EHC Jigsaw Limited

Jigsaw Independent Hospital

Inspection report

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Good
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location went down. We rated it as requires improvement because:

- The environments were restrictive, with kitchen and garden areas locked.
- Oriel ward had become more restrictive since opening, with the original open kitchen area being walled in and locked and plastic crockery introduced.
- The service is registered as a rehabilitation service but currently does not have a rehabilitation model. The service had a statement of purpose which referred to Oriel ward as a rehabilitation setting. The provider is working on draft proposals for the service being rebranded as a specialist personality disorder setting.
- Some patients on Oriel ward spoke about the difficulties of the ward having two distinct patient groups currently since the female rehabilitation ward was being refurbished.
- The service was still in the process of recruiting members of the multidisciplinary team. The service model, particularly in relation to Oriel ward, was newly developed and not yet established.
- The service had high rates of bank and agency nurses and high rates of bank and agency nursing assistants.
- Most of the patients we spoke to on Oriel ward expressed some concerns about the number of temporary staff on Oriel ward.
- Some patients said they found their care and treatment inconsistent at times and there was sometimes poor communication across the staffing team.
- Staff were not receiving thorough regular, constructive appraisals of their work
- The occupational therapy kitchen area formed part of a large activity room and was located off the wards in the main hospital building. We found the fridge was not temperature checked. There were out of date foods in the fridge including butter and spreads. There were also several items which were part used but not labelled as to when they were opened.
- At the last inspection in 2018 we noted that not all staff had their own email address and each ward had a mailbox which all staff accessed. This had not changed.
- Some policies were in need of review and updating in relation to risk management and observations.
- Patients told us they had raised complaints but these were not on the service complaints log.

However:

- All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.
- Staff followed infection control policy, including handwashing. Staff had completed and kept up-to-date with their mandatory training.
- Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.
- Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.
- All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.
- Care plans were personalised, holistic and recovery-orientated.
- Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.
- Most patients spoke positively about nursing and occupational therapy staff.
- Patients told us staff were discreet, respectful, and responsive when caring for patients. We also saw incidents that occurred during this inspection which were dealt with in a calm, reassuring way by staff.
- Patients could give feedback on the service and their treatment and staff supported them to do this.

Summary of findings

- The hospital had been subject to an extensive refurbishment programme over the last 12 months. This had involved all wards being redecorated and new flooring fitted, new bathrooms and bedroom furniture, replacement of windows, air conditioning installed and a repurposing of Montrose ward. The hospital also had installed a wireless internet service for patients to use.
- Staff made sure patients had access to opportunities for education and work, and supported patients.
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to Jigsaw Independent Hospital

Jigsaw Independent Hospital provides care and treatment for up to 36 patients. At the time of the inspection there were 17 patients at the hospital, all of whom were detained under the Mental Health Act.

The provider was registered to provide the following regulated activities:

• Diagnostic and screening procedures

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

• Treatment of disease, disorder or injury

The wards we visited were:

Linden ward – a rehabilitation ward for men primarily diagnosed with mental illness which has 10 beds.

Oriel ward – a rehabilitation ward for women primarily diagnosed with personality disorder which has nine beds.

Two other wards are currently closed. Cavendish ward, a 10 bedded ward, closed in January 2021 with plans to re-open later this year. Cavendish ward is a rehabilitation ward for women with a primary diagnosis of mental illness. Montrose ward had closed in 2018 and has since been refurbished to provide additional facilities, with potential self-contained accommodation planned.

The service had previously been inspected in August 2018 and rated as good.

The service had a registered manager and a controlled drugs accountable officer.

What people who use the service say

We spoke to six patients across both wards during our visit. We offered to speak with all patients, but not everyone wanted to speak with us.

Patients told us staff were discreet, respectful, and responsive when caring for patients. We also saw incidents that occurred during this inspection which were dealt with in a calm, reassuring way by staff. Patients spoke positively of the occupational therapy team and provision.

Patients told us some staff supported patients to understand and manage their own care treatment or condition. Some patients were able to reflect on their own progress and gave individual examples of the support staff had given that had worked for them.

However, some patients said they found their care and treatment inconsistent at times and there was sometimes poor communication across the staffing team.

Summary of this inspection

Some patients told us they were concerned that it was difficult to make progress and that the intervals between settled behaviour and progression were too long and difficult to achieve.

Some patients on Oriel ward spoke about the difficulties of the ward having two distinct patient groups currently since the female rehabilitation ward was under refurbishment.

Most of the patients we spoke to on Oriel ward expressed some concerns about the number of temporary staff on Oriel ward, specifically the difficulties of unfamiliar staff allocated to observations, forming therapeutic relationships with staff who did not return or were moved and the behaviour of some staff including allegations of sleeping on duty and ignoring patients (the inspection team reported these concerns to the registered manager on the day of the inspection). There were also concerns that more temporary staff tended to be booked at nights and some patients told us the evening and night-time was when they struggled more and would prefer someone familiar for support.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location including information discussed at provider engagement meetings.

