supported by their managers. They said the manager was accessible to staff, approachable and had an open door policy.
- The hospital had effective governance processes to manage quality and safety.
- Staff were open and transparent and explained to patients if and when something went wrong. The manager discussed incidents with patients and their families.

However:

- The provider did not review and update the Mental Health Act (MHA) policies and procedures to reflect the revised MHA code of practice. Training records reviewed indicated that 64% of staff had received training in MHA.
- Where the clinical team had reviewed levels of risk, they did not always update the management plans to reflect the changes in risk.
- The on call rota was at times covered by a doctor who covered a large geographical area of the organisation's hospitals. This could have a significant delay for the doctor to arrive on site when required.
- Care plans did not document patients' views about their care and treatment. The care plans were generic and not specific to patient's individual needs.

Summary of findings

- Patients' confidentiality was not always maintained; two patients reported that at times some staff discussed other patients in communal areas.
- Our discussion with staff and records observed showed that there was no clear and formal process of learning from complaints and incidents.
- The door to the garden area was always locked and patients would ask staff to access the area. This garden had a smoking shed and patients had strict smoking times.
- The hospital did not have a clear formal way on how the information on performance of the service was shared with all staff and patients.

Summary of findings

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Good



Cambian - St Augustines Hospital

Services we looked at:

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

Summary of this inspection

Background to Cambian - St Augustines Hospital

St Augustine's hospital is located in Stoke-on-Trent, Staffordshire. It is an independent hospital providing adult mental health services for men aged 18 years and older. The hospital specialises in step-down mental health rehabilitation.

The registered provider for St Augustine's Hospital is Cambian Healthcare Limited

The hospital had a nominated individual and a registered manager. It also had an accountable controlled drug officer.

Regulated Activities:

Assessment or medical treatment for persons detained under the Mental Health Act (MHA) 1983; Treatment of disease, disorder or injury.

St Augustine's hospital provides 32 rehabilitation beds to men of working age. The beds are provided across two floors but consist of one ward. Patients admitted to this service have a primary diagnosis of mental illness, offending behaviour, substance misuse and may have been detained under the Mental Health Act. Typical

diagnoses include schizophrenia, schizoaffective disorder, bipolar affective disorder, personality disorder or depression. The location also offers inpatient services, as well as recovery and rehabilitation services.

St Augustine's hospital was last inspected on 11 February 2014. The service was found to be non-compliant with one standard relating to Requirements relating to workers.

On this inspection, we found that the provider had made improvements in this area and all actions had been addressed.

The previous Mental Health Act monitoring visit was on 5th March 2015. There was evidence that all of the following actions from that visit had been addressed. Ensuring that patients were informed of their rights on admission and reminded of these from time to time. The responsible clinician (RC) assessed patients' capacity to make decisions around medication at first administration of treatment. Recording by statutory consultees of their discussion with the second opinion appointed doctor (SOAD). The RC informed the patients of the outcomes of the SOAD's decision.

Our inspection team

Team leader: Raphael Chichera

The team that inspected the service comprised four CQC inspectors, a Mental Health Act reviewer, one psychologist, one expert by experience and one specialist mental health nurse.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Summary of this inspection

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

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

During the inspection visit, the inspection team:

- visited the hospital site and looked at the quality of the environment and observed how staff were caring for patients;
- spoke with 12 patients who were using the service;
- spoke with the head of care and registered manager for the hospital;
- spoke with 11 other staff members; including doctors, nurses, nursing assistants, occupational therapist, administration staff and the psychologist;
- observed a multidisciplinary risk review meeting;
- looked at 17 care records of patients;
- carried out a Mental Health Act review;
- carried out a specific check of the medication management;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients were complimentary about the support they received from the staff and felt staff provided the help they needed. Patients said they felt safe. They told us that staff were polite and treated them with respect and dignity. Patients said there were a variety of activities all the time including weekends and evenings, and were encouraged to make their own choices. Patients

discussed any changes with the multidisciplinary team after an incident. They were able to see a wide range of professionals depending on their needs. Patients were able to make changes to their care and treatment. They felt they would be able to raise concerns should they have one and were confident that staff would listen to them.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The ward had an up to date ligature risk assessment. Staff demonstrated an awareness of potential ligature points within the ward and mitigated identified risks.
- The clinic room was well equipped with all emergency equipment. Staff checked equipment regularly to ensure it was in good working order.
- There were enough staff available so that patients could have regular one to one time with their named nurse and we saw records that staff rarely cancelled activities and leave.
- Patients told us that they felt safe. Staff carried out environmental risk assessments in areas such as health and safety, fire safety, access to therapy rooms, the gym, use of any equipment and infection control and prevention.
- All staff had personal safety alarms and nurse call systems were available throughout the ward, which staff responded to quickly.
- Staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse. They had established links with the local authority safeguarding leads.
- Staff had a good understanding of de-escalation techniques; they only used physical interventions as a last resort.
- There were appropriate arrangements for the management of medicines. We found good links between St Augustine's and the local Lloyds pharmacy.
- Records showed that the average rate for completed staff mandatory training was 80%.

