Enbridge Healthcare Limited

Magna 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	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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. Mandatory training compliance was 92%, which included safeguarding, positive behaviour support and food safety.

The service had enough nursing and support staff to keep patients safe. The service had reducing vacancy rates. There were no qualified nursing vacancies and four healthcare support worker vacancies. There was an active ongoing recruitment campaign in place. Levels of sickness were low at 2%.

Patient care plans and risk assessments were comprehensive, and staff could access them easily. When patients have section 17 leave within a specific geographical area such as a 10-mile radius of the hospital, a map is downloaded and placed in the patients clinical notes alongside the S17 form to ensure they are fully informed of the parameters of their leave.

The ward teams included the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Staff appraisal rates were 100% and clinical supervision rates were 84%. Managers provided an induction programme for new staff and mentoring opportunities for all new starters for the first six months of their employment.

We spoke with six patients and four carers during the inspection, their feedback was overwhelmingly positive, two patients said that Magna House was the best hospital they had ever been admitted to. They said the staff were very kind and took them out in the hospital car to go shopping and on trips.

Staff introduced patients to the ward and the services as part of their admission and gave them a comprehensive welcome pack, which was available in a variety of formats where appropriate. Staff involved patients in decisions about the service, when appropriate for example suggestions on the décor and menu choice. Staff supported patients to make decisions on their care for example supporting them to cater for themselves and devise individualised therapeutic programmes.

Staff told us they felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression and they felt proud to work at Magna House. They could raise any concerns without fear and said that they were actively to speak up if they felt they need to raise an issue.

However:

Not all ward areas were clean, we saw evidence of high and low-level dust and one bedroom was visibly dirty and had a distinctive odour of urine. The dining room had stained walls and we saw ant activity within patient areas. We brought this to the attention of the hospital managers, and it was rectified immediately.

Staff could not observe patients in all parts of the wards. Not all bedroom doors had vision panels, nine out of the 11 bedrooms we looked at had “peepholes” in situ, both inspectors attempted to look through the peepholes but were unable to see into the patient bedrooms.

Summary of findings

Four out of the seven care records we looked at did not contain a completed Personal Emergency Evacuation Plan.

Patients did not have access information about independent mental health advocacy.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good	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. Mandatory training compliance was 92%, which included safeguarding, positive behaviour support and food safety. The service had enough nursing and support staff to keep patients safe. The service had reducing vacancy rates. There were no qualified nursing vacancies and four healthcare support worker vacancies. There was an active ongoing recruitment campaign in place. Levels of sickness were low at 2%. Patient care plans and risk assessments were comprehensive, and staff could access them easily. When patients have section 17 leave within a specific geographical area such as a 10-mile radius of the hospital, a map is downloaded and placed in the patients clinical notes alongside the S17 form to ensure they are fully informed of the parameters of their leave. The ward teams included the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Staff appraisal rates were 100% and clinical supervision rates were 84%. Managers provided an induction programme for new staff and mentoring opportunities for all new starters for the first six months of their employment. We spoke with six patients and four carers during the inspection, their feedback was overwhelmingly positive, two patients said that Magna House was the best hospital they had ever been admitted to. They said the staff were very kind and took them out in the hospital car to go shopping and on trips. Staff introduced patients to the ward and the services as part of their admission and gave them a comprehensive welcome pack, which was available in

Summary of findings

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Staff told us they felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression and they felt proud to work at Magna House. They could raise any concerns without fear and said that they were actively to speak up if they felt they need to raise an issue.

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Not all ward areas were clean, we saw evidence of high and low-level dust and one bedroom was visibly dirty and had a distinctive odour of urine. The dining room had stained walls and we saw ant activity within patient areas. We brought this to the attention of the hospital managers, and it was rectified immediately.

Staff could not observe patients in all parts of the wards. Not all bedroom doors had vision panels, nine out of the 11 bedrooms we looked at had “peepholes” in situ, both inspectors attempted to look through the peepholes but were unable to see into the patient bedrooms.

Four out of the seven care records we looked at did not contain a completed Personal Emergency Evacuation Plan.

Patients did not have access information about independent mental health advocacy.

Summary of findings

Contents

Summary of this inspection

Background to Magna House

Magna House is an 18-bed hospital in Lincolnshire, providing care, treatment and rehabilitation services to people who are experiencing mental health issues. It has been registered with the Care Quality Commission since August 2020 for the following regulated activities:

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

Magana House has a registered manager and has not been inspected by the CQC and therefore does not have a rating.

