Baldock Manor

Quality Report

4 London Road,
Baldock,
Hertfordshire
SG7 6ND
Tel: 01462 491 951
Website: www.nouvita.co.uk

Date of inspection visit: 2nd and 3rd October 2018
Date of publication: 13/12/2018

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated Baldock Manor as requires improvement because:

- The level of patient need on Burberry Ward exceeded the number of registered staff available to deliver interventions.
- The seclusion room did not comply with Mental Health Act guidance due to blind spots both in the seclusion room and in the ensuite toilet.
- The ward was not in line with mixed sex guidance due to the lack of a female lounge on Burberry Ward.
- On Radley Ward, patients did not have access to drinks 24/7 and were unable to access a remote for their televisions. Staff had not individually risk assessed either of these in patient records.
- The filing of patient records was not always carried out correctly. Staff had uploaded some patient records into the wrong patient record.
- The community meeting on Burberry ward did not have a formal agenda and did not always start on time.
- There was limited evidence of statutory consultation with family and carers in relation to the Mental Capacity Act.

However:

- Staff rarely cancelled escorted leave due to staffing shortages. There were effective working relationships between teams and effective multidisciplinary meetings.
- Managers had completed risk assessments on both wards. The wards were clean, presentable and well maintained.
- Compliance with mandatory training was 95%. Staff were trained in safeguarding and knew how to make a safeguarding alert.
- Staff completed comprehensive and timely assessments for all patients on admission. We saw evidence that staff involved patients in care planning. There was a wide range of psychological therapies available to patients.
- There was good access to physical healthcare. Staff met patient's physical health needs and monitored these regularly.
- Staff were aware of what incidents to report and the process of how to report them. The process for staff to learn from incidents, complaints and service user feedback was robust.
- Staff carried out regular audits to ensure the Mental Health Act and Mental Capacity Act were correctly applied.
- All staff received appraisals annually.
- We saw positive, caring interactions between staff and patients during our inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement 	
Long stay/ rehabilitation mental health wards for working-age adults	Requires improvement 	

Summary of findings

Contents

Requires improvement

Baldock Manor

Services we looked at
Acute wards for adults of working age and psychiatric intensive care units; Long stay/rehabilitation mental health wards for working-age adults;

Summary of this inspection

Background to Baldock Manor

Baldock Manor is an independent hospital that provides a rehabilitation and intensive care service, to people who have needs related to their mental health and who are detained under the Mental Health Act 1983, Mental Capacity Act 2005, or are voluntarily staying at the hospital.

At the time of inspection, there were two wards at Baldock Manor with 20 patients in total. These wards were

- Radley Psychiatric Intensive Care Unit - mental health, female ward with 8 beds
- Burberry ward – mental health high dependency, mixed sex ward with 14 beds.

Up until July 2018 there were three additional wards at Baldock Manor. These were: -

• Mulberry ward – mental health, male ward with 15 beds

• Oakley ward (male) – mental health older persons, ward with 7 beds

• Oakley ward (female) – mental health older persons, ward with 10 beds.

Mulberry ward closed on Friday 28 September, and Oakley ward closed in July 2018. Managers told us that both closures had been planned and that the provider is currently planning for the future use of these clinical areas.

The Care Quality Commission inspected Baldock Manor in November 2015. The provider had breached regulations 12, 14 and 17 of the Health and Social Care Act and was given an overall rating of inadequate. A focused inspection took place in May 2016 in order to check compliance against warning notices. We concluded that Baldock Manor was no longer in breach of regulation 14 but remained in breach of regulation 12 and regulation 17. The breaches in relation to regulation 12 included:

- not ensuring that patient risk assessments captured up to date and current risks following review and
- ensuring that all incidents that required reporting were reported.

During this inspection we found that these issues had been resolved.

At the time of inspection there was a registered manager in post.

Baldock Manor is registered to provide the following regulated activities:

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

• Treatment of disease, disorder or injury.

• Personal care.

Our inspection team

The team leader for this inspection was Susan Haynes.

The team that inspected the service included four CQC inspectors and a Mental Health Act reviewer.

Why we carried out this inspection

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

Summary of this inspection

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?

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

During the inspection visit, the inspection team:

- visited both wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke with two carers
- spoke with the chief of staff, registered manager and managers for both wards
- spoke with 11 other staff members; including doctors, nurses, psychologist and social worker
- spoke with the independent advocate
- observed a community meeting, a planning meeting, governance team meeting, medical staff committee, staff meeting and one multi-disciplinary meetings
- collected feedback from 15 patients using comment cards
- looked at 12 care and treatment records of patients
- carried out a specific check of twenty medication charts and medication management on two wards

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 spoke with six patients at the service. Four out of the six patients interviewed found staff helpful, polite and respectful.

A patient reported that they did not always have access to toiletries including soap and toilet paper.

Patients gave positive feedback about the meals provided.

Patients had access to the ward phone which was cordless. However, some patients told us that the phone often needed new batteries.

We found that patients were involved in their care unless they had indicated that they did not wish to do so. We also found that the patients family and carers were actively involved in patient care plans and were invited to multidisciplinary and care plan approach meetings.

Managers and staff told us that there had been an improvement in standards over the past few months, that there was now more structure, and that staff were responsive to issues raised.

Staff reported that the lack of a permanent occupational therapist for wheelchair assessments and the delivery of groups was highlighted as a concern to the patient.

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:

- Managers had not fully followed the recommendations in the Department of Health guidance on eliminating mixed sex accommodation on Burberry ward.
- Patients had to access Radley ward via the stairs. Staff would risk assess this and use de-escalation techniques wherever possible, or would need to employ approved restraint techniques if this was required.
- Seclusion was not complaint with Mental Health Act guidance due to a blind spot both in the seclusion room and in the ensuite toilet.
- Nursing staff described being overworked due to the number of nurse vacancies and high use of agency staff. Some patients had not received therapeutic assessment or interventions in a timely manner. Two patients had not received a requested occupational therapy assessment when required. Another patient had not received a speech and language therapy assessment which had been requested, adversely affecting care delivery.
- The level of patient need on Burberry ward appeared to exceed the number of registered staff available to deliver those interventions. As a result, the one registered staff member spent the shift in the office, and agency staff were not sufficiently supported to complete their role safely.
- There were inconsistent restraint practices undertaken by some agency staff.
- There were blanket restrictions on Radley ward. Patients on Radley ward did not have access to the remote control for their televisions. Staff told us that this had been individually risk assessed, however we did not find evidence of this in the patient's record. Therefore, this was a blanket restriction.
- Patients did not have free access to drinks.

However:

- The layout of the wards allowed staff to see most of areas within the service. Staff mitigated the areas that could not be observed.
- Managers had completed ligature risk assessments on both wards.
- The wards had fully equipped clinic rooms.
- The wards were clean, presentable and well maintained.

Summary of this inspection

- Staff had access to personal alarms, however there were no alarms for patients.
- Ward managers could request an adjustment in staffing levels when needed. Staff rarely cancelled escorted leave or ward activities due to staffing levels. There was medical cover across the day and an on-call system at night.
- Staff were managing patients' physical health needs appropriately.
- Staff received and were up to date with mandatory training. Figures provided showed a compliance of 95%.
- Staff were trained in safeguarding, and knew how to make a safeguarding alert.
- There was evidence of good medicines management practice.
- There were robust procedures for managing incidents. Managers reviewed serious incidents and lessons learnt which were disseminated to all staff. Staff were aware of what incidents to report and the process for incident reporting. Managers offered staff debriefing and support after serious incidents.

Are services effective?

Good

We rated effective as good because:

- Staff completed comprehensive and timely assessments for all patients on admission.
- Staff provided patients with a wide range of psychological therapies.
- There was good access to physical healthcare
- The percentage of non-medical staff that had an appraisal in the last 12 months was 100%.
- There were effective working relationships including effective multidisciplinary meetings.
- The service carried out regular audits to ensure that the Mental Health Act and Mental Capacity Act were correctly applied.

