St Neots Hospital

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated St Neots Hospital as requires improvement because:

- There were some gaps in the updating of risk assessments and care and treatment plans particularly with regards to physical health care. Staff had not received falls prevention training and body maps for patients were not consistently completed. Care plans to manage the risk of pressure sores and falls prevention where relevant lacked detail. Only 69% of staff had current training in the prevention and management of violence and aggression.
- Two items were found to be missing from the emergency grab bags. One from the first floor and one from the ground floor. One item had been missing for a month and not been replaced. The other had been signed as present but was not there. There were no clear reports of physical observations post rapid tranquilisation. Patient decisions to decline physical observations post rapid tranquilisation were not clearly documented. Discrepancies were identified in the administration and recording of 'as required' medicines.
- Clinical audits carried out by staff had not identified the concerns we found during this inspection.
- The hospital provided occupational therapy three days per week since August 2018. Until this point the hospital did not provide sufficient occupational therapy input to provide thorough assessments for all patients.

However:

- The provider had addressed the requirements issued by the Care Quality Commission following the last comprehensive inspection which took place on 10 and 11 August 2017.
- The provider had a monthly ward to board electronic dashboard that enabled the unit manager to see an overview of their service's performance. This made reference to the Commission's five domains and any actions arising were identified.
- The hospital shared learning from incidents, complaints and feedback at monthly clinical governance meetings and monthly corporate governance meetings. This was confirmed by those minutes seen.
- The provider reported that 85% of staff had received supervision in July 2018. This was confirmed by those staff spoken with and those records seen. These records confirmed that 94% of eligible staff had received an annual appraisal.
- Front line staff had received specialist training in Huntington's disease. This had been provided by the Huntington's Disease Association. Nutrition and dysphagia training had been delivered by the speech and language therapist and dietician.
- Staff monitored patients' daily nutrition and hydration intake as required and recorded this. We noted that actions had been subsequently recorded as to how to address low fluid and food intake.
- Ongoing recruitment was taking place to address the existing staff vacancies.
- Staff attendance at mandatory training was 87%. Staff had been booked onto further training course where necessary.

Summary of findings

Contents

Requires improvement

St Neots Hospital

Services we looked at:
Long stay/rehabilitation mental health wards for working-age adults.

Summary of this inspection

Background to St Neots Hospital

St Neots Hospital provides long stay and rehabilitation wards for adults with severe and enduring mental health needs. It specialises in caring for patients with complex mental and physical health needs including neurodegenerative diseases inclusive of patients at the latter stages of their diagnosis.

St Neots Hospital has been registered with the Care Quality Commission under its current owner Elysium Healthcare since December 2016 for:

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

The service has a new registered manager and lead nurse in post since the last inspection.

The service has four wards with a total of 38 beds:

- Cherry ward is an eight bed ward for female patients and seven patients were on this ward
- Willow ward is a 12 bed ward for male patients and nine patients were on this ward
- Maple ward is an 11 bed ward for female patients and eight patients were on this ward
- Rowan ward is a seven bed ward for male patients and five patients were on this ward

At the time of inspection the service had 29 in-patients, with 18 patients being detained under the Mental Health Act and 10 patients under deprivation of liberty safeguards. Three applications for deprivation of liberty safeguards were with the local authority for authorisation. One patient was informal.

The provider had addressed the requirements issued by the Care Quality Commission following the last comprehensive inspection which took place on 10 and 11 August 2017.

Our inspection team

Team leader: Peter Johnson inspection manager CQC mental health hospitals.

The team that inspected the service comprised a CQC Inspection Manager, four CQC inspectors and one mental health nurse specialist professional advisor.

Why we carried out this inspection

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

A further unannounced inspection took place during the inspection timeline in response to concerns raised with the Care Quality Commission.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about the location.

Summary of this inspection

We carried out a further unannounced inspection of the service on 31 August 2018 in response to additional concerns identified to the Commission following a joint safeguarding meeting on 30 August and anonymous whistle-blower concerns after the inspection.