However:

- There were 56 shifts that had not been filled by bank or agency nurses, as result of staff sickness or absence in the last three months from February 2015 to January 2016
- The hospital did not have clear formal process of how learning from incidents was shared with all staff.
- Where the clinical team had reviewed levels of risk, they did not always update the management plans to reflect the changes in risk.

Good



Summary of this inspection

- The on call rota was at times covered by a doctor who covered a large geographical area of the organisation's hospitals. This could have a significant delay for the doctor to arrive on site when required.
- The door to the garden area was always locked and patients would ask staff to access the area. This garden had a smoking shed and patients had strict smoking times.

Are services effective?

We rated effective as requires improvement because:

- The provider did not review and updated the Mental Health Act (MHA) policies and procedures to reflect the revised MHA code of practice. Training records reviewed indicated that 64% of staff had received training in MHA and Mental Capacity Act (MCA).
- Care plans did not document patients' views about their treatment. The care plans were generic and were not specific to patient's individual needs.

However:

- Patients and records confirmed that regular physical health checks took place and there was ongoing monitoring to monitor patients physical health needs and ensured physical health care plans were up to date.
- Records were organised, stored securely and team members could access patients' records when needed.
- Patients had access to psychological therapies as part of their treatment as individuals or group therapy. The doctors had access to information from National Institute for Health and Care Excellence (NICE) guidance updates that they shared with the clinical team.
- The team had experienced and appropriately qualified staff. They had regular and effective multidisciplinary team meetings that involved all different professionals within the hospital.
- Staff carried out a range of clinical audits to monitor the effectiveness of the service provided. For example, care planning, risk management, information governance medicines, health and safety.
- Health of the Nation Outcome Scales (HoNOS) was used as clinical outcome measure. The occupational therapist used the Model of Human Occupation Screening Tool (MoHOST) to monitor progress and recovery.
- Records reviewed and staff confirmed that managers provided staff with training relevant to their roles.

Requires improvement



Summary of this inspection

- St Augustine's had good working relationships with the external organisations. They worked together to review the risk assessments and crisis plans within the care programme approach process and facilitated safe discharge.
- Staff were aware of the policy on MCA and Deprivation of Liberty Safeguards (DoLS) and knew the lead person to contact about MCA to get advice.

Are services caring?

We rated caring as good because:

- We saw staff interacting with patients in a relaxed, kind and respectful way. Staff showed positive engagement and willingness to support patients.
- Patients were complimentary about the support they received from the staff and felt staff provided the help they needed.
- The hospital gave patients and relatives the opportunity to visit the place before an admission was agreed. Patients confirmed that staff had shown them around the hospital on admission and introduced them to staff and others.
- Staff involved patients in their clinical reviews and care planning and encouraged them to involve relatives and friends if they wished.
- Patients told us that they were able to access advocacy services when needed.
- Staff encouraged patients to develop and maintain independence. For example, patients were encouraged to self-administer their medicines.

However:

- Patient confidentiality was not always maintained; two patients reported that at times some staff discussed other patients in communal areas.

Good



Are services responsive?

We rated responsive to people's needs as good because:

- Patients on leave could access their beds on return from section 17 leave.
- All discharges and transfers were discussed in the multi-disciplinary team meeting and were managed in a planned and co-ordinated way.
- The hospital was modern, purpose built and fit for purpose.
- The hospital had a well-equipped clinic room and an area to examine patients.

Good



Summary of this inspection

- Patients had access to hot drinks and snacks anytime of the day.
- Staff offered patients a range of activities including evenings and weekends. Each patient had an individual structured programme of activities.
- The hospital had information leaflets in English. Staff told us that leaflets in other languages and interpreter services could be made available when needed. Staff gave patients relevant information that was useful to them such as treatment guidelines, conditions and advocacy service.
- Staff offered and supported patients with the choice of food they wanted to meet their dietary requirements and their health, religious and ethnic needs when required.

However:

- Staff told us they were not aware of all formal complaints raised and any actions taken following complaints. Our discussion with staff and records observed showed that there was no clear and formal process of learning from complaints.

Are services well-led?

We rated well-led as good because:

- Staff knew the vision and values of the organisation and agreed with these.
- They all spoke positively about their roles and demonstrated their dedication to providing high quality patient care.
- Staff felt supported by their line managers. They told us that the manager was accessible to staff, approachable and had an open door policy.
- The hospital had effective governance processes to manage quality and safety.
- Staff were open and transparent and explained to patients if and when something went wrong. The manager discussed incidents with patients and their families and this was recorded.

However:

- Staff told us that the senior managers rarely visited the hospital and only knew them from the photos displayed within the hospital.
- There was no clear formal way for information relating to the performance of the service to be shared with all staff and patients.
- Staff surveys were not carried out to ensure that the views of staff were involved in the running of the service.