However:

- Staff had uploaded two patient records into the wrong patient record.
- Some patient care plans were written in the third person and not from the patient perspective.
- Staff meetings did not always take place as planned.
- There was limited evidence of statutory consultation with family and carers in relation to the Mental Capacity Act.

Are services caring?

Good

We rated caring as good because:

Summary of this inspection

- We saw positive caring interactions between the staff and patients on the wards.
- Staff showed a genuine caring approach and were committed to meeting patient needs.
- Patients described the staff as polite, and helpful.
- Most care plans viewed were personalised and patient centred.
- Patients were involved in their care planning although this was not evidenced in the way care plans were written.
- Staff met with patients to discuss care and treatment regularly.
- Patients on the wards had access to independent mental health advocacy.

However:

- The community meeting on Burberry ward did not have a formal agenda and did not always start on time.

Are services responsive?

Good

We rated responsive as good because:

- The average bed occupancy over the six-month period January to July 2018 for Burberry and Radley wards was 55%.
- Staff planned patient transfers and discharges during normal working hours, wherever possible.
- There were no delayed discharges at the time of inspection.
- Patients on Burberry ward had open access to outside space during the day, in line with the Mental Health Act Code of Practice guidance.
- Patients gave positive feedback about the meals provided.
- Patient bedrooms had somewhere secure for patients to store their possessions.
- There was access to planned activities across the week.
- A wide range of information leaflets were available for patients.
- Patients knew how to complain and received feedback from complaints.

However:

- A patient reported that they did not always have access to soap and toilet paper.
- Patients did not have access to cold and hot drinks and snacks at all times.
- Staff reported that planned activities did not always take place at weekends.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

Summary of this inspection

- Systems and process did not operate effectively to ensure that there were sufficient numbers of supervised staff on Burberry ward, the seclusion room on Radley Ward did not have blind spots and that blanket restrictions were not identified and reviewed in line with the code of practice.
- Systems and processes did not operate effectively to ensure records were complete, accurate and contemporaneous for each service user.
- The provider had not fully monitored the fitness of directors.
- There had been a 31% turnover in service staffing in a 12-month period.

However:

- Overall, 95% of staff had received mandatory training, and data showed that 100% of staff had received an annual appraisal within the last twelve months. Staff knew about processes in place for safeguarding, Mental Health Act and Mental Capacity Act.
- The process for staff to learn from incidents, complaints and service user feedback was robust. Staff were open and transparent and explained to patients if something went wrong.
- There had been no reports of bullying and harassment recorded at the time of our visit. Staff knew how to use the whistle blowing process, how to raise concerns, and indicated that they felt able to raise concerns without fear of victimisation.

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.

At the time of inspection there were 18 patients detained under the Mental Health Act. Overall, 88% of staff had received Mental Health Act training. Qualified staff scrutinised Mental Health Act paperwork when patients were admitted to the service. Staff carried out regular audits to ensure that the Mental Health Act was correctly applied.

Patients had access to independent mental health advocacy, who visited the wards weekly. Contact details were clearly displayed in ward areas.

We found copies of consent to treatment forms attached to all medication charts. All treatment forms were in date and covered the medication nursing staff were administering.

All staff knew the Mental Health Act administrator, and how to make contact for advice and support. The provider had a Mental Health Act policy which staff could refer to if needed.

The Mental Health Act administrator had oversight of all detentions within the hospital.

Mental Capacity Act and Deprivation of Liberty Safeguards

The service had arrangements to monitor adherence to the Mental Capacity Act within the hospital. The hospital social worker was the identified safeguarding champion and delivered training to staff.

- We found that Deprivation of Liberty Safeguards applications had been made when required. At the time of our visit one patient was subject to Deprivation of Liberty Safeguards. Overall 95% of staff have had training in the Mental Capacity Act, although we found that the level of staff understanding of the Mental Capacity Act varied.
- There was a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards which staff were aware of and could access. Staff assessed and recorded appropriately capacity for people who might have impaired capacity.
- Documentation did not show evidence that staff had consulted with carers and relatives when undertaking capacity assessments.
- Patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests. Staff recognised the importance of the person's wishes, feelings, culture and history.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Long stay/ rehabilitation mental health wards for working age adults	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Acute wards for adults of working age and psychiatric intensive care units

Requires improvement

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

Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Requires improvement

Safe and clean environment

- The layout of the ward allowed staff to see most of areas within the service. Staff mitigated the areas that could not be seen, with nursing observations. There were mirrors and closed-circuit television in communal areas to aid with observation.
- Managers had completed environmental ligature risk assessment on the ward. This was up to date. A ligature is a place to which patient's intent on self-harm could tie something to harm themselves. Managers had identified these risks within the ligature risk assessment together with actions required to mitigate the risk.
- The ward was single sex therefore fully complied with guidance on eliminating mixed sex accommodation.
- The ward had a fully equipped clinic room. Resuscitation equipment in the form of a grab bag was situated in the ward office. Staff had checked this regularly. The ward had a clinic room which was well laid out and had an examination couch.
- The ward had a seclusion facility. We found a blind spot both in the seclusion room and in the ensuite toilet. Managers told us that these had not resulted in any injury. Staff told us that in order to mitigate the risk, staff needed to enter the seclusion room, in order to ensure that the patient was safe. Managers took immediate action to improve observation. However, despite this, the two blind spots remained. Managers have confirmed that since the date of inspection mirrors have been installed in the seclusion room, which has eliminated the blind spots identified.
- The ward was clean, presentable and well maintained. Equipment had been well maintained and checked weekly.
- Staff adhered to infection control requirements across the service including handwashing. The service had been awarded five stars for kitchen cleanliness by the food standards agency.
- Staff regularly cleaned the environment and maintained cleaning records. Staff conducted environmental and security checks on each shift. Staff dealt with any issues promptly.
- Managers had not fully considered patient safety in all areas of the ward. Patients did not have access to alarms.
- Staff had access to personal alarms and the provider had a system in place for testing these. However, patients did not have access to call alarms in their rooms.

Safe staffing

- A manager was in post on the ward. The establishment included a ward manager, eight whole time equivalents and the vacancy rate at the time of inspection was 25%. The establishment for healthcare assistants was 11 whole time equivalents. There were no vacancies for healthcare assistants. The provider had recruited four whole time equivalent healthcare assistants over the agreed funded establishment, due to the number of vacancies for registered staff. The sickness rate was two

percent and the turnover rate was 31% in a 12-month period. Turnover was due to performance management of staff and redundancies following a organisation restructure
- The provider had estimated the number and grades of nurses needed for each shift.

The ward worked to an agreed staffing establishment. Managers agreed this following a staffing review in June 2018. Managers employed staff to cover additional requirements, such as patients who needed one to one or two to one observations.

- Rotas examined showed that with the use of agency staff, the actual nurse numbers matched the estimated number on most shifts. Where there were gaps in staffing due to last minute sickness, the service leads and night coordinator provided cover and responded to emergencies.
- Bank and agency staff were used to cover gaps in rotas. Staff told us that permanent staff had more responsibility, due to high agency usage, and described feeling overworked. Managers employed eleven regular agency staff on fixed term contracts, who were therefore familiar with the service. The number of shifts filled by bank or agency staff to cover sickness, absence or vacancies on the ward between April to June 2018 was 294, which was 46%. The number of shifts that had not been filled by bank or agency staff where there was sickness, absence or vacancies in the previous three-month period was zero.
- The ward manager was able to request an adjustment in staffing levels daily to take account of presenting patient need and additional observations.
- Qualified nurses were on duty on the ward, and were able to spend time with patients.
- Staff rarely cancelled escorted leave or ward activities because there were too few staff.
- There was medical cover across the day and an on-call system at night. Doctors can attend the hospital within 30 minutes of being called. Staff called 999 for any urgent physical issues.
- We saw evidence in care records of doctors reviewing patients' physical health. Doctors and nursing staff conducted these checks. A general practitioner, also visited the ward weekly.
- The provider submitted training data prior to inspection for mandatory training, which showed an overall compliance of 95%. Staff training figures for all courses were over 75%.

