

Woodland View

Quality Report

Showell Lane, Meriden CV7 7HZ

Tel: 01676 525050





Website: www.priorygroup.com/nhs/locations/priory-woodland-view

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Outstanding	
Are services well-led?		Good	

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

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

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

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

Summary of findings

Overall summary

We rated Woodland View as good because:

- The service provided safe care. The ward environments were safe and clean. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national best practice guidance. The hospital provided a full range of physical healthcare for patients. This included access to a well man clinic within the hospital and access to a range of specialists through the local GP such as a diabetes nurse.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training to support them in their roles. Staff worked well together as a multi-disciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.


- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- Staff provided a range of activities for patients including paid work, volunteering and a full range of activities linked to the local community.
- The service worked to a structured pathway of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- The hospital did not routinely record that supervision of staff had taken place so it would not be possible for managers to ensure all staff had received the correct level of supervision for their roles. A system had been put in place but this was not fully embedded as routine practice.
- Staff did not always record general observations as they happened on Elkin Ward which could potentially put patients at risk although we saw no evidence that this had been the case.
- The hospital did not always ensure scrutiny checklists for Mental Health Act paperwork were completed in a timely manner to ensure errors had been identified and could be corrected.
- Staff counted cutlery in and out at mealtimes but this was not individually risk assessed for patients.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

	Page
Background to Woodland View	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	25
Areas for improvement	25

Good 

Woodland View

Services we looked at

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

Summary of this inspection

Background to Woodland View

Woodland View is part of the Priory Group. It is a 31-bedded rehabilitation and recovery service for males requiring a positive environment to stabilise the symptoms of mental illness, and develop positive self-management and independent skills for a successful discharge into the community.

The hospital has a rehabilitation pathway made up of three wards:

- Elkin – 10 en-suite bedrooms; this ward is led by a medical model with a focus on engagement and individual needs assessments. This is a high dependency rehabilitation ward which is for patients with severe symptoms, co-morbidities and significant risk histories.
- Arley – 10 en-suite bedrooms; this ward introduces patients to community-facing skills, led by a psychology model offering development of relapse prevention skills and symptom management.

- Millison – 11 en-suite bedrooms; this ward provides patients with the opportunity to practice independent living skills, with a focus on engagement outside of the hospital, to provide a seamless transition into the community.

Arley and Millison wards are longer term high dependency rehabilitation wards which are for patients with high levels of disability from treatment resistant symptoms and /or co-morbid conditions that require longer inpatient rehabilitation to stabilise.

The hospital was last inspected in April 2017 and was rated good in all domains.

The hospital has a registered manager.

Our inspection team

Team leader: Linda Clarke

The team that inspected the service comprised five CQC inspectors.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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 all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with nine patients who were using the service and one carer

Summary of this inspection

- spoke with the registered manager and managers, or acting managers, for each of the wards
- spoke with 15 other staff members; including doctors, nurses, occupational therapist, psychologist, administration and catering staff
- received feedback about the service from one care co-ordinator or commissioner
- attended and observed one hand-over meeting and three multi-disciplinary meetings
- looked at eight care and treatment records of patients
- carried out a specific check of the medication management on three wards and reviewed Mental Health Act paperwork and 25 prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We interviewed nine patients and one carer. Patients said that staff showed them kindness and respect. They stated that staff knew them well and this helped them to understand their care and treatment.

Patients did not always feel that food was of a good quality.

One patient said that they did not feel safe on the wards but the others we interviewed felt the wards were safe and staff protected them.

The carer we spoke with said that the hospital was the best placement their relative had been to and they felt real progress had been made.

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 service had enough nursing and medical staff who knew the patients and they received training to keep people safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint rarely and only after attempts at de-escalation had failed.
- Staff understood how to protect patients from abuse and/or exploitation. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health.

However:

- Staff on Elkin Ward did not always complete observation records at the time that the observation took place. While we did not see evidence that this had happened on a regular basis it lead to patients being put at risk.

Good



Are services effective?

We rated effective as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the

Good



Summary of this inspection

development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.

- The staff team included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with reflective practice sessions and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- Scrutiny checklists for the Mental Health Act paperwork had not always been completed in a timely way and did not have set timeframes for completion so it was difficult for hospital to be assured that all paperwork was complete.

Are services caring?

We rated caring as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Staff ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately and with permission from the patient.

Good



Are services responsive?

We rated responsive as outstanding because:

Outstanding



Summary of this inspection

- Staff planned and managed discharge very well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The wards met the needs of all people who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- Patients had access to a full range of activities, paid work opportunities and volunteering both on the hospital site and in the local community. Staff understood the importance of integrating the hospital into the local community and did this extremely well.

However:

- Staff issued cutlery to patients at mealtimes and counted it back in at the end of the meal which did not relate to individual risk assessments of patients.

Are services well-led?