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 the registered manager;
- spoke with nine other staff members; including doctors, nurses and occupational therapy staff;
- spoke with the advocate;
- attended and observed one multi-disciplinary team meeting;
- attended an occupational therapy group session;
- visited the facilities which have recently been completed including the gym and virtual suite;
- looked at five care and treatment records;
- carried out a specific check of the medication management on two wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Outstanding practice

We found the following outstanding practice:

The service had identified during the early months of the Covid19 pandemic that a small group of patients at that time on Cavendish ward, were clinically extremely vulnerable. The service and staff established a plan where a cohort of staff moved into the hospital to minimise the risk of infection to this patient group. Staff remained in the service for over a month working in two teams and living at the service until the first peak of infection had passed.

Areas for improvement

Action the service MUST take to improve:

Summary of this inspection

We told the service that it must take action to bring services into line with legal requirements.

- The service must ensure that further training and support is provided to staff who work on Oriel ward given the specialist nature of the service.
- The service must ensure all staff receive thorough, constructive appraisals of their work.
- The service must ensure that patients have access to appropriate facilities which promote their recovery, rehabilitation and independence in line with best practice guidance.
- The service must ensure that the model and vision for Oriel ward is clearly communicated and that systems and processes enable the service to measure quality and safety of care being provided
- The service must continue to improve the governance structure, performance indicators and data quality to ensure good governance of the service

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that staff undertake daily checks of the occupational therapy kitchen.
- The service should ensure that the staffing establishment is reviewed on Oriel ward and actions taken to reduce the use of temporary staffing.
- The service should review the statement of purpose, service model and specification, particularly relating to clarifying whether Oriel ward is a specialist personality disorder setting or a rehabilitation setting.
- The service should ensure all staff receive first aid at work training.
- The service should review and update the clinical risk management policy given the change in standard risk assessment tools in use in the service.
- The service should review and update the engagement and observation policy.
- The service should ensure that all complaints are being recorded and actioned.

Our findings

Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

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

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

Good

Our rating of this service stayed the same. We rated it as good.

Safe and clean care environments

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

Staff could not observe patients in all parts of the wards, however there were parabolic mirrors in place where there were alcoves and blind spots within wards. The service had a closed circuit camera system in place which was not monitored in real-time, but recordings could be accessed if needed, for example, following incidents.

The wards complied with same-sex guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Ligature risk audits had been completed for both wards in March 2021. During the recent refurbishments, the provider had sourced good quality anti-ligature fittings, including ligature sensors which had been incorporated into the designs.

Staff had easy access to alarms to summon assistance if needed.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose. Both wards had been refurbished recently with new furniture and fittings. The ward areas were cleaned regularly. Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. Staff wore personal protective equipment as per the government guidance in place at the time of this visit. An infection prevention audit had been completed in March 2021 which showed good compliance with infection prevention practice.

The occupational therapy kitchen area formed part of a large activity room and was located off the wards in the main hospital building. We found the fridge was not temperature checked. There were out of date foods in the fridge including butter and spreads. There were also several items which were part used but not labelled as to when they were opened, including cream cheese, orange juice and jam. Staff immediately acted upon this and have arranged for the fridge contents to be checked daily, labelled and out of date items disposed of.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Both clinic rooms were checked. Both rooms had appropriate hand washing sinks. Staff recorded daily room temperatures and fridge temperatures and knew actions to take if these were out of range. Medicines were stored appropriately and did not exceed expiry date.

Staff checked, maintained, and cleaned equipment. Nurses had access to equipment for monitoring physical observations which was clean and maintained.

Resuscitation equipment was stored in the main hospital near the reception. This was checked by nurses on a daily basis and all equipment was in order.

Safe staffing

Nursing staff

The service had enough nursing and support staff to keep patients safe.

The permanent staffing establishment for the wards was for five staff in the daytime and four staff at nights with one qualified nurse per shift.

The establishment figure for qualified nurses was for eight substantive posts but there were only three permanent qualified nurses employed. The service was trying to recruit permanently to the vacancies and at the time of inspection, two qualified nurses had been recruited with start dates in the near future. Several agency qualified nurses were block booked for a shift pattern and regular shifts to promote consistency.

At the time of inspection, Oriel ward had a daily establishment staffing figure of at least 11 staff per day and a night establishment of increased staffing also, with numbers usually of 10 or 11 staff.

The service had high rates of bank and agency nurses and high rates of bank and agency nursing assistants. This was because of the high numbers of patients requiring one to one observations on Oriel ward. The service was recruiting nurses and nursing assistants to increase the establishment figures on Oriel ward.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

We reviewed duty rotas for the month of March 2021 and although agency use was lower on Linden ward, on Oriel ward the average across the month was 67% of staff on duty were agency staff. This rose to 78% of staff at night being bank or agency staff.

In March 2021, 34 shifts out of 62 were led solely by a bank or agency qualified nurse, particularly at night.

We reviewed allocation charts and staff were allocated to patient observations for hourly allocations, with staff completing no more than two hours on continuous observations.

Managers requested staff familiar with the service and some agency staff were booked for regular shifts on an ongoing basis.

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

The service had monitored leaver and turnover rates.

The most recent annual report supplied from March 2019 to April 2020 showed nine staff leavers and their exit interview outcomes over those 12 months.

Managers supported staff who needed time off for ill health. Managers had also arranged external support for staff following a serious incident.