Assessing and managing risk to patients and staff

- There had been 33 episodes of seclusion. There had been 17 episodes of restraint and four episodes of prone restraint during the period June 2017 to May 2018. Managers informed us that a restrictive practice audit was undertaken each month and that patients were not restrained for more than two minutes. Staff only placed patient into the prone position as a planned technique for staff to safely exit seclusion, if the patient was unsettled or violent. There had been no episodes of long-term segregation during the period June 2017 to May 2018.
- Staff informed us that on occasions agency staff had not practiced the restraint techniques used by the provider. This had led to confusion and we were told of one occasion where it had resulted in a nurse being assaulted by a patient. Staff also told us that following the closure of Mulberry and Oakley wards, the size of the response team was no longer adequate. Managers told us that they were actively looking to resolve this situation. In the interim managers and nurse coordinators provided cover.
- Staff confirmed that restraint would only ever used after de-escalation had failed.
- Staff undertook a risk assessment of every patient on admission and updated this every six months and after every incident. Staff used the providers' risk assessment tool which was part of the electronic health record. Staff also completed a dynamic risk assessment at the multi-disciplinary team meeting. We reviewed four care and treatment records. All patients had up to date risk assessments.
- Patients did not have access to the remote control for their televisions. This had not been risk assessed for every patient, so was a blanket restriction. Staff had not identified this as a blanket restriction. We observed on the day of inspection, that although there was a water fountain on the ward, there were no cups, therefore patients did not have free access to drinks. Since our inspection, the provider made paper cones available for patients, and some patients used drinking bottles to refill as required.

Acute wards for adults of working age and psychiatric intensive care units

Requires improvement

- Patients had access to their bedrooms, however required escorted access to the ward garden. This was due to the fact that the ward was on the second floor. Therefore, patients had to access the garden via the stairs, which presented a number of environmental risks.
- At the time of our visit, seven patients were detained under the Mental Health Act.
- The provider had policies and procedures for the use of nursing observations. Patients were nursed on increased levels of observations where there was identified risks. Staff were trained in safeguarding, knew how to make a safeguarding alert and did this when appropriate. We found robust safeguarding systems and processes. These were led by the social worker who led on the delivery of training. Staff were able to explain what a safeguarding incident was and how to raise an alert. Between the end of June 2017, the end of May 2018, the provider raised 18 safeguarding concerns across both the rehabilitation and psychiatric intensive care unit wards. Managers discussed all safeguarding referrals at the daily multidisciplinary and incident meetings and at the monthly clinical governance meeting.
- There was evidence of good medicines management practice (transport, storage, dispensing, and medicines reconciliation). We reviewed seven medication charts and saw that medications were stored correctly, labelled correctly and were in date. Pharmacists visited the ward weekly. There had been three episodes of rapid tranquilisation in the period from June 2017 to May 2018. Staff conducted the required patient observation following each episode of rapid tranquillisation.
- Staff were aware of and were addressing issues such as pressure area care. We saw evidence that staff conducted a Waterlow pressure area assessment on all patients as necessary.
- There were procedures for children to visit the service. There was no dedicated child visiting room, however there a room near to the reception area which was used for child visits.

Track record on safety

- Managers submitted data which showed that there had been two serious incidents reported in the last twelve months. One of these incidents were due to physical illness. Managers also reported an incident when a patient was on escorted leave. This was classified as a near miss, as the patient had not sustained any injuries
- Managers reviewed serious incidents using the hospital's serious incident review process. This process had identified lessons learnt which were disseminated to all staff.

Reporting incidents and learning from when things go wrong

- Staff were aware of what incidents to report and the process for incident reporting. Staff reported all incidents via the electronic reporting system. Managers discussed all incidents at the daily multidisciplinary incident meeting which took place in the morning every weekday.
- Staff were open and transparent with patients about their care and treatment, including when things went wrong. The provider told us that adherence to the duty of candour was monitored by the senior management team via the daily incident review. The provider had delivered training on the duty of candour to staff.
- Staff received feedback from investigations of incidents. Staff were aware of lessons learnt. Managers discussed and analysed all incidents for trends and patterns, within the morning meeting and governance team meetings. Managers told us that they developed posters which detailed lessons learnt from incidents.
- Staff met to discuss this feedback in team, senior management and clinical governance meetings.
- We saw evidence of change having been made because of feedback. One example of this, was the implementation of a morale code for staff and patients. This had been developed jointly between staff and patients.
- Senior staff offered staff debriefing and support after serious incidents to staff and patients.

Acute wards for adults of working age and psychiatric intensive care units

Requires improvement

Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed four care records. Staff completed comprehensive and timely assessments for all patients within 72 hours of admission.
- Staff had completed physical examinations on all patients. We found that all patients had a nutritional risk assessment, pressure area assessment and additional assessments as needed. Staff completed physical health care plans for specific health needs. Staff completed physical observations for patients as required and for all patients on a weekly basis. Patients received an annual physical health checks where appropriate.
- Most care records had up to date, personalised, holistic, recovery-oriented care plans. All information needed to deliver care was accessed via the secured electronic health record. All staff had access to the health record. Staff were issued with handsets which enabled documentation to take place in real time. The provider had introduced this system in August 2018. Any paper records were held securely in the service office, and so were available to staff when needed. Staff scanned any paper records into the electronic health record.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication. Antipsychotic medication was prescribed within the British National Formulary limits and regular health checks were in place.
- The provider offered psychological therapies recommended by the National Institute for Health and Care Excellence. Patients received 24 hours of meaningful activities per week. Staff measured patient engagement in activities as an outcome measure. The provider employed a lead psychologist in post together with an additional clinical psychologist, two psychology assistants and at the time of inspection there were five honorary trainees. The psychology team delivered a range of psychological interventions including cognitive behavioural therapy, dialectic behaviour therapy, cognitive analytical therapy, psychodynamic therapy, schema therapy and mindfulness. Staff provided these interventions during the working week, Monday to Friday.
- There was good access to physical healthcare, including access to a physical health nurse, who was the infection control lead for the provider. Staff made referrals to the dietician, speech and language therapist and occupational therapist as and when required.
- All new patients were assessed on admission to the ward and could be registered with the local General Practitioner.
- We reviewed four care records and saw that nursing staff assessed and met patients' nutrition and hydration needs. Staff conducted ongoing physical health assessments including nutrition and the risk of pressure sores.
- Staff took part in a variety of audits. The provider completed a range of clinical audits including physical health checks, health promotion, medical equipment tests, physical health monitoring and medication checks. Staff also completed audits on fridge cleanliness, the Mental Capacity Act and Mental Health Act.

Skilled staff to deliver care

- A range of mental health disciplines and workers provided input to the ward. Patients received care and treatment from a range of professionals including a consultant psychiatrist, associate specialist, managers, nurses, health care support workers, clinical psychologist, social worker, psychology assistants and personal trainers (on Radley ward).
- The ward had access to occupational therapy through the bank. However, we noted that there were no permanent occupational therapists employed within the service. The service had recently appointed two new registered nurses and there was an ongoing recruitment campaign.
- Managers provided new staff with an appropriate induction.
- We found that not all staff were in receipt of regular clinical supervision. Agency staff told us that they had not received regular supervision from the provider due to time constraints. The lead psychologist provided

clinical supervision to allied health professionals. The data given by the provider on both the psychiatric intensive care unit and rehabilitation wards at the time of inspection showed that 85% of substantive staff were in receipt of supervision, against a provider target of 80%. Medical staff had been revalidated and had received appraisals.