Good



Summary of this inspection

- The hospital did not participate in any quality improvement programmes such as Accreditation for Inpatient Mental Health Services (AIMS) for inpatient rehabilitation units from the Royal College of Psychiatrists or involved in any research.

Detailed findings from this inspection

Mental Health Act responsibilities

We reviewed 14 policies around how staff should apply MHA in practice and we noted that the policies were not reviewed and amended in line with the revised MHA Code of Practice. Some of the policies were last reviewed in 2012 and 2013. Training records indicated that 64% of staff had received training in MHA. The manager told us and we saw that the other 36% of staff were booked to attend their training in March 2016. Staff showed an understanding of the Mental Health Act and the Code of Practice. There were 27 patients detained under the 'Act'.

The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the MHA.

Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.

Information on the rights of people who were detained was displayed and independent mental health advocacy services were readily available to support people. Staff were aware of how to access and support people to engage with the independent mental health advocate when needed.

In four sets of care records reviewed, we saw that the explanation of rights was routinely conducted and audited regularly. This ensured that patients understood their legal position and rights in respect of the MHA. Patients we spoke with confirmed that their rights under the MHA had been explained to them.

Staff knew how to contact the MHA administrator who was based at the hospital for advice when needed. Audits were carried out twice a year to check that the MHA was being applied correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training records showed that 64% of staff had received training in the MCA. The manager told us and we saw that the other 36% of staff were booked to attend their training in March 2016.

Staff demonstrated a fair understanding of MCA and could apply the five statutory principles.

Patients' capacity to consent was assessed and recorded. These were done on a decision – specific basis about significant decisions. There was detailed information on how capacity to consent or refuse treatment had been sought.

Patients were supported to make decisions where appropriate. When patients lacked the capacity, decisions were made in their best interest, recognising the importance of their wishes, feelings, culture and history.

Staff understood and where appropriate worked within the MCA definition of restraint.

Staff were aware of the policy on MCA and Deprivation of Liberty Safeguards (DoLS) and knew the lead person to contact about MCA to get advice.

DoLS applications were made when required. No patients were on Deprivation of Liberty Safeguards. The hospital had not made any DoLS applications in the last two years.

There were arrangements in place to monitor adherence to the MCA.

Overview of ratings






Our ratings for this location are:

Detailed findings from this inspection

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

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- The layout of the ward enabled staff to observe the ward effectively. The ward was modern, purpose built and very spacious. There were good lines of sight along the corridors. The blind spots on the stairwells were managed using mirrors.
- The ward had up to date ligature risk assessment completed and reviewed annually. It was last reviewed in October 2015. The building was mostly fitted with anti-ligature fittings. Potential ligature points that had been identified such as main corridor door handles, window latches, and radiator covers had a detailed action plan in the risk assessment on how to minimise the risk to patients. Staff demonstrated an awareness of potential ligature points within the ward. Ligature cutters were available on both floors. Staff were trained in the use of ligature cutters and knew where they were kept.
- The ward was a single gender environment.
- The clinic room was well equipped with all emergency equipment such as automated external defibrillators and oxygen cylinder. Staff checked equipment regularly to ensure it was in good working order, so that it could be used in an emergency. Medical devices and emergency medication were also checked regularly.

- There were no seclusion facilities available at the hospital and seclusion was not used on site.
- The ward was clean with well-maintained decor and furnishings. Staff completed the cleaning records on a daily basis. Patients told us that the level of cleanliness was good. According to the patient survey carried out in May 2015, 84% of the patients were happy with the appearance, maintenance and cleanliness of the ward.
- Staff practiced good infection control procedures and hand hygiene to protect patients and staff against the risks of infection. Staff carried out monthly audits of infection control and prevention. Where areas of improvement had been identified, action plans were completed and followed up.
- Maintenance staff tested portable appliances for all equipment used. Checks were carried out annually with visible and in date stickers.
- Staff carried out environmental risk assessments in areas such as health and safety, fire safety, access to therapy rooms, the gym, use of any equipment and infection control and prevention. These were carried out at different periods of weekly, monthly and three monthly.
- All staff had personal safety alarms and nurse call systems were fitted throughout the ward. The alarms were tested on every handover shift to ensure that they were in good working order. This helped to ensure the safety of patients and that of staff.

Safe staffing

- The ward had seven qualified nurses and 20 nursing assistants. There were two vacancies for qualified nurses and two for nursing assistants.
- The organisation used a red, amber and green (RAG) rating to review performance around sickness and turnover rates. The sickness rate in the last 12 month

Long stay/rehabilitation mental health wards for working age adults

Good 

period from February 2015 to January 2016 was 9%. This was in the red above the organisations target rate of 5%. The manager told us that this was high as a result of two staff members that were on long term sickness throughout the year. The manager worked with the human resources team to support staff and review individual sickness records.

