St Matthews Hospital - Low Secure Rehabilitation

Quality Report

21-23 St Mathews Parade
Kingsley
Northampton
NN2 7HF
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Website:www.smhc.uk.com

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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?	Requires improvement
Are services effective?	Good
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. Mathews Hospital as good because:

- The ward was safe, clean, well laid out and tidy. There was space for staff to carry out both individual and group activities. Patients had keys to their own ensuite bedrooms. There were sufficient staff to cover the ward and care needs of patients. There was access to medical cover when needed. Ninety six percent of staff had completed mandatory training. The patients' care records included full and holistic risk assessments and all required Mental Health Act paperwork.
- Medication management was good, and staff checked emergency drugs regularly. The pharmacist visited every two weeks to monitor prescribing and offered training as required. Patients had access to physical healthcare including weight management, blood checks and help with smoking cessation. There was a range of staff from different professional backgrounds, skills, and experience to deliver effective care to patients.
- There was good multidisciplinary and multi-agency working to meet patient's needs. Staff showed an understanding of the individual care and treatment needs of patients. Patients and carers' were involved in care planning and staff supported this when needed. There were clear arrangements in place for assessing new referrals. Staff planned for all new admissions, and there were robust arrangements in place for managing discharges. Patients had access to range of activities, to help meet their rehabilitation needs. This included healthy walking groups, creative therapy groups, skills training, talking therapy groups, and escorted leave where required to enable patient's to use local services.
- The provider had plans to build a new single storey extension that would provide the hospital with a larger meeting room, family visiting areas, and a workshop.
- At a local level, the ward was well led. Managers were responsive to feedback from patients, staff, and external agencies. Staff had been involved in developing an electronic dependency and activity tool that would support shift pattern allocation and skill mix, depending upon the needs of each day.
- There were robust systems for reporting incidents on the ward and feedback from incidents was shared with staff on the ward through handover meetings and team meetings. Between June 2015 and December 2015, St Mathew's Hospital had no episodes of seclusion, segregation, or patients subject to deprivation of liberty safeguards. There were no outstanding serious incidents; staff knew what a serious incident was and how to report them. Patient's records were complete and up to date.

However:

- Between 1 February 2016 and 18 March 2016, the medicine fridge temperature chart showed consistently high readings. Staff had not noted this or taken any action to rectify the situation, which posed a risk to medications stored in there. Though this issue was addressed by the ward manager once brought to her attention.
- There was a restrictive practice regarding the frequency and timing of smoking breaks.
- There was no formal medical on call rota, or medical cover in the absence of the providers own doctor.
- At the time of the inspection, data showed only 54% of nursing staff and healthcare assistants had up to date supervision and 75% had in date appraisals. This was below the providers standard, staff explained they were not as good as they might be at recording their supervision.

Summary of findings

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Good

St Matthews Hospital

Services we looked at

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

Summary of this inspection

Background to St Matthews Hospital - Low Secure Rehabilitation

St. Mathew's Hospital is part of the St. Mathews healthcare group. The hospital provides psychiatry, psychology, rehabilitation and wellbeing therapies for men under the age of 65. The hospital is purpose built and has 16 inpatient beds spread over three floors. At the time of the inspection there were 16 patients, all detained under the mental Health Act (MHA).

St Mathews hospital is regulated by the Care Quality Commission (CQC) for:

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

The service has a registered manager and accountable officer.

The CQC first registered St. Mathews Hospital in January 2011. The CQC last inspected the hospital in July 2013 when the hospital was compliant with all regulations inspected. In addition to this inspection, there have been two Mental Health Act review visits in September 2013 and June 2015.

Our inspection team

Our inspection team was led by:

Inspection Manager: Lyn Critchley

Team leader: Debra Greaves, Inspector

The team that inspected the St. Mathew's Hospital consisted of;

- three CQC inspectors,
- one Mental Health Act reviewer, and
- One pharmacist.

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, asked a range of other organisations for information. We provided comment boxes for patients, carers, and staff to express their opinions confidentially if they wished.