- The percentage of non-medical staff that had an appraisal in the last 12 months was 100%.
- Managers ensured that staff received the necessary training for their role. There was evidence of ongoing mandatory training. Managers supported staff members to undertake the 'train the trainers course'. This related to both physical and mental health training. Managers acknowledged that leadership training for ward managers had not yet been arranged, however managers had plans in place to provide this training.
- Managers dealt with poor staff performance promptly and effectively. Managers had taken active steps in response to staff performance concerning incidents.

Multidisciplinary and inter-agency team work

- There were effective multidisciplinary meetings, which took place daily. There was also a twice weekly ward round, which patients attended and carers were involved where appropriate. Staff documented all decisions following the ward round Staff described the working relationships across the multidisciplinary team as positive and supportive.
- There were effective handovers on the ward. Handovers took place twice a day. These were effective and informative. There were staff meetings within the service for all staff on the ward. Ward managers scheduled these every four to six weeks. However, we were told that these did not always take place as planned due to the staff workload and patient needs. We saw minutes of staff meetings confirming that these had taken place, however these had occasionally been postponed.
- There were effective working relationships including effective multidisciplinary meetings. Staff described good working relationships between the service and external agencies. For example, the local safeguarding team, local NHS trust and gold standard meetings with primary healthcare. Care coordinators stayed in contact with patients during their stay within the ward. Staff invited them to patients' care programme approach meetings.

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

- Mental Health Act training was not mandatory. A total of 88% of staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.
- Mental Health Act papers were examined by a competent staff member on admission. Qualified staff scrutinised Mental Health Act paperwork when patients were admitted to the service. The Mental Health Act administrator reviewed all Mental Health Act documentation following admission.
- All staff knew the Mental Health Act administrator, and how to make contact for advice and support. The Mental Health Act administrator offered support in making sure the Mental Health Act was followed in relation to, for example, renewals, consent to treatment and appeals against detention.
- Consent to treatment and capacity requirements were adhered to. Staff had attached copies of consent to all treatment forms where required. Medication charts had an up to date treatment form attached. All treatment forms covered the medication staff were administering.
- Patients had their rights under the Mental Health Act explained to them on admission and monthly thereafter.
- Administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice was available from the Mental Health Act administrator. The hospital social worker provided training on the Mental Health Act.
- Staff completed detention paperwork correctly. We saw documentation was up to date and stored appropriately. The provider had a Mental Health Act policy which staff could refer to if needed.
- The service carried out regular audits to ensure that the Mental Health Act had been correctly applied. This included a monthly audit of section 132 Mental Health Act, which related to staff explaining patients' legal rights.
- Patients had access to independent mental health advocacy. Staff were clear on how to access and support engagement with the independent mental health advocates. Managers had displayed contact details in ward areas.

Good practice in applying the Mental Capacity Act

Acute wards for adults of working age and psychiatric intensive care units

Requires improvement

- We found that 95% of staff had received training in the Mental Capacity Act, although when interviewing staff, we found that the level of staff understanding of the Mental Capacity Act varied.
- There was a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards, which staff were aware of and could access. Staff assessed and recorded appropriately capacity for people who might have impaired capacity. Staff completed these on a decision-specific basis with regards to significant decisions. Staff assumed that patients had capacity in line with the Mental Capacity Act. Patients were given every possible assistance to make a specific decision for themselves before they were assumed to lack the mental capacity to make it, in line with the Act.
- Patients were supported to make decisions where appropriate. When they lacked capacity, decisions were made in their best interests. Staff recognised the importance of considering the person's wishes, feelings, culture and history.
- Staff understood and where appropriate, worked within the Mental Capacity Act definition of restraint.
- Staff knew where to get advice about Mental Capacity Act, including Deprivation of Liberty Safeguards, within the hospital.

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good

Kindness, dignity, respect and support

- We saw positive caring interactions between the staff and patients in the service. Staff were respectful, attentive, respectful and caring. Staff were interacting and communicating effectively with patients within the service during the interactions seen.
- Three out of four patients described the staff as polite, and helpful. Patients were positive about staff interaction and the support provided by staff.
- Staff showed a genuine caring and passionate approach to patients and were committed to patient needs. Staff understood the individual needs of patients.

The involvement of people in the care they receive

- Staff showed patients around the service on admission. Staff provided patients with both verbal and written information about the ward, in the form of an admission pack
- Patients were involved in their care planning. Nursing staff told us that they offered patients copies of their care plan. However, one patients told us that she had not been given a copy of her care plan. Some patients declined this offer which was documented. The electronic health record had a section on personalised care, which staff completed with patients. Most care plans were recovery focused, holistic, patient centred and promoted independence.
- Staff met with patients to discuss care and treatment regularly. We saw evidence of this in care records.
- Patients on the ward had access to independent mental health advocacy. This was available eight hours per week. Posters were available and displayed on the ward
- Family members and carers were actively involved in care and treatment where appropriate. The provider gave families and carers leaflets which outlined the support available. The provider had also used carers surveys to obtain feedback from families and carers.
- Patients could give feedback on the service on the ward. Patients had also been involved in decisions about the service. Staff achieved this via individual meetings with patients and attendance at community meetings.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

- The average bed occupancy over the six-month period January to July 2018 for the ward was 64%. The provider accepted patients from a wide range of providers across the country. At the time of inspection patients care had been commissioned by seven commissioning bodies.
- Patients always had a bed to return to following a period of leave. Staff planned patient transfers and

discharges during normal working hours, wherever possible. However, due to the nature of intensive care units, admissions frequently took place out of hours. There were no delayed discharges at the time of inspection.
- Staff engaged with the patient's home area and discharges were planned back to local services home area wherever possible. We were informed that in the past there had been delays due to availability of services in the patient's home area.
- Staff actively engaged with external providers and agencies in the planning of patient transfers and leave from the ward.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had a range of equipment to support treatment and care. However, two patients reported that they did not always have access to soap and toilet paper.
- There was a room available for visitors. This was situated next to the main reception area, off of the ward.
- The bedroom doors had vision panels for staff observation. We saw that a number of these had been left open. Patients could ask for these to be closed, however a patient's privacy and dignity could be compromised.
- Patients had access to the ward phone which was cordless. However, some patients told us that the phone often needed new batteries. Patients also had access to personal mobile phones, however smart phones were a banned item. The hospital provided basic phones for patients, which enabled them to keep in contact with friends and family.
- Patients had access to outside space when escorted by ward staff.
- Patients gave positive feedback about the meals provided. The service had been awarded five stars for kitchen cleanliness by the food standards agency.
- Patients did not have access to cold and hot drinks and snacks throughout the day. There was a water fountain on the ward, however there were no cups freely available to patients. Managers told us that access to drinks should have been in place and arrangements were made for this to be addressed at the time of inspection.
- Patients could personalise their bedrooms, although not all rooms had been personalised.
- Patient bedrooms had a locked drawer. Therefore, patients had somewhere secure to store their possessions. There was also a ward safe available on each ward.
- There was access to activities across the working week. Psychology staff delivered patient specific therapies. Personal trainers provided daily activities during the working week. Ward staff also delivered activities during the evenings and at weekends. However, patients and staff told us that these did not always take place.