We rated well-led as good because:

- Managers had a good understanding of the service they managed and the pathway they offered for rehabilitation. They had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the hospital promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

However:

Good



Summary of this inspection

- Managers ensured staff received regular supervision and staff confirmed this but this had not been recorded so it was not possible to easily identify those staff who had received supervision without looking at paperwork. Managers had implemented a new system for recording each type of supervision but this had not been fully embedded within the hospital.

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.

Staff demonstrated that they understood how to support patients who had been detained under the Mental Health Act. Staff had received training and this was at 79% compliance with other staff booked on to courses when they were available.

Mental health Act paperwork had been kept in good order although scrutiny checklists had not been completed promptly in some case and did not have a timeframe for completion. This meant the hospital could not be fully assured that paperwork was always completed correctly.

The hospital had an administrator who supported staff and staff knew where to go to for advice and guidance.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Of staff eligible for this training 77% had completed this.

Staff understood their responsibilities under the Act and its five statutory principles. We saw that capacity

assessments had been completed by a range of staff with a focus on using staff that knew the patient well, and best interest decisions had been made by the multi-disciplinary team involving the relatives and carers.

The hospital had not made any Deprivation of Liberty Safeguards applications but staff understood how to make these and why they would be needed.






Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

Safety of the ward layout

- Staff completed regular checks of the care environment. This included perimeter checks every morning which we observed taking place and environmental risk assessments.
- Although the layouts of each ward did not allow staff to observe all areas of the wards, blind spot audits had been completed and mirrors were in place in corridors to support nurse observations. Closed-circuit television was also in place in the corridors of the ward areas.
- The wards had a few ligature points but these had been risk assessed and were considered in the individual risk assessments for patients. Staff discussed areas of risk in ward handovers.
- The hospital provided a service to male patients only so were compliant with the Department of Health eliminating mixed sex accommodation guidelines.
- Staff had personal alarms linked to a call system and carried walkie-talkie radios for contacting each other in an emergency. We observed that when these were used, when a patient had become unwell in the grounds of the hospital, staff could not always follow what the other person was saying due to static. We discussed this with hospital managers who took immediate action to

ensure the issue was resolved. This included the introduction of a clear code word for medical emergencies and all staff will receive training to ensure they are confident in using this and the equipment.

Maintenance, cleanliness and infection control

- The service had suitable premises and equipment and maintained them well. Furnishings were in good order and the main areas of the hospital were clean. We found one bedroom which was not in use that hadn't been cleaned but the hospital rectified this during the inspection. Cleaning records had been completed and were up to date.
- The hospital controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Hand gel was available for all staff, patients and visitors to use.

Seclusion room

- The hospital did not use seclusion or have seclusion rooms.

Clinic room and equipment

- Clinic rooms had a full set of equipment which was routinely maintained and we saw the records showing that equipment had been calibrated in October 2018. Emergency bags were accessible on both floors of the hospital and staff ensured these had the appropriate checks in place. The fridge on Millison Ward was not in use so regular temperatures had not been taken however, this meant staff could not use this in an emergency if the fridges on other wards developed a fault. The hospital agreed to rectify this and reinstate the temperature checks. Clinic rooms and equipment was clean and fit for purpose.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The hospital had a separate fully equipped treatment room which the specialist doctor used to provide clinics such as the well man clinic. This included a white board with doors where results of physical health tests performed on patients could be accessed easily by nursing staff while ensuring this information was not seen by other patients.

Safe staffing

Nursing staff

- The hospital had calculated the number and grade of staff required using a matrix provided by the Priory Group. The hospital establishment figures were 18 qualified staff and 31.6 healthcare support workers. At the time of the inspection, they had 10 permanent qualified nursing staff and 21 healthcare support workers. They had offered six further posts to individuals following interviews with these staff on induction during the inspection. Recruitment was a constant item on the local risk register and the site development plan and the hospital was constantly working on recruitment. Staff sickness levels were low at under 1% between July 2017 and August 2018.
- Use of bank and agency staff was high but the rotas showed all shifts had been covered. Agency staff had been blocked booked with many of them having worked in the hospital for several months so they knew the patients well and worked as part of the team. Apart from four instances at night over a two-month period at night on Millison Ward all wards had at least one permanent member of staff on duty at all times. Last minute absence for sickness was sometime covered by the ward manager if agency staff were not available.
- Managers could adjust staffing levels to accommodate issues such as advanced levels of observations and to meet the needs of the patients.
- A permanent member of staff was available in the communal areas of the wards at all times.
- Staff ensured that patients had one to ones with their key workers, escorted leave and could attend activities in the activities block; these were rarely cancelled.
- Staff working on the wards had to be trained in prevention and management of violence and aggression before they could work on the wards. This ensured staff had been suitably trained to provide

physical interventions if required. All non-clinical staff received break away training as part of their induction. The hospital had a healthcare support worker who was trained to deliver training and to support staff.