Levels of sickness had varied over the last 12 months. There was low levels of sickness towards the end of 2020 but this had risen in January 2021. Managers had reviewed this and were aiming to add to the monitoring system so that themes and trends could be reviewed.

The ward manager could adjust staffing levels according to the needs of the patients.

Patients had regular one to one sessions with their named nurse or staff involved in their care.

Patients rarely had their escorted leave or activities cancelled.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

All staff inputted into a handover sheet during their shift to ensure all relevant information was communicated at shift handovers.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. A consultant psychiatrist worked at the hospital full time. At nights and weekends, a rota system was in operation to provide cover and a doctor to attend the hospital if needed. Doctors lived within short distance of the hospital.

Managers could call locums when they needed additional medical cover.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

There had been a focus on refreshing staff mandatory training since the beginning of the year and over 80% of staff were up to date on all training except one. The completion rate for first aid at work was 75% and courses had been booked for staff to be updated. All qualified nursing staff had completed immediate life support training in March 2021.

The mandatory training programme was comprehensive and met the needs of patients and staff.

The provider had added a day to mandatory training in February 2021 which was an introduction to personality disorder training day. Just over 75% of staff had attended this training.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Assessment of patient risk

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

We reviewed five patients' clinical files. All five files contained comprehensive risk assessments.

Staff used a recognised risk assessment tool. Staff used the functional analysis of care environments (FACE) risk assessment tool. The clinical risk management policy had an incorrect approval date (November 2021) and referred to the previous risk assessment tools which were no longer in use.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risk assessments were comprehensive and individualised.

Staff identified and responded to any changes in risks to, or posed by, patients. We saw that staff communicated changes in patients' risk or incidents immediately and staff recorded information in patient's clinical notes.

Staff followed procedures to minimise risks where they could not easily observe patients. Staff completed regular checks throughout the day of the ward environments and patient's wellbeing. At the time of this inspection, several patients on Oriel ward were being nursed on continuous observations to prevent harm to themselves or others. We saw that staff were allocated to patient observations for an hour at a time, with no longer than two hours undertaking observations continuously.

The engagement and observation policy gave staff guidance on levels of observations in use at the service, practical guidance in undertaking observations and a competency assessment for staff to complete before commencing

observations. The policy referenced guidance which had since been updated, including referencing 2005 National Institute for Health and Care Excellence guidance for the short-term management of violence and aggression, which was updated in 2015. The policy referred to patients who may need transfer to acute hospital and that observation levels may be for a longer period. However, neither the policy or the recently developed standard operating procedure provide practical guidance for staff in undertaking observations in acute hospital settings.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. In patient files, we saw individualised assessments and decisions related to keeping possessions which may pose a risk.

Whilst risks were managed, the women's service on Oriel ward was trying to strike the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. The ward had become more restrictive since opening, for example; an open kitchen area had had to be converted to a closed area following incidents and ceramic crockery had been replaced with tougher plastic. Patients being nursed on one to one observations had also increased. On Linden ward, there were less locked areas and patients had metal cutlery and crockery, which would be the expectation for a rehabilitation setting.

Restrictive practices were being audited on a monthly basis, which showed good practice in that all patients had unrestricted phone use and no patients required supervision for visits, but this did show that no patients had access to outside space unsupervised and whilst two patients were noted to have unsupervised kitchen access, the kitchens were locked so would always require staff to unlock them.

Use of restrictive interventions

During 2020, the service had one male ward and one female ward open, although the patients moved onto Oriel ward one patient group at a time to allow for ward refurbishment. Levels of incidents were low throughout the male ward during this time, but as the patient group changed on the female ward incidents, particularly self-injurious incidents, had increased.

Levels of restrictive interventions were increasing. There were 24 incidents requiring restraint recorded across the two wards for 2020. From the start of 2021 to the time of this inspection, there had been 29 incidents involving restraint with 21 restraint incidents recorded for the female ward.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. This was evident in patient's care records and incident reports. We saw staff use good communication and de-escalation when incidents occurred. We saw detailed debriefs following incidents where patients had been able to contribute and discuss changes in their care plans which would help prevent future incidents. These were supportive and patient-centred.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation. There had been four occasions this year where rapid tranquillisation had been used. Staff completed monitoring as per the provider policy, which incorporated National Institute for Health and Care Excellence guidance.

Safeguarding

The service was working with the local quality team, along with clinical commissioning groups safeguarding leads, and had recently updated their policy to align with the local authority procedures. One of the directors had taken the lead role for safeguarding and had attended the local authority level four training.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up-to-date with their safeguarding training.

Just under 95% of staff were up to date with safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe.

The hospital had a separate visitors' room which was used for family visits which was located at the reception to the hospital.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff had completed safeguarding referrals to the local authority and participated in safeguarding investigations and strategy meetings.

Managers took part in strategy meetings and made changes based on the outcomes.

Staff access to essential information

Patient notes were comprehensive and all staff could access them easily.

The service used mainly paper based records, with computer systems available for incident reporting, Mental Health Act monitoring and staffing and training oversight. There were plans being made for an electronic record system to be used in the future with potential for patients to have access to these records also.

At the last inspection in 2018, we noted that not all staff had their own email address and each ward had a mailbox which all staff accessed. This worked well for updates sent to all staff to read or action, for example, the weekly pharmacy audits. However, this meant that emails could be deleted or sent and there was no clear audit trail as to who had actioned this. It also meant that information could not be addressed to one specific person or a specific group of staff.