During the inspection visit, the inspection team:

- Looked at the quality of the hospital environment and observed how staff cared for patients.
- Spoke with seven patients who were using the service.
- Interviewed the hospital manager and the deputy manager.

Summary of this inspection

- Spoke with nine other staff members, including the nurses, occupational therapists, ward pharmacist, administrator and support workers.
- Received feedback about the service from one carer.
- Reviewed two comment cards.
- Reviewed six care and treatment records of patients, including Mental Health Act paperwork.
- Checked 16 prescription charts.
- Carried out a specific check of medication management and the clinic room.
- Examined a range of policies, procedures and other documents about the running of the service.

What people who use the service say

We spoke with seven patients who told us they felt cared for at St Mathews Hospital. There was a wide range of activities, and they were encouraged and supported to join the activities. Patients knew their named nurse, and had a care plan they could understand, because they had been included in decisions about their care and treatment. They told us the doctors and staff understood their needs, were kind and treated them with respect.

Patients said the food was not good but they had been involved in choosing another catering company to supply their food. Patients told us they could personalise their bedrooms and had opportunities to personalise communal areas, such as the dining room.

We spoke with one carer who told us they felt their relative was well looked after, staff understood his needs and how to interact with him to get the best out of him.

We had two completed comment cards from patients, one card said there were too many rules and restrictions in the hospital. The second comment card said, staff were always willing to support outside activities when they could.

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?

Requires improvement

We rated safe as requires improvement because:

- The ward was safe, clean, well laid out and tidy. There was space for staff to carry out both individual and group activities.
- Staff and patients told us they felt there was sufficient staff to cover all duties and care needs necessary on the ward, and to carry out patients' daily activity schedules. There was access to medical cover when needed.
- We saw evidence that 96% of St. Mathews Hospital staff had completed mandatory training.
- Data from June 2015 to December 2015 showed the hospital had no episodes of seclusion, segregation, or deprivation of liberty safeguards during this period. There were no outstanding serious incidents. Staff knew what a serious incident was and how to report them.
- Medication management was good, and staff checked emergency drugs regularly. The pharmacist visited every two weeks to monitor prescribing and offer training as required.

However:

- Between 1 February 2016 and 18 March 2016, the fridge temperature chart showed consistently high readings and staff had not noted this or taken any action to rectify the situation. This issue was addressed by the ward manager, once it had been pointed out by the inspector.
- While the provider had a secure outside area for access to fresh air, smoking breaks were generally offered to patients on the hour. This was considered to be a blanket restriction.
- There was no formal medical on call rota, or medical cover in the absence of the providers own doctor.

Are services effective?

Good

We rated effective as good because:

- Staff had completed all records in a timely manner. The care record included full and holistic risk assessments and all required Mental Health Act paperwork.
- Staff and patients told us they had access to physical healthcare provision in the hospital including weight management, blood checks and help with smoking cessation.
- There was a range of staff from different professional backgrounds, skills, and experience to deliver effective care to patients.

Summary of this inspection

- Staff told us they had access to multidisciplinary group supervision and learning, regular team meetings and shift handovers at the beginning of every shift. We saw evidence of multidisciplinary and multi-agency meetings having taken place to review patient care.
- Data showed that 96% of staff at St. Mathews Hospital had completed Mental Health Act training and 93% of staff had completed Mental Capacity Act training.

However:

- At the time of the inspection, data showed only 54% of nursing staff and healthcare assistants had up to date supervision and 75% had in date appraisals. However, staff explained that they did have frequent informal as well as formal supervision but admitted they were not good at recording this.

Are services caring?

Good

We rated caring as good because:

- Staff showed an understanding of the individual care and treatment needs of patients. Staff addressed patients in their preferred way and were polite and discreet at all times.
- Doctors undertook preadmission assessments and patients were encouraged to visit the hospital prior to admission.
- We saw evidence of patients and carers being involved in care planning.

Are services responsive?

