Broomhill

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 summary

During our inspection, several concerns relating to the prevention and management of infection control were identified. The provider was subsequently issued with a Section 31 letter of intent. This letter required the urgent submission of an action plan, setting out how the provider had already addressed each of the concerns identified, or how they intended to address them immediately and ensure that the concerns are addressed on an ongoing basis. The provider has subsequently produced an action plan, which will be monitored via provider engagement meeting with inspectors.

- Managers had not ensured that personal protective equipment was always available to staff.
- Some staff did not comply with infection prevention and control requirements.
- Staff had not ensured that physical health equipment was cleaned after use on each patient.
- Managers had not ensured that risk assessments had been undertaken for staff from black and ethnic minority backgrounds, in respect of Covid-19.
- One patient and nine staff reported that they had recently heard staff talking in foreign languages in front of patients.

Summary of findings

- Most staff did not know and understand the provider's vision and values and how they were applied in the work of their team
  - Managers had not ensured that systems and process were in place to ensure that complaints were responded to effectively, and that patients had received a written response regarding the outcome of their complaint
  - Staff had not ensured that handovers were structured, and there was limited information shared in relation to patient presentation, needs and risk

However;

- The ward environments were safe and clean. The wards had enough nurses who knew the ward and patients. Most staff had received training on how to recognise and report abuse and had applied this knowledge in practice.
- Most staff had the necessary skills and knowledge to provide high quality care. Staff received supervision and appraisal and had access to mandatory training.
- Managers had ensured that poor staff performance was dealt with robustly, and that staff were given support to improve.
- Staff treated patients with compassion and kindness and respected their privacy and dignity. Patients knew how to make a complaint and were comfortable doing so. The service treated concerns and complaints seriously, investigated them and protected patients from discrimination.
- Leaders were visible in the service. Staff felt respected, supported and available. Staff felt able to raise concerns without discrimination.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Acute wards for adults of working age and psychiatric intensive care units		Not rated
Long stay or rehabilitation mental health wards for working-age adults		Not rated

Summary of findings

Contents

Summary of this inspection

Background to Broomhill

Broomhill provides care, treatment, and support to individuals with mental health concerns. It provides 95 beds across seven wards:

- Holdenby ward – acute mental health services for women - 14 beds. This is an open ward.
- Cottesbrooke ward – acute mental health services for men - 14 beds.
- Althorp ward - specialist dual diagnosis rehabilitation service - 14 beds. This is an open ward.
- Kelmarsh ward – complex mental health high dependency service for men - 14 beds for men.
- Lamport ward - specialist Neuro-behavioural rehabilitation for men - 14 beds.
- Spencer ward – longer term complex care service for men - 14 beds.
- Manor ward - longer term complex care service for women - 15 beds.

The Care Quality Commission last inspected Broomhill in February 2020. Broomhill received an overall rating of Inadequate and was placed in special measures, with ratings for each of the five key questions as follows:

Safe: Inadequate

Effective: Inadequate

Caring: Inadequate

Responsive: Requires Improvement

Well Led: Inadequate

At the time of our last inspection we found the following:

- Wards were unsafe. Staff were unaware of ligature points, blind spots and associated risks. Not all staff had access to emergency alarms. Staff did not always adhere to the providers' policy when undertaking enhanced patient observations. Not all staff had received training or were not competent in accessing key clinical information.
- Patients received care from staff who did not have all the necessary skills, knowledge and experience to enable them to deliver quality care to the current patient group.
- Staff had not always assessed the physical and mental health of all patients when required. This included physical health assessments of patients on admission in a timely manner and ensuring that ongoing physical assessments were undertaken as required.
- Patients on wards on the first floor did not have free access to fresh air.
- Staff used restraint only after de-escalation had failed and used correct techniques. All staff interviewed indicated that the use of restraint was a last resort. Staff described the use of de-escalation as a first intervention.

The service was issued with an urgent notice of decision on 18 February 2020, at which time several conditions were placed on the provider's registration. The provider made improvements in the areas identified and the conditions have been removed. However, the provider remains in special measures.