This had not changed and was referred to at the governance meeting in February 2021 as requiring action for qualified nurses but was still not in place.

The service had developed a networking site which allowed for updates in terms of recent research and sharing practice. However, it was not clear how well developed the use of this was across the service and whether this would work as an alternative way of securely messaging individuals.

Records were stored securely.

Medicines management

We reviewed five prescription charts.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

The provider had policies for medicines management drawn up in consultation with pharmacy colleagues and these were followed by staff. This included policies for the use of high dose antipsychotic therapy and rapid tranquillisation.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

We saw evidence of medication discussions in patient records and capacity documents were well completed outlining medicines discussions.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines.

Staff completed medicines reconciliation when patients were admitted.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Managers and the pharmacy team disseminated information about alerts.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Medicines were regularly reviewed, including as needed medicines. The pharmacy team also completed a weekly stock check and audit and highlighted any areas in a report for managers to action. The audits were finding regular medication errors or unsigned for doses of medicines, which were addressed promptly. The service planned to review these errors once a clinical lead was in post for recurrent themes or trends.

Track record on safety

The service had a good track record on safety.

There had been five serious incidents in the last 12 months. Investigations including root cause analysis had been completed for these.

The service had developed action plans from these and we saw that actions had been taken.

Reporting incidents and learning from when things go wrong

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff knew what incidents to report and how to report them. Staff reported serious incidents clearly and in line with policy. The service had no never events on any wards.

Incident forms were filled in appropriately following incidents. These included fields for recording use, duration and position if restraint was used, debriefs where needed and other information.

We compared data within clinical records to incidents reported and found only one occasion where an incident had occurred without a corresponding incident report.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

We saw that duty of candour had been followed following serious incidents within the service.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service.

We saw that staff meeting minutes contained learning and actions from incidents. A lessons' learned log had been created to capture lessons and actions taken. As part of a quality plan with the commissioners, the service was receiving reports and learning from the local mental health trust.

There was evidence that changes had been made as a result of feedback. This included, for example, changes to checks that were made on Oriel ward following incidents of self-injury and routine daily checks of the garden areas after banned items had been thrown into the gardens.

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

Requires Improvement

Our rating of this service went down. We rated it as requires improvement.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

We reviewed five care records.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Medical staff completed initial physical health checks. Nurses completed routine physical observations and monitored any changes. Patients were registered with local GP practices and were supported to attend appointments and screening. Most patients had received or been offered Covid19 vaccinations.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when patients' needs changed.

We saw well completed and up to date wound management care plans in place.

Care plans were personalised, holistic and recovery-orientated.

Staff completed care plans based on the My Shared Pathway approach. These included plans about mental health, insight, relationships and physical health. Care plans were individualised and detailed. All showed evidence of patient's involvement and were mostly written in the first person, with some signed by patients.

Best practice in treatment and care

Staff were not providing a full range of care and treatment suitable for the patients in the service.

The service had previously had a full-time psychologist and assistant psychologist in post, but the supervising psychologist and assistant had left in 2020. There had then been a gap of several months with no psychology provision, although governance meetings during this time note that reinstating psychology provision was recognised as a significant need. A consultant psychologist was recruited and began to work for one day per week from March 2021, prioritising those patients, particularly on Oriel ward, who were assessed as most in need of regular work. The psychologist was completing their notice period with their previous employer and from May 2021 they were working full time in the service across both wards. There were plans to recruit further therapists or assistants in future. There was also potential planning for virtual therapy using the recently completed virtual consultation room.

Staff delivered some care in line with best practice and national guidance (from relevant bodies eg National Institute for Health and Care Excellence).

Medical staff followed National Institute for Health and Care Excellence guidance when prescribing medication, and when patients were prescribed high dose antipsychotic medication this included additional monitoring as advised by the Royal College of Psychiatrists guidance.

The service was following some of the National Institute for Health and Care Excellence rehabilitation guidance, but at the time of inspection there was no access to therapies, for example, cognitive behavioural therapy or family therapy, recommended by the guidance.

The change in service for women meant that there were frequent incidents of self harm. National Institute for Health and Care Excellence guidance cg133 advises that staff should be trained in the assessment, treatment and management of self harm and also receive training in the stigma and discrimination associated with self harm.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff identified patients' physical health needs and recorded them in their care plans.

Staff made sure patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

We saw completed, detailed Model of Human Occupation Screening Tool and Occupational Circumstances Assessment Interview and Rating Scale assessments in patient files. At initial assessment, patients also completed interest checklists. Individuals goals and plans were devised from these with patients.

Staff used technology to support patients.During the pandemic, the service had been using video technology for visits, for ward rounds and care programme approach meetings. Wifi was available for patients to use across the service.

The service was keen to use technology to improve patient care. A previous ward had been refurbished to provide a virtual suite, which was potentially going to be used for future physical health reviews and to offer individualised therapies with specialist practitioners. This had been completed and was due to be available for patients soon. A new app had been introduced across the hospital for staff to access information, be provided with updates and to share good practice guidance. The service planned to expand this system to incorporate clinical records in the future, with the aim of patients also having full access to their own clinical records.