Meeting the needs of all people who use the service

- There was no disabled access to the ward which was situated on the first floor. Patients did not have access to the lift. Therefore, patients had to access the ward via the stairs. Staff would risk assess this and use de-escalation techniques wherever possible, or employ approved restraint techniques if this was required.
- There had been no disabled patients referred to the service at the time of our visit. Managers told us that staff would need to conduct a risk assessment for use of the lift for any disabled patient were the service.
- Information leaflets were available for patients on services, patients' rights, how to complain and advocacy. Staff used the walls and notice boards for displaying information.
- Staff had access to interpreters and translation services when needed. Staff could request information in different languages when needed.
- Staff offered patients a choice of foods to meet both the dietary requirements of religious and ethnic backgrounds.
- Patients had access to spiritual support. Patients had access to a prayer/faith room. Staff escorted patients to the local church when requested.

Listening to and learning from concerns and complaints

- Patients knew how to complain and received feedback from complaints. Managers had received 11 formal complaints between October 2017 and August 2018, and eight compliments. Managers investigated these within the required timescale and communicated the outcome of the complaint to the complainant in writing. Responses were personalised and included apologies where needed. We found no themes in relation to the complaints raised. No complaints had been submitted to the ombudsman.

Acute wards for adults of working age and psychiatric intensive care units

Requires improvement

- Staff knew how to handle complaints appropriately and encouraged patients to do so if necessary.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Requires improvement

Vision and values

- The provider had set visions and values. The identified values were 'patient led care, focus on quality assurance and good governance, leading change, and driving innovation'. The provider also had identified values; 'kind, competent, professional, open and honest'. We found that staff knew these values and were able to demonstrate these.
- Managers had successfully communicated the provider's vision and values to staff who were aware of the service objectives. Staff demonstrated the values in their behaviours.
- Staff knew the senior managers in the organisation and confirmed that they were often visible on the ward and were accessible and listened to staff.
- Managers were highly visible, had a strong influence and very good oversight of the ward.

Good governance

- Overall, 95% of staff had received mandatory training, and 85% of staff had received supervision in line with the provider's policy. The provider submitted data showing that 100% of staff had received an annual appraisal within the last twelve months
- Staff maximised shift time on direct patient care activities. This included a range of therapeutic activities and psychological interventions, during the working week. However, we were told that activities did get cancelled at weekends.
- Clinical staff participated in and took required actions following clinical audits on physical health checks, which included health promotion, medical equipment tests, physical health monitoring, medication, fridge cleanliness, and the Mental Health Act.
- The process for staff to learn from incidents, complaints and service user feedback was robust. The organisation held daily incident reviews and multi-disciplinary meetings. Any adverse events or issues were discussed and an agreed plan was put in place. The provider also held integrated governance meetings and had a process of sharing lessons with staff.
- Senior managers regularly visited the ward, and conducted out of hours visits.
- Staff knew about processes in place for safeguarding patients, Mental Health Act and Mental Capacity Act. However, we found that the level of staff understanding of the Mental Capacity Act varied. We found Mental Capacity Act forms which lacked evidence of statutory consultation with others including family and carers.
- There was evidence of blanket restrictions in pace on the ward. Patients did not have free access to drinks on the ward. Since our inspection, the provider made paper cones available for patients, and some patients used drinking bottles to refill as required. Patients did not have access to the remote control for their television. This had not been individually risk assessed, so was a blanket restriction.
- The provider used performance reports, and other indicators to gauge the performance of the team. Managers developed action plans where there were issues.
- Ward managers had sufficient authority, and had access to administrative support.
- The provider had completed a risk register for the ward. This included staff vacancies and high agency usage. Staff reviewed and updated the registers in clinical governance meetings.
- The provider had not fully checked the fitness of directors, which were needed under the regulation of fit and proper person, to ensure they were fit for their role. This was raised with the human resources lead and chief executive officer who took immediate steps to resolve the outstanding checks. These were completed in full the day following our visit.

Leadership, morale and staff engagement

- The provider had a strong senior leadership team who met regularly to review governance, delivery of service and standards within the hospital. Senior managers could challenge each other over issues. We saw minutes of meetings and were assured the service was well led.

Acute wards for adults of working age and psychiatric intensive care units

Requires improvement

- The provider reported that the sickness and absence rate in the service was two percent, and that there had been a 31% turnover in staffing across the service. Turnover was due to performance management of staff and redundancies following a organisation restructure. Senior managers were actively working on recruitment and retention.
- There had been no reports of bullying and harassment recorded at the time of our visit. Staff described managers as supportive, approachable that they felt listened to.
- Staff knew how to use the whistle blowing process and how to raise concerns. Staff said that they felt able to raise concerns without fear of victimisation.
- Staff said that they felt able to raise concerns without fear of victimisation.
- We found that staff morale was good. Staff described the morale as having improved and that it was a good place to work. Staff told us that managers were visible, helped on the ward when needed and listened to staff.
- Managers had held an away day for staff on the ward and had implemented an employee of the month award. Staff and patients nominated for this award.
- Managers told us that they had named 'champion' roles and opportunities for career development as an area for improvement.
- Staff were open and transparent and explained to patients when something went wrong. Staff had received recent training in the duty of candour.
- Staff were given the opportunity to give feedback on services and service developments in team meetings and staff survey.

Commitment to quality improvement and innovation

- Managers had applied for accreditation by the royal college of psychiatrist's quality network for psychiatric intensive care. This is scheduled for November 2018.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

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

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

Requires improvement

Safe and clean environment

- The layout of the ward allowed staff to see most of areas within the service. Staff mitigated the areas that could not be seen, with nursing observations. There were mirrors and closed-circuit television in communal areas to aid with observation.
- Managers had completed a ligature risk assessment on the ward environment. This was up to date. A ligature is a place to which patient's intent on self-harm could tie something to harm themselves. Managers had identified these risks within the ligature risk assessment together with actions required to mitigate the risk.
- At the time of our inspection there were four female and ten male patients on the ward. Whilst these patients were in the same part of the ward, managers had not fully followed the recommendations in the Department of Health guidance on eliminating mixed sex accommodation, as there was no dedicated female lounge.
- The ward had a fully equipped clinic room which was small and well laid out. Resuscitation equipment in the form of a grab bag was situated in the ward office. Staff had checked this regularly. Staff carried out physical examinations in the patient's bedroom, as there was no room for an examination couch, in the clinic.
- The ward had no seclusion facility.
- The ward was clean, presentable and well maintained. Equipment had been well maintained and checked weekly.
- Staff adhered to infection control requirements across the service including handwashing. The service had been awarded five stars for kitchen cleanliness by the food standards agency. Staff regularly cleaned the environment and maintained cleaning records. Staff conducted environmental and security checks on each shift. Staff dealt with any issues promptly. Staff had access to personal alarms.