Medical staff

- Medical cover was provided by a locum consultant psychiatrist who had worked at the hospital for some time. In a ward round we observed that the psychiatrist knew the patients well and understood the concerns and problems they had. Both staff and patients felt able to talk to the psychiatrist and ask for advice or support. The hospital had a specialist doctor who dealt with routine day to day concerns such as physical healthcare and this post was well integrated into the team.
- Out of hours cover for doctors was provided by an on-call duty system within the Priory Group.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. At the time of the inspection this was at 93% which was above the Priory Group target of 90%. This included basic life support (91%) and suicide prevention at (87%).

Assessing and managing risk to patients and staff

Assessment of patient risk

- We reviewed eight sets of care records. These showed that staff completed a risk assessment for all patients on admission to the wards and had updated these regularly. Risk was discussed at the daily handover meetings and patient's individual risk assessments adjusted accordingly. Staff used the risk assessment tools provided by the electronic recording system.
- Staff completed positive behavioural support plans for some patients but not all staff had received training in how to do this and it was something the hospital was continuing to develop.

Management of patient risk

- Staff had an awareness of the individual risks to patients such as falls or pressure ulcers and responded promptly to changing risks as they were identified.
- Staff followed the policies and procedures for the use of observation. At the time of the inspection no patients were on one to one observations but staff continued to carry out hourly observations to check where patients

Long stay/rehabilitation mental health wards for working age adults

Good 

were on the wards. We observed on Elkin Ward that staff did this at a regular time but did not complete observation sheets promptly. They were completed within 15 minutes of the observation taking place and we could not find evidence that this was normal practice.

- Staff did not use blanket restrictions although the hospital had a list of banned items in line with the Priory Group policy. The managers dashboard showed that room searches happened infrequently and only on an individual basis if a risk had been identified and usually with permission of the patient and in line with the Priory Group policy. The hospital had a search button in the reception which generated a random search of patients as they entered the building but this was not used on a regular basis because staff knew their patients well.
- The hospital was a smoke free site and tried to support patients to manage this. This had generated some complaints from local residents in the village following patients congregating to smoke in the bus shelters. The hospital had worked with the local parish council and the patients to resolve this including providing a paid work opportunity for one patient to do litter picking in the village. The hospital staff supported patients with smoking cessation. One staff member highlighted concerns of passive smoking when escorting patients on leave.
- Informal patients could leave the hospital when they wanted to and had their rights about this explained to them. The hospital was a locked facility and patients had to request that staff opened the doors for them. The hospital had been looking for ways to give patients on Millison Ward which provided more independent living their own entrance although this was still in the planning stage during the inspection visit.

Use of restrictive interventions

- The hospital did not use seclusion or long-term segregation and incidents of restraint were very low. In the four months between March 2018 and August 2018 Arley Ward had the highest number of restraints with 14 on four patients. Two of these were in the prone position and rapid tranquilisation had been used four times. Elkin Ward had three incidents on two patients and Millison Ward had one incident. Neither of these

wards reported using prone restraint or rapid tranquilisation. Guidance from the National Institute for Health and Care Excellence was followed when administering rapid tranquilisation

- Staff reported that where possible they used de-escalation and distraction techniques and that good knowledge of the patients and their histories supported this. They only used restraint as a last resort when other techniques had failed to work in line with the prevention and management of violence and aggression training they received.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had received mandatory training for both safeguarding adults and children and 85% of staff had completed this. The hospital had built a good relationship with the local safeguarding teams and gave examples of how they had followed up safeguarding referrals. The hospital had had three staff who had been trained to be the designated safeguarding leads to support and advise staff.
- Staff understood the need to protect patients including those with protected characteristics including race, age, disability and gender as identified in the Equality Act 2010 from harassment and discrimination and could give examples of this.
- The hospital had a policy which covered children visiting. This included individual risk assessments for patients and pre-booked appointments so that a room off the ward could be used with staff to supervise if required.

Staff access to essential information

- The wards used electronic records for patients but also kept paper copies as they were based in an area where internet connections could be unreliable. Records had been made available to all staff on both systems including agency staff. This had been a concern during the previous inspection but now log-ins for agency staff had been provided. Staff did not have any difficulty using the system. The quality improvement facilitator and ward manager used the dashboard created by the electronic system to identify staff who needed additional support and training with the system.

Long stay/rehabilitation mental health wards for working age adults

Good 

Medicines management

- Staff followed good practice in medicines management. The hospital was supported by an external pharmacy who provided regular audits. All qualified staff had access to the audits so that they could see actions to be taken and learning that came from these.
- Medication was stored appropriately although we found some adrenaline syringes on the side in one clinic room. The hospital confirmed these were waiting for collection from the pharmacy and had been removed.
- Staff reviewed the effects of medication on patients and checked physical health regularly in line with national guidance. Antipsychotics and other medication was prescribed in line with the British national formulary and where doses were above the recommended dose this was closely monitored and regularly reviewed.