During the inspection visits, the inspection team:

- visited all four wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- met with five patients who were using the service
- spoke with four carers
- interviewed the registered manager, lead nurse and each ward manager
- met with the consultant psychiatrist and the specialist registrar
- spoke with 13 other staff members; including, nurses, occupational therapist, consultant psychologist, assistant psychologist and healthcare assistants
- reviewed in detail 11 care and treatment records of patients
- examined 18 medicine administration records
- carried out a specific check of the medication management on all wards and

looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Patients told us that they felt safe and well cared for by staff.

Patients confirmed that the staff were generally supportive and helpful and that they enjoyed spending time with them off the hospital site. They especially enjoyed trips out.

Patients told us the food was alright, that they enjoyed the activities provided although sometimes they would like more activities and opportunities to go out of the hospital

Carers spoken with were mostly satisfied with the care and treatment provided by staff. They told us that they felt welcomed by staff when they visited their relative.

However, one carer felt that communication with families could be improved especially when they called the wards.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Staff had not received falls prevention training and body maps for patients were not consistently completed. Care plans to manage the risk of pressure sores and falls where relevant lacked detail.
- There were some gaps in the updating of risk assessments particularly with regards to physical health.
- Only 69% of staff had current training in the prevention and management of violence and aggression.
- Two items were found to be missing from the emergency grab bags. One from the first floor and one from the ground floor. One item had been missing for a month and not been replaced. The other had been signed as present but was not there. There were no clear reports of physical observations post rapid tranquilisation. Patient decisions to decline these observations were not clearly documented. Discrepancies were identified in the administration and recording of 'as required' medicines.
- The female garden area was uncared for and presented some risks to patients who may have mobility difficulties.

However:

- Clinical and corporate governance meeting minutes showed us that incidents and complaints were reviewed and discussed by managers.
- Staffing levels were safe and reviewed daily to ensure patients had the correct levels of staff support and assistance.
- Ongoing recruitment was taking place to address the existing staff vacancies.
- Staff attendance at mandatory training was 87%. Staff had been booked onto further training courses where necessary.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- There were some gaps in the updating of individual care plans particularly with regards to physical healthcare needs.
- Clinical audits carried out by staff had not identified concerns identified during this inspection.
- The hospital provided occupational therapy three days per week since August 2018. Until this point the hospital did not provide sufficient occupational therapy input to provide thorough assessments for all patients.

Summary of this inspection

However:

- The provider reported that 85% of staff had received supervision in July 2018. This was confirmed by those staff spoken with and those records seen. These records confirmed that 94% of eligible staff had received an annual appraisal.

  Front line staff had received specialist training in Huntington's disease. This had been provided by the Huntington 's Disease Association. Nutrition and dysphagia training had been delivered by the speech and language therapist and dietician.
- Staff monitored patients' daily nutrition and hydration intake as required and recorded this. We noted that actions had been subsequently recorded as to how to address low fluid and food intake.

Are services caring?

Good

We rated caring as good because:

- Staff supported patients with their personal care respectfully, whilst maintaining patient's dignity.
- Patients told us staff were supportive and that they felt safe and cared for at the hospital. Patients spoke of enjoying spending time with staff on the ward and out on escorted visits.
- Staff had a good understanding of individual patient need. Agency and bank staff received an induction to the ward which included a handover of individual patients and their needs.

Are services responsive?

Good

We rated responsive as good because:

- The service was accessible for patients with mobility issues; with the exception of the female only garden. There were emergency evacuation plans in place for those patients that needed them.
- Patients were encouraged to personalise their bedrooms and these were comfortable and homely.
- Information was displayed on ward notice boards. This included information on activity provision, complaints and advocacy services.
- Information for patients and families about the complaints procedure was available on each ward. Staff spoken with understood the provider's complaint policy and local process.
- Patients spoken with knew that they could complain to staff and felt happy to do so but did not seem familiar with the formal complaints procedure.

Are services well-led?