- The staff turnover rate in the 12 month period from February 2015 to January 2016 was 25%. This was amber within the organisations target rate of 22% to 25%.
- There were 250 shifts filled by bank and agency staff in the last three months from October 2015 to January 2016. Of these shifts, their bank staff covered 230 shifts and agency staff covered 20 shifts. Only two agency staff had been used to cover the shifts. The manager told us that they only used agency staff that were familiar with the ward.
- There were 56 shifts that had not been filled by bank or agency nurses, as result of staff sickness or absence in the last three months from February 2015 to January 2016. Staff and patients told us staffing levels were occasionally below the required numbers particularly weekends and nights. However, patients told us that their leave or activities were never cancelled. We saw records that showed patients' leave and activities were monitored and were rarely cancelled. Patients told us that they felt safe.
- The ward was staffed with two qualified nurses and seven nursing assistants during the day. At night, there was one qualified nurse and five nursing assistants. The manager and head of care were available during weekdays. Staff told us they offered support on the ward if needed. In addition to the nursing staff, the team had four therapy coordinators. The team had two therapy coordinators during the day seven days a week to support the patients with activities.
- We observed that qualified nurses were present in communal areas on both floors interacting with patients at all times. Staff and patients confirmed that staff were always present in communal areas.
- The ward had enough staff available so that patients could have regular one-to-one time with their named nurse. There were enough staff to safely carry out physical interventions.
- Staff told us they could access medical input during the day. There were two doctors on site weekdays 9am to

5pm. Out of hours a doctor on call system was available. The on call rota could be covered by a doctor who covered a large geographical area of the organisation's hospitals. This could have a significant delay for the doctor to arrive on site when required. However, staff told us that they worked closely with their own doctors and if they required a doctor to be on site, they would contact their own doctors. The doctors confirmed that their staff could contact them for advice or when not on call.

- Records showed that the average rate for completed staff mandatory training was 80%.

Assessing and managing risk to patients and staff

- There were nine episodes of restraint in the last six months from August 2015 to January 2016. None were recorded as being in the prone position and no staff or patients were injured in restraints in this time period. Staff only used restraint after de-escalation had failed. The staff involved and methods of de-escalation used prior to restraint were recorded to indicate that it was only used after all other methods had been unsuccessful. Staff were trained in physical intervention and were aware of the techniques required. Staff completed an incident report following each incident.
- We looked at 17 care records of patients. Each patient had a risk assessment and risk management plan completed on admission, which identified how staff were to support them. Staff routinely completed and reviewed antecedents, behaviour and consequences forms (ABC) to back up the positive behaviour support plans after every incident. However, we noted that the management plans were not always updated to reflect the changes in risk. We saw that in six of the care records, when the clinical team changed the risk levels from low to moderate or high following a review, the management plans were not changed.
- The ward had a clear focus on assessing and managing risk. Staff used a variety of risk assessment tools. The short term assessment of risk and treatability, Historical Clinical Risk – 20 and Sexual Violence Risk – 20 were used. Staff were also trained in using these risk assessment tools.
- The ward had taken positive steps towards implementing least restrictive practice. They mostly focused on individual risk rather than blanket restrictions. For example, patients were individually risk assessed for access to bedroom keys, access to kitchen,

Long stay/rehabilitation mental health wards for working age adults

Good 

searching patients and not all patients were on hourly observations at night. However, a blanket restriction was in place about access to the garden and smoking times. The door to the garden area was always locked and only opened by staff when patients were escorted out for smoking. Staff told us that patients could ask staff to open the door if they required access to the garden area.

- There was information to notify informal patients of their rights to leave the unit if they wished. On the day we visited, there were three informal patients.
- The ward had policies and procedures for use of observations to manage risk to patients and staff. These were followed by staff and clearly documented in patients' records.
- The ward had a rapid tranquilisation policy that followed the National Institute for Health and Care Excellence (NICE) guidance, violence and aggression: short-term management in mental health, health and community settings NG-10. Each patient had detailed medical and nursing guidelines for staff to follow when they used rapid tranquilisation. This covered circumstances in which it could be given, the physical observations that needed to be carried out and any risks. There was only one use of rapid tranquilisation in the last 12 months from February 2015 to January 2016.
- Training records showed that 76% of staff had received safeguarding training. Staff demonstrated a good understanding of how to identify and report any abuse. There was information about awareness and how to report safeguarding concerns displayed around the units. Staff knew the designated lead for safeguarding who was available to provide support and guidance.
- Safeguarding issues were shared with the staff team in handover meetings. Information on safeguarding was readily available to inform patients, relatives and staff on how to report abuse. Patients told us that they felt safe on the ward.
- The ward had appropriate arrangements for the management of medicines. We found good links between St Augustine's and the local Lloyds pharmacy. All nurses were trained in medicines management.
- There was a robust monitoring and audit cycle in place. The nurses audited medicines on a weekly basis to ensure that the correct doses were administered. The

pharmacy technician conducted a weekly visit to monitor the safe management of medicines. The pharmacist visited once every month to carry out external audits.