Following the inspection which took place in February 2020, the provider was told that they MUST take action to improve in relation to breaches of:

- Regulation 5(1)(2)(3): Fit and proper persons: directors
- Regulation 9(1)(3): Person centred care
- Regulation 10(1): Dignity and respect
- Regulation 11(1)(2): Need for consent
- Regulation 12(1)(2): Safe Care and Treatment
- Regulation 13(1)(2)(3): Safeguarding service users for abuse and improper treatment
- Regulation 15(1)(2): Premises and equipment
- Regulation 17(1)(2): Good governance
- Regulation 18(1)(2): Staffing
- Regulation 20 (1): Duty of candour.

In addition, the provider was told that they SHOULD take action to improve in relation to breaches of:

- Regulation 18(1): Staffing
- Regulation 14(1)(4): Meeting Nutritional and hydration needs
- Regulation 15(1): Premises and equipment.

Summary of this inspection

Our inspection team

The team that inspected the service comprised one inspection manager, three inspectors and two nurse specialist advisors.

Why we carried out this inspection

We undertook this inspection in response to several concerns which had been raised via complaints and whistleblowing concerns from patients and staff. Since our inspection in February 2020, 23 complaints and nine whistleblowing concerns were raised with the CQC.

These complaints included allegations of poor staff attitude, lack of support from management, concerns regarding the standard of patient care delivery and concerns regarding a lack of robust infection, prevention and control measures in relation to the management of Covid-19. A number of these concerns had been raised by members of night staff.

How we carried out this inspection

We undertook a one-day unannounced focused inspection on 22 July 2020, which commenced at 6am, for us to meet with and interview both night and day staff. An inspection manager and lead inspector returned to the service on 27 July 2020 in order to examine complaint investigations, incidents and patient records. The service was given an hours' notice of this second visit in order to ensure that computer access was available.

We have not re-rated this service or examined every key line of enquiry in all key questions. The inspection focused on specific issues. The ratings from the last inspection conducted in February 2020 remain the same.

Prior to the inspection we reviewed all notifications including complaints and whistleblowing concerns that we had received about the service. We then devised a range of questions for staff, which related to the specific areas of concern which had been raised.

During the inspection visit, the inspection team:

- visited all seven wards at the hospital and observed how staff were caring for patients
- spoke with 22 patients who were using the service
- spoke with the registered manager and nominated individual
- spoke with 35 other staff members; including nurses, senior carers
- looked at a total of 14 patient complaints
- looked at record of incidents and the associated care records for eight patients
- looked at safeguarding referrals, and the associated care and treatment records for five patients.

What people who use the service say

We spoke with 22 patients during the inspection.

Most patients interviewed were positive about their experience on the wards and were complimentary about the nursing staff. Nursing staff were described by patients as 'kind', 'good', 'approachable', 'helpful' and 'caring'. One patient described staff as 'marvellous'. However, one patient stated that staff 'do not care'.

Summary of this inspection

Most patients felt safe on the wards, however two patients stated that they did not feel safe and described having been bullied by co-patients.

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?

We did not inspect against all key lines of enquiry in the safe question. This inspection focused on specific areas of safety, including infection prevention and control, staff training, safeguarding and incident management. We did not re-rate this question. We found that:

- Infection prevention and control measures in respect of Covid-19 were not followed by some staff. Managers had not ensured that staff had access to personal protective equipment when entering the main building. Temperature checks were not carried out for visitors as per the providers' visitor policy. Some wore ill-fitting masks. Staff did not maintain safe social distancing during meetings on three wards. Staff did not wipe down furniture after use between different individuals.Staff did not adequately clean, between use, thermometers used to take temperatures of patients.
- Managers had not ensured that staff adhered fully to infection prevention and control requirements. Communal toilets smelt, and cleaning records showed evidence of no recent cleaning. Staff were not bare below the elbows and wore nail varnish and jewellery.
- Althorp ward smelled of urine. This was highlighted at the last inspection.
- Staff had not ensured that handovers were structured, and there was limited information shared in relation to patient presentation, needs and risks.
- Managers had not ensured that staff from black and ethnic minority backgrounds had been risk assessed in relation to their greater susceptibility to Covid-19 and their role in escorting patients to general hospitals or carrying out observations on those patients who were symptomatic.

However;

- All wards were safe, clean, well maintained and fit for purpose.
- The service had enough nursing staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Most 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.

Summary of this inspection

- Staff had easy access to clinical information, and it was easy for them to maintain clinical records.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

Are services effective?