Good

We rated well-led as good because:

Summary of this inspection

- The hospital had a new registered manager and lead nurse in post who staff described as being visible on the wards and who visited each ward daily.
- The provider had a monthly ward to board electronic dashboard that enabled the unit manager to see an overview of their service's performance. This made reference to the Commission's five domains and any actions arising were identified.
- The hospital shared learning from incidents, complaints and feedback at monthly clinical governance meetings and monthly corporate governance meetings. This was confirmed by those minutes seen.
- The overall staff absence rate was two percent. This was below the national average for similar services and an improvement upon the previous 12 months.
- Staff reported high levels of morale and job satisfaction. Staff told us that there had been many changes in the service over the past few months and this had led to the recruitment of new staff members with additional skills to support them.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Eighty-seven per cent of staff had completed their Mental Health Act training. Most staff spoken with had a good understanding of the Act and its guiding principles.
- We reviewed 18 medication charts and found that these had the relevant consent to treatment and capacity assessment documentation attached.
- We reviewed 11 care and treatment records and found that all patients detained under the Mental Health Act had the correct detention paperwork and had their rights explained to them regularly.
- The Mental Health Act administrator had carried out regular audits of paperwork and had access to guidance from within the Company.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety-one per cent of staff were trained in the Mental Capacity Act and most staff spoken with had a good understanding of the Mental Capacity Act and its guiding principles.
- The service had a current policy on mental capacity and Deprivation of Liberty Safeguards.
- Patients had capacity assessments that were reviewed when decisions needed to be made, to assess whether the patient had the capacity to make that decision.
- The service used a spreadsheet to record patients who were subject to Deprivation of Liberty Safeguards (DoLS). Seven patients had current authorised DoLS in place at the time of inspection and three were with the local authority for approval. The service recorded when applications were made to the supervisory body and the actions taken whilst waiting for authorisation.
- The Mental Health Act administrator also acted as the Mental Capacity Act administrator including auditing paperwork and had access to additional support from within the wider company.

Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

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

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

Requires improvement

Safe and clean environment

- Wards had some blind spots making it difficult for staff to observe all areas of the ward; however, the provider had installed convex mirrors on two wards and planned to install these for the other two wards as part of the ongoing refurbishment programme.
- Each ward had a number of ligature risks (fittings to which a person might tie something to harm themselves with). The service had completed an environmental risk assessment, which included all ligature risk points. This included mitigating actions including staff supervision and enhanced observation levels when patients were accessing these areas. Ligature cutters were in place on each ward.
- The hospital's admission policy stated that the service did not admit patients with a high risk of deliberate self-harm. The hospital hadn't had any incidents of self-harm using a ligature over the past year.
- Each ward was designated female or male only. All rooms had en-suite lavatories and each ward had a shared bathroom.
- Wards on each floor shared a fully equipped clinic room that included emergency equipment and medication. Two items were found to be missing from the emergency grab bags. One from the first floor and one from the ground floor. One item, a haemorrhage bandage, had been missing for a month and not been replaced. The other item, an EpiPen, had been signed as present but was not there.
- The ward areas were generally clean and well maintained. The hospital employed dedicated housekeeping staff to maintain cleanliness with cleaning in progress throughout the day.
- The hospital had an infection prevention and control management policy in place and staff had access to handwashing facilities. Hand sanitisers were in place outside each ward. We observed staff following handwashing and infection control measures appropriately.
- In 2017 there had been a refurbishment to the ground floor of the building which included the reception area, Willow Ward and Cherry Ward.Plans were reported by the provider to update Maple ward and then Rowan ward over the next year.
- Parts of the first floor environment required updating. This was part of the provider's refurbishment programme.
- The female garden area was uncared for and presented some risks to patients who may have mobility difficulties.
- Equipment was well maintained and checked regularly.
- Patient rooms including bathrooms had personal call alarms. Staff explained that most patients were unable to use these but staff used these if they need further assistance.

