

Elysium Healthcare Limited

# Rosebank House

## Inspection report

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

### Ratings

#### Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

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

- Care plans and risk assessments were generic and not person centred. This meant not all individual needs were being met.
- Some patients told us they were not involved in their care planning and decisions about their care and treatment.
- Staff did not ensure that medical equipment was suitably maintained, and a record kept of this.
- Blind spot audits were not being carried out as per the ligature risk management policy.
- There was not a full Multi-Disciplinary Team (MDT). There was no occupational therapist and no psychologist.
- Staff did not provide meaningful activities suitable for a long-stay rehabilitation service.
- Staff did not ensure that patients received one to one time with their named nurse.

However:

- Patients felt well cared for and safe.
- Staff felt well supported by their current management team.
- Families felt involved in decision making.
- The current team had implemented a new meetings protocol, and their recordings were of a good standard and frequency. We saw evidence important issues were being discussed and lessons learned. Staff felt communication was good.

# Summary of findings

## Our judgements about each of the main services

### Service

**Long stay or rehabilitation mental health wards for working age adults**

**Requires Improvement**



### Rating

### Summary of each main service

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# Summary of findings

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# Summary of this inspection

## Background to Rosebank House

Rosebank House is an independent hospital that provides inpatient open rehabilitation for 13 adults with severe and enduring mental health problems. It provides 24-hour care and support.

The service provides 13 beds, 4 for females and 9 for males.

Due to a change in contracts from the NHS, the service has seen a decrease in the number of people using the service.

At the time of our inspection there were 3 patients using the service.

Their aim is to provide rehabilitation to patients with a view to moving on to community care.

The service 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.

This service was last inspected in June 2017. We rated it good. There were no requirement notices from the previous inspection.

The current registered manager has been in post for 12 months. Elysium Healthcare Ltd became the registered provider of Rosebank House in December 2016.

## What people who use the service say

We spoke with 3 patients on the unit. All 3 told us they were happy with the service they received and felt safe.

They told us staff were kind and treated them well but 2 out of the 3 patients we spoke with told us they were not as involved with their care planning as they would like to be.

We spoke with 1 relative who said the service was “a life saver”. They said they “wouldn’t know where they would be” without this provision for their relative. The relative told us staff were kind and caring and encouraged them to visit when they wanted to.

We saw evidence of surveys for people who were leaving the service, one from 27 October 2022 and the other 5 January 2023. Both surveys highlighted people were happy with their stay at Rosebank House. People stated they were involved in their discharge planning and had plenty of access to the community whilst at Rosebank House. People said they had plenty of opportunities to see and involve their families in their care, were treated with respect and stated this was a good experience for them.

## How we carried out this inspection

For this comprehensive inspection we considered aspects of the following key questions:

# Summary of this inspection

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

Before the inspection we reviewed information we held about the hospital.

The inspection team consisted of 2 inspectors, 1 specialist advisor and 1 expert by experience.

This was an unannounced inspection and took place over 2 days.

During the inspection, the team:

- undertook a tour of the unit to look at the quality of the environment.
- spoke with 6 members of staff.
- spoke with 3 people who use the service.
- spoke with a family member.
- attended a multi-disciplinary team meeting.
- attended a morning staff meeting.
- looked at 3 care records.
- looked at all medication records.
- completed a clinic room check.
- reviewed medication management.

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

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **MUST** take to improve:

- The service must ensure they identify and mitigate the risks in areas where individuals could not be monitored. [Regulation 12 (2)(d): Safe care and treatment].
- The service must ensure the recruitment of appropriately skilled staff to deliver a range of therapeutic activities to support rehabilitation and meet the needs of the patient group [Regulation 18(1)Staffing]

### Action the service **SHOULD** take to improve:

- The service should ensure they maximise patients involvement in their care planning and goal setting. [Regulation 9 (1)(a): Person centred care].
- The service should ensure all patients have a clear plan for discharge and that they, and where possible, their relatives, are involved and kept informed of recovery progress. [Regulation 12 (l) Safe care and treatment].