Staff took part in clinical audits, benchmarking and quality improvement initiatives.

Managers had completed a range of clinical audits from the beginning of the year, including environmental and care plan audits. The service had previously collected data for the commissioning for quality and innovation framework and was looking to reintroduce this.

Managers used results from audits to make improvements.

Results from clinical audits, including regular external pharmacy audits, were actioned. For example, the care records audit highlighted issues with risk assessment tools in use at the time and these had been changed as a result.

A restrictive practice audit had been completed in March 2021 and this highlighted areas where patients had additional restrictions placed on their care, for example, random substance use screens or limited money on leave, which were not outlined in care plans at the time. These had since been addressed.

Skilled staff to deliver care

The service was in the process of ensuring a full range of specialists to meet the needs of the patients on the wards.

The service had had difficulties in ensuring ongoing psychology provision since the previous psychologist left in 2020. A full-time clinical psychologist had been recruited, and had started working one day per week in March 2021 whilst

completing a notice period with a view to working full time in service from May 2021. The service had also recently recruited a full-time consultant psychiatrist, having had difficulties recruiting substantively to this post. Both these positions had been filled with staff who had experience of working in personality disorder services, which given the changes in the service model and patient group over the last twelve months, was essential.

A full-time occupational therapist had been recruited to work solely within the hospital, with the senior occupational therapist then able to concentrate on their role across the provider group. Occupational therapy assistants were supervised and supported in their roles.

For permanent and bank staff, the service followed recruitment procedures to ensure staff suitability. The service reviewed information from agencies regarding the skills and training staff had before they started work. The service had recently introduced contract monitoring meetings with agencies that were used regularly to check on recruitment procedures and that the agency staff had the correct skills and training.

Managers were aware of additional training and knowledge needs for staff in terms of the changed service for Oriel ward, however this was not yet in place. The service had identified a need for training for staff following the changes in the service, particularly the establishment of a personality disorder service. Whilst a training day had been added to the mandatory training which was an introductory session in understanding personality disorder this was only delivered for permanent staff. Staff had also asked for further training including in managing challenging behaviour, self-harm and eating disorder training. There was no staff training in trauma informed care or dialectical behaviour therapy.

Given the nature of this work, there was a need for formulation and supervision meetings for staff and whilst this was recognised in both governance meetings and staff meetings since the start of 2021 these were not in place at the time of this inspection. National Institute for Health and Care Excellence self harm guidance emphasises the need for supervision, consultation and support for staff, including considering the emotional impacts on staff. National Institute for Health and Care Excellence rehabilitation guidance also advises support for staff to share experiences and frustrations with each other, including supervision, reflective practice and peer support groups.

The issue of boundaries and disclosures was discussed in staff meetings for both wards with staff told to maintain personal boundaries and encouraged to build therapeutic relationships. However; there was no training or guidance for staff to develop these skills or to recognise issues when they arose.

National Institute for Health and Care Excellence rehabilitation guidance includes staff having competencies in caring for patients with co-existing substance use and training staff in recovery orientated approaches and principles. There was no training available for staff in the service which covered these.

Managers gave each new member of staff a full induction to the service before they started work.

Permanent staff members completed an induction programme including mandatory training when they started work. Agency staff completed an induction checklist at the start of their first shift.

Staff were not receiving thorough regular, constructive appraisals of their work.

The provider had developed a new appraisal process and paperwork and this starting to be rolled out with staff after this inspection.

Managers supported non-medical staff through regular, constructive clinical supervision of their work.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

The service tracked monthly supervision and at the time of this inspection 97% of staff were up to date with supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Regular staff meetings had taken place on both wards in January, February and March 2021.

Managers recognised poor performance, could identify the reasons and dealt with these.

The registered manager had access to a human resources team who could support performance management.

Multi-disciplinary and interagency team work

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

We observed a multidisciplinary meeting and noted that patients were able to contribute freely throughout, requests were carefully considered and changes in care and treatment negotiated clearly and openly. Care co-ordinators attended via videoconferencing and the patient and team met in person. The meetings were well organised, reports or feedback were presented from all disciplines, and discussions and decisions took place with the whole team able to contribute.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams held handovers at the start of each shift. On both ward, handover sheets were used were information had been added during the previous shift to ensure essential information was passed on effectively.

A meeting took place each weekday morning with ward staff, managers and multidisciplinary team members present to review staffing and clinical issues for the day. This was well attended and organised.

Ward teams had effective working relationships with other teams in the hospital.

Ward staff had good relationships with the multidisciplinary team and would contact staff if they needed them. Ward staff were able to access two deputy hospital managers or the registered manager if they needed support.

Ward teams had effective working relationships with external teams and organisations.

Ward staff maintained contact with care co-ordinators and commissioning teams.

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

Staff received and kept up-to-date with, training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

At the time of inspection, 96% of staff were up to date with Mental Health Act training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had an experienced and knowledgeable Mental Health Act administrator who offered support and assistance to staff.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Patients were aware of the advocacy service and could contact them easily. Information was available on both wards and in main hospital areas about the advocacy service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

We saw that staff completed forms explaining patient's rights and repeated these when needed.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

We saw completed section 17 leave forms in patient files.