Safe staffing

- Staffing numbers for each ward depended on the requirements of the ward on that day. We saw examples of additional staff on duty to meet the specific needs of patients.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- The provider had an ongoing recruitment programme. The provider reported that they had three whole-time equivalent registered nurse vacancies which had been recruited to. There were four whole time equivalent health care assistant vacancies. These were still being recruited to.
- The hospital used a high number of bank and agency staff to cover shifts with 241shifts covered by agency staff and 84 shifts covered by bank staff over the past six months. Managers used block booking with agencies to ensure the same staff were used for the continuity and consistency of care.
- Senior managers adjusted staffing levels daily for wards depending on patient need and levels of observations.
- Managers held a weekly resource meeting to review staffing levels throughout the hospital. Charge Nurses and Senior Staff Nurses were able to request additional staff when needed through the daily management team meeting.
- One qualified nurse was on duty on each ward at all times.
- Staff had sufficient one to one time with patients and activities were rarely cancelled due to staff shortages. This was supported by those patients spoken to.
- The provider employed a consultant psychiatrist and a specialist doctor full time at the hospital. The provider shared an on-call duty psychiatrist across other services it provided so that staff could access a psychiatrist at all times.
- Staff attendance at mandatory training was 87%. Staff had been booked onto further training course where necessary.

Assessing and managing risk to patients and staff

- The hospital did not have a seclusion room.
- The provider reported that staff used de-escalation techniques with physical restraint as a last resort. The hospital had a restrictive practise reduction programme that included the minimal use of restraint. The hospital reported 69 early intervention incidents including de-escalation techniques over the past six months. We noted that 97% of staff had received break away training.
- The hospital reported 38 incidents of restraint with an average duration of eight minutes over the past six months, none of these had involved prone restraint. However, only 69% of staff had current training in the prevention and management of violence and aggression.
- We reviewed 11 care and treatment records in detail and found that patients had risk assessments undertaken. However, there were some gaps in the updating of risk assessments particularly with regards to physical health and falls.
- The hospital provided unlimited access to the garden for male patients throughout the day. However, access to female patients was on request as they were located on the first floor and needed staff to escort them to the ground floor.
- The service had a policy on rapid tranquilisation where staff administered medication as a last resort if de-escalation techniques had been unsuccessful. There were no clear reports of physical observations post rapid tranquilisation. Patient decisions to decline these observations was not clearly documented. The provider defined both oral and IM administration of Lorazepam as rapid tranquilisation.
- The provider had reviewed and updated their safeguarding policy and procedures since the last CQC inspection. There had been 13 safeguarding referrals made in the past six months including a recent patient death, a grade four pressure sore and four patient upon patient assaults. The Safeguarding Lead Nurse held quarterly meetings with the local multi-agency safeguarding hub (MASH).
- Staff had not received falls prevention training and body maps for patients were not consistently completed.
- Whilst, some patients had care plans to manage the risk of pressure sores and falls prevention where relevant, these lacked detail.
- The service used an independent pharmacy service for medication ordering and the pharmacy visited weekly to deliver medication and complete audits. These audits had identified some concerns about the accurate completion of medicine administration charts. Managers confirmed that these were being followed up with individual staff.
- Discrepancies were identified in the administration and recording of 'as required' medicines and this was shared with the lead nurse during the inspection.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- Medications including controlled drugs were stored correctly in locked cabinets or fridges and staff monitored and recorded clinic room and fridge temperatures.
- The hospital had a policy for children visiting the hospital to ensure visits did not take place on individual wards.

Track record on safety

- The hospital had reported two serious incidents in the past year, which involved the unexpected death of a patient and a grade four pressure ulcer which involved other healthcare providers.