## Summary of this inspection

- The service should ensure they update their statement of purpose when the service introduces new patients who may be more complex in presentation. [Registration regulation 12 2 (b) Statement of purpose].
- The service should ensure that all patients receive one to one time with their nurse. [Regulation 9 (3)(b) Person centred care].
- The service should ensure they maintain medical equipment and record this. [Regulation 12(1)(2)(e): safe care and treatment].

# 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	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement



# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

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

## Is the service safe?

Requires Improvement 

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

### Safe and clean care environments

**All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose. Staff could not observe patients in all parts of the wards due to blind spots.**

### 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. We saw evidence of this in the daily security records. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

Staff had easy access to alarms and patients had easy access to nurse call systems. We saw staff with alarms and saw alarm call buttons in each bedroom and communal area.

Staff could not observe patients in all parts of the wards due to blind spots. We identified several areas where there were no mirrors or CCTV cameras which made it impossible for staff to always observe all areas of the building. Managers told us CCTV was due to be installed shortly after the inspection.

The ward complied with guidance and there was no mixed sex accommodation. There were separate areas for males and females. Bedrooms for females were downstairs with a separate bathroom, lounge area and access. Bedrooms for males were upstairs and demonstrated the same layout. The dining room and clinic rooms were used by both male and female patients.

Managers completed a ligature risk assessment audit of the ward. This was kept in the nursing station. The ligature risk assessment management policy stated that a regular “blind spot audit” should be completed, there was no evidence given to assure that these checks were being completed and nothing to mitigate the areas we observed where there was poor visibility from staff. This breached the ligature management policy. We saw that one person required observation from two members of staff to mitigate the risks of self-harm, but there were many areas where patients may not be visible to staff, and these needed to be identified and recorded according to the policy. Leaders told us this would be completed immediately.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

## Maintenance, cleanliness and infection control

The environment was clean and fit for purpose. There was a redecorating programme being undertaken at the time of inspection. We saw evidence of the work in practice and all areas had been risk assessed and locked off as “not in use” during this process. Staff told us this was in preparation for the arrival of new patients.

Staff made sure cleaning records were up-to-date and the premises were clean. We saw cleaning records maintained daily by the domestic staff. Managers reviewed these daily.

Staff followed infection control policy, including handwashing, and there were handwashing facilities and hand sanitiser available for all staff in all clinical areas.

Infection control concerns were discussed as part of the daily team meeting. The service had 100% compliance in a recent hand hygiene audit and carried out infection, prevention, and control audits quarterly.

## Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. There was an examination couch and good hand hygiene facilities. The room was clean and spacious. Some of the equipment was not correctly calibrated.

The clinic room was fully equipped, and equipment was clean. However, staff did not always check or maintain equipment to ensure it was correctly calibrated. For example, the blood glucose monitor had not been calibrated and there were no records available to show it had been.

There was accessible resuscitation equipment which was secured with a tamper evident seal. Staff checked this and documented that they had done it. A defibrillation machine and suction machine were available and had been checked and tested.

Staff monitored fridge temperatures daily and audited these weekly. We saw evidence of this recorded in the file in the clinic room.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

## Nursing staff

The service had enough nursing and support staff to keep patients safe. Staff told us in the event of unexpected absences that management would cover the gaps on shift.

The service had a safe level of staffing to care for the number of patients they were caring for at the time of the inspection. They required one nurse and 3 healthcare assistants on each shift, and these were the numbers on duty at the time of the inspection. They also had 2 supernumerary staff who could cover breaks. The service had recently appointed both qualified nurses and healthcare assistants in preparation for increased patient numbers. They had 7 qualified nurses and 11 healthcare assistants.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Bank staff we spoke with said they had received a full induction to the service.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The service had reducing staff turnover rates due to a management restructure and an increase of patients coming into the service.

Managers supported staff who needed time off for ill health. Levels of sickness were low.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. There was always at least one nurse on duty on every shift.

The ward manager could adjust staffing levels according to the needs of the patients. For example, during the inspection there was a patient requiring observation from two members of staff.

Patients did not have regular one-to-one sessions with their named nurse. This was due to the new admissions and large numbers of discharged patients recently. Patients we spoke with said they did not get their one-to-one time with the nurses.

Patients rarely had their escorted leave cancelled, this was only ever cancelled due to deteriorating health or increase in risk. Patients we spoke with confirmed this.

