

Enbridge Healthcare Limited

Magna House

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Insufficient evidence to rate



Are services effective?

Insufficient evidence to rate



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Insufficient evidence to rate



Are services well-led?

Insufficient evidence to rate



Summary of findings

Overall summary

Magna House is a 29-bed independent hospital in Lincolnshire, providing care, treatment and rehabilitation services to people who are experiencing mental health issues

This was a focussed unannounced inspection of one ward in the hospital that was not open at the time of the inspection and therefore had no patients. We did not re-rate the service at this inspection due to the narrow focus of the inspection activity.


The purpose of this inspection was to see if the provider had met the requirements of the conditions imposed on their registration in August 2021, in respect of Redwood ward. In August 2021 the provider was told they had to address the issues we found at our inspection in July 2021, and meet the conditions imposed on their registration before they could re-open and admit new patients to Redwood ward.

We found the service had met the requirements of the conditions imposed on their registration in August 2021 as follows:

- Redwood ward was clean throughout.
- Managers had ensured the damaged flooring throughout the building had either been replaced or repaired.
- Managers had replaced the broken windows and repaired the wooden cladding on the side of a building in the garden.
- Managers had ensured the air conditioning unit in the conservatory had been repaired and was connected to a thermometer that automatically adjusted the temperature in the conservatory, so it did not become too hot or too cold.
- Managers had treated the insect infestation found at the last inspection. There was no evidence of further insect infestation on the ward specifically on the corridor leading to, or in the conservatory.
- Managers had completed a full environmental risk assessment of Redwood ward. Managers had mitigated against the risks posed by blind spots and potential ligature points on the stairwell, bannister rails and door closures.
- All staff, including those who would be working on Redwood ward, had completed fire training and fire evacuation training. Managers provided evidence of regular fire drills and lessons learned from each drill to improve their effectiveness and speed.
- Managers had installed call alarms in all patient bedrooms. Staff had effective emergency alarms and the provider had testing protocols for the alarms.
- Managers had ensured that all external doors were secure and replaced door locks where required.
- All the bedrooms on Redwood ward, had fully working showers and hand basins. Safety mirrors were in place in all ensuite bathrooms.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Inspected but not rated 	

Summary of findings

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Summary of this inspection

Background to Magna House

Magna House is a 29-bed independent hospital in Lincolnshire, providing care, treatment and rehabilitation services to people who are experiencing mental health issues. It registered with the Care Quality Commission in August 2020 for the following regulated activities:

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

The hospital comprises of four cottages, Aspen – seven female beds; Beech one – five male beds, Beech central – three male beds, and Beech two – three female beds. All the bedrooms in the cottages are ensuite and located on the ground floor. There is also an eleven bedded male assessment ward with ensuite bedrooms, over two floors, in a separate building known as Redwood ward.

Magna House has a registered manager. It was first inspected in June 2021, when only the cottages were open and in use, and was rated as good overall with requires improvement for safe. In July 2021 the CQC visited the hospital to review the management of a serious incident and became aware the provider had opened Redwood Ward which was not in use on initial registration. An urgent, unannounced and focussed inspection of this ward was undertaken in July 2021.

Following the July 2021 inspection, and in respect of Redwood ward, the provider was found to be in breach of the Health and Social Care Act (regulated activities) Regulations 2014. Regulation 12 - safe care and treatment and Regulation 15 – premises and equipment. We served a notice of decision imposing conditions on the provider, including that they immediately move patients from Redwood ward and do not admit any further patients without CQC written approval. The provider actioned this request and submitted an action plan to address the issues we found and agreed to not admit any new patents to Redwood ward until they had met the requirements of the conditions.

In February 2022, the provider told CQC they had completed all the required works and formally asked if the conditions on their registration could be removed.

This unannounced and focussed inspection of Redwood ward, which only focussed on the requirements of the notice of decision, took place in May 2022. Due to limited scope of the inspection we did not re-rate the service on this occasion.