Reporting incidents and learning from when things go wrong

- The service used an electronic system for reporting incidents. The hospital had recorded 500 incidents between 21 February and 21 August 2018 of which 360 or 75% were categorised as low level.
- Staff were aware of what constituted an incident and how to report it and were able to give examples of occasions when they had informed patients and carers about things that had gone wrong.
- Daily management team meetings took place each morning at which all incidents that had happened over the past 24 hours were discussed and reviewed.
- Clinical and corporate governance meeting minutes showed us that incidents and complaints were reviewed and discussed by managers.
- Staff meeting agendas included discussion around incidents and any learning arising from them. Front line staff confirmed that debriefs took place after serious incidents.
- Front line staff reported that they were made aware of hospital and corporate wide incidents that had happened.

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

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- We reviewed 11 care and treatment records and found that patients had received an assessment upon admission. This had included a physical examination by the local GP.
- The provider also had a service level agreement in place with a local GP surgery who visited the hospital weekly.
- Care plans included physical healthcare needs such as observation of eating and drinking due to choking risk, and falls prevention. Care plans were personalised and holistic however, there were some gaps in the updating of individual care plans particularly with regards to physical healthcare needs and falls risks.
- The hospital used an electronic system for recording care and treatment assessed needs that all staff could access.

Best practice in treatment and care

- The hospital followed National Institute for Health and Care Excellence (NICE) guidelines on the management and treatment of neurological disorders. The Health of the Nation Outcome Scales were used to assess and record outcomes for patients.
- The service had completed clinical audits over the past six months. These included an infection control audit, medicines management audit and a care and treatment records audit. Some actions arising had been addressed. However, gaps remained and we found these on our inspections.
- The hospital had a consultant neuro psychologist and an assistant psychologist. Individual and group sessions were being provided for patients. Individual sessions included anger management, self-confidence and emotional management. Group sessions focussed upon relaxation, managing emotions and self-awareness. They were supporting the implementation of positive behavioural support plans for individual patients.
- The hospital's lead nurse acted as the physical health care lead for the service.
- Staff monitored patients' daily nutrition and hydration intake as required and recorded this. We noted that actions had been subsequently recorded as to how to address low fluid and food intake.

Skilled staff to deliver care

- The hospital employed a part time physiotherapist, a part time occupational therapist, one occupation

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

therapy assistant and two activities co-ordinators. A social worker and a dietician were employed on a sessional basis and a speech and language therapist was commissioned externally.
- The hospital provided occupational therapy three days per week since August 2018. Until this point the hospital did not provide sufficient occupational therapy input to provide thorough assessments for all patients.
- New staff had completed an induction that included e-learning and face to face mandatory training and orientation on the ward.
- The provider reported that 85% of staff had received supervision in July 2018. This was confirmed by those staff spoken with and those records seen. These records confirmed that 94% of eligible staff had received an annual appraisal.
- Front line staff had received specialist training in Huntington's disease. This had been provided by the Huntington's Disease Society. Nutrition and dysphagia training had been delivered by the speech and language therapist and dietician.
- The provider had a staff performance policy and this was used to address individual performance concerns.

Multi-disciplinary and inter-agency team work

- The hospital held morning business meetings which were attended by managers and senior clinicians. Ward rounds took place weekly with multi-disciplinary team input. Each patient had a full multi-disciplinary team review every four weeks and in between as required. Staff held handover meetings twice a day
- The hospital had a social worker who attended the hospital on a sessional basis.
- Managers reported good working relationships with external services such as the tissue viability nurse and the local NHS acute trust.

Adherence to the MHA and the MHA Code of Practice

- Eighty-seven per cent of staff had completed their Mental Health Act training. Most staff spoken with had a good understanding of the Act and its guiding principles.
- We reviewed 18 medication charts and found that these had the relevant consent to treatment and capacity assessment documentation attached.
- We reviewed 11 care and treatment records and found that all patients detained under the Mental Health Act had the correct detention paperwork and had their rights explained to them regularly.
- The Mental Health Act administrator applied for detention tribunals on behalf of patients who lacked capacity to do so themselves.
- The Mental Health Act administrator had carried out regular audits of paperwork and had access to guidance from the provider.
- The service accessed an independent Mental Health Act advocacy service commissioned by the Local Authority.
- Episodes of section 17 leave were recorded in patient care records.