- The doctor and the manager told us that they could access pharmacist over the phone at any time if they needed support. Staff checked all the medicine stock when they received it from the pharmacy. During our inspection, a nurse identified an error in the medication dispensed for one of the patients that self-administered. The nurse immediately raised this with the pharmacist for correction. An incident form was completed.
- All visits from children were risk assessed taking into account any child protection issues. The ward had a separate visiting room in the reception area away from the ward area.

Track record on safety

- There were no serious incidents in the last 12 months from February 2015 to January 2016. Staff told us that they did not experience many serious incidents. The incidents records we looked at showed only minor incidents had occurred in the same 12 month period.
- The organisation shared adverse events that had occurred in other hospitals through the regional and national clinical governance meetings. The manager showed us one of the improvements that they were implementing as a result of shared learning within the organisation. The incident had occurred in a different hospital but the changes were implemented across the organisation. Changes were made on section 17 leave forms to include information that tells relatives and carers what to do in the event that a patient dies whilst on leave.

Reporting incidents and learning from when things go wrong

- The ward had an effective way of recording incidents, near misses and never events. Staff reported incidents on incident reporting forms. They knew how to recognise and report incidents through the reporting system.
- The manager was open and transparent and explained the outcomes of incidents to patients, their families and commissioners. Staff recorded any discussions with

Long stay/rehabilitation mental health wards for working age adults

Good 

patients, families and commissioners concerning incidents. Patients told us that they discussed any changes and actions with the multidisciplinary team after an incident.

- The ward had a clear structure used to review all reported incidents. Five incidents sampled during our visit showed that thorough investigations took place, with clear recommendations and action plans for staff. However, staff had different views about how learning from incidents was shared with the team. Six staff members told us that learning was discussed in the risk management meeting and not every member of staff attended these meetings. Therefore, some of the staff missed learning from incidents. We noted that there was no clear formal process of how learning from incidents was shared with all staff.
- Staff were offered debrief and support after incidents. This was documented in the incident records.

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

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

- We looked at 17 care records and all contained a comprehensive assessment that had been completed when patients were admitted. These covered all aspects of care as part of a holistic assessment.
- Care records showed that all patients had received a physical examination on admission and there was evidence of ongoing physical health monitoring.
- Care records contained up to date and holistic care plans. However, the nursing care plans did not state clear goals and what the patient needed to achieve to be discharged. They did not document patients' views about their treatment. The care plans were generic and were not specific to patient's individual needs. However, the occupational therapists had separate care plans that had clear goals and contained details that involved patients on what they needed to achieve to be discharged.

- The ward managed care records appropriately using both paper and electronic systems. Records were organised, stored securely and team members could access patients' records when needed.

Best practice in treatment and care

- The doctors had access to information from National Institute for Health and Care Excellence (NICE) guidance updates that they shared with the clinical team. We saw information on patients' medicines based on NICE guidance which included information on drug interactions, dosages, contra-indications, side effects and health checks required. Patients prescribed lithium and clozapine had regular blood tests.
- Patients had access to psychological therapies as part of their treatment as individuals or group therapy. For example, group therapies such as substance misuse, mindfulness, social and cognitive skills were facilitated. Individual therapies including coping skills, emotion management, cognitive behavioural therapy, solution and offence focussed therapy were also facilitated. The hospital had one full time psychologist and one full time assistant psychologist as part of their team.
- The hospital maintained close links with a local general practitioner (GP) surgery to monitor physical health needs of patients and ensured physical health care plans were kept up to date. Annual health checks and regular physical health checks were carried out to enable earlier detection of any illnesses. The team carried out electrocardiogram (ECG) tests and took blood samples for tests. The occupational therapy team ran a healthy lifestyles group that promoted healthy eating and healthier lifestyles. Patients had access to a smoking cessation service, and drug and alcohol misuse sessions. Patients were also encouraged to participate in physical exercise by using the gym and participating in the walking group. Patients had access to specialists such as dentists, chiropodist, diabetic team, dietician and district nurses. Staff could also refer them to other specialists when required.
- Health of the Nation Outcome Scales (HoNOS) was used as clinical outcome measure. The occupational therapist used the Model of Human Occupation Screening Tool (MoHOST) to monitor progress and recovery. Staff monitored progress regularly in care records and recorded data on progress towards agreed goals in each patient's notes.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff carried out a range of clinical audits to monitor the effectiveness of the service provided. The manager showed us records that included care planning, risk management, information governance medicines and health and safety audits. Where staff identified areas of improvement, action plans were completed and followed up. The hospital used the findings to identify and address changes needed to improve outcomes for patients.