The service had enough staff on each shift to carry out any physical interventions safely. We saw evidence of health checks by the nurse in charge in the patients notes.

Staff shared key information to keep patients safe when handing over their care to others. Information including health updates, risks, and daily plans, was shared every day at the morning meeting and at the end of each shift.

## Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover. Managers made sure all locum staff had a full induction and understood the service before starting their shift.

The newly appointed doctor had previously worked in the service so was familiar with the role and requirements of the job. The service had a Responsible Clinician available to go to the ward quickly in an emergency and support provided by on-call service staff, these were the director, manager, and deputy manager. These staff could be at the service within 20 minutes.

Patients could access a local GP service for general medical needs.

## Mandatory training

Staff had mostly completed and kept up to date with mandatory training. Eighty-five percent of staff had completed their training. This was lower than the provider's target compliance rate of 95%. The manager told us this was due to the introduction of 5-day Management of Violence and Aggression, (MVA) training which had to be completed by all staff. The service was confident that the 95% target would be achieved by August 2023. The MVA training had been introduced as part of the potential plans to introduce patients with more challenging behaviours. All new members of the staff team would be receiving this training, prior to starting.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The mandatory training programme was comprehensive, recorded, updated, and audited. We reviewed training audits for a 6-month period.

Managers monitored mandatory training and alerted staff when they needed to update their training. Alerts for training were also sent out via an electronic system and these were discussed in supervision and appraisals.

## Assessing and managing risk to patients and staff

**Staff mostly assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.**

## Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Any risks were discussed at a daily meeting and staff updated risk assessments as necessary. We saw evidence of all risk assessments being updated, evidence of risk management plans and contingency plans in each case note.

We saw evidence of the Health of the Nation Outcome Scales (HoNOS), Short Term Assessment of Risk and Treatability (START) and Personal Emergency Evacuation Plans (PEEP) in case notes.

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. For example, placing a patient on increased observation levels where there was a risk of self-harm.

Staff identified and responded to any changes in risks to or posed by patients. Managers held daily meetings for the entire hospital to discuss a range of information which included any emerging risks or incidents.

Staff could not observe patients in all areas of the ward. There was no CCTV and no mirrors to mitigate blind spots. Managers told us that this was currently under review and that CCTV was due to be fitted in the next 2 weeks. Staff followed procedures to minimise risks where they could not easily observe patients. We saw one patient on higher observation levels to mitigate their risk to self and others.

## Use of restrictive interventions

Levels of restrictive interventions were low and there were no blanket restrictions observed.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. We viewed the training matrix and saw all staff had attended the training.

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. We saw no evidence that restraint had been used.

Staff understood the Mental Capacity Act definition of restraint and worked within it. All staff had attended Mental Capacity Act training on induction.

Staff did not use rapid tranquilisation but were aware of the protocols.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role. Most staff kept up to date with their training. Training records showed levels of completion were 92.9% with 87.5% of support workers having completed the training. The manager told us this was an area they would be rectifying after new staff had started. There was an alert system to highlight when training was due.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We spoke with staff who were able to explain this process.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The hospital worked closely with the local authority and external agencies to ensure that it worked with others to action, report and seek advice. The service kept a log of referrals to monitor ongoing investigations and actions.

Staff were aware of clear procedures to keep children visiting the ward safe. There was a separate room for visitors. Managers told us children rarely visited the service, but that the room was available should they need it.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us what this process was.

Managers took part in serious case reviews and made changes based on the outcomes.

Managers reviewed all incidents, recorded, and audited these outcomes.

The Safeguarding lead, who is the Clinical Services Manager, told us there had been no safeguarding notifications raised in the last 12 months. We were able to evidence this by reviewing the incidents audit.

## Staff access to essential information

**Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

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

When patients were transferred to a new team, there were no delays in staff accessing their records. Notes were transferred as soon as the patient was discharged. Notes were reviewed daily at each handover meeting.

Records were stored securely and electronically. These were password protected. Each staff member had their own password for access.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We saw this in the morning meeting and the multi-disciplinary meeting where medications were reviewed and recorded. Patients we spoke with said they were well informed about their medication. One patient told us the doctor had been helpful in changing their medication and made them feel much better and felt this was why they had been able to reach the level of rehabilitation that they had.