The hospital comprised of four cottages,

Aspen – seven female beds

Beech one – five male beds

Beech central – three male beds

Beech two – three female beds

All bedrooms were single ensuite and were on the ground floor.

What people who use the service say

We spoke with six patients and five carers during the inspection, their feedback was overwhelmingly positive. Two patients said that Magna House was the best hospital they had ever been admitted to. They said the staff were very kind and took them out in the hospital car to go shopping and on trips. One patient said they would prefer more hot food choices and had met with the chef to discuss their food preferences. Three carers we spoke with said that the hospital kept them informed and invited them to meetings to discuss their loved one's care.

We were told that one patient was supported by the hospital chef to make a birthday cake for the patients' daughter who was visiting the hospital. The patient's family felt this was going the extra mile and they were very grateful.

How we carried out this inspection

This was an unannounced comprehensive inspection looking at key lines of enquiry in the safe, effective, caring, responsive and well led domains.

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, which was compliant with all COVID-19 government and Care Quality Commission guidelines, the team:

visited the hospital and inspected the care environment

spoke with six patients in person and five carers of patients over the telephone

Summary of this inspection

spoke with three other members of staff; including a doctor a nurse, a psychologist and an occupational therapist

held a focus group with four members of staff

spoke with the registered manager

attended one multi-disciplinary meeting

inspected seven care and treatment records of patients

looked at the medicine's management within the hospital

attended one morning management meeting

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

Outstanding practice

When patients have section 17 leave within a specific geographical area such as a 10-mile radius of the hospital, a map is downloaded and placed in the patients clinical notes alongside the S17 form to ensure they are fully informed of the parameters of their leave.

Areas for improvement

Action the service MUST take to improve:

The service must ensure that staff could observe patients in all parts of the wards and eliminate 'peepholes' in bedroom doors.

The service must ensure robust and effective systems to maintain cleanliness throughout the hospital.

The service must ensure that all patients have an up to date Personal Emergency Evacuation Plans.

Action the service SHOULD take to improve:

Managers should consider how patients could access information about independent mental health advocacy services.

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

Long stay or rehabilitation mental health wards for working age adults

Good

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

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

Requires Improvement

Safe and clean care environments

Safety of the ward layout

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

Staff could not observe patients in all parts of the wards. Not all bedroom doors had vision panels, nine out of the 11 bedrooms we looked at had “peepholes” in situ, both inspectors attempted to look through the peepholes but were unable to see into the patient bedrooms.

The ward complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients’ safe convex mirrors were in place to mitigate blind spots in corridors. The service had an up to date ligature risk assessment audit.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Not all ward areas were clean, we saw evidence of high and low-level dust and one bedroom was visibly dirty and there was an odour of stale urine present. We saw a stained wall in the dining room and ant activity in patient areas. We brought this to the attention of the hospital managers, and it was rectified immediately. Furnishings were in the process of being renewed they were bright, homely and fit for purpose.

Cleaning records for offices, corridors and communal areas were up to date; however, they did not include daily cleaning of patient bedrooms, one bedroom was visibly dirty and had an odour of stale urine. We brought this to the attention of the hospital managers, and it was rectified immediately.

Long stay or rehabilitation mental health wards for working age adults

Good

We saw staff followed infection control policy, including handwashing.

Clinic room and equipment

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

Staff checked, maintained, and cleaned equipment.

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. The service had reducing vacancy rates. There were no qualified nursing vacancies and four healthcare support worker vacancies. There was an active ongoing recruitment campaign in place. The service had reducing rates of bank and agency healthcare support workers. The service had low turnover rates. Managers limited their use of bank and agency staff and requested staff familiar with the service to ensure continuity of care for patients. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Managers supported staff who needed time off for ill health.

Levels of sickness were low at 2%.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare support workers for each shift. The ward manager could adjust staffing levels according to the needs of the patients.

Patients had regular one- to-one sessions with their named nurse. Patients told us they rarely had their escorted leave or activities cancelled, even when the service was short staffed.

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

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

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. There was one full time consultant psychiatrist, one full time speciality doctor and all patients were registered with a local GP practice.

Mandatory training

Long stay or rehabilitation mental health wards for working age adults

Good

Staff had completed and kept up to date with their mandatory training which was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Overall mandatory training across the hospital was 87%.

Assessing and managing risk to patients and staff

Staff 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. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed comprehensive risk assessments for each patient on admission, using the providers risk assessment tool, and reviewed this regularly, including after any incidents.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. However, four out of the seven care records we looked at did not contain a completed Personal Emergency Evacuation Plans.

Staff identified and responded to any changes in risks to, or posed by, patients.