Safe staffing

- A manager was in post on the ward. The establishment included a ward manager, six whole time and the vacancy rate at the time of inspection was 83%. The establishment for healthcare assistants was 14 whole time equivalents. There were no vacancies for healthcare assistants. The service had recruited four whole time equivalent healthcare assistants over the agreed funded establishment, due to the number of vacancies for registered staff. The sickness rate was two percent and the turnover rate was 31% in a 12-month period. Turnover was due to performance management of staff and redundancies following a organisation restructure
- The provider had estimated the number and grades of nurses needed for each shift. However, the number of registered staff ratio, did not adequately meet patient demand.
- The ward worked to an agreed staffing establishment. Managers agreed this following a staffing review in June 2018. Managers employed staff to cover additional requirements, such as patients who needed one to one or two to one observations.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- There was not always a sufficient number of qualified staff on the ward. We found that the high level of patient need around personal care, and observations exceeded the number of registered staff available to deliver those interventions. We found examples where staff had not implemented agreed plans of care. This included staff making referrals for occupational and speech and language therapy.
- Rotas examined showed that the actual nurse numbers, with the use of agency staff, matched the estimated number on most shifts. However, in order to mitigate against the high number of vacancies, the provider used agency staff. Where there were gaps in staffing due to last minute sickness, the service leads and night coordinator provided cover.
- Bank and agency staff were used to cover gaps in rotas. Staff told us that due to high agency usage, permanent staff had additional responsibility and described feeling overworked. Managers had employed eleven regular agency staff on fixed term contracts, who were therefore familiar with the service. The number of shifts filled by bank or agency staff to cover sickness, absence or vacancies on the ward between April to June 2018 was 139, which was 12%. Agency staff interviewed told us that they had not received clinical supervision. The number of shifts that had not been filled by bank or agency staff where there was sickness, absence or vacancies in the previous three-month period was two.
- Ward managers were able to request an adjustment in staffing levels daily to take account of patient need, numbers, acuity on the ward and additional observations.
- Qualified nurses were on duty on the ward. Qualified staff were unable to spend much time with patients, as there was only one trained member of staff on duty, who was extremely busy throughout the shift. At the time of inspection there were appropriate numbers of unqualified staff on duty, however one qualified nurse was not adequate to meet patient needs. This was due to the high level of patient need around personal care, and patient observations, and the support required for additional staff, including agency staff.
- Staff rarely cancelled or escorted leave or ward activities during the week because there were too few staff. We were told that activities often did not take place at weekends.
- There was medical cover across the day and an on-call system at night. Staff called 999 for any urgent physical issues.
- We saw evidence in care records of doctors reviewing patients' physical health. Doctors and nursing staff conducted these checks. A general practitioner, also visited the ward weekly.
- The provider submitted training data prior to inspection of mandatory training, which showed compliance of 95%. The data showed that over 90% of staff had attended all but one of the mandatory training Courses. This was immediate and basic life support, which 78% of staff had attended.

Assessing and managing risk to patients and staff

- Staff confirmed that restraint would only ever used after de-escalation had failed. There had been one episode of restraint in the previous six-month period. None of these were in the prone position. Managers informed us that a restrictive practice audit was undertaken each month and that patients were not restrained for more than two minutes. There had been no episodes of long-term segregation or seclusion in the previous six-month period. Staff told us that following the closure of Mulberry and Oakley wards, the size of the response team was no longer adequate. Managers told us that they were actively looking to resolve this situation. In the interim cover was provided by managers and onsite coordinators.
- Staff undertook a risk assessment of every patient on admission and updated this every six months and after every incident. Staff used the providers' risk assessment tool which was part of the electronic health record. Staff also completed a dynamic risk assessment at the multi-disciplinary team meeting. We reviewed eight care and treatment records. All patients had up to date risk assessments.
- Staff ensured that patients in bed had access to drinks. However, we found that patients who were in the main ward area, did not have free access to drinks. Since our inspection, the provider made paper cones available for patients, and some patients used drinking bottles to refill as required.
- Patients could freely access the garden and bedrooms.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- At the time of our visit, 11 patients were detained under the Mental Health Act. There was one informal patient, who could leave as requested and one patient was subject to Deprivation of Liberty.
- The provider had policies and procedures for the use of nursing observations. Patients were nursed on increased levels of observations where there was identified risks.
- There had been no episode of rapid tranquilisation on the ward in the six-month period 01 December 2017 to 31 May 2018.
- Staff were trained in safeguarding, knew how to make a safeguarding alert and did this when appropriate. We found robust safeguarding systems and processes. These were led by the social worker who led on the delivery of training. Staff were able to explain what a safeguarding incident was and how to raise an alert. Between the end of June 2017, the end of May 2018, the provider raised 18 safeguarding concerns on both the psychiatric intensive care unit and rehabilitation ward. Managers discussed all safeguarding referrals at the daily multidisciplinary and incident meetings and at the monthly clinical governance meeting.
- There was evidence of good medicines management practice (transport, storage, dispensing, and medicines reconciliation). We reviewed 13 medication charts and saw that medications were stored correctly, labelled correctly and were in date. Pharmacists visited the ward weekly.
- Staff were aware of and were addressing issues such as pressure area care. We observed that staff conducted a Waterlow pressure area assessment on all patients as necessary.
- There were procedures for children to visit the service. There was no dedicated child visiting room, however there a room near to the reception area was used for child visits.
- Staff undertook mandatory training in manual handling. This included training in using slips trips and falls, and using hoists.

Track record on safety

- There had been no serious incidents reported for this ward in the twelve months before inspection.
- Managers reviewed serious incidents using the hospital's serious incident review process. This process had identified lessons learnt which were disseminated to all staff on both wards.

Reporting incidents and learning from when things go wrong

- Staff were aware of what incidents to report and the process for incident reporting. Staff reported all incidents via the electronic reporting system. Managers discussed all incidents at the daily multidisciplinary incident meeting which took place in the morning every weekday.
- Staff were open and transparent with patients about their care and treatment, including when things went wrong. The provider told us that adherence to the duty of candour was monitored by the senior management team via the daily incident review. The provider had delivered training on the duty of candour to staff.
- Staff received feedback from investigation of incidents. Staff were aware of lessons learnt. Managers discussed and analysed all incidents for trends and patterns, within the morning meeting and governance team meetings. Managers told us that they developed posters which detailed lessons learnt from incidents.
- Staff met to discuss this feedback in team, senior management and clinical governance meetings.
- We saw evidence of change having been made because of feedback. One example of this, was the implementation of a morale code for staff and patients. This had been developed jointly between staff and patients.
- Senior staff offered staff and patients debriefing and support after serious incidents.

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 five care records. Staff completed comprehensive and timely assessments for all patients on admission.
- Staff had completed physical examinations on all patients. We found that all patients had a nutritional risk assessment, pressure area assessment and additional assessments as needed. Staff completed physical health

care plans for specific health needs. Staff completed physical observations for patients as required and for all patients on a weekly basis. Patients received an annual physical health checks where appropriate.

- Most care records had up to date, personalised, holistic, recovery-oriented care plans. However, we found that staff had written some care plans in the third person, for patients who lacked capacity. All information needed to deliver care was accessed via the secured electronic health record. Staff were issued with handsets which enabled documentation to take place in real time. The provider had introduced this system in August 2018. Any paper records were held securely in the service office, and so were available to staff when needed. Staff scanned any paper records into the electronic health record. However, we found two cases where patient notes had been uploaded into the wrong patient record.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication, and increasing patient engagement in activities. Antipsychotic medication was prescribed within the British National Formulary limits and regular health checks were in place.
- The provider offered psychological therapies recommended by the National Institute for Health and Care Excellence. Patients received 24 hours of meaningful activities per week. Staff measured patient engagement in activities as an outcome measure. The provider employed a lead psychologist in post together with an additional clinical psychologist, two psychology assistants and at the time of inspection there were five honorary trainees. The psychology team delivered a range of psychological interventions including cognitive behavioural therapy, dialectic behaviour therapy, cognitive analytical therapy, psychodynamic therapy, schema therapy and mindfulness.
- There was good access to physical healthcare, including access to a physical health nurse, who was the infection control lead for the provider. Staff made referrals to the dietician, speech and language therapist and occupational therapist as and when required.
- Patients were assessed on admission to the ward and could be registered with the local General Practitioner.
- We reviewed five care records and saw that nursing staff assessed and met patients' nutrition and hydration needs. Staff conducted ongoing physical health assessments including nutrition and the risk of pressure sores.
- Staff used a range of recognised rating scales to assess and record severity and patient outcomes. Staff used the health of the nation outcome scale for some patients. Staff took part in a variety of audits.
- The provider completed a range of clinical audits including physical health checks. Health promotion, medical equipment tests, physical health monitoring and medication checks. Staff also completed audits on fridge cleanliness, the Mental Capacity Act and Mental Health Act.