Skilled staff to deliver care

- The team had experienced and appropriately qualified staff. The multi-disciplinary team consisted of a consultant psychiatrist, speciality doctor, a psychologist, an assistant psychologist, two occupational therapists, qualified nurses, support workers and therapy coordinators. The hospital was able to access other professionals within the organisation if any needs of the patients required their input. For example, one patient that required speech and language support was working with a speech and language therapist from another hospital. Patients told us that they were able to see a wide range of professionals depending on their needs.
- Records reviewed demonstrated that managers provided them with training relevant to their role. Staff were trained in suicide prevention and risk, recovery star, ECG, phlebotomy, diabetes awareness and behavioural management techniques. The psychologist completed a staff training needs analysis and identified the training required. The hospital had close links with the Royal College of Nursing (RCN) to provide training.
- New staff and bank staff had a two week period of induction which involved shadowing experienced staff before they were included in staff numbers. During that period, they received training that covered the standards of care certificate. We spoke to a nurse who had just completed their induction and they confirmed they had received the support to perform their duties.
- The managers provided regular supervision and appraisals to staff. The team had access to regular team meetings every month. All staff members currently employed at the hospital had received an appraisal in the last 12 months from February 2015 to January 2016. The average rate of staff supervision was 97% in this 12 month period.

Multi-disciplinary and inter-agency team work

- Regular and effective multi-disciplinary team meetings took place. These meetings involved all different professionals within the hospital. We attended one multi-disciplinary team risk meeting and looked at records that showed discussions held addressed the identified needs of the patients.
- The hospital had effective handovers. We looked at handover information and found that they included feedback from review meetings, any changes in care plans, patients' physical health, mental state, risks, observations and incidents.
- St Augustine's had good working relationships with the external organisations. Care managers, community psychiatric nurses and social workers worked in partnership with the hospital to gather information about risks, clinical needs and discharge planning. They worked together to review the risk assessments and crisis plans within the care programme approach process and facilitated safe discharge. They had effective partnership working with GP, hospitals, local community facilities, local authorities, police and health commissioners.

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- We reviewed 14 policies around how staff should apply MHA in practice and we noted that the policies were not reviewed and amended in line with the revised MHA Code of Practice. Some of the policies were last reviewed in 2012 and 2013. Training records indicated that 64% of staff had received training in MHA. The manager told us and we saw that the other 36% of staff were booked to attend their training in March 2016. Staff showed an understanding of the Mental Health Act and the Code of Practice. There were 27 patients detained under the 'Act'.
- The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the MHA.
- Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.
- Information on the rights of people who were detained was displayed and independent mental health advocacy services were readily available to support patients. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The explanation of rights was routinely conducted and audited regularly. This ensured that patients understood their legal position and rights in respect of the MHA. Patients we spoke with confirmed that their rights under the Mental Health Act had been explained to them.
- Staff knew how to contact the Mental Health Act administrator who was based at the hospital for advice when needed. Audits were carried out twice a year to check that the Mental Health Act was being applied correctly.

Good practice in applying the Mental Capacity Act (MCA)

- Training records showed that 64% of staff had received training in the MCA. The manager told us and we saw that the other 36% of staff were booked to attend their training in March 2016.
- The hospital had not made any Deprivation of Liberty Safeguards (DoLS) applications in the last two years.
- Staff demonstrated an understanding of MCA and could apply the five statutory principles.
- Patients' capacity to consent was assessed and recorded. These were done on a decision – specific basis concerning significant decisions. There was detailed information on how capacity to consent or refuse treatment had been sought.
- Patients were supported to make decisions where appropriate. When patients lacked the capacity, decisions were made in their best interest, recognising the importance of their wishes, feelings, culture and history.
- Staff understood and where appropriate worked within the MCA definition of restraint.
- Staff were aware of the policy on MCA and DoLS and knew the lead person to contact about MCA to get advice.
- There were arrangements in place to monitor adherence to the MCA.

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

Good 

Kindness, dignity, respect and support

- Staff interacted with patients in a relaxed, kind and respectful way. Staff showed positive engagement and willingness to support patients. It was clear from our interviews with staff that they knew and understood the individual needs of their patients. We observed that the head of care had a strong rapport with the patients and was responsive to them, demonstrating a strong understanding of their individual needs and preferences.
- Patients were complimentary about the support they received from the staff and felt staff provided the help they needed. Our observations and discussions with patients confirmed that staff treated them with respect and dignity. The patients told us that staff were polite.
- The patient survey carried out in May 2015 showed that 82% of patients felt that staff were polite and approachable, 75% felt staff treated them with respect and took their worries seriously. Two patients reported that at times some staff discussed other patients in communal areas. The patient survey showed that 72% of patients felt that their confidentiality was respected by staff.