Good

We rated responsive as good because:

- The provider had clear arrangements in place for assessing new referrals, and staff planned all new admissions. There were robust arrangements in place for managing discharges.
- Patients had private ensuite bedrooms and with their own keys, and told us they could personalise their bedrooms and communal areas. Patients had input into the choice of foods available, which catered for individual dietary and cultural needs.
- Patients had access to advocacy services and knew how to make a complaint.
- Patients were encouraged to attend the morning house meetings and the Friday activity planning sessions, when they formulated their own activity schedule and goals for the following week, supported by staff. They had access to range of

Summary of this inspection

activities, to help meet their rehabilitation needs, including healthy walking groups, creative therapy groups, skills training and talking therapy groups, and escorted leave where required to enable patient's to use local amenities.
- Management told us that in response to staff and patients' comments, they had plans to build a single storey extension to the hospital that would provide a larger meeting room, family visiting areas, and a workshop.

Are services well-led?

Good

We rated well-led as good because:

- At a local level, the ward was well led, and there was commitment from local level management towards continual improvement and innovation. We were shown evidence of how audits and CQUIN targets had been met at local level.
- The service was responsive to feedback from patients, staff, and external agencies.
- There were good staffing levels and little use of bank and agency staff. When bank and agency staff were used these were people known to the staff and patients.
- There was clear learning from incidents.
- We heard how staff had been involved in developing an electronic dependency and activity tool that would support shift pattern allocation and skill mix, depending upon the needs of each day.

Detailed findings from this inspection

Mental Health Act responsibilities

- Managers had acted on feedback following a Mental Health Act (MHA) reviewers visit in June 2015, and data from January 2016 to February 2016 provided by management at the time of inspection, showed 96% of staff had completed MHA training. Staff had an understanding of the Mental Health Act, the revised Code of Practice, and their responsibilities towards patients under the Act. Staff knew where and how to get advice on Mental Health Act 1983/2007 issues.
- Staff had completed consent to treatment and capacity forms, and attached them to prescription cards. Copies were available in the care record, along with all relevant and up to date detention paperwork. Managers maintained MHA audits on a dashboard system and the outcomes had been shared with the staff team.
- We saw evidence of patients having had their rights explained to them at the time of admission and again at regular intervals during their admission. Staff advised patients during their clinical reviews about independent mental health advocacy (IMHA) and how to access this, and we saw notices on the walls promoting the IMHA services.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Managers had acted on feedback following the Mental Health Act reviewers visit in June 2015. Data from January 2016 to February 2016, provided by management at the time of inspection, showed 93% of staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) training. For the period, January 2015-December 2015 there had been no DoLS applications from St Mathew's Hospital. Management had records showing their adherence to the MCA.
- Staff showed good understanding of the principles of the MCA, and there was a policy for MCA and DoLS available to staff in the office. Staff told us they understood how to support patients to make their own decisions, and the need for best interest meetings when this was not possible. Staff understood how the MCA affected practice when needing to consider restraint of a patient.

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	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Requires improvement

Safe and clean environment

- The ward was safe, clean, well laid out and tidy. Staff told us they had access to an observable quiet room when de-escalation was required. There were nurse call alarms where necessary. Staff managed the environmental risks and completed environmental risk assessments for all patients. The hospital was compliant with same sex accommodation.
- Patients had their own private ensuite bedroom with their own keys. Furnishings were clean, comfortable, and well maintained. Equipment was well maintained and cleaning inspection stickers were visible and in date. Staff maintained up to date cleaning records and adhered to infection control principles. The provider had a secure outside area for access to fresh air, smoking breaks were generally offered to patients on the hour, and the provider offered smoking cessation support when requested.
- The clinic room was fully equipped, well organised, and clean. However, the fridge temperature chart showed that between 1 February 2016 and 18 March 20e16, the fridge temperature had been too high. Staff had not noted this or taken any action. This issue was addressed by the ward manager after we had raised our concerns with her.
- We found staff kept the room cupboards locked and the nurse in charge held the keys, spare keys were kept in a key safe with numbers only known to the ward manager. Staff had locked the drug disposal bin and defibrillator in a locked cupboard in the clinic room and this could only be accessed by a named nurse. This meant there could be delay in accessing the defibrillator in case of emergency. After we had raised our concerns, the ward manager arranged for the defibrillator to be moved to the main office, where it could be accessed easily.