Staff completed medicines records accurately and kept them up to date. We looked at all 3 medication charts, all were completed, had the correct treatment authorisation documents in the file, and showed no errors. All medicine charts were stored in the locked clinic room.

The service used an external pharmacy service to provide oversight of medication and documentation. The pharmacist visited weekly and told us they carried out medication audits monthly, and comprehensive ones quarterly. The outcomes from these were positive with no requirements added by the pharmacist. We reviewed 6 months of pharmacy records.

Staff stored and managed all medicines and prescribing documents safely. Stock levels were checked weekly by the pharmacist.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice. We saw evidence of alerts in the pharmacy folder in the clinic.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. We saw records of physical health checks for each patient, recorded in their notes.

However, blood sugar monitoring was not being recorded for an individual who had diabetes.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from when things go wrong.

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

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# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff knew what incidents to report and how to report them. All incidents were discussed and reviewed at the daily morning meeting. Staff reported incidents on an electronic system. From January 2023 to July 2023 there were 40 reported incidents. These included slips and falls, physical health issues, aggression, patients going absent without leave (AWOL), and substance misuse. All incidents were signed off by the director, clinical services manager, and the nurse in charge of the shift.

We were shown the complaints assurance inspection report which highlighted all incidents and that the service was 100% compliant in their incident management.

The service had no never events.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. We spoke with a relative who said that they had received information about when things went wrong and was involved in the process of correcting and learning from this. They said they found this helpful.

Managers debriefed and supported staff after any serious incident. Staff told us that they felt very well supported after any incidents and that they were offered reflective practice as part of the process.

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. This was discussed during the morning meetings.

Staff met to discuss the feedback and look at improvements to patient care. This happened in the morning meeting as well as in reflective practice and individual support from managers.

There was evidence that changes had been made as a result of feedback. This was evident in the lessons learned and reviewed at the morning meeting and as needed, on an individual basis.

Managers shared learning with their staff about never events that happened elsewhere, this was part of the lessons learned from incidents.

## Is the service effective?

Requires Improvement 

Our rating of effective 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 team meetings and updated as needed. Care plans reflected patients' assessed needs but were not personalised, holistic and recovery oriented.**

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 3 care notes and saw evidence of this.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. There was also evidence of regular physical health checks including blood tests and electrocardiograms (ECGs) being undertaken.

Staff developed a care plan for each patient that met their mental and physical health needs. However, the individuals' views and thoughts were not included, and the care plans appeared generic and not person-centred. Patients we spoke with said they would like to be involved in their care planning. Patients did not have recovery plans.

Staff regularly reviewed and updated care plans when patients' needs changed. This was documented in the notes. We saw evidence of previous reviews. Staff told us all patients were discussed at the morning meeting and any changes to risk or care plans would also be discussed, reviewed and changed if needed at these meetings.

## Best practice in treatment and care

**Staff did not provide a range of care and treatment suitable to meet patients' needs. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff did not provide a range of care and treatment suitable for the patients in a long-stay rehabilitation service. Patients we spoke with told us there was very little choice of activities for them to do, especially during evenings and weekends. One patient told us they would like to go out in the community more. Staff displayed a board which showed the date, day and activities timetable, but little activity was provided.

During the inspection we saw there were activities such as board games and there was an occupational therapy room for individual sessions, and an occupational therapy training kitchen used to establish and promote self-help cookery skills. Patients told us they did not often use this facility.

Patients told us they got their Section 17 leave and hadn't had it cancelled.

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. A local GP was used for general health issues and any other health issues identified as requiring additional input were referred to the appropriate services.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. We saw evidence of the National Early Warning Score (NEWS2) in the patients' files. One patient had a comprehensive Personal Emergency Evacuation Plan (PEEP), for management of poor mobility.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. We saw evidence of this during mealtimes. Patients had a remarks book to note their likes, dislikes, and compliments regarding their meals. This was available in the dining room and had been well utilised.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. There was also a lot of healthy eating guidance, leaflets and books around the unit.

The service was a non-smoking establishment and nicotine replacement therapy was available and encouraged.



# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff used technology to support patients. Laptops were available and used by patients during their one-to-one sessions with the occupational therapy assistant.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives. The service had a clinical audit schedule and carried out quality walk arounds.