We did not inspect against all key lines of enquiry in the effective question. This inspection focused on whether the service had ensured that staff had the necessary skills, knowledge and experience in order to deliver effective care and treatment, and if managers dealt effectively with poor staff performance. We did not re-rate this question. We found that:

- Managers had identified and managed poor staff performance and had provided staff with appropriate support to improve.
- Managers had dealt with poor staff performance robustly and effectively.

However;

- Managers had not always ensured that staff had a range of skills and competencies required to provide high quality care. Staff were generally experienced and qualified. However, we found that staff had not received specific training for working on the brain injury unit and had not received any learning disability training.
- Staff were unclear regarding the required frequency of clinical supervision

Are services caring?

We did not inspect against all key lines of enquiry in the caring question. This inspection focused on whether staff treated patients with kindness, respect and compassion, and if patient's privacy and dignity had been respected and promoted. We did not re-rate this question.

We found that:

- One patient and nine staff members reported that they had recently heard staff talking in foreign languages in front of patients.

However;

- 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.

Summary of this inspection

Are services responsive?

We did not inspect against all key lines of enquiry in the responsive question. This inspection focused on whether patient complaints and concerns had been listened and responded to. We did not re-rate this question. We found that:

- Patients knew how to make a complaint and were comfortable doing so. The service treated concerns and complaints seriously, investigated them and protected patients from discrimination.

However;

- Managers had not ensured that all patients had received a formal written response regarding the outcome of their complaint.
- Managers had not ensured that the complaints file had been kept up to date. This included a lack of evidence that safeguarding referrals being considered had been filed in the complaints paperwork.

Are services well-led?

We did not inspect against all key lines of enquiry in the well-led question. This inspection focused on whether the provider had the required leadership capacity and capability and if there was a culture of high quality, sustainable care. We did not re-rate this question. We found that:

- Most staff did not know and understand the provider's vision and values and how they were applied in the work of their team.

However;

- Leaders were visible in the service and approachable for patients and staff.
- Most staff felt respected, supported and valued. They reported that they felt able to raise concerns without fear of retribution.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Notes

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

Safe	
Effective	
Caring	
Responsive	
Well-led	

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

Maintenance, cleanliness and infection control

Ward areas were mostly clean, well maintained, and fit for purpose. Staff had completed cleaning records which were up-to-date for the toilets and patient bedrooms. However, two of the visitor's toilets were not clean, and had an offensive odour. Staff had completed cleaning records for these areas, however the toilets did not appear to have been deep cleaned for three weeks, (the last recorded deep clean was 01 July 2020).

Staff did not fully adhere to Covid-19 infection prevention and control principles. We observed staff on the wards who were not bare from the elbow, wore jewellery and we observed one staff member who wore nail polish. This was a concern at the current time due to Covid-19 and the need for stringent infection prevention and control.

Staff were not always socially distancing when they were able to do so. We saw three meetings where an entire shift of staff received a handover in a small, cramped office which allowed little possibility for effective social distancing. This was on Cottesbrooke ward.

On Holdenby ward, staff did not wipe down furniture between use. Following handover, where nine staff sat in lounge chairs, patients and a visitor then sat, in turn in the same chairs. During a period of two hours, staff did not wipe down the furniture. This increased the risk of cross contamination between those on the ward.

Managers had not ensured that face masks were available on entry to the main building. Some staff were observed not wearing facemasks on entry to the wards. Two staff members walked into the main building, through corridors and onto their ward and collected a face mask from the nursing office. However, on entry to the building on the second day of inspection, we noted that managers had addressed the availability of masks.

Staff and managers told us that if staff refused to escort patients to accident and emergency due to suspected Covid-19 symptoms, that they were sent home from work. We saw a formal complaint raised by one member of staff about other staff who had refused to escort a patient to the local general hospital. This was due to their concerns about their perceived susceptibility to Covid-19. Managers had not adequately risk assessed staff in relation to Covid-19. In particular, managers had not undertaken a risk assessment for staff from black and ethnic minority backgrounds. Staff were not aware that risk assessments for Covid-19 issues were available and in particular to assess risks to BAME staff. However, managers told us on the second day of our visit that 50% of staff had been assessed since the first day of our inspection.

Safe staffing

The provider had determined safe staffing levels by calculating the number and grade of members of the multidisciplinary team required using a systematic approach. Managers ensured staffing numbers met the needs of patients, in particular if enhanced observations were required. The service used bank and agency staff appropriately. Staff reported that there had been an increase in agency staff usage during the outbreak of the Covid-19 pandemic. Staff reported that in recent weeks, agency usage had reduced considerably. Agency staff were generally used to cover short term sickness or patient observations. Most staff reported that agency staff generally knew the ward and patients. Staff ensured that agency staff had received an induction on each ward.