The involvement of people in the care they receive

- Patients confirmed that staff had shown them around the hospital on admission and introduced them to staff and others. The hospital gave patients and relatives the opportunity to visit before an admission was agreed.
- Our observation of practice, review of records and discussions with patients confirmed that patients were actively involved in their clinical reviews, care planning and risk assessments and were encouraged to express their views. However, staff did not record patients' views in their care plans. Patients told us that they were encouraged to express their views. Patients told us that they were able to make changes to their care and treatment. Staff gave patients copies of their care plans if they wished.
- Staff encouraged patients' relatives and friends to be involved in care planning with the consent of patients. Family members' views were taken into account in care and treatment plans.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff encouraged patients to maintain and develop independence. For example, patients were encouraged to self-administer their medicines. Patients could make decisions on where and when they would like to go on leave. Patients were encouraged to make their own hot drinks and cook their own meals. Patients carried out their own laundry.
- Assist advocacy services provided advice, support and advocacy services to the hospital. Staff knew how to access advocacy services for patients. Staff gave families, carers and patients leaflets that contained information about advocacy services. Patients told us that the advocate visited them once each week and attended the clinical review meetings.
- The hospital conducted annual patient surveys to gather their views. The results were analysed to formulate trends and themes to enable staff to make changes to the service where needed. There were weekly patient council meetings where patients were able to raise any issues. Staff took minutes of these and the manager addressed any actions and fed back to patients in the next meeting. In addition, the hospital had a suggestion box where patients and relatives could post suggestions about how the service was run.
- Staff recorded patients' advance decisions in the care records where appropriate. These are decisions made by patients how they would like to be treated.

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

Good 

Access and discharge

- The average bed occupancy was 95% over the last six months from August 2015 to January 2016.
- The average length of stay in the last 12 months from February 2015 to January 2016 was 32 months. The majority of patients were out of area placements.
- Patients on leave could access their beds on return from section 17 leave.
- The hospital worked closely with the care managers, commissioners and local authorities to ensure that

patients who had been admitted were supported with their discharge plan. All patients had discharge plans in place that were discussed in their first care programme approach meeting since admission. Patients told us that they were aware of their discharge plans. Patients that were close to discharge knew where they were going and had visited their next placement. All discharges and transfers were discussed in the multi-disciplinary team meeting and were managed in a planned or co-ordinated way.

- If a patient required more intensive care that could no longer be safely managed within the hospital the care manager and commissioners would be contacted to find a suitable placement.
- At the time of our inspection, the hospital had one delayed discharge. The reason for the delay was the difficulty in joint commissioning.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital was modern, purpose built and fit for purpose. It was spacious and had rooms both upstairs and down stairs where patients could sit quietly, relax and watch TV or engage in therapeutic activities. There was a computer room, open sitting areas, two lounges, occupational therapy kitchen, a gym, multi-faith room and an art room.
- The hospital had a well-equipped clinic room and an area to examine patients.
- There was a large fenced garden area restricted by a locked door where patients could use outside space.
- Patients had access to the payphone in private. At the time of our inspection, the payphone was locked. The manager told us that this was put in place after one patient was constantly damaging the phone. Patients were able to use their own mobile phones on the ward.
- Patients had a mixed view about the quality of food. Most of the patients told us that the food was good but would benefit from a wider variety. The patient survey showed that 85% of the patients liked the meals offered and 95% of patients offered a choice of food.
- Patients had access to hot drinks and snacks throughout the day. Depending on individual risk assessment, some patients were able to access the therapy kitchen without staff support, where they could make their own drinks. Those who did not have free access asked staff to support them.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Patients were able to personalise their own bedrooms. Patients had their own televisions, radios and could decorate the rooms to their own liking.
- Each patient had an individual bedroom fitted with a solid door and an allocated locked cabinet where valuables could be secured. Patients had their own bedroom keys.
- There was a range of activities offered to patients. Each patient had an individual structured programme of activities. Patients were actively engaged in routine meaningful and purposeful activities that promoted their skills such as cooking, making their own hot drinks, laundry, budgeting, healthy lifestyles, voluntary employment and educational sessions. Patients also had leisure and recreational activities including at weekends and evenings such as bowling, cinema, football, swimming, walking and relaxation. Patients told us that there was a variety of activities throughout the day and week. They were encouraged to make their own choices.
- Staff offered and supported patients with the choice of food they wanted to meet their dietary requirements and their health, religious and ethnic needs. We saw that patients were offered diabetic meals and halal diet.
- Patients had access and were supported to attend faith centres to meet their spiritual needs within the local community. The hospital had contact details for representatives from different faiths.

Listening to and learning from concerns and complaints

- The hospital received five formal complaints and 16 compliments in the last 12 months from February 2015 to January 2016. None of the complaints were upheld. One complaint was referred to the ombudsman and it was not upheld.
- Patients knew how to raise concerns and make a complaint. Patients told us they felt they would be able to raise concerns should they have one and were confident that staff would listen to them. Patients could raise concerns with staff anytime or in their patient council meeting and this was effective.
- Staff told us they tried to resolve patients' and families' concerns informally at the earliest opportunity. Records showed that staff responded appropriately to concerns raised by relatives and carers of patients and they received feedback. Staff were aware of the formal complaints process and knew how to support patients and their families when needed.
- Our discussion with staff and records observed showed that there was no clear and formal process of learning from complaints. Staff told us they were not aware of all formal complaints raised and any actions taken following complaints.