Safe staffing

- Management told us they had allocated a minimum ratio of one nurse to two patients, and they were able to meet this allocation. When they required enhanced observations, they could access additional staff. Data from January 2015 to December 2015, given to us by the provider showed St Mathews Hospital had three whole time equivalent (wte) qualified nurses, and 18 nursing assistants. In addition they had 1.6(wte) nursing vacancies and 4(wte) nursing assistant vacancies.
- Management told us, in addition to the regular staffing levels, there was always a nurse in charge on duty, and in the daytime, they had access to one (wte) occupational therapist, one (wte) occupational therapy instructor, and one (wte) ward manager or deputy. Staff reported they rarely needed to use bank staff, and when they did, it was always staff known to the service and patients.
- Staff and patients told us they felt there was sufficient staff to cover all the duties and care needs necessary on the ward, and to carry out the daily activity schedules.

Long stay/rehabilitation mental health wards for working age adults

Good

Patients told us there was always staff available around the hospital. Staff told us they were encouraged to spend as much time as possible on the ward, rather than in the office.

- Data from January 2016 to March 2016, provided by the hospital, showed 96% of staff at St Mathews Hospital had completed mandatory training. The manager explained there was one staff member who had been in post three weeks and not yet completed the mandatory training.
- Medical cover at St Matthews Hospital was undertaken by the responsible clinician. The provider did not have an on call rota for medical cover, and there was an expectation for the doctor to be available 24 hours a day via telephone. Medical emergencies were covered by calling emergency services.

Assessing and managing risk to patients and staff

- Staff explained their policies and procedures for carrying out observations, including their policy of no smoking between 11.30pm and 8.00am. We saw evidence of notices around the ward and at the entrance to the ward explaining how informal patients could leave the locked ward by making a verbal request to one of the nurses.
- We examined six patient care records, and found them all complete and up to date. Staff had recorded full and up to date risk assessments. All except one care plan had a signed consent to treatment form.
- Data from June 2015 to December 2015, given to us by the hospital showed no episodes of seclusion, segregation, or deprivation of liberty safeguards in this period. For the same period, they had 21 incidents of restraint on five different patients, one of which resulted in rapid tranquilisation. The data showed that of the 21 incidents of restraint; ten had been prone restraint, however staff explained that even if a patient had gone down in a prone position before they turned him over, they recorded this as a prone restraint. Prone position restraint is when a patient was being held in a face down position on a surface, and is physically prevented from moving out of this position. Staff had recorded and detailed all episodes of restraint. Some patients were prescribed medicines to help them calm down during episodes of extreme agitation and anxiety. This is known as rapid tranquilisation and followed NICE guidelines.
- Medication management was good. Staff checked emergency drugs regularly, and a pharmacist visited every two weeks to monitor prescribing, provide medication checks, and offer medication management training. However, staff advised us the new contract between the hospital and the pharmacist meant that these visits would reduce to every three months. Staff told us the hospital was in the process of moving from a system of them managing patients own prescribed medication to having their own stock medication items and using prescription charts.
- Data from January 2016 to February 2016 provided by the hospital showed 96% of staff were trained in safeguarding vulnerable adults, while the number of staff trained in safeguarding vulnerable children was 34%. However, there was no provision for children to visit on the ward and all such visits had to be pre requested so staff could provide a room and escort off the ward.

Track record on safety

- St Mathew's Hospital did not provide any data regarding the number of serious incidents in the previous year, however, at the time of inspection they had no outstanding serious incidents. Management explained, and we saw, the provider's serious incident requiring investigation policy (SIRI) and how staff recorded incidents and monitored them at ward level.