Mandatory Training

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

Most staff told us that they had received and were up to date with appropriate mandatory training. Managers had ensued that whilst face to face training had been postponed due to Covid-19, that training was being delivered via e-learning.

Managers had provided staff with training on infection prevention and control. Following our inspection, the provider told us that 88% of staff had completed this training. Training was online, and covered basis awareness of IPC. The training did not contain any Covid-19 specific IPC measures. The provider told us that 54% of staff had attended training in early March 2020 about Coivd-19 awareness.

Safeguarding

Managers had taken considerable steps to address the lack of staff knowledge of safeguarding, which was identified at the last inspection. Staff understood how to protect patients from abuse and neglect. Staff were trained in safeguarding, knew how to make a safeguarding alert, and did so when appropriate.

A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

Each authority has their own guidelines as to how to investigate and progress a safeguarding referral. When concerns are raised, the organisation should work to minimise any potential harm. If appropriate, providers will make external referrals to the Local Authority, or the Police, for further review.

We examined safeguarding referrals and patient records for five patients We found robust systems and processes in place to record, investigate and manage outcomes of safeguarding referrals.

Staff access to essential information

The provider had an electronic health record system. Staff had easy access to the electronic health record, and staff were able to use the system in order to maintain clinical records. However, staff had not always have access to clinical information. Staff had not ensured that handovers were structured, and there was limited information shred in relation to patient presentation, needs and risks.

All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it and in an accessible form. That included when patients moved between teams. Records were stored securely.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Staff reported all incidents that should be reported. We examined incident forms and patient records for eight patients. We found robust systems and processes in place to record, investigate and manage outcomes of incidents for patients. However, we found one risk assessment for a patient who had transferred between Holdenby ward to Manor ward, who did not have an up to date risk assessment to contain the risk of vulnerability to others.

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

(for example, treatment is effective)

Skilled staff to deliver care

Managers had ensured that most staff had a range of skills and competencies required to provide high quality care. Staff were generally experienced and qualified. However, one member of registered nurse had not received mental health training.

Managers had supported staff with appraisals, supervision and opportunities to update and further develop their skills. However, the frequency of supervision received was unclear. Staff reported a range of frequencies from monthly, two monthly, three monthly and six-monthly.

Managers provided new staff with appropriate induction. This included an induction for all agency staff.

Managers identified the mandatory learning needs of staff and provided them with opportunities to develop their skills and knowledge.

Managers identified the mandatory learning needs of staff and provided them with opportunities to develop their skills and knowledge. Managers had delivered 'back to

basics training' which all staff were required to attend. Managers had ensured that staff had undertaken specific training in acute mental health and had sourced learning disability awareness e-learning training.

Managers had dealt with poor staff performance promptly and effectively. We found that the provider had developed a system to review allegations of poor staff performance in consultation with Human Resources in an effective and timely way.

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

Kindness, privacy, dignity, respect, compassion and support

Staff attitudes and behaviours when interacting with patients showed that they were mostly discreet, respectful and responsive. We saw a significant improvement in the attitude of staff since the last inspection. We observed interactions between staff and patients that displayed positive, caring and warm attitudes. We observed several positive staff interactions throughout a 30-minute observation of staff to patient interactions.

Patients reported that staff had treated them with compassion and kindness. Staff provided, patients with help, emotional support and advice at the time they needed it. However, four staff members stated that they had heard staff talk in other languages when on the ward.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.

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

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously and investigated them.

Patients knew how to complain or raise concerns. Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff generally knew how to handle complaints appropriately, were open and transparent.

The provider held information about complaints in two systems. All complaints were inputted onto a tracker and held electronically. The second system was a paper folder where complaints were logged with a front sheet, and where evidence of an investigation was held. This included interview notes with staff, the original complaint, a letter of acknowledgement to the complainant and statements from those involved. Staff who investigated complaints had not kept all front sheets up to date and in some instances key dates were missing – for example date to be closed, Safeguarding, date to be resolved and whether a response had been sent to the complainant.