Staff followed the providers policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low. The service had used rapid tranquilisation once in the six months leading up to this inspection and had monitored the patient in line with National Institute for Health and Clinical Excellence guidance.

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 and participated in the provider's restrictive interventions reduction programme.

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

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.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff kept up to date with their safeguarding training. Training compliance was 92%.

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

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

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

Staff access to essential information

Staff had easy access to clinical information, and we saw examples of high-quality clinical records.

We looked at seven patient records, they were in paper format and were comprehensive, and all staff could access them easily. When patients have section 17 leave within a specific geographical area such as a 10-mile radius of the hospital, a map is downloaded and placed in the patients clinical notes alongside the S17 form to ensure they are fully informed of the parameters of their leave.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely in a cabinet in the ward office which was locked.

Medicines management

The service used an electronic prescribing system 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 the providers systems and processes when safely prescribing, administering, recording and storing medicines.

Staff reviewed patients' medicines regularly and provided specific advice in the form of comprehensive information leaflets to patients and carers about their medicines.

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

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

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

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

Long stay or rehabilitation mental health wards for working age adults

Good

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Clinical Excellence. We found evidence in patient case records that electrocardiographs were appropriately undertaken and records of regular physical health monitoring.

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.

Staff described what incidents to report and how to report them, incidents in the preceding 24 hours were also discussed at the morning management meeting.

Staff reported serious incidents clearly and in line with the providers policy.

The service had not had any never events on any wards.

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

Managers debriefed and supported staff after any serious incidents.

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

Staff received feedback from investigation of incidents via regular team meetings.

Staff met to discuss the feedback and look at improvements to patient care in the clinical governance meetings.

There was evidence that changes had been made as a result of feedback, for example the chef meets with each patient following admission to discuss nutritional needs and preferences.

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

Good

Assessment of needs and planning of care

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

Long stay or rehabilitation mental health wards for working age adults

Good

We looked at seven care records, all of which were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation.

Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used Health of the Nation Outcome Scores and Clinical Outcomes in Routine Evaluation (CORE) client self-reporting questionnaire to assess and record severity and outcomes.

The service participated in clinical audit, benchmarking and quality improvement initiatives for example regular peer reviews and an annual audit calendar which included care plans, medicines safety and patient experience.

Staff delivered care in line with best practice and national guidance, for example National Institute for Health and Care Excellence guidance for the use of rapid tranquilisation.

Staff identified patients' physical health needs and recorded them in their care plans. Patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

Skilled staff to deliver care

The ward teams included the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care.

Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Staff appraisal rates were 100% and clinical supervision rates were 84%.

Managers provided an induction programme for new staff and mentoring opportunities for all new starters for the first six months of their employment.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff received any specialist training for their role, for example physical healthcare.

Managers recognised poor performance, could identify the reasons and dealt with these with support from the providers human resource team.

Multi-disciplinary and interagency teamwork

Long stay or rehabilitation mental health wards for working age adults

Good

Staff from 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 and engaged with them early on in the patient's admission to plan discharge.

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

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

Ward teams had effective working relationships with external teams and organisations, for example clinical commissioning groups and local authority safeguarding teams.

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, training compliance was at 85%.

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

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

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

Patients did not have access information about independent mental health advocacy.

Staff explained patients 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.

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.

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.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

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

Long stay or rehabilitation mental health wards for working age adults

Good

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

Good practice in applying the Mental Capacity Act

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

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 training compliance was at 92%.

There were no Deprivation of Liberty Safeguards applications made 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.

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.

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

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

Good

Kindness, privacy, dignity, respect, compassion and support

We observed staff treating 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.

We observed staff were discreet, respectful, and responsive when caring for patients. Staff supported patients to understand and manage their own care treatment or condition. Staff understood and respected the individual needs of each patient.

Staff gave patients help, emotional support and advice when they needed it.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff directed patients to other services and supported them to access those services if they needed help for example GP and dentists.

Patients and carers told us staff treated them well and behaved kindly.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential, they ensured all confidential information was displayed out of patient lines of sight in ward offices.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates who attended Magna House virtually every two weeks.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission and gave them a comprehensive welcome pack, which was available in a variety of formats where appropriate.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties, for example easy read versions of information leaflets.

Staff involved patients in decisions about the service, when appropriate for example suggestions on the décor, menu choice and therapeutic activities.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make decisions on their care for example supporting them to cater for themselves and devise individualised therapeutic programmes.

Staff made sure patients could access advocacy services and facilitated virtual meetings every two weeks.