Reporting incidents and learning from when things go wrong

- Staff knew what a serious incident was and how to report it. They explained how feedback from incidents, within the hospital, was fed back to them by the manager through staff handover meetings and sometimes in supervision. However, staff told us they could not recall a time when management had needed to change practice or process because of a serious incident, and they rarely had feedback from other locations within the provider group.
- Staff confirmed they received debrief after incidents, including occasions when they had been involved in restraint procedures.

Long stay/rehabilitation mental health wards for working age adults

Good

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 examined six care records, all of which were paper based. Staff had completed all the records in a timely manner, with full and holistic risk assessments. Physical and mental health care needs had been identified by staff, and multidisciplinary care plans had been formulated with the patient, by staff to meet those needs. Staff had included a copy of the patient's individual weekly activity planner within the care record.
- We observed how staff ensured all care records were stored securely in locked cabinets and available to when required

Best practice in treatment and care

- Staff said they used NICE guidelines to provide a range of psychological and rehabilitation therapies. Some staff completed clinical assessments on nationally recognised assessment and treatment templates. These same staff told us how they were about to undertake clinical specialist training on the use of the model of creative ability (MOCA) and how they hoped this would enhance their care planning and intervention work.
- Staff and patients told us they had physical healthcare provision in the hospital, including weight management, blood checks and help with smoking cessation. The doctors completed physical health checks and recorded them in the care notes. Patients told us staff supported them when they had to attend other physical healthcare appointments at GP surgeries, the hospital, podiatry, dentist, and opticians.
- Staff showed us cue cards they had produced with patients, for new and agency staff. These pocket-sized cards had a picture of each patient with a pronunciation of their correct name, and brief details of their interests, like and dislikes.

Skilled staff to deliver care

- We spoke with a range of staff including, nurses, a pharmacist, occupational therapists, and healthcare support workers. Staff had undertaken the corporate and ward induction. Most care assistants had completed their health care certificate training, or the equivalent, and those staff that had not completed the training were due to complete in the next few months.
- Management explained they were in the process of changing their training provider, and delays in refresher training may arise, until the process was completed. Staff told us they could access specialist clinical training as required and were encouraged to maintain links with their professional registration organisations.
- Data from January 2016 to February 2016, provided at the time of inspection, showed 54% of nursing staff and healthcare assistants had up to date supervision and 75% of nursing staff and healthcare assistants had in date appraisals. Managers explained that formal and informal supervision did take place but they were not good at recording this. The hospital was in the process of introducing a new system to capture supervision records more effectively.

Multi-disciplinary and inter-agency team work

- Staff had access to multidisciplinary group supervision. In these sessions, they discussed patient cases, and any other clinical matters that were impacting on their ability to perform their duties effectively.
- Staff told us they had access to regular team meetings and daily shift handover meetings, where they could discuss how they would accommodate patient's daily activity schedules. Staff recorded these meetings for tracking purposes, and staff who were not able to make the handover meetings could still be made aware of current clinical matters.
- We saw evidence of multidisciplinary and multi-agency meetings had taken place, to review patient's care. The records showed these meetings included patients, care co-ordinators, community psychiatric nurses, social workers, police, and medical staff.

Adherence to the MHA and the MHA Code of Practice

- Managers had acted on feedback following the Mental Health Act review in June 2015, and data from January 2016 to February 2016 provided by management at the time of inspection, showed 96% of staff had completed

Long stay/rehabilitation mental health wards for working age adults

Good

MHA training. Staff had good understanding of the Mental Health Act, the revised code of practice, and their responsibilities towards patients under the Act. Staff knew where and how to get advice on Mental Health Act issues.

- Staff had completed consent to treatment and capacity forms, and attached them to prescription cards. Copies were available in the care record, along with all relevant and up to date detention paperwork. Management maintained MHA audits on a dashboard system and shared the outcomes had been shared with the staff team.
- We saw evidence of patients having had their rights explained to them at the time of admission and again at regular intervals during their admission. Staff advised patients during their clinical reviews about independent mental health advocacy (IMHA) and how to access this, and we saw notices on the walls advising on IMHA.