Good practice in applying the MCA

- Ninety-one per cent of staff were trained in the Mental Capacity Act and most staff spoken with had a good understanding of the Mental Capacity Act and its guiding principles.
- The service had a current policy on mental capacity and Deprivation of Liberty Safeguards.
- Some patients had capacity assessments that were reviewed when decisions needed to be made, to assess whether the patient had the capacity to make that decision.
- The service used a spreadsheet to record patients who were subject to Deprivation of Liberty Safeguards (DoLS). Seven patients had current authorised DoLS in place at the time of inspection and three were with the local authority for approval. The service recorded when applications were made to the supervisory body and the actions taken whilst waiting for authorisation.
- The Mental Health Act administrator also acted as the Mental Capacity Act administrator including auditing paperwork and had access to additional support from within the wider company.

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

Good

Kindness, dignity, respect and support

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- We saw that staff supported patients in a caring and compassionate way. Staff supported patients with their personal care respectfully, whilst maintaining their dignity.
- Patients told us staff were supportive and that they felt safe and cared for at the hospital. Patients spoke of enjoying spending time with staff on the ward and out on escorted visits.
- Staff had a good understanding of individual patient need. Agency and bank staff received an induction to the ward which included a handover of individual patients and their needs.
- Care plans and risk management plans were included in the daily handover sheet so that staff were aware of the needs of individual patients.

The involvement of people in the care they receive

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- The hospital had an easy read admission pack which provided patients and their families with information about the services provided.
- Care and treatment records seen signified some involvement by individual patients and their families in their care plans.
- Patients and carers seemed to be aware of how staff were caring for them and their relative.
- An independent advocate visited the hospital on a weekly basis. Staff also helped patients to access other advocacy services.
- Wards held community meetings weekly on a Monday morning where staff asked patients for their opinions and feedback.
- Managers had responded to carer feedback and arranged a carer barbeque on a weekend so more family members could attend.

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

Good

Access and discharge

- The average bed occupancy over the last six months ranged from 63% on Willow ward to 81% on Maple ward.
- The average length of stay for patients who had been discharged in the last 12 months was 35 days for Willow ward, 458 days for Cherry ward, 557 days for Rowan and 1287 days for Maple ward. However, the hospital had recently reconfigured the wards. The long stay of patients was due to patients' complex needs including patients with neurodegenerative diseases at the latter stages of their diagnosis. The hospital had recently reconfigured the wards which will have impacted on the figures.

The facilities promote recovery, comfort, dignity and confidentiality

- Each ward had a lounge area including dining space for patients to watch television or take part in ward activities. Patients and families were supported to personalise their bedrooms. Those we saw had personal touches such as pictures and cards.
- Wards on the first floor shared a clinic room. Wards on the ground floor each had a clinic room.
- The hospital had separate male and female gardens.
- Wards had portable phones that patients could use and some patients had their own mobiles if they were able to use them.
- Kitchen staff were aware of the need to ensure that the food provided was suitable for patients with a risk of choking to eat safely.
- Patients could express their menu preferences at community meetings and these were communicated to kitchen staff.
- Wards had a kitchen area that patients did not have access to. Patients did not have the physical ability to prepare their own hot and cold drinks and snacks however, patients could request these at any time.
- We noted that staff offered patients hot and cold drinks throughout the day to ensure that they got enough to drink.
- Safes were available for the safe storage of patients' valuables.

Meeting the needs of all people who use the service

- The service was accessible for patients with mobility issues; with the exception of the female only garden. There were emergency evacuation plans in place for those patients that needed them.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- Information was displayed on ward notice boards. This included information on activity provision, complaints and advocacy services.
- Managers informed us that wireless internet access was being installed for patients to use.
- Bathrooms on all of the wards had wet rooms and assisted bath facilities.
- Patients could access local spiritual and religious services escorted by staff and a chaplain visited weekly to hold services.