Track record on safety

- The hospital reported no serious incidents but could give examples of adverse events and how these had been managed. Learning from this included improving communication between staff and ensuring risks for patients were recorded and shared. Staff were encouraged to use their knowledge of patients and engagement with them to identify early warning signs for example if a patient on leave was likely to abscond.

Reporting incidents and learning from when things go wrong

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Most incidents related to damage to hospital property, aggression, staff injury and patients absconding while on leave.
- Staff received feedback from incidents in supervision, handover and team meetings. The psychologist provided debriefs for staff and patients. They also provided reflective practice sessions for staff where learning from incidents could be discussed.
- The Priory Group ensured staff had access to a confidential counselling service if they needed it.

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

Good 

Assessment of needs and planning of care

- We reviewed eight sets of care records. Each patient had four care plans. Staff updated these regularly. Each patient had been assessed prior to admission and this was updated promptly after admission had taken place. This included a comprehensive physical health check.
- Staff use a range of care plans to meet the needs of patients. These included keeping well, keeping connected, keeping safe and keeping healthy. They covered areas such as description of identified need, aims and goals, risks, safeguarding, leave and physical interventions.
- The care plans were comprehensive, holistic, recovery orientated and included the patient's perspective on their care needs.

Best practice in treatment and care

- The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw that reference had been made to guidance from the National Institute of Health and Care Excellence in patient records. This included CG178 Psychosis and schizophrenia in adults: prevention and management and NG28 for the management of type 2 diabetes. Patients had good access to psychological therapy, training and work opportunities to support them to acquire the skills for independent living
- Staff ensured patients had access to good physical healthcare. All patients had been registered with a local GP and referrals could be made through them for a dietician, diabetes nurse and other physical healthcare needs. The specialist doctor had started to run a well man clinic for patients. A treatment room had been developed and patients could make appointments to be seen. This encouraged patients to become comfortable with this type of system and to understand the importance of these types of checks.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences including for patients with diabetes and problems with weight management.
- Staff supported the patients to live healthier lifestyles. Patients had access to a gym in the activities block on site and one of the occupational therapy assistants was trained to support them to use this. Alongside this staff encouraged patients to think about healthy eating and other forms of exercise to support their wellbeing. This included walking and swimming. Staff provided advice and support around smoking cessation and we observed patients asking for help with this and receiving a prompt response.
- Staff used recognised ratings scales to assess outcomes for patients. These included Health of the Nation Outcome Scales and EuroQol, a national recognised tool for measuring patients' quality of life.
- Staff used technology to support patients. This included accessing blood tests and self-help tools for patients.
- Staff participated in clinical audits. This included care records and infection control.

Skilled staff to deliver care

- Staff of different disciplines worked together as a team to benefit patients. The hospital had a full multidisciplinary team including doctors, nurses, healthcare support workers psychologist and occupational therapists.
- Staff were experienced and qualified. They had the right skills and knowledge to meet the needs of patients.
- Managers ensured new staff received an appropriate induction which included a range of corporate and mandatory training as well as a local induction within the hospital. Healthcare support workers were qualified in the care certificate standards or an equivalent qualification.
- Managers reported that supervision was taking place but that this had not always been recorded appropriately. A new system had been put in place for recording supervision but this was not yet fully embedded in within the hospital. At the time of the inspection the supervision rate was at 13% however we saw evidence that supervision had taken place for 100% of staff and in line with the Priory Groups policy. The staff we spoke with confirmed that they received management supervision and had access to clinical

supervision. Six staff members had been trained to provide clinical supervision and staff could access this with someone externally if they preferred. The psychologist provided reflective practice sessions for all staff to attend.

- The hospital had a compliance figure of 95% on 31 July 2018 for staff having received an annual appraisal. This was used to identify career progression and learning needs for staff. The Priory Group offered additional training for staff as well as opportunities for staff such as healthcare support workers to train as qualified nursing staff.
- Managers dealt with poor staff performance through supervision and with support from the Priory Group in line with their policies for this.

Multi-disciplinary and inter-agency team work

- Staff held regular multi-disciplinary team meetings where they discussed items such as recruitment, risk and areas of good practice. Handovers took place twice daily and an additional handover meeting was held daily which included the doctor, psychologist, occupational therapist and nursing staff to discuss individual patients and potential risks.
- The teams had effective working relationships across the hospital and with other hospitals in the Priory Group.
- The hospital worked with the external teams and commissioners who supported patients, as well as the local safeguarding team. Care coordinators were invited to care programme approach meetings with patients to discuss planning for their ongoing care and discharge. Managers reported that these relationships had improved and that agencies worked well together to support patients.