We reviewed four complaint investigation reports for the service, all of which had been completed. All the completed complaint investigations had been investigated fully. However, one complaint had not been logged onto the complaint register and there was no evidence of a formal response letter for six patients.

We examined the providers' complaints tracker. Acute wards for adults of working age, had received 13 complaints during the six-month period 22 January 2020 to 22 July 2020, which accounted for 27% of all complaints received by the provider during this period. Examination of the complaint's tracker showed that of the 13 complaints, two (15%) were upheld, one (8%) was partially upheld, seven (54%) were not upheld, the outcome was not indicated for one complaint (8%) complaints, and two complaints were ongoing.

When patients complained or raised concerns, most patients received feedback. The provider had shared the outcome of the 11 complaint investigations completed with eight patients (73%)

This service received 11 compliments during the six-month period 22 January 2020 to 22 July 2020, which accounted for 30% of all compliments received by the provider during this period.

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

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

Leadership

Leaders had the skills, knowledge and experience to perform their roles, and had a good understanding of the services they managed. Staff told us that managers were visible in the service and approachable for patients and staff. However, we noted that deputy managers were not ward based, and therefore were not immediately available to patients or ward staff.

Vision and strategy

The service had a vision for what it wanted to achieve. However, of the 10 staff interviewed, one staff member was not able to describe any of the vision and values. However, nine out of the 10 staff interviewed (90%) were able to describe parts of the provider's vision and value of the organisation and how they were applied in the work of their team.

Governance

The provider had not ensured that staff knew how frequent their supervision should be. Staff reported a range of frequencies from monthly, two monthly, three monthly and six-monthly.

Managers had not ensured that complaints had been responded to formally and the response had been held on file, despite the complaint being closed.

Managers had not ensured that staff were fully compliant with infection prevention and control requirements, in relation to the prevention of Covid-19, including use of PPE and social distancing. Managers had not ensured conducted risk assessments for staff from black and ethnic minority backgrounds.

However, we noted that despite the current pandemic, the provider had made several improvements since our last inspection. Managers had made improvement in systems and processes regarding safeguarding adults. Managers had embedded the incident reporting system and ensured that all incidents were linked to the patient risk assessments.

Culture

Most staff felt respected, supported and valued.Staff stated that they could raise concerns without fear of retribution. Senior managers addressed poor attitude of staff and behaviours not fitting with the providers' values through human resource processes. Managers told us that additional support mechanisms had been put in place to support staff who required further training, for example changing shift patterns from nights to days to develop consistency in approach.

We observed significant improvements in the attitude of staff since our last inspection and saw many positive and kind interactions between staff and patients. We saw the provider had dealt with staff who displayed poor attitude through supervision, additional support or through formal disciplinary action. We saw senior managers had investigated complaints about staff behaviour that did not meet the values of the organisation. The provider had installed closed circuit television in all ward areas and used this in the investigation of some complaints about poor staff performance.

Long stay or rehabilitation mental health wards for working age adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

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

Maintenance, cleanliness and infection control

Ward areas were mostly clean, well maintained, and fit for purpose. Staff had completed cleaning records which were up-to-date for the toilets and patient bedrooms. However, Althorp ward smelled of urine which had been noted at the last inspection. Two of the visitors' toilets in the main building were not clean and had an offensive odour. Staff had completed cleaning records for these areas, however the toilets had not been deep cleaned for three weeks, (the last recorded clean was 01 July 2020).

Staff did not fully adhere to Covid-19 infection prevention and control principles. We observed staff on the wards who were not bare from the elbow, wore jewellery and we observed one staff member who wore nail polish. This was a concern at the current time due to Covid-19 and the need for stringent infection prevention and control. Managers had not ensured that hand sanitiser was always available. The hand sanitiser by the nursing station was empty on Althorp ward.

Staff were not always socially distancing when they were able to do so. We saw two meetings where an entire shift of staff received a handover in a small, cramped office which allowed little possibility for effective social distancing. This was on Althorp and Kelmarsh ward.

Staff had not ensured that equipment being used for physical observations had been cleaned between use. Staff on Manor ward used a thermometer in a lounge area on a patient, themselves and then another patient. No cleaning of the equipment was completed in between testing of each individual.

Managers had not ensured that face masks were available on entry to the main building. Some staff were observed not wearing facemasks on entry to the wards. One staff member from Althorp ward, walked into the main building, through corridors and onto their ward and collected a face mask from the nursing office. Not all staff were wearing approved masks. One staff member on Holdenby was wearing a non-approved ill-fitting mask. Three staff members told us that their ward had run out of masks. However, on entry to the building on the second day of inspection, we noted that managers had addressed the availability of masks and disposal of masks when leaving.