Listening to and learning from concerns and complaints

- Information for patients and families about the complaints procedure was available on each ward.
- Staff spoken with understood the provider's complaint policy and local processes.
- Formal complaints were recorded on the hospital's electronic recording system.
- Managers had received three formal complaints over the past year and these had all been partially upheld. Three informal complaints had also been received and been addressed at ward level.
- Patients spoken with knew that they could complain to staff and felt happy to do so but did not seem familiar with the formal complaints procedure.

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

Good

Vision and values

- The provider's values were innovation, empowerment, collaboration, compassion and integrity. Staff were aware of these and posters describing these were on display in the hospital.
- The hospital had a new registered manager and lead nurse in post who staff described as being visible on the wards and who visited each ward daily.
- The registered manager had an open door policy for patients and staff and knew their patients well.
- A senior manager from the provider attended the second inspection we carried out to support local managers

Good governance

- The provider had a monthly ward to board electronic dashboard that enabled the unit manager to see an overview of their service's performance. This made reference to the CQC's five domains and any actions arising were identified for managers to address.
- The registered manager confirmed that they could book additional staff as required to meet the needs of patients.
- The hospital shared learning from incidents, complaints and feedback at monthly clinical governance meetings and monthly corporate governance meetings. This was confirmed by those minutes seen. Performance had varied according to when concerns had been identified and then addressed
- The unit manager had sufficient authority and was able to access additional support from other nearby services run by the provider.
- Staff were able to submit items to the hospital's risk register through the monthly clinical governance meeting.

Leadership, morale and staff engagement

- The overall staff absence rate was two percent. This was below the national average for similar services and an improvement upon the previous 12 months.
- The service had not recorded any bullying or harassment cases over the past year and staff did not report any incidents of feeling bullied or harassed.
- Staff told us they were aware of the whistleblowing policy and felt safe to raise any concerns without fear of victimisation. However, following the initial inspection staff had contacted the Care Quality Commission directly with their anonymous concerns.
- Staff reported high levels of morale and job satisfaction. Staff told us that there had been many changes in the service over the past few months and this had led to the recruitment of new staff members with additional skills.
- Staff told us that they worked well together as teams and supported each other.

Commitment to quality improvement and innovation

- The hospital was introducing positive behavioural support plans for all patients who required these.
- Supernumerary time was being provided for staff to complete their on line training and development needs.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The provider must ensure that all risk assessments and care and treatment plans are reviewed and updated particularly with regards to physical health care.
- The provider must ensure that all staff receive falls prevention training
- The provider must ensure that body maps for all patients are consistently completed.
- The provider must ensure that all eligible staff receive current training in the prevention and management of violence and aggression.
- The provider must ensure that the emergency grab bags are fully stocked at all times.
- The provider must ensure that physical observations are carried out and documented post rapid tranquilisation and that patient decisions to decline this clearly documented.
- The provider must ensure that clear and consistent records are maintained of the administration and recording of 'as required' medicines.
- The provider must review the system for carrying out clinical audits to ensure that identified concerns are addressed.
- The provider must ensure that there is sufficient occupational therapy input to provide thorough assessments for all patients.

Action the provider SHOULD take to improve

The provider should ensure that the female garden is maintained and any risks identified to patients using this facility are mitigated.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider had not ensured that all risk assessments and care and treatment plans were reviewed and updated particularly with regards to physical health care. • The provider had not ensured that body maps for all patients were consistently completed. • The provider had not ensured that the emergency grab bags were fully stocked at all times. • The provider had not ensured that physical observations were carried out and documented post rapid tranquilisation and that patient decisions to decline this were clearly documented. • The provider had not ensured that clear and consistent records were maintained of the administration and recording of 'as required' medicines. This was a breach of regulation 12

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The provider had not ensured that all eligible staff received current training in the prevention and management of violence and aggression and in falls prevention. • The provider had not ensured that there was sufficient occupational therapy input to provide thorough assessments for all patients. This was a breach of regulation 18

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

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

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider had not reviewed the system for carrying out clinical audits to ensure that identified concerns were addressed.

This was a breach of regulation 17.