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

- Staff demonstrated a good understanding of the Mental Health Act and the Code of Practice. In July 2018, 79% of staff had been trained and others had been booked on to courses.
- The hospital had a Mental Health Act administrator who managed paperwork and organised tribunals. The Priory Group could provide further support if required. Administrators attended shared practice groups across the Priory Group services in the region.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The Priory Group had relevant policies and procedures in place and staff could access these as they needed to.
- Patients had easy access to independent mental health advocacy and posters were displayed with information about this service.
- Staff explained to patients about their rights under the Mental Health Act and this was done on a regular basis and recorded in the care records.
- All patients detained under the Mental Health Act could take Section 17 leave on a regular basis. The managers dashboard showed high levels of leave to allow patients as much access to the community as they needed to encourage independence and recovery.
- We saw evidence in the records that staff had requested an opinion from the second opinion appointed doctor where this was required.
- Mental Health Act paperwork was stored correctly and in a way, that was easy for staff to access when they needed to. Consent to treatment forms were stored with medication as well as on the electronic records so that qualified staff could easily check them when administering medication. One patient's Section 3 had lapsed before the inspection took place meaning the patient had been unlawfully detained. The patient had been informed of this as soon as staff became aware and a tribunal arranged for the patient. Learning from this had taken place and an additional scrutiny checklist put in place but we found checklists had not always been completed in a timely manner and as there was no timeframe in place for them to be completed, it did not give assurance to the hospital that all paperwork was correct.
- Informal patients knew that they could leave when they wanted to and this was explained to them on a regular basis and through signs on the ward. As the wards had locked doors staff understood that they needed to be flexible to allow informal patients to leave on request.
- We saw evidence that Section 117 aftercare was referenced in the care records for those patients where it was applicable.
- The hospital had not made any Deprivation of Liberty Safeguards applications but understood how to do this and when it would be appropriate to do so.
- The Priory Group had a policy covering the Mental Capacity Act which staff could access as they needed to. Staff knew where to go to for advice on the Act and its five statutory principles
- Staff gave patients every possible assistance to make specific decisions for themselves before they assumed a patient lacked capacity to make the decision for themselves. This included taking time to explain things to patients in a way that they could understand.
- We saw that staff had assessed and recorded appropriately when a patient had impaired capacity. The hospital ensured the assessment was completed by staff that were familiar to the patient. The multi-disciplinary team had responsibility for best interest meetings which were decision specific. Staff involved families and carers where appropriate. They considered the importance of considering the individuals wishes, feelings and previous history.
- The hospital completed audits of the Mental Capacity Act in line with the Priory Groups policy.

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

Good 

Kindness, dignity, respect and support

- Staff cared for patients with compassion. We saw that they were discreet and respectful when talking to patients. Feedback from patients confirmed that staff treated them well and with kindness. Staff had notices in the ward offices which reminded them to maintain boundaries while giving patients appropriate explanations when a request was refused. We saw staff doing this in a way that was natural and fair to the patients and patients accepted the reasons given. For example, when a patient wanted food to be reheated staff gave an appropriate explanation about why this would not be possible due to possible risks.
- Staff supported patients to understand their treatment although two patients stated that they would like easier to read leaflets about medication.

Good practice in applying the Mental Capacity Act

- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care. Staff training was at 77% for the Mental Capacity Act in July 2018.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff directed patients to other services as required such as benefits agencies and supported them to access these. They supported patients to access local services in the community such as colleges and volunteering opportunities. Patients supported local community based activities such as the village in bloom competition and had adopted a local roundabout which they planted and kept tidy.
- Staff showed a high level of understanding of patient's individual needs and used this to support them appropriately with their social and cultural needs. During an incident where a patient became physically unwell staff responded quickly and cared for the patient while waiting for the emergency services to arrive.
- Staff stated they could raise concerns on patients' behalf particularly relating to disrespectful, discriminatory or abusive behaviours or attitudes and that they would be listened to. Of the nine patients we spoke with only one said they felt unsafe on the wards.
- Staff maintained patients' confidentiality including with their relatives and carers. Patients signed consent forms giving permission for what information could be shared by the hospital.

The involvement of people in the care they receive

- Staff ensured patients were orientated to the ward during admission. Patients were given a leaflet about the hospital prior to admission and the hospital was just in the process of writing a new welcome booklet for patients to use.
- Staff involved patients in care planning. This was documented in the care records and we observed ward reviews where the patient was fully involved and listened to. Not all patients had a copy of their care plans and four were unsure what these looked like however care records showed that they had been offered to all patients and it was recorded when they had refused.
- Staff communicated with patients in a way which was appropriate for their level of understanding. Patients were given information during one to one sessions and at times when they could listen and ask questions.
- The hospital had previously had a patient representative but had found it difficult to find someone who wanted to take on this role. To try and improve confidence and give patients more independence they had created

several paid work opportunities for patients both in the hospital such as animal care for the pet therapy rabbits they keep and cleaning, and externally such as litter picking in the community.