Meeting the needs of all people who use the service

- At the time of our inspection there were no patients requiring access to disabled facilities. The entrance to the building had adjustments for disabled access. The hospital had lift facilities. There were no disabled toilet facilities. The manager told us that all the bedrooms had been designed in such a way that adjustments could easily be made to suit the needs of disabled patients. They told us that previously a patient had required disabled access and adjustments were made.
- The hospital had information leaflets in English. Staff told us that leaflets in other languages could be made available when needed. We saw that the psychologist provided a workbook in a different language for a patient who could not communicate well in English.
- Staff provided patients and their families with information leaflets, which were specific to the service. Staff gave patients relevant information that was useful to them such as treatment guidelines, conditions, advocacy, patient's rights and how to make complaints.
- Interpreting services were available when required. These were obtained from external services. At the time of inspection, one patient received a service from an interpreter.

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

Good 

Vision and values

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff were aware of the vision and values of the organisation and agreed with these. The vision and values focused on hope, empowerment, person centred approach, community focus and service user involvement.
- Staff demonstrated a good understanding of their team objectives and how they linked with the organisation's values and objectives.
- Staff were aware of who their senior managers were from the photos displayed however, their managers rarely visited the hospital.

Good governance

- The hospital had effective governance processes to manage quality and safety. The manager used these methods to give information to senior management in the organisation to monitor quality and safety of the hospital.
- The manager collected data on how the service was performing on quality and safety consistently. All information collected was analysed for themes and trends and measured against set targets. The manager chaired a St Augustine's clinical governance meeting month on a monthly basis. They also attended the regional clinical governance meeting where quality and safety issues were discussed. There was no mechanism to share this information with the wider staff team. Staff told us they were not given information on service performance including access to information on number of incidents reported, complaints, episodes of restraint and safeguarding. Where performance did not meet the expected standards, action plans were put in place. For example, we saw an action plan around qualified nurse recruitment plan.
- The manager felt they were given the freedom to manage the hospital and had administration staff to support the team. They stated where there were concerns, they could be raised and where appropriate placed on the organisation's risk register.

Leadership, morale and staff engagement

- The hospital had not conducted any staff surveys. Staff were able to give feedback on the service and input into service development through their staff meetings.

- The sickness and absence rate in the 12 month period was 9%. This was significantly above the organisations target rate of 5%.
- There were no grievances being pursued, and there were no allegations of bullying or harassment from February 2015 to January 2016.
- Staff told us that they were aware of the organisation's whistleblowing policy and that they felt free to raise concerns and would be listened to. However, two members of staff told us that they did not feel free to raise their concerns for fear of victimisation.
- Our observations and discussion with staff confirmed that the team was cohesive with good staff morale. Staff told us that they worked well as a team, supported each other and respected each other's views regardless of their role. They all spoke positively about their roles and demonstrated dedication to providing high quality patient care.
- Staff told us that they felt supported by their line managers and were offered the opportunities for clinical and professional development courses. They told us that the manager was accessible to staff, approachable and had an open door policy. Staff told us that there were very limited opportunities for career development.
- Staff demonstrated duty of candour. They were open and transparent and explained to patients when something went wrong. The manager discussed incidents with patients and their families. Patients told us that they were informed and given feedback about things that had gone wrong.

Commitment to quality improvement and innovation

- The hospital did not participate in any quality improvement programmes such as Accreditation for Inpatient Mental Health Services (AIMS) for inpatient rehabilitation units from the Royal College of Psychiatrists or involved in any research.
- The hospital carried out its own internal clinical inspection in November 2015 from their quality monitoring team. This covered aspects of safe, effective, caring, responsive and well led. An action plan was completed and used to follow up on areas that required improvement.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all MHA policies are reviewed and updated in line with the revised MHA Code of Practice and that all staff are trained in the revised Mental Health Act Code of Practice.

Action the provider **SHOULD** take to improve

- The provider should ensure that all management plans are updated to reflect the changes in levels of risk following clinical reviews.
- The provider should ensure that there are proper arrangements in place for the on call doctor to be able to arrive on site without a significant delay when required.
- The provider should ensure that care plans are specific to patients' individual needs and demonstrate patients' involvement and views about their care and treatment.
- The provider should ensure that confidentiality is maintained at all times, that staff do not discuss other patients in communal areas.
- The provider should ensure that there is a clear and formal process for feedback to staff for learning from complaints or incidents.
- The provider should ensure that patients have free access to the garden area.
- The provider should ensure that they involve staff views about how the service is run through staff surveys.
- The provider should ensure that the information on performance of the service is shared with all staff and patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider should implement relevant nationally recognised guidance and be aware that standards change overtime when new practices are introduced. The provider did not update MHA policies in line with the new MHA Code of Practice and not all staff were trained in the new MHA Code of Practice.</p> <p>This was a breach of Regulation 17(2)(a)</p>