## Skilled staff to deliver care

**Managers did not ensure they had staff with the range of skills needed to provide high quality rehabilitation. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service did not have access to a full range of specialists to meet the needs of the patients. There was no occupational therapist, and no psychologist. The director informed us the previous psychologist had left earlier in the year, and that they had secured a new psychologist to start in September.

There was an occupational therapy assistant who undertook the activities schedule, but they were not available every day. This was a concern as the hospital provided a rehabilitation service. There appeared to be little on the schedule for implementing a rehabilitation pathway.

Managers gave each new member of staff a full induction to the service before they started work. Staff we spoke with said they had received this.

Managers supported staff through appraisals of their work. However, we saw evidence only 50% of appraisals had been completed.

Managers supported staff through regular, constructive clinical supervision of their work. One staff member said they were very well supported and received supervision as regularly as they wanted.

Managers made sure staff attended regular team meetings or gave information to those that could not attend. Staff told us this was working well with a daily meeting and had improved communication.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were positive about training opportunities and said they had the choice to complete external training as well as local.

Managers made sure staff received any specialist training for their role.

Managers recognised poor performance, could identify reasons for this and dealt with these. The director told us this had been a positive aspect of the new structure and had given them the opportunity to employ and train staff who were performing well.

## Multi-disciplinary and interagency teamwork

**Staff from some different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.**

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff held regular multidisciplinary meetings to discuss patients and improve their care. However, the service did not offer a full complement of multidisciplinary staff due to a lack of psychologist and occupational therapist. The service was recruiting staff to fill these posts.

The service held a daily meeting with all available staff. This meeting had been recently implemented by the new management team.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. All patients were discussed, including daily plans, risk assessments and updates, and a review of care plans, any leave amendments, staffing requirements, visitors, planned medical and non-medical meetings for the day, complaints and compliments and recruitment updates.

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

Staff told us about the value of the reflective practice sessions held by psychology in the past and have requested this again when the new psychologist is in post.

We saw evidence of multidisciplinary involvement from external professionals in daily entries on patient notes and staff accessing multidisciplinary teams for support and advice.

Ward teams had effective working relationships with external teams and organisations. Patients we spoke with said they had good contact with their care co-ordinators and staff who were transferring patients to their service would attend planning meetings.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

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. Staff were 100% compliant with Mental Health Act awareness 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. We spoke with staff who said they could easily contact the administrator and that they came into the service at least once a week.

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. There were posters in the communal area and the reception areas well as in the occupational therapy room, about how to contact advocates.

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 evidence of this in notes for each patient.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

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. Section 17 leave was discussed at ward rounds. Patients had Section 17 care plans in place. Patients told us they could access Section 17 leave, and this was not cancelled due to staff shortages. We observed this taking place during our inspection.

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

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. We saw these when reviewing the patients notes.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. We saw this in the communal areas and reception. One of the 3 patients were being provided with the service on an informal basis.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. These were audited every quarter by the Mental Health Act administrator and feedback was provided in meetings.

## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

Staff had made no Deprivation of Liberty Safeguards applications in the last 12 months.

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

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

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

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. All staff were up to date with their Mental Capacity Act training.

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.

## Is the service caring?

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Good 

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

## Kindness, privacy, dignity, respect, compassion and support

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

Staff were discreet, respectful, and responsive when caring for patients. Through our observations we saw genuine and friendly care being given by staff towards patients. We saw staff knocking on patients' doors before entering and we observed staff taking the time to respond appropriately to patients when they made requests of them. Patients told us staff treated them well, behaved kindly and treated them with respect. In the people's experience survey conducted by the service, we saw evidence that people who had used the service but had left, felt staff were "really supportive, kind and caring" and that the care they received was good.

Staff supported patients to understand and manage their own care, treatment, or condition. Patients said the staff helped them to understand their condition.

Staff directed patients to other services and supported them to access those services if they needed help. One patient we spoke with said they felt supported in their plans to move on and with helping to find the right place to move to.

Patients said staff treated them well and behaved kindly. Patients said they felt comfortable talking to staff about any issues they had.

Staff understood and respected the individual needs of each patient.