- Each ward had regular community meetings where minutes were taken so that actions could be followed up. The quality of the menu had been a regular topic so the hospital had introduced feedback forms to be completed after every meal so that patients could influence changes to the menu.
- Patients preferences for advanced decisions were discussed in ward review and documented in the care records.
- Patients had access to advocacy who attended the hospital on a regular basis. Staff supported patients to refer themselves if they needed to and we saw evidence that advocates attended ward reviews and other meetings to support patients if needed.

Involvement of families and carers

- Family and carers were encouraged to visit the hospital and staff provided support to them to help them understand the care and treatment of their family member.
- Families and carers could give feedback on the hospital if they wanted to via ward reviews or to the hospital director.
- Staff provided carers with information to support them and explained how to access a carers assessment if it was required.

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

Outstanding



Access and discharge

- Woodland View was a national service and admitted patients from across the country. They had a focus on taking patients from the local and surrounding areas although they did have patients from areas such as Berkshire. Beds are commissioned by clinical commissioning groups. Average bed occupancy from 1 February 2018 to 31 July 2018 were Arley Ward (81%),

Long stay/rehabilitation mental health wards for working age adults

Good 

Elkin Ward (70%) and Millison Ward (97%). The average length of stay for each ward for the same period was Arley Ward (142 days), Elkin Ward (201 days) and Millison Ward (220 days). The maximum length of stay for any patient had been two and half years and the shortest was eight months. Length of stay depended on the needs of the patients and their previous history of risk but the hospital was clear that they provided a rehabilitation service and had a clear pathway for moving patients on within the hospital and out into the community.

- Patients always had their own room to return to following periods of leave and beds were not reallocated until a patient had moved on.
- Staff moved patients between wards for clinical reasons only, and as part of the patient pathway provided by the hospital.
- Staff discharged patients at an appropriate time during the day and to meet the patient's needs. All discharges of patients had been carefully planned to ensure the patient was fully supported.
- Patients who needed a psychiatric intensive care or secure care bed were referred to their care coordinator and clinical commissioning group, who funded their bed. They would work with the service to find a more appropriate bed.

Discharge and transfers of care

- In the previous 12 months the hospital had recorded one delayed discharge. This patient had been waiting several months for funding and suitable accommodation to be found that would meet his complex physical healthcare needs. We saw evidence that the hospital had constant contact with clinical commissioning groups to try and secure a suitable placement. It was noted that discussions had been taking place regularly with the patient about his current situation.
- Discharge planning was discussed in ward reviews and included in the care records. Two patients stated they did not know their future plans whilst others were clear about how long they would be at Woodland View and their next steps. The hospital had been open since November 2015 and had started to see patients completing the recovery programme and being successfully discharged back to the community or to

supported living accommodation. Staff spoke of one patient who had been in several hospitals for over 15 years but had been successfully discharged after 12 months at Woodland View.

- Staff supported patients through the transition stage of being discharged to help make the move on as easy as possible. They also provided support to patients who had to be admitted to the acute hospital.

Facilities that promote recovery, comfort, dignity and confidentiality

- Patients had their own rooms which they could personalise. Each room had its own bathroom and patients were expected to keep their rooms clean and tidy with support if required. The rooms on Millison Ward were based over two floors. Each ward had one or two rooms not in use as they were waiting for repairs to be completed.
- The wards provided secure areas where patients could have their personal possessions locked away to keep them safe.
- The hospital provided tailored services that were central to the needs and preferences of the patients. They had a full range of rooms to meet the needs of staff and patients. They had a separate activity block which included a large area for horticulture, a computer room, an activities for daily living kitchen and a gym. Millison Ward had its own large kitchen area with three ovens so patients could prepare their own food. One of the occupational therapy assistants was a trained horticulturist and had supported patients to grow and sell produce to one of the shops in the local community. The hospital kept indoor rabbits for pet therapy and one patient was employed to deal with their care. A full and robust risk assessment of this had been completed and the patient had a comprehensive list of tasks to follow. The hospital was on a large green site which allowed plenty of access to outside space. Wards had enough space for patients to have quiet areas to sit and a lounge to watch television. A visitor's room was available close to the hospital reception but patients were encouraged to take leave from the hospital to meet visitors. Staff were available to provide an escort if required. Patients had access to the laundry areas on a rota basis and were encouraged to do their own washing. The occupational

Long stay/rehabilitation mental health wards for working age adults

Good 

therapy team only worked 9am - 5pm Monday to Friday and some patients felt they would benefit from more activities at the weekends although ward staff ensured some activities took place.