Staff requested an opinion from a Second Opinion Appointed Doctor when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

The Mental Health Act administrator maintained legal files with all original section papers and documents relating to detention. We reviewed two files and these were in good order with no omissions.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

A Mental Health Act audit was completed at the start of 2021 with no actions needed.

Good practice in applying the Mental Capacity Act

Staff received and kept up-to-date with, training in the Mental Capacity Act and had a good understanding of at least the five principles.

At the time of this inspection, 97% of staff were up to date with mandatory Mental Capacity Act training.

There were no Deprivation of Liberty Safeguards applications made in the last 12 months.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

We saw detailed capacity assessments which were decision specific. These included actions taken to assist patients to be able to make decisions for themselves.

The service monitored how well it followed the Mental Capacity Act acted when they needed to make changes to improve.

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

Good

Our rating of this service stayed the same. We rated it as good because:

Kindness, privacy, dignity, respect, compassion and support

We spoke to six patients across both wards during our visit.

Patients told us staff were discreet, respectful, and responsive when caring for patients. We also saw incidents that occurred during this inspection which were dealt with in a calm, reassuring way by staff.

Patients told us some staff gave patients help, emotional support and advice when they needed it.

Patients told us some staff supported patients to understand and manage their own care treatment or condition. Some patients were able to reflect on their own progress and gave individual examples of the support staff had given that had worked for them. However, some patients said they found their care and treatment inconsistent at times and there was sometimes poor communication across the staffing team.

Patients said most staff treated them well and behaved kindly.

Patients spoke positively of the occupational therapy team and provision.

Some patients we spoke with were aware of their discharge plans and pathway.

Some patients told us they were concerned that it was difficult to make progress and that the intervals between settled behaviour and progression were too long and difficult to achieve.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Some patients on Oriel ward spoke about the difficulties of the ward having two distinct patient groups currently since the female rehabilitation ward was being refurbished. The provider told us that continuous monitoring, analysis, data and incident records showed that there have been no issues with the temporary mixing of the two patient groups.

Most of the patients we spoke to on Oriel ward expressed some concerns about the number of temporary staff on Oriel ward, specifically the difficulties of unfamiliar staff allocated to observations, forming therapeutic relationships with staff who did not return or were moved and the behaviour of some staff including allegations of sleeping on duty and ignoring patients (the inspection team reported these concerns to the registered manager on the day of the inspection). There were also concerns that more temporary staff tended to be booked at nights and some patients told us the evening and night-time was when they struggled more and would prefer someone familiar for support.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and we saw incidences reported and actions taken.

Staff followed policy to keep patient information confidential.

Involvement in care

Involvement of patients

Patients told us that staff introduced patients to the ward and the services as part of their admission. A service user information guide had been developed with patients for newly admitted patients.

Some patients told us that staff involved patients and gave them access to their care planning and risk assessments, although two patients told us they had not seen their care plans. We saw that patients were involved in supportive debriefs following incidents.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). We saw easy read information and accessible formats in use for one patient who had communication difficulties.

Staff involved patients in decisions about the service, when appropriate. During patient meetings there were discussions about changes to ward environments and requests for patients to feedback about future plans/activities.

Patients could give feedback on the service and their treatment and staff supported them to do this. A patient satisfaction survey took place approximately every month with a focus on occupational therapy provision. This was in accessible format and multidisciplinary staff or the advocate would assist patients to complete if they needed help. Most patients completed these and the results were analysed and changes made.

Patient meetings took place on both wards. Some actions followed on from meetings with progress updated or feedback at the next meeting on Oriel ward. However, on Linden ward, some issues were raised at several meetings and it was not clear what actions had been taken. The provider had developed "you said we did" documents to use to feedback actions from patient meetings.

Staff supported patients to make advanced decisions on their care.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff made sure patients could access advocacy services. All patients we spoke with were aware of the advocate for the hospital and how to contact them. Information about the advocate and contact details were available throughout the hospital. The advocate had been working more remotely during the periods of government restrictions but patients said they had no issues with the telephone or video contact. The advocate had also attended clinical team meetings remotely if not able to attend face to face and this worked well.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff maintained contact with families and carers and helped patients to stay in contact with their loved ones. Visiting had stopped over the periods of lockdown and restrictions but at the time of inspection, the service was preparing to start face to face visiting. Patients told us they kept in touch over the phone or via video calls.

We asked for details of carers who could feedback about the service and we were given details for one patients family member. We were unable to make contact with them. The service had previously undertaken carer surveys but the last had been two years ago.

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

Requires Improvement

Our rating of this service went down. We rated it as requires improvement.

Access and discharge

Bed management

At the time of inspection, the service had two empty beds within the two wards open, so a bed occupancy of 89%.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

Bed occupancy and length of stay were reviewed at the service governance meetings. Two patients had been in the service for prolonged periods of time but both were awaiting discharge with placements identified at this inspection. These patients had specific pathways and obstacles to discharge.

The service had low out-of-area placements. Most patients were admitted from the Greater Manchester area.

When patients went on leave there was always a bed available when they returned. One patient was currently on long term leave in preparation for discharge but their bed remained available for their return if this was needed.