Staff felt they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. Staff we spoke with said this was something they felt confident in doing and well supported in doing so.

Staff followed policy to keep patient information confidential. All staff followed the provider's information governance policy and ensured patient information was kept secure and confidential. The system was accessed by secure individual passwords, and we saw the nursing station was locked at the time of inspection.

## Involvement in care

**Staff did not always involve patients in care planning and risk assessments. Staff actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.**

## Involvement of patients

Staff introduced patients to the service as part of their admission. All patients were encouraged to visit the service and stay overnight as part of their transition. There was a welcome pack available for all patients.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). We saw evidence of easy read documents and records showing staff had explained care and treatment to patients and that patients understood the content.

Staff did not always involve patients in their care planning and risk assessments. We found the care plans to be generic and not person centred. Patients we spoke with said they would like to have been more involved in this process and had their thoughts and views noted. This was an issue managers had become aware of following the change of management team.

Staff involved patients in decisions about the service, when appropriate. We saw evidence of patient group meetings and the feedback to the managers with outcomes actioned. There was a weekly patient meeting where any issues raised were reviewed at the morning meeting.

Patients could give feedback on the service and their treatment and staff supported them to do this. Feedback forms were available, and we saw evidence that the feedback was reviewed at the morning meetings where appropriate.

Staff made sure patients could access advocacy services. Staff displayed posters and individual leaflets around the building.

## Involvement of families and carers

### Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers.

Staff helped families to give feedback on the service. A carers/family feedback audit was completed and a family member we spoke with confirmed they were very well informed and supported to be involved in all aspects of the patients care where appropriate.

Staff gave carers information on how to find the carer's assessment and a family member we spoke with confirmed they had received support with this.

## Is the service responsive?

Good 

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

## Access and discharge

### Staff planned and managed patient discharge well, however not all patients had discharge plans in place. Staff worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

The psychiatric intensive care unit always had a bed available if a patient needed more intensive care and this was not far away from the patient's family and friends. This was at a local sister site to the service.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Managers told us there had been a decrease in patient occupancy due to the ending of an NHS contract. This happened in October 2022. The local NHS trust previously commissioned 13 beds and once the contract ended, these patients were relocated leaving the service with a limited number of patients, hence occupancy was low (3 patients) at the time of the inspection. This was a mutual agreement between the service and the Trust, the service felt there was an opportunity for them to be able to use their sister site to accept referrals for open rehabilitation as a natural progression from their current service.

At the time of the inspection managers were assessing 5 referrals from other services. Managers told us they were only accepting appropriate referrals and that the environment would be safe for the patients they accepted.

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

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Staff did not move or discharge patients at night or very early in the morning.

The service had no out-of-area placements.

## Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, Managers told us of a patient currently experiencing a delayed discharge and explained the reason this had occurred was because the receiving service had to delay the transfer due to issues at their service.

Patients did not have to stay in hospital when they were well enough to leave.

Of the 3 patients we spoke with 1 had a discharge plan and was due to leave at the time of the inspection. The 2 other patients were not able to participate in discharge planning as they were presenting as unwell and declined the opportunity to take part. Where discharge was planned, staff planned this carefully and worked with care managers and care coordinators to make sure this went well.

The service worked closely with community-based care coordinators, social workers, commissioners, and specialist teams including the Learning Disability Forensic Outreach Liaison Service (LDFOLS) team and Multiagency Public Protection Arrangements (MAPPA) team in organising the discharge pathway for patients and planning onwards care.

Staff supported patients when they were referred or transferred between services. Patients we spoke with told us staff had supported and helped them with visiting their new home. Staff explained that when patients were discharged or transferred to community placements, they supported patients to visit placements, and even stay overnight, before being discharged to them.

The service followed national standards for transfer.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

## Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.**

Each patient had their own bedroom, which they could personalise. Patients told us they were able to make their rooms personalised and had their own electrical goods, pictures, and items of importance to them. Patients told us staff would help if they wanted them to.

Patients had a secure place to store personal possessions. Lockers were available to patients. Keys were kept in the nursing office for safety and to minimise the risk of losing them.

Room keys were available to patients, and they could store them in the office if they wished.

Staff used a full range of rooms and equipment to support treatment and care. We observed a few rooms were available for individual and private use, group working and communal areas.