- Patients had individual risk assessments allowing them access to their own mobile phones but could use a phone in private on the ward if they needed to.
- Patients had made complaints about the food so the hospital had made changes to the menu and had introduced a feedback form for patients to use. Patients on Arley and Elkin wards had their food provided by the chef based on site and staff sat with patients to eat their meals. On Millison Ward patients had a weekly budget to purchase and cook their own meals with support from staff if they needed it. They could also arrange to have food from the kitchen if they wanted to. Patients had a choice of food daily and made their selection every morning.
- Patients had access to drinks throughout the day. On Arley and Elkin wards this was via a hot water flask for hot drinks which the staff refilled throughout the day. Each ward had its own fridge. Millison Ward had its own kitchen area with full facilities. Patients on Arley and Elkin wards said that drinks were not available during the night although staff reported that they would make drinks for patients if the requested it. On Arley and Elkin wards cutlery was handed out at mealtimes and counted back in to reduce the risk of patients using it to self-harm.

Patients engagement with the wider community

- Staff used other organisations and the local community and saw this as important for the planning of a service which met the needs of patients. Staff encouraged and supported patients to engage with the wider community. Patients attended college and took up volunteering opportunities. Following several complaints about incidents in the community about patients from the local community the hospital held an open day for people to come in, ask questions and see for themselves how the hospital operated. This significantly reduced the number of complaints and provided further opportunities for patients to help support community initiatives such as the village in bloom competition. Alongside this the hospital director

had attended parish council meetings and responded to queries from the local community. It also helped to identify that not all the concerns raised related to patients from the hospital.

- Families and carers were welcome at the hospital and staff supported patients to maintain contact with their friends and family.

Meeting the needs of all people who use the service

- The service made adjustments for patients with disabilities. They had suitable facilities for patients to be comfortable and maintain their independence as much as possible. The kitchen area on Millison Ward had an adjustable height cooker hob so that patients with disabilities could cater for themselves. The hospital had a lift so that patients could access the wards upstairs.
- Wards displayed information for patients and this was available in a range of formats and languages to meet their needs. This included information on how to complain.
- Managers ensured that staff and patients had access to interpreters and signers for people who were deaf. This service could be accessed through the Priory Group.
- Patients had a choice of food available every day. They did not always think the food was of good quality although it was freshly prepared each day on site. The hospital had worked with patients to improve the choices they received. Food was available to meet a range of dietary and cultural requirements.
- The hospital had a multi-faith room but had decided to improve access to spiritual support on the wards by having designated areas on each ward for patients to use. Most patients were supported to access spiritual support in their local community and would have leave to do this.

Listening to and learning from concerns and complaints

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The hospital reported only one complaint in the 12 months from August 2017 to July 2018. This was from a patient and it related to noise on the ward and food quality. The complaint was not upheld but action had already been taken to reduce the noise and improve food choices for patients. The hospital received one compliment for the same period.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Patients knew how to complain or raise concerns. They could raise issues formally with managers, through community meetings and informally with their named nurse. They received feedback and we saw that actions had been taken such as improvements to the menu.
- Staff knew how to support patients who made a complaint. They protected the patients from the risk of discrimination and harassment. They ensured patients felt they had been listened to and their concerns had been taken seriously.
- Staff received feedback on the outcome of complaints. This would be done through one to one meetings, team meetings and ward handover. Complaints would be discussed at clinical governance meetings.

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

Good 

Leadership

- The hospital had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. They had a good understanding of their service and knew the patient group well.
- The hospital director was well known to staff and patients; they had an open-door policy so that they were fully aware of how the ward teams worked and could engage easily with the patients.
- The Priory Group made sure leadership opportunities had been made available to staff. This included training and the opportunity to apply for roles as part of career progression.

Vision and strategy

- The Priory Group has a vision to make a real and lasting difference for everyone they support. Their values of putting people first, being a family, acting with integrity, being positive and striving for excellence underpins all the work of staff at Woodland View.
- Senior leadership demonstrated these values in the way they managed the hospital. The hospital director had a clear direction for the hospital which was shared with all

staff and provided opportunities for staff to feedback about the strategy for the hospital. Staff knew the values and demonstrated them through the support offered to patients.

- Staff understood that the hospital had budgets and worked to ensure care was provided within these budgets.

Culture

- Managers ensured staff felt valued and respected. Staff said that they appreciated the support they received. The hospital directors had implemented staff appreciation days where a budget was allocated so that staff could be rewarded. This included massages, pizza days and an ice cream van in the summer which was enjoyed by both staff and patients.
- Staff stated that they enjoyed their work and felt positive about the support they provided to patients. The ward staff worked in teams so that they worked the same shift patterns. This gave continuity to patients and staff stated that this helped them to support each other.
- Staff felt they could raise concerns to the hospital director without fear of retribution. They knew they would be listened to and supported. They said they knew the process for raising concerns anonymously but did not feel they would need to use this.
- Managers dealt with poor staff performance through one to one sessions and more formally using the Priory Group policy for this.
- Managers ensured appraisals contained conversations about career progression. The Priory Group supported staff to do additional training and build skills so they could achieve their goals. Career and development opportunities were open to all staff and the hospital promoted equality and diversity throughout the staff team.
- From 01 August 2017 to 31 July 2018 staff sickness levels were low at below 1%.
- Staff felt well supported and stated that the hospital director was flexible in their approach so that their physical and mental wellbeing was a priority. The Priory Group provided additional support for staff if they needed it.