Good practice in applying the MCA

- Managers had listened to feedback following the Mental Health Act review in June 2015. Data from January 2016 to February 2016, provided by management at the time of inspection, showed 93% of staff had completed mental capacity act (MCA) and deprivation of liberty safeguarding (DoLS) training. For the period, January 2015-December 2015 there had been no DoLS applications from St Mathew's Hospital. Management had records showing their adherence to the MCA.
- Staff showed good understanding of the principles of the MCA, and there was a policy for MCA and DoLS available to staff in the office. Staff told us they understood how to support patients to make their own decisions, and the need for best interest meetings when this was not possible. Staff understood how the MCA affected practice when needing to consider restraint of patients.

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

Good

Kindness, dignity, respect and support

- Staff undertaking patient observations did so in a caring manner. They showed a good understanding of the individual care and treatment needs of patients. When required additional staff were on duty to cover enhanced observations.
- Staff addressed patients in their preferred way and were polite and discreet at all times. Staff we spoke with demonstrated a commitment to providing high quality care and treatment within the least restrictive practices. Patients told us that most staff were kind and understood them well and they knew who their named nurse was and felt able to talk to that person.

The involvement of people in the care they receive.

- The doctors undertook preadmission assessments, and patients were encouraged to visit the service prior to admission. Staff told us that at the point of admission all new patients were introduced to the ward and other patients, and allocated a named nurse. Staff advised patients of their rights and how to access advocacy if they needed it.
- Patients were encouraged to be involved with their care plans, and where possible family and carers were involved. Staff told us they took time to discuss their patients' needs with previous care providers and care co-ordinators. We saw signed and individualised care plans in all the patients' records we checked, though we did not see any advance statements.
- Staff encouraged patients to attend the morning meetings and supported them to formulate their individual activity plans and goals at the Friday planning meeting. Patients told us they feedback their suggestions and opinions at the regular house meetings, which were recorded.

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 hospital had clear arrangements in place for assessing new referrals, and planned all admissions. Family contact was encouraged where appropriate and

Long stay/rehabilitation mental health wards for working age adults

Good

families and other carers were involved in discharge planning. The average length of stay was currently three to four years, while national standards for long stay rehabilitation units suggests two years should be the optimum length of stay. Bed occupancy for the period June 2015 to December 2015 was 89%.

- Staff told us they retained patients rooms while on leave. Patients were not moved between units during an episode of admission unless this was for clinical reasons and in the best interest of the patient.
- We found robust arrangements in place to manage discharges. All patients had discharge plans, which had included the views of care co-ordinators and patients' families where applicable. Staff told us discharges always happened during daytime hours, they had not delayed discharges except for clinical reasons, and during the previous six months, there had been no delayed discharges.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital was purpose built with quiet and private areas for patients to use. Patients could access a telephone upon request, and all patients had access to their own personal mobile phone, unless this had been risk assessed otherwise.
- There was space for staff to carry out both individual and group activities'. The ward had dedicated areas for quiet time, dining, watching television, playing pool and music.
- Patients had input into the choice of food available, and food choices catered for dietary and cultural needs. Food was delivered to the ward from a central catering service, it was served in a purpose built kitchen, and patients had personalised the dining room to resemble a café. Patients told us the food was not of good quality however they had recently been involved in helping to choose an alternative catering company. There was access to snacks and drinks throughout the day.
- Patients showed us how they had personalised their bedrooms, which were spacious, well furnished and had secure cupboards for personal belongings, all patients had a key to their rooms. Patients told us they personalised their bedrooms and communal areas such as the dining room.
- Managers told us of their plans to build a single storey extension to the hospital that would provide a larger meeting room, family visiting areas, and a workshop facility.