Discharge and transfers of care

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Discharge planning was evident in patients' care records and multidisciplinary team meeting minutes. Some patients had specific placements identified and were progressing towards discharge and all patients we spoke to had discussed next steps and discharge pathways, even if a specific place had not yet been identified. Several patients were actively preparing for discharge, with onward placements identified and leave in place where applicable.

Staff supported patients when they were referred or transferred between services.

Facilities that promote comfort, dignity and privacy

The hospital had been subject to an extensive refurbishment programme over the last 12 months. This had involved all wards being redecorated and new flooring fitted, new bathrooms and bedroom furniture, replacement of windows, air conditioning installed and a repurposing of Montrose ward. The hospital also had installed a wireless internet service for patients to use.

Montrose ward had been changed to provide five step down beds which were not yet in use. The other part of the ward had been divided from the ward area to provide a virtual consultation room, a gym, cinema room, occupational therapy kitchen and therapy rooms. These were not in use at the time of inspection but protocols for their use had been drawn up.

Each patient had their own bedroom, which they could personalise.

Some patients had highly personalised their rooms and there was sufficient storage in bedrooms for possessions.

Patients had a secure place to store personal possessions.

Each bedroom had lockable drawers. Patients had keys to their own rooms.

Staff did not use a full range of rooms and equipment to support treatment and care.

Both wards were described in the service statement of purpose as rehabilitation services. Linden ward did feature more aspects of a rehabilitation service in terms of patients being able to improve or maintain some daily living skills (National Institute for Health and Care Excellence NG181 Rehabilitation for adults with complex psychosis), including self-care, making drinks and snacks and managing laundry for example. However, neither ward offered regular facilities for cooking and individuals cooking sessions took place off the wards with occupational therapy staff. Oriel ward had no laundry facilities with laundry taken off the ward. There were opportunities to practice budgeting, shopping and using public transport, although these had also been severely curtailed by the pandemic and restrictions over the last 12 months. The service was heavily reliant on using the service vehicle with staff drivers for leave.

The environments were restrictive, with kitchens and garden areas locked. Oriel ward had become more restrictive since opening, with the original open kitchen area being walled in and locked and plastic crockery introduced.

The hospital had a large activity room off the wards and some sessions took place in quiet rooms on wards. There were meeting rooms which were used for multidisciplinary and management meetings. Each ward had a communal lounge, dining room and additional quiet areas which patients could use.

The service had quiet areas and a room where patients could meet with visitors in private.

The hospital had a separate visitors' room which was used for family visits and was located at the reception to the hospital.

Patients could make phone calls in private. All patients had access to their own mobile phones and devices without restriction but if needed patients could use the service phones.

The service had an outside space that patients could access easily.

Each ward had its own garden area and a shared garden was used for smoking breaks alternately by the wards throughout the day. Garden areas were locked and all patients required staff supervision. Oriel ward's garden area was being used for gardening by the patients and the patients also cared for two rabbits who had an outside hutch.

Patients could not make their own hot drinks and snacks and were dependent on staff. On both wards the kitchen was locked and some patients could use this with staff present, this was individually risk assessed.

The service offered a variety of good quality food.

Meals were prepared on site in the hospital kitchen. Menus were produced in consultation with patients. There were opportunities to cook on the wards and in the occupational therapy kitchen.

A full activity programme was running during the week and occupational therapy staff worked one evening per week. The service was planning to extend occupational therapy provision to weekend sessions once further staff were recruited. Occupational therapy staff supplied activity boxes for ward staff to use at weekends but patients told us they were rarely used.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients.

Prior to the pandemic restrictions, the service had established links with community provisions, including supported employment and education services in the Manchester area. Occupational therapy staff had maintained links during the different periods of restrictions over the last year and had continued the referral and application processes for patients ready to resume once lockdown lifted.

Whilst restrictions had been in place, the service had worked within these and established walking and cycling groups. Occupational therapy staff provided activities within the service, including themed events, for example, afternoon tea for International Women's day and evening activities for fun, such as bingo. Activity boxes were provided to ward staff to run activities on evenings and weekends when occupational therapy staff were not available, but patients told us these were not used often.

Staff helped patients to stay in contact with families and carers.

The service maintained contact with families and carers and helped patients to stay in contact with their loved ones. Visiting had stopped over the periods of lockdown and restrictions but at the time of inspection the service was preparing to start face to face visiting. Patients told us they kept in touch over the phone or via video calls.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Meeting the needs of all people who use the service

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

The service had ensured that there were accessible bedrooms and facilities on both wards. Ramps at the front and back of the building ensured access for wheelchair use and a lift was available to access all floors.

Personal evacuation plans were in place for patients who needed these.

Nurses had ensured that care documents were in an accessible format for patients who needed these.

The service had identified during the early months of the Covid19 pandemic that a small group of patients at that time on Cavendish ward, were clinically extremely vulnerable. The service and staff established a plan where a cohort of staff moved into the hospital to minimise the risk of infection to this patient group. Staff remained in the service for over a month working in two teams and living at the service until the first peak of infection had passed.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

On both wards information was displayed giving information on advocacy and complaints, including contacting the Care Quality Commission. Information about treatments and medication was available for staff to print.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service could access these if needed, there were currently no patients who required interpreters.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

The service was able to offer specific diets as required, including for religious or health reasons.