We were told that one patient was supported by the hospital chef to make a birthday cake for the patients' daughter who was visiting the hospital. The patient's family felt this was going the extra mile and they were very grateful.

Involvement of families and carers

Staff informed and involved families and carers appropriately either in person, via phone or virtually.

Staff helped families to give feedback on the service by encouraging them to complete questionnaires and to attend multi-disciplinary meetings, where appropriate.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff gave carers information on how to access a carer's assessment.

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

Good

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Managers made sure bed occupancy did not go above 85%. At the time of inspection there were 14 patients admitted into an availability of 18 beds.

Managers regularly reviewed length of stay for patients with commissioners 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.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient.

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

Discharge and transfers of care

The service had no delayed discharges since opening.

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

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

The service followed national standards for transfer.

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. 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. Patients who had had a risk assessment could make their own hot drinks and snacks and were not dependent on staff.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff used a full range of rooms and equipment to support treatment and care.

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

Patients could make phone calls in private and were able to use their own mobile phones.

The service had an outside space that patients could access easily, this included a basketball court and a vegetable patch.

The service offered a variety of good quality food, the chef met with each patient soon after admission to discuss nutritional requirements and preferences.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, for example family relationships.

Staff helped patients to stay in contact with families and carers, patients had access to technology to enable them to keep in touch with family virtually.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients regularly used local shops, garden centre and a local fishing lake.

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

Wards were on the ground floor and supported disabled patients.

Staff made sure patients could access information on treatment, local service, their rights and how to complain, there were notice boards on all three wards.

The service had access to information leaflets available in languages spoken by the patients and local community.

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

The service provided a variety of food to meet the dietary and cultural needs of individual patients and where appropriate were encouraged and supported to shop and cook for themselves.

Patients had access to spiritual, religious and cultural support and a multi faith room was available.

Listening to and learning from concerns and complaints

Long stay or rehabilitation mental health wards for working age adults

Good

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, how to complain posters were displayed on ward noticeboards and leaflets were placed in patient welcome packs.

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

The service had four complaints in the six months leading up to this inspection, each had been fully investigated and feedback and lessons learned had been shared with the complainant and ward teams.

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

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

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

Good

h**Leadership**

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

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team. They described the clinical pathway for patients and were clear of how they contributed to this. They told us that the hospitals vision was to provide a positive experience for patients to enable a sustainable recovery and successful discharge.

Culture

Staff told us they felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression and they felt proud to work at Magna House. They could raise any concerns without fear and said that they were actively to speak up if they felt they need to raise an issue.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well. The service held monthly governance meetings which had a comprehensive agenda including, safeguarding, health promotion, lessons learned and medicines management.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had a Key Performance Indicator (KPI) audit calendar which included, the risk register, infection control and internal and external compliance. However, managers did not have overall oversight of the cleanliness within the hospital. Cleaning records for offices, corridors and communal areas were up to date; however, they did not include daily cleaning of patient bedrooms. We found we evidence of high and low-level dust, a stained wall in the dining room and one bedroom was visibly dirty and there was an odour of stale urine present. We also saw evidence of ant activity in patient areas.

Managers did not ensure that patients had access to information on accessing an independent advocate.

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. The service had an electronic prescribing system and had seen a reduction in medicines errors. Managers were supported to address performance issues in a timely way. We alerted the management team in relation to cleanliness on the wards, they rectified this immediately.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities for example Health of the Nation Outcome Scores and Clinical Outcomes in Routine Evaluation assessments.

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. They had worked with the local clinical commissioning group to ensure that all patients were registered with a local GP practice.

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 Regulation: Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Staff could observe patients in all parts of the wards. Not all bedroom doors had vision panels, nine out of the 11 bedrooms we looked at had “peepholes” in situ. The inspection team were unable to see into patient bedrooms where the doors had peepholes. This was a breach of Regulation 12 HSCA Regulations 2014 Safe care and treatment (2) (a) (b) Managers did not have overall oversight of the cleanliness within the hospital. Cleaning records for offices, corridors and communal areas were up to date; however, they did not include daily cleaning of patient bedrooms. We found we evidence of high and low-level dust, a stained wall in the dining room and one bedroom was visibly dirty and there was an odour of stale urine present. We also saw evidence of ant activity within patient areas. This was a breach of Regulation 12 HSCA Regulations 2014 Safe care and treatment (2) (a) (b) (d) (h) Not all patients had an up to date Personal Emergency Evacuation Plan. This was a breach of Regulation 12 HSCA Regulations 2014 Safe care and treatment (2) (a) (b)