Meeting the needs of all people who use the service

- A range of activities was available including walking groups, arts and crafts, therapy groups and escorted leave included use of local leisure amenities such as bowling. Patients had opportunity to do unpaid community work as part of their community rehabilitation program. Patients and staff told us activities did not get cancelled very frequently.
- There was a games room including pool table available on site, and patients could access their chosen place of worship with staff support if needed. Staff had placed leaflets and information about local services and activities on the walls of the communal areas, some of which was in easy read format. Staff told us they could provide information in other languages on request, and they could access interpreters when required.

Listening to and learning from concerns and complaints

- Patients told us they knew how to make a complaint and information about this was on the notice boards. Staff explained how they would handle complaints, however both staff and patients told us they did not feel they always had enough feedback from complaints.
- Data from January 2015 to June 2015, provided by the hospital showed eight complaints. Three of the complaints had been upheld, and related to disruptive behaviour by a patient, inappropriate staff response, and alleged staff bullying. However, the Independent Sector Complaints Adjudication Service (ICAS) and the ombudsman had not upheld them.
- The results of a service user survey, completed in July 2015 and a staff survey for 2015 were made available.

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 knew about and agreed with the organisation vision and values. Daily handover meetings and written care plans demonstrated the use of these values in practice. Staff knew the senior management team, and they told us managers were approachable.

Good governance

- The inspection team noticed how the hospital manager had made significant positive changes on the ward in response to feedback from the Mental Health Act review visit in June 2015.
- There were sufficient numbers of staff covering shifts. There was little use of bank and agency staff, and staff told us they felt shift cover and allocation of skill mix was good. Staff confirmed they were encouraged to maximise shift time on direct care activities with patients, participated in clinical audit when required, and how to submit items for the organisations risk register.
- Managers at the local level maintained comprehensive audits to ensure that all staff were using the guiding principles of the Mental Health Act revised code of practice, the Mental Capacity Act, and safeguarding procedures. However, we did not see much evidence showing consistent feedback to the team from incidents and complaints, particularly from other units within the St Mathews Healthcare Group.
- Managers at the local level showed us evidence of having achieved CQUIN targets, and told us how they had used these targets to inform performance within the team. The hospital manager told us she felt she had sufficient authority and support to fulfil her role within the team.

Leadership, morale and staff engagement

- Data from January 2015 to December 2015, provided by management, showed St Mathews Hospital had 19% (five) staff leavers in this period, 2.1% sickness rate in this period, and 20% (5.6wte) overall staff vacancies during this period.
- Staff told us they felt able to raise concerns without fear of victimisation. They knew how to use the whistle blowing process and were unaware of any bullying or harassment cases. Team morale and job satisfaction in this location was good, staff felt able to contribute to the hospital's development, and there were opportunities for career development.

Commitment to quality improvement and innovation

- Staff were involved with managers to develop an electronic dependency and activity tool. This tool would support shift pattern allocation and skill mix, allocate appropriate staff to various clinical activities, and dedicate time within working hours for staff training and supervision.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that the fridge in the clinic room be checked, to maintain accurate temperature, and that staff complete daily temperature control records and report all incidents when the fridge temperature is not correct.
- The provider must ensure that emergency equipment including the defibrillator is easily available when required.
- The provider must ensure that the restrictive practice of hourly smoking breaks is removed.
- The provider must review its medical on call arrangements, and be consistant across the whole service.

Action the provider SHOULD take to improve

- The provider should ensure that all nursing staff and healthcare assistants have up to date recorded supervision records and annual appraisals.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18: Staffing.** • Not all staff had received supervision and appraisal on a regular basis. This was a breach of regulation 18(2)(a). • There were no formal or adequate medical on call arrangements in place, and no formal medical cover in the absence of the providers own doctor. This was a breach of regulation 18(1).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12: Safe care and treatment.** • Between 1 February 2016 and 18 March 2016, the medicine fridge temperature chart showed consistently high readings. Staff had not noted this or taken any action to rectify the situation. This was a breach of regulation 12(2)(e) and 12(2)(g).

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15: Premises and Equipment.

- At the time of the inspection the emergency equipment including defribrilator were located in a locked room with limited access.

This was a breach of regulation 15(1)(f)