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

Patients could make phone calls in private. They could use the hospital phone or their own mobile devices.

The service had an outside space that patients could access easily. We observed a patient who had mobility issues, being supported to the garden at their request for some fresh air, this was safe and well managed.

Patients could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food. There was also a kitchen where patients were able to carry out occupational therapy tasks and be supported in preparing snacks and meals as part of their activities and skills training.

## 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.

Staff helped patients to stay in contact with families and carers. One family member we spoke with said they were very pleased with the support provided to stay in contact. This made visiting and accessing the community easy. Patients had access to their own mobile phones (where risk assessed) to maintain contact with loved ones. For those who did not, staff enabled use of a ward phone.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. We saw patients accessing the wider community, accessing leave with their family members, and accessing fresh air when requested either in the garden area or out into the wider community, supported by staff.

# 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 met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.**

The service provided a variety of food to meet the dietary and cultural needs of individual patients. We saw food being provided in a variety of textures. There was a menu which would meet patients' preferences where possible. There was a book in the dining room for patients to comment and request meals.

The service could make adjustments for people with disabilities and those with communication or other specific needs. We saw evidence of a patient with mobility issues being supported and enabled to access the outside areas and the wider community with the use of a wheelchair and support from nominated staff members.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. There was information within the communal areas on local services, including bus times/routes, how to complain and patients' rights. Patients told us they knew how to complain and were aware of their rights and access to advocacy and solicitors.

The service had information leaflets available in languages spoken by the patients and local community. We saw information leaflets available in reception and in the occupational therapy room.

Patients had access to spiritual, religious, and cultural support. Where appropriate, people were supported to visit external places of worship.

Managers made sure staff could access interpreters on behalf of the patients or give the patients this information to access them independently.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

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.

Staff understood the policy on complaints and knew how to handle them. Staff told us complaints and compliments were discussed at the morning meeting, were recorded, and audited. We saw evidence of both compliments and complaints audits.

Managers investigated complaints and identified themes. Lessons learned were addressed and identified, reviewed, and discussed. From March 2023 to June 2023 there were 7 incidents which prompted lessons learned for staff. Lessons learned was an ongoing area for review and was discussed at every morning meeting.

Managers told us they were able to access sister sites for additional learning and for staff exposure to secure units if deemed necessary.



# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff protected patients who raised concerns or complaints from discrimination and harassment.

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

Managers shared feedback from complaints with staff and learning was used to improve the service. They also shared with the more senior management team at the monthly regional meetings and monthly clinical governance meetings.

The service used compliments to learn, celebrate success and improve the quality of care. These were recorded by the patients at their weekly meeting and concerns escalated to management.

## Is the service well-led?

Good 

Our rating of the well-led stayed the same. We rated it as good.

### Leadership

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

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

All staff told us the manager and senior leadership team were approachable. The manager felt supported by their direct line manager and by the wider senior leadership team.

Managers and staff told us how leaders were proactive when things needed to be actioned. Leaders told us the regional Elysium support was positive.

### Vision and strategy

**Staff knew and understood the provider's vision and values and how they were applied to the work of their team.**

The service was in the process of changing their admission criteria and service model. Staff felt well informed of the changes and understood the provider's vision and values and how they applied to the work of their team.

Managers and staff told us admissions were reviewed holistically and as such, all members of the team were part of assessing whether an individual was suitable based on an understanding of the service model. Although an occupational therapist was not employed at the time of the inspection, managers were able to access the occupational therapist from the sister site for support, advice, and rehabilitation. They also assisted in the management of the occupational therapy assistant in supervision and appraisal.

Managers had undertaken a recruitment drive for an occupational therapist and psychologist. The new psychologist was due to start in September but there had still been no applicants for the occupational therapy position.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Leaders told us while aspects of the overall hospital strategy had already been put in place, including recruitment and audit processes, they felt the strategy for the service was still in its early stages and was ongoing, with a focus on stabilising and developing the nursing workforce.

## Culture

**Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

Staff were very positive about the culture of the service. Staff identified there had been a difficult culture in the past, closed cultures and bullying. Staff told us with the new management structure, ways of working, support and communication this had improved considerably. Some staff told us they felt they did not know where the service was heading, and this caused some insecurities and concern over their jobs.