Governance

- Managers had worked to improve the governance within the hospital. While the hospital had vacancies, they block booked agency staff and some of them had

Long stay/rehabilitation mental health wards for working age adults

Good 

worked at the hospital for several months. Staff turnover had been high but the introduction of staff appreciation days and the additional support and training provided by the Priory Group had seen an improvement in staff retention. Staff took pride in their work and this showed in the way they cared for patients. Staff received good levels of training and records were in good order. Staff understood the Mental Health Act and Mental Capacity Act and how to use these to support patients. The number of incidents was low and the hospital received very few complaints. Managers and staff showed awareness of the rehabilitation care pathway for patients within the hospital and the expected lengths of stay and potential discharge goals for each patient. One area of concern was that supervisions had not been recorded formally and although we saw evidence and staff confirmed that a range of types of supervision took place this was not reflected in the data that the hospital provided. We saw that a structure had been put in place and the formal recording had started but it was too soon for this to have been embedded properly.

- The hospital had a clear framework for what should be discussed at ward team and directorate level. Staff attended team meetings and received a bulletin update following local clinical governance meetings. The hospital director attended regional meetings and shared information as required. The hospital was supported by the regional quality improvement facilitator who ensured that targets were met, actions and learning had been shared and issues showing on the management dashboard had been followed up.
- Staff participated in audits and acted on any identified learning. This was discussed in the local clinical governance meeting and a bulletin shared with staff.
- Staff understood how to work within teams within the hospital and with external providers to meet the needs of patients.

Management of risk, issues and performance

- The hospital had its own risk register and a site development plan. Both were linked and had a red, amber, green rating and clearly showed what needed to be done, who by and the date it had been completed. Staff contributed to the plan as appropriate and could

escalate concerns through supervision, team meetings and directly with management. We found that staff concerns matched those on the risk register such as staffing.

- The hospital had a major incidents contingency plan. This covered multiple events such as fire, loss of utilities, infection and adverse weather conditions.
- Cost improvements and budgets did not compromise patient care.

Information management

- The hospital used an electronic recording system which produced a managers' dash board. This identified when staff had not always completed areas fully and could be followed up with the individual staff member. Staff reported that the system was easy to use and they felt confident in using it. Since the inspection in April 2017 which highlighted that the hospital should give agency staff access to the electronic system this had been put in place which had reduced the burden placed on permanent staff for record keeping.
- Patients, families and carers had the opportunity to give feedback formally through questionnaires and informally directly with staff. This was used to make improvements to the environment such as noise reduction on the wards and to improve working practice. In November 2017 the Priory Groups human resources business partner and director of quality met with staff to see how morale could be improved. This resulted in a review of pay scales and improved pay for staff.
- The hospital previously had a patient representative but had been unable to recruit to this from the current patient group. Managers and staff worked with patients to ensure that the patients' view was listened to while supporting individuals to gain the confidence to take on this role. However, we did not see evidence that carers had been involved in making decisions that affected the service.
- Patients and staff could meet with senior members of staff at the Priory Group or contact them through the intranet.
- Managers engaged with commissioners and the local authority safeguarding team. The hospital director had worked to improve the hospitals relationship with the local community and this included attending parish council meetings and providing an open day for people to come and see how the hospital worked.

Long stay/rehabilitation mental health wards for working age adults

Good 

Learning, continuous improvement and innovation

- Staff had been given the time to consider opportunities for improvements to the hospital. This was particularly evident in the activities block with the occupational therapy team. They had developed activity programmes for patients which had a good balance between site based and community based activities. They had developed paid, real work opportunities and an area for indoor rabbits to be used as pet therapy.
- The hospital had recently signed up to be members of the Accreditation for Inpatient Mental Health services and had started the work they need to do to become accredited.

Outstanding practice and areas for improvement

Outstanding practice

- The occupational therapy team had developed activity programmes for patients which had a good balance between site based and community based activities. They had developed a good range of paid, real work opportunities and an area for indoor rabbits to be used as pet therapy.
- The hospital had spent time engaging with the local community through an open day and attending parish council meetings to improve communication and to create opportunities for the patients. They had participated in the village in bloom and adopted a local roundabout which the patients maintained

Areas for improvement

Action the provider SHOULD take to improve

- The provider must ensure that managers record supervision for staff as it happens so that they can fully monitor the types and frequency of supervision that staff receive.
- The provider should ensure that observation charts are completed in 'real time' to ensure they are accurate and minimise the risks to patients.
- The provider should ensure that scrutiny checklists for the Mental Health Act paperwork are completed in a timely manner and specify the timeframes for these to be completed.
- The provider should consider the restrictions around the use of cutlery and ensure this is individually risk assessed.