What people who use the service say

Redwood ward was not open to patients at the time of inspection. Therefore, there were no patients on the ward for us to speak with.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Our findings



Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Insufficient evidence to rate	Not inspected	Not inspected	Not inspected	Insufficient evidence to rate	Inspected but not rated
Overall	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Inspected but not rated

Long stay or rehabilitation mental health wards for working age adults

Inspected but not rated 

Safe	Insufficient evidence to rate 
Well-led	Insufficient evidence to rate 

Are Long stay or rehabilitation mental health wards for working age adults safe?

Insufficient evidence to rate 

This was a focussed unannounced inspection of one ward in the hospital that was not open at the time of the inspection and therefore had no patients. We did not inspect all key lines of enquiry in this key question and we therefore did not re-rate the service on this evidence.

Safe and clean care environments

Redwood ward was safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Managers had completed a full environmental risk assessment of Redwood ward. Managers had mitigated against the risks posed by previously identified blind spots next to the ground floor meeting room, left side of the conservatory, stairwell, bedroom corridor, the bannister rail and two window closures accessible from the garden. The provider had reduced ligature points where possible and managers had produced a ligature hot spot floor plan and visual ligature assessment. The provider had installed additional mirrors and closed circuit television cameras on the ground floor, bedroom corridor and stairwells. Furthermore, there was a clear admission protocol to ensure that new patients were individually risk assessed as part of the provider's strict admission criteria.

Staff could now observe patients in all parts of the wards. Managers had formulated a revised observation protocol for staff to follow and familiarity with this document was part of the provider's new induction program. A staff member we spoke with who had completed the induction confirmed this was part of their induction.

The ward complied with mixed sex guidance, there was separate male and female accommodation.

Managers ensured staff employed to work on Redwood ward would know about any potential ligature anchor points and mitigated the risks to keep patients safe. The induction program included full orientation to the ward using the environmental risk and hot spot floor plans and visual ligature point assessment.

Staff now had easy access to emergency call alarms and radios, and patients now had easy access to nurse call systems. The provider had installed call alarms in all patient bedrooms. Staff had effective emergency alarms and the provider had testing protocols for the alarms. The alarms were tested and linked to control panels on the ground and first floor. There was now sufficient number of staff emergency alarms.

All staff, including those who would be working on Redwood ward, had now completed fire training and fire evacuation training. Managers provided evidence of regular fire drills and lessons learned from each drill to improve their effectiveness and speed. We saw evidence of the fire risk assessment dated 2 November 2021 and the current fire certificate.

Long stay or rehabilitation mental health wards for working age adults

Inspected but not rated 

There was now two evacuation chairs located at the top of each staircase to help evacuate any patients with mobility difficulties. Managers showed us a fire evacuation protocol that included the need for all patients on Redwood ward to have personal emergency evacuation plans (PEEPS). A staff member we spoke with confirmed he had completed the new induction training for Redwood ward and it had included a thorough understanding of fire procedures including the safe evacuation of patients in accordance with their PEEPS.

Maintenance, cleanliness and infection control

Redwood ward was clean and tidy, well maintained, well-furnished and fit for purpose.

All bedrooms on Redwood ward, now had fully working showers and hand basins. Safety mirrors were in place in all en suite bathrooms.

Staff followed infection control policy, including COVID-19 guidance such as handwashing. There were hand sanitisers at strategic points and signage advising people to wash or sanitise their hands.

The ward was clean, and staff made sure cleaning records were up-to-date. Managers had secured additional housekeeping staff to work specifically on Redwood ward and formulated protocols for ensuring that cleaning was completed each day and cleaning records were audited.

Managers had replaced the broken windows and repaired the wooden cladding on the side of a building in the garden. The air conditioning unit in the conservatory had been repaired and was connected to a thermometer that automatically adjusted the temperature in the conservatory, so it did not become too hot or too cold.

Managers had ensured the damaged flooring throughout the building was replaced or repaired.

Managers had secured all external doors, replacing locks and automatic closures where required.

Managers had treated the insect infestation and checked for re-infestation as part of the managers weekly health and safety walkabouts. Staff knew how to report maintenance issues as soon as they were spotted.

The manager and deputy manager used weekly walkabouts of Redwood ward to ensure any damage or broken items were reported in a timely manner and escalated to the maintenance log where necessary. The manager used these walkabouts to ensure repairs were completed and signed off.