Skilled staff to deliver care

- A range of mental health disciplines and workers provided input to the ward. Patients received care and treatment from a range of professionals including a consultant psychiatrist, associate specialist, managers, nurses, health care support workers, clinical psychologist, social worker, psychology assistants and personal trainers (on Radley ward).
- The ward had access to occupational therapy through the bank, however we noted that there were no permanent occupational therapists employed within the service. We found two cases where patients were awaiting an occupational therapy assessment. One patient had been referred for a wheelchair assessment. Another patient had been referred for an assessment of their bedroom for the use of a hoist. A third patient had not received a speech and language therapy assessment which was required, as staff had not acted upon the request.
- The service had recently appointed two registered nurses into vacant posts and there was an ongoing recruitment campaign
- Managers provided new staff with an appropriate induction.
- We found that all staff were not in receipt of regular supervision. Agency staff told us that they had not received regular supervision from the provider due to time constraints. This was despite a high reliance on temporary staffing. The data given by the provider at the

time of inspection showed that 85% of substantive staff on both the psychiatric intensive care unit and rehabilitation ward were in receipt of supervision, against a provider target of 80%.
- The percentage of non-medical staff that had an appraisal in the last 12 months was 100%.
- Managers ensured that staff received the necessary training for their role. There was evidence of ongoing mandatory training. Managers supported staff members to undertake the 'train the trainers course'. This related to both physical and mental health training. Managers acknowledged that leadership training for ward managers had not yet been arranged, however managers had plans in place to provide this training.
- Managers dealt with poor staff performance promptly and effectively. Managers had taken active steps in response to staff performance concerning incidents.

Multi-disciplinary and inter-agency team work

- There were effective multi-disciplinary meetings, which took place daily. There was also a weekly ward round, where documents were updated, and which patients attended. Staff described the working relationships across the multidisciplinary team as positive and supportive.
- There were effective handovers on the ward. Handovers took place twice a day. They were effective and informative. There were staff meetings within the service for all staff on the ward. The ward manager scheduled these every four to six weeks. However, we were told that these did not always take place as planned due to the staff workload and patient needs.
- There were effective working relationships including effective multidisciplinary meetings. Staff described good working relationships between the service and external agencies. For example, the local safeguarding team, local NHS trust and gold standard meetings with primary healthcare. Care coordinators stayed in contact with patients during their stay within the ward. Staff invited them to patient's care programme approach meetings.

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

- Mental Health Act training was not mandatory. Eighty eight percent of staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.
- Mental Health Act papers were examined by a competent staff member on admission. Qualified staff scrutinised Mental Health Act paperwork when patients were admitted to the service. The Mental Health Act administrator reviewed all Mental Health Act documentation following admission.
- All staff knew the Mental Health Act administrator, and how to make contact for advice and support. The Mental Health Act administrator offered support in making sure the Mental Health Act was followed in relation to, for example, renewals, consent to treatment and appeals against detention.
- Consent to treatment and capacity requirements were adhered to. Staff had attached copies of consent to all treatment forms where required. Medication charts had an up to date treatment form attached. All treatment forms covered the medication staff were administering.
- Patients had their rights under the Mental Health Act explained to them on admission and periodically thereafter.
- Administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice was available from the Mental Health Act administrator. The hospital social worker provided training on the Mental Health Act.
- Staff completed detention paperwork correctly., We saw documentation was up to date and stored appropriately. The provider had a Mental Health Act policy which staff could refer to if needed.
- The service carried out regular audits to ensure that the Mental Health Act was correctly applied. This included a monthly audit of section 132 Mental Health Act, which related to staff explaining patient's legal rights.
- Patients had access to independent mental health advocacy. Managers ensure that this is being access though ongoing Mental Health Act audit. Staff were clear on how to access and support engagement with the independent mental health advocates. Managers had displayed contact details in ward areas.

Good practice in applying the Mental Capacity Act

- Staff made applications to deprive patients of their liberty when required. At the time of our visit one patient was subject to Deprivation of Liberty Safeguards. We

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

found that 95% of staff had received training in the Mental Capacity Act, although we found from interviews with staff that the level of staff understanding of the Mental Capacity Act varied.

- There was a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards, which staff were aware of and could access. Staff assumed that patients had capacity in line with the Mental Capacity Act. Staff assessed and recorded appropriately capacity for people who might have impaired capacity. Staff completed these on a decision-specific basis with regards to significant decisions. Patients were given every possible assistance to make a specific decision for themselves before they were assumed to lack the mental capacity to make it, in line with the Act.
- Patients were supported to make decisions where appropriate. When they lacked capacity, decisions were made in their best interests. Staff recognised the importance of the person's wishes, feelings, culture and history.
- Staff understood and where appropriate, worked within the Mental Capacity Act definition of restraint. However, a number of Mental Capacity Act forms lacked detail and there was limited evidence of statutory consultation with others including family and carers.
- Staff knew where to get advice about Mental Capacity Act, including Deprivation of Liberty Safeguards, within the hospital. Managers undertook audits regarding the application of the Mental Capacity Act. Managers disseminated the outcomes of these audits to all staff.

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

Good

Kindness, dignity, respect and support

- We saw positive caring interactions between the staff and patients in the service. Staff were respectful, attentive, respectful and caring. Staff were interacting and communicating effectively with patients within the service during the interactions seen.
- Both patients interviewed described the staff as polite, and helpful. Patients were positive about staff interaction and the support provided by staff.
- Staff showed a genuine caring and passionate approach to patients and were committed to patient needs. Staff understood the individual needs of patients.

The involvement of people in the care they receive

- On admission, staff showed patients around the service. Patients also had the opportunity to visit the hospital and be shown around the ward before admission where possible. Staff provided patients with both verbal and written information about the ward, in the form of an admission pack.
- Patients were involved in their care planning. Nursing staff offered patients copies of their care plans. Some patients declined this offer which was documented. The electronic health record had a section on personalised care, which staff completed with patients. Most care plans were recovery focused, holistic, patient centred and promoted independence.
- Staff met with patients to discuss care and treatment regularly. We saw evidence of this in care records.
- Patients on the ward had access to independent mental health advocacy. This was available eight hours per week. Posters were available and displayed on the ward.
- Family members and carers were actively involved in care and treatment where appropriate. Staff engaged with families through regular contact and inviting family and carers to care programme approach meetings where appropriate. The provider gave families and carers leaflets which outlined the support available. The provider had also used carers surveys to obtain feedback from families and carers.
- Patients could give feedback on the service on the ward. Patients had also been involved in decisions about the service. Staff achieved this via individual meetings with patients and attendance at community meetings. However, we saw that the community meeting did not have a formal agenda and did not begin on time.

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

(for example, to feedback?)

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

Good

Access and discharge

- The average bed occupancy over the six-month period January to July 2018 for the ward was 46%. The provider accepted patients from a wide range of providers across the country. At the time of inspection patients care had been commissioned by seven commissioning bodies.
- The current length of staff on the ward was 179 days. The length of stay for a high dependency rehabilitation ward is usually between one and three years.
- Patients always had a bed to return to following a period of leave. Staff planned patient transfers and discharges during normal working hours, wherever possible. There were no delayed discharges at the time of inspection. Staff worked with patients and other providers to plan their discharge from hospital. Patients were discharged back to their home area wherever possible.
- Staff actively engaged with external providers and agencies in the planning of patient transfers and leave from the ward.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had a range of equipment to support treatment and care. However, staff told us that there was a shortage of some equipment such as hoists.
- There was a room available for visitors. This was situated next to the main reception area, off the ward.
- The bedroom doors had vision panels for staff observation. We saw that a number of these had been left open. Therefore, a patient's privacy and dignity could be compromised.
- Patients had access to the ward phone which was cordless. Patients also had access to personal mobile phones, however smart phones were a restricted item. The hospital did provide basic phones for patients though, which enabled them to keep in contact with friends and family.
- Patients had open access to outside space during the day, in line with the Mental Health Act Code of Practice guidance.
- Patients gave positive feedback about the meals provided. The service had been awarded five stars for kitchen cleanliness by the food standards agency.
- Patients who were nursed in bed had access to water. Staff provided regular drinks 'rounds' for patients to have additional drinks.
- Patients could personalise their bedrooms, although not all rooms had been personalised.
- Patient bedrooms had a locked drawer. Therefore, patients had somewhere secure to store their possessions. There was also a ward safe available on each ward.
- There was access to activities across the week. Psychology staff delivered patient specific therapies. Ward staff delivered activities during the week and at weekends. However, patients and staff told us that these did not always take place at the weekend.