Patients had access to spiritual, religious and cultural support.

The service had recently created posters showing local places of worship and contact details, including details of services and links to virtual services available during the periods of restrictions.

Listening to and learning from concerns and complaints

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Patients knew how to complain about the service.

Staff understood the policy on complaints and knew how to handle them.

Staff would try to resolve complaints as they arose but would also assist patients to raise a formal complaint if needed.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

The complaints log dated to the start of the year. This showed two formal complaints had been received by the service this year, one upheld and resolved and one being investigated at the time of inspection. Patients told us that they had made complaints about the behaviour of some staff, for example, agency nurses being asleep, but these were not recorded on the complaints log.

The service used compliments to learn, celebrate success and improve the quality of care.

The service had been collating compliments since the start of the year, with 15 recorded, and had ensured these were passed on to staff. These included compliments from patient's families, temporary staff and care managers and commissioners.

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

Requires Improvement

Our rating of this service went down. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.

The service had an experienced registered manager and had introduced deputy manager roles to oversee each ward along with a clinical lead for the hospital. Staff and patients said they could approach the deputy managers and registered manager. The senior management team had changed recently with a new chief executive, quality lead and new directors recruited to the service.

At the last inspection, regular governance meetings were taking place and working well. Since then, these meetings had gradually ceased. Governance meeting minutes from January and February 2021 showed that these had restarted to oversee the service performance and quality. These were candid in terms of identifying the changes in service, the demands on the registered manager and other service needs, including the multidisciplinary staff team gaps.

Overall, the managers had oversight of the hospital in terms of regular audits, staff management and incidents but there was an acceptance that data was not always accurate and improvements were being made to the data and systems relied upon by managers.

There was a local risk register for Jigsaw independent hospital and this was reviewed by the senior management team each month. A Covid19 risk register was also in use. Issues were escalated to board level where necessary.

Vision and strategy

During this inspection, we noted the change in the service type for Oriel ward and several different models or descriptions of the service. A clear vision and strategy for the service was not in place. The absence of key members of

the multidisciplinary team and lack of specialist staff training had a significant impact on the services ability to deliver a therapeutic model to meet the individual needs of the patients especially on Oriel ward. Although staff were aware of the change in service over the last year, it was not clear that the senior level changes or future plans, including staff support and wellbeing, were well communicated to staff on the wards.

Culture

Staff we spoke to felt respected, supported and valued. Staff described good multidisciplinary team working and a good morale amongst ward based staff.

A staff survey took place at the start of the year with a focus on staff wellbeing and areas for improvement. This took account of the pandemic and effects on staff as well as changes within the service. A specific cultural change plan had been developed with recommendations for weekly staff meetings with a standard wellbeing agenda item, regular team away days and ensuring an open-door, supportive management style. There were recommendations for a relaxation room for staff and a sensory garden. There were also recommendations for external support to provide mindfulness sessions and reflective practice and group formulations to be led by the psychologist.

Some staff had been provided opportunities for development and career progression, including management training. The provider group had a cohort of staff currently training as nurse associates and were considering future funding if successful.

The service had a freedom to speak up guardian who was the human resources director for the provider group. There had been no contacts for the guardian in the last 12 months.

A benefits programme was being developed at the time of this inspection which would include improving the hourly rate for support workers and a range of benefits including health and dental insurance and rewards for performance.

Governance

Our findings from the other key questions demonstrated that some governance processes operated effectively and that performance and risk were mostly managed.

The governance structure for the hospital and the provider group had changed in the last few months with key roles still being recruited. The structure had changed substantially since the service was previously inspected with a complete change of Chief Executive Officer and Directors earlier this year.

The managers had recently set some key performance indicators for the service. This linked to creating and improving processes for tracking a range of indicators to measure how the service was performing. It was clear that the management team had identified significant areas for improvement at the beginning of the year and actions had been taken to improve. Additionally plans were being made in a number of areas including staff wellbeing and recognition, specialist training, staff support and improving data quality.

Management of risk, issues and performance

Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

There were systems and processes in place to identify, monitor and address risks at the hospital. There was a recognition by the management team that there was a lack of assurance in some of the data collection and tracking and this was being changed and actioned.

The service risk register captured key risks related to the service and showed actions taken to reduce risks. A separate Covid19 risk register had been established given that this was rated as high risk and this was detailed and showed detailed analysis and planning since the beginning of the year and a further national lockdown.

Learning, continuous improvement and innovation

The service was previously an associate member of the AIMS-rehabilitation network. The service was keen to encourage research within the service and were also keen to reintroduce previous outcome measuring using national standards, including NHS England Commissioning for Quality and Innovation benchmarking.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The environments were restrictive, with locked kitchens or garden areas. The wards had become more restrictive and less rehabilitation focussed. There was not a full range of facilities expected for a rehabilitation service.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service is registered as a rehabilitation service but currently does not have a rehabilitation model. The service had a statement of purpose which referred to Oriel ward as a rehabilitation setting. The provider is working on draft proposals for the service being rebranded as a specialist personality disorder setting. Governance processes had been re-established, but there were still issues with oversight and data quality.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff training and support was not sufficient for staff who work on Oriel ward given the specialist nature of the service. Staff had not received thorough, constructive appraisals of their work.