Clinic room and equipment

The clinic room on Redwood ward was fully equipped with brand new equipment, however there were no medicines present as the ward was not yet in use. There was a brand new and accessible resuscitation equipment bag and we found staff had checked this.

There was a daily check list of jobs for the clinic that staff would be required to complete, once the ward was fully operational.

Long stay or rehabilitation mental health wards for working age adults

Inspected but not rated 

Safe staffing

Although Redwood ward was not open at the time of the inspection, managers had started to recruit and induct staff to work on this ward. While they were waiting for the ward to open these staff were deployed to other parts of the hospital to gain experience of working for the organisation.

We spoke with one staff member in this position and he confirmed the induction had been very good and thorough.

Medical staff

Although Redwood ward was not open at the time of the inspection, we saw staffing schedules and managers confirmed that elsewhere in the service there were enough daytime and night-time medical cover and a doctor would be available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

At the previous inspection mandatory training, in particular induction, observation, reporting of repairs, ligature awareness and fire training relating to Redwood ward were found to be inadequate.

At this inspection, data for the period up to 1 May 2022 evidence that 97% of staff across the hospital had completed mandatory training. This included; fire safety theory 96% and fire safety practical at 98%. Staff induction compliance rate was 100%, Induction included observation protocol, incident reporting, and ligature awareness and mitigation. Induction feedback reports demonstrated that the induction was comprehensive and a staff member we spoke with who had completed a recent induction confirmed it had prepared them well for working with the patients at Magna House.

In addition to mandatory training and a revised induction program, we also saw evidence of service specialist training that managers included as part of training and development plans for all staff. This included self-harm and suicide awareness, diabetes awareness, oral health, and positive behaviour support planning.

Are Long stay or rehabilitation mental health wards for working age adults well-led?

Insufficient evidence to rate 

This was a focussed unannounced inspection of one ward in the hospital that was not open at the time of the inspection and therefore had no patients. We did not inspect all key lines of enquiry in this key question and we therefore did not re-rate the service on this evidence.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and had met the requirements of the conditions placed on the provider's registration in August 2021.

We saw that the interactions between leaders and staff showed they were visible in the service and appeared approachable. This view was supported by the staff member we spoke with.

Long stay or rehabilitation mental health wards for working age adults

Inspected but not rated 

Governance

The service had a clearly defined governance structure from hospital manager level up to senior management, board level and corporate level. The clinical governance agenda, key messages and lessons learned was produced in visual slide format, meaning that the information was easily accessible.

Managers explained how they had reviewed the content of their governance meetings to ensure more effective monitoring of the environment, including the escalation and sign off for maintenance works and repairs. They also now held weekly security, health and safety meetings that included maintenance engineers, catering staff and ward managers.

Managers had introduced weekly assurance checks and daily planners to ensure effective allocation of specific roles and duties for staff member at different times of the day on each shift. The roles and duties included two staff observing the conservatory and garden area at all times, general observations, patient one to one sessions, security nurse, supervision time, and dedicated note writing and handover preparation time. This meant staff were able to have variety in the day and have specified time for their development, note writing and breaks. Managers were also able to use the planner to ensure that all key functions were covered at any given point in the day.

Learning, continuous improvement and innovation

Managers told us the findings of the previous inspection had proved a useful lesson to be learned. They accepted they had opened the Redwood ward too soon and without ensuring there was adequate planning and infrastructure in place before doing so. They had used the inspection findings to make improvements not just to Redwood ward but to also use as a guide for the cottages.

Improvements had included a revised and more service specific induction program, a review and development of a range of operational protocols covering all the fundamental activities carried out in the hospital including reporting, and monitoring of maintenance issues. In addition to this, other improvements included enhanced use of closed circuit television and more focus on the role of observation not just with patients but in the environment as well, introduction of lead roles with key responsibility for ensuring health and safety on the ward and in the cottages and greater focus on physical healthcare needs and professional curiosity.

Managers had improved their communication and feedback processes with and between themselves, staff and patients, and highlighted the staff “you said, we did” newsletter. Items on the newsletter for April 2022 included acquiring new radios, pouches and belts for staff, having a rolling program of induction planned a year in advance, reflective practice sessions every two weeks and purchase of toiletries and essential items for patients admitted with no belongings.