Leaders showed us evidence of their financial viability report, which stated there was a contingency fund.

## Governance

**Our findings from the other key questions demonstrated that governance processes required improvement, particularly around management of performance and risk.**

Our findings from the other key questions demonstrated governance processes required improvement in several areas. During our inspection we found a number of areas for improvement which had not been picked up by the provider's existing governance processes. The service required a better risk assessment of the environment to ensure that any potential risks were mitigated appropriately. They also needed to ensure that equipment was correctly calibrated and that there was oversight of this to ensure it was being done. Patients told us they did not feel involved in their care planning, and this was reflected in the care plans we reviewed.

The senior management team worked closely together. We saw evidence of risk being discussed at daily meetings and monthly clinical governance meetings. Information for escalation from handover meetings was cascaded to the daily meetings, and clinical governance meetings were thorough.

Clinical governance meetings took place monthly and covered a wide range of information.

including incidents, enhanced observations, safeguarding, compliance, complaints and compliments, training, feedback from patients, relatives and advocates, recruitment and retention and lessons learned.

## Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. Team meetings were held each weekday, with handovers at the weekends and at the end/start of each shift.

Risks that had been identified were discussed, reviewed, and mitigated where possible. For example, we saw a patient with additional mobility needs who presented with self-harming behaviours, had been allocated 2:1 observation.

The risk register highlighted that a blind spot audit should be undertaken daily. However, we identified this had not been completed in line with the provider's policy.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

During the inspection, we raised concerns about the lack of blind spot assessments. Leaders had recognised the gap in knowledge and confidence with the audits surrounding these.

Leaders recognised there was a need for better oversight of assessments and audits, as well as the need for increased training and confidence building of staff to understand them. They told us these shortfalls were escalated within the internal governance structures. They also told us CCTV was now authorised with a view to mitigating the risks and offering additional safety for future admissions. We reviewed minutes from morning meetings and management meetings which highlighted the need to address these issues. Risks were discussed every morning and Managers tasked to mitigate identified risks. These were added to the risk management register, and prioritised.

## Information management

Staff had access to the equipment and information technology (IT) needed to do their work. The electronic system containing patient information worked well and all staff could access the system. Staff had their own individual computer log in details to access patient records to ensure security of information and confidentiality.

Staff had access to an online incident reporting tool, which prompted them to consider if notifications to external bodies was appropriate. Incidents were reported and recorded by staff and signed off by management.

Staff did not collect or analyse data about outcomes or performance.

The service did not participate in any accreditation schemes.

## Engagement

The service engaged staff to provide feedback about the service. This included an annual staff survey and more local supervision processes. The outcomes of these had been poor but management felt this was due to the change in structure and departure of some of the longer serving staff. Managers said they felt confident this would improve over the next 12 months. Managers told us staff were more committed to engaging in service planning, undertaking training, and attending morning meetings which served as the communication hub of the service.

Patient feedback was captured regularly at ward community meetings, the people's council and through multi-disciplinary team meetings. At discharge, staff offered patients a feedback survey. We reviewed the results of this survey and noted positive feedback.

Staff actively sought the views of friends and family via a friends and family survey. There were no available statistics for the friends and family survey outcomes, but family members we spoke with stated they were happy with the care and progress patients and the service were making.

## Learning, continuous improvement and innovation

The provider had produced a Management of Violence and Aggression (MVA) training package for staff to undertake. This was deemed necessary to improve risk management, support the use of least restrictive practices and enhance verbal de-escalation skills for all staff.

Managers had identified there was a need for staff to gain experience of working in a more secure environment. The provider's sister sites had agreed to accommodate staff on a secure ward. This would enable staff to gain experience in this area of their work. By supporting staff to improve their skills in de-escalation and conflict management on the ward, it was hoped this would improve staff retention.

# Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Management encouraged continuous improvement through quality walks where checks were carried out of the environment and any identified areas for improvement were fed into a local action plan.

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

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

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
The service did not ensure they recruited appropriately skilled staff to deliver a range of therapeutic activities to support rehabilitation and meet the needs of the patient group.

#### Regulated activity

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
Staff did not ensure they identified and mitigated risks in areas where individuals could not be monitored.