Meeting the needs of all people who use the service

- There was disabled access to the ward. The ward had accessible bathrooms with adapted chairs, hand rails and shower chairs.
- Information leaflets were available for patients on services, patients' rights, how to complain and advocacy. Staff used the walls and notice boards for displaying information.
- Staff had access to interpreters and translation services when needed. Staff could request information in different languages when needed.
- Staff offered patients a choice of foods to meet both the dietary requirements of religious and ethnic backgrounds.
- Patients had access to spiritual support. Patients had access to a prayer/faith room. Staff escorted patients to the local church when requested.

Listening to and learning from concerns and complaints

- Patients knew how to complain and received feedback from complaints. Managers received no formal complaints between October 2017 and August 2018, however received one compliment.
- Staff knew how to handle complaints appropriately and encouraged patients to do so if necessary.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings. We found that learning and actions from findings was shared between wards.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

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

Requires improvement

Vision and values

- The provider had set visions and values. The identified values were 'patient led care, focus on quality assurance and good governance, leading change, and driving innovation'. The provider also had identified values; 'kind, competent, professional, open and honest'. We found that staff knew these values and were able to demonstrate these.
- Managers and staff were aware of the service objectives. Staff demonstrated the values in their behaviours.
- Staff knew the senior managers in the organisation and confirmed that they were often visible on the ward and were accessible and listened to staff.
- Managers were highly visible, had a strong influence and very good oversight of the wards.

Good governance

- Systems and process did not operate effectively to ensure that there were sufficient numbers of supervised staff on Burberry Ward, that the seclusion room on Radley Ward did not have blind spots and that blanket restrictions were not identified and reviewed in line with the code of practice.
- However, overall, 95% of staff had received mandatory training, and 85% of staff had received supervision in line with the provider's policy. The provider submitted data showing that 100% of staff had received an annual appraisal within the last twelve months.
- Staff maximised shift time on direct patient care activities. This included a range of therapeutic activities and psychological interventions, during the working week. However, we were told that activities did get cancelled at weekends.
- Clinical staff participated in and took required actions following clinical audits on physical health checks, which included health promotion, medical equipment tests, physical health monitoring, medication, fridge cleanliness, and the Mental Health Act.
- The process for staff to learn from incidents, complaints and service user feedback was robust. The organisation held daily incident reviews and multi-disciplinary meetings. Any adverse events or issues were discussed and an agreed plan was put in place. The provider also held integrated governance meetings and had a process of sharing lessons with staff.
- Senior managers regularly visited the ward, and conducted out of hours visits.
- Staff knew about processes in place for safeguarding patients, Mental Health Act and Mental Capacity Act. However, we found that the level of staff understanding of the Mental Capacity Act varied. We found Mental Capacity Act forms which lacked evidence of statutory consultation with others including family and carers.
- There was evidence of blanket restrictions in place on the ward. Patients did not have free access to drinks on the ward. Since our inspection, the provider made paper cones available for patients, and some patients used drinking bottles to refill as required. Patients did not have access to the remote control for their television. This had not been individually risk assessed, so was a blanket restriction. The provider used performance reports, and other indicators to gauge the performance of the team. Managers developed action plans where there were issues.
- Ward managers had sufficient authority, and had access to administrative support.
- The provider had completed a risk register for the ward. This included staff vacancies and high use of agency staffing. Staff reviewed and updated the risk register in clinical governance meetings.
- The provider had not fully checked the fitness of directors, which were needed under the regulation of fit and proper person, to ensure they were fit for their role. This was raised with the human resources lead and chief executive officer who took immediate steps to resolve the outstanding checks. These were completed in full the day following our visit.

Leadership, morale and staff engagement

- The provider had a strong senior leadership team who met regularly to review governance, delivery of service and standards within the hospital. Senior managers could challenge each other over issues. We saw minutes of meetings and were assured the service was well led.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- The provider reported that the sickness and absence rate in the service was two percent, and that there had been a 31% turnover in staffing across the service. Turnover was due to performance management of staff and redundancies following a organisation restructure.
- Senior managers were actively working on recruitment and retention. This included considering issues and themes.
- There had been no reports of bullying and harassment recorded at the time of our visit. Staff described managers as supportive, approachable that they felt listened to.
- Staff knew how to use the whistle blowing process and how to raise concerns.
- Staff said that they felt able to raise concerns without fear of victimisation.
- We found that staff morale was good. Staff described the morale as having improved and that it was a good place to work. Staff told us that managers were visible, helped on the ward when needed and listened to staff.
- Managers had held an away day for staff on the ward and had implemented an employee of the month award. Staff and patients nominated for this award.
- Managers told us that they had named 'champion' roles and opportunities for career development as an area for improvement.
- Staff were open and transparent and explained to patients when something went wrong. Staff had received recent training in the duty of candour.
- Staff were given the opportunity to give feedback on services and service developments in team meetings and staff survey. Staff told us that the provider listened to them and took action on their feedback.

Commitment to quality improvement and innovation

- The service did not participate in any accreditation or peer review schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The provider must ensure that seclusion facilities comply with Mental Health Act guidance including having no blind spots in the seclusion or its ensuite room on Radley ward.
- The provider must follow guidance of least restrictive environment. Individual risk assessments to be undertaken for any risk identified and restrictions required for example; access to drinks and TV remotes.
- The provider must ensure that they have sufficient staff to care out treatment and care.
- The provider must ensure that agency staff on fixed term contracts are provided with clinical supervision.

The provider must ensure that systems and process operate effectively, including ensuring that there are sufficient numbers of supervised staff, the seclusion room is safe for use and that blanket restrictions were not identified and reviewed in line with the code of practice.

Action the provider SHOULD take to improve

- The provider should consider how to keep patients safe and how to mitigate against any risks.
- The provider should consider the need for a female lounge on Burberry Ward.
- The provider should ensure that patients privacy and dignity is maintained at all times and that patients have access to toiletries when required.
- The provider should ensure that the views of carers and professionals are clearly documented on Mental Capacity Act documentation.
- The provider should ensure that the identified patient assessments are completed.
- The provider should ensure that agency staff are fully trained in the hospitals agreed restraint practices, and that sufficient staff can respond to incidents and restraints.
- The provider should ensure that care plans include information that show patient involvement.
- The provider should ensure that there is mitigation in place for information systems regarding the uploading of patient's paper records
- The provider should ensure that patient activities are provided in the evening and at weekends.
- The provider should ensure that systems are in place to ensure that required employment checks are completed.
- The provider should ensure that they mitigate and manage the risks associated with scanning notes into the electronic health record.

The provider should review safe access to Radley ward for patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There were blind spots in the seclusion room and ensuite on Radley Ward. This was a breach of Regulation12

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Personal care Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment • There was a blanket restriction in place for patients' access to television remote controls and patients did not have access to drinks. This was a breach of Regulation13.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • Systems and process were not operating effectively. There were insufficient numbers of supervised staff, the seclusion room was not safe for use and blanket restrictions were not identified and reviewed in line with the code of practice. This was a breach of Regulation17.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • There were insufficient staff to carry out treatment and care. • Agency staff on fixed term contracts were not provided with clinical supervision. This was a breach of Regulation18