Staff and managers told us that if staff refused to escort patients to accident and emergency due to suspected Covid-19 symptoms, that they were sent home from work. We saw a formal complaint raised by one member of staff about other staff who had refused to escort a patient to the local general hospital. This was due to their concerns about their perceived susceptibility to Covid-19. Managers had not adequately risk assessed staff in relation to Covid-19. In particular, managers had not undertaken a risk assessment for staff from black and ethnic minority backgrounds. Some staff were not aware that risk assessments for Covid-19 issues were available and in particular to assess risks to BAME staff. However, managers told us on the second day of our visit that 50% of staff had been assessed since the first day of our inspection.

Safe staffing

The provider had determined safe staffing levels by calculating the number and grade of members of the multidisciplinary team required using a systematic approach. Managers ensured staffing numbers met the needs of patients, in particular if enhanced observations were required. The service used bank and agency staff appropriately. Staff reported that there had been an increase in agency staff usage during the outbreak of the Covid-19 pandemic. However, in recent weeks, agency

usage had reduced considerably. Agency staff were generally used to cover short term sickness or patient observations. Most staff reported that agency staff generally knew the ward and patients. Staff ensured that agency staff had received an induction on each ward.

Mandatory Training

Most staff told us that they had received and were up to date with appropriate mandatory training. Managers had ensured that whilst face to face training had been postponed due to Covid-19, that training was being delivered via e-learning.

Managers had provided staff with training on infection prevention and control (IPC). Following our inspection, the provider told us that 88% of staff had completed this training. Training was online, and covered basis awareness of IPC. The training did not contain any Covid-19 specific IPC measures. The provider told us that 54% of staff had attended training in early March 2020 about Coivd-19 awareness.

Safeguarding

Managers had taken considerable steps to address the lack of staff knowledge of safeguarding, identified at the last inspection. Most staff understood how to protect patients from abuse and neglect. Most staff were trained in safeguarding, knew how to make a safeguarding alert, and did so when appropriate. However, two staff members (one permanent and one agency), did not understand what a safeguarding concern was.

A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

Each authority has their own guidelines as to how to investigate and progress a safeguarding referral. When concerns are raised, the organisation should work to minimise any potential harm. If appropriate, providers will make external referrals to the Local Authority, or the Police, for further review.

We examined safeguarding referrals and patient records for five patients We found robust systems and processes in place to record, investigate and manage outcomes of safeguarding referrals.

Staff access to essential information

The provider had an electronic health record system. Staff had easy access to the electronic health record and were able to use the system in order to maintain clinical records. However, staff did not always have access to clinical information. Staff had not ensured that handovers were structured, and there was limited information shred in relation to patient presentation, needs and risks. Night staff on one ward had commenced handover prior to the registered nurse (who was slightly late for duty), had arrived.

All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it and in an accessible form. That included when patients moved between teams. Records were stored securely.

Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Staff reported all incidents that should be reported. We examined incident forms and patient records for eight patients. We found robust systems and processes in place to record, investigate and manage outcomes of incidents for seven patients. However, one patient's risk assessment had not been updated following the most recent episode of being absent without leave.

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

(for example, treatment is effective)

Managers had not always ensured that staff had a range of skills and competencies required to provide high quality care. Staff were generally experienced and qualified. However, we found that staff had not received specific training for working on the brain injury unit and had not received any learning disability training. However following inspection, managers showed us evidence that they had sourced learning disability awareness e-learning training

Long stay or rehabilitation mental health wards for working age adults

Managers had supported staff with appraisals, supervision and opportunities to update and further develop their skills. However, the frequency of supervision received was unclear. Staff reported a range of frequencies from monthly, two monthly, three monthly and six-monthly.

Managers provided new staff with appropriate induction. This included an induction for all agency staff.

Managers identified the mandatory learning needs of staff and provided them with opportunities to develop their skills and knowledge. Managers had delivered 'back to basics training' which all staff were required to attend. However, two staff members reported that there was limited opportunity for career development and progression.

Managers had dealt with poor staff performance promptly and effectively. We found that the provider had developed a system to review allegations of poor staff performance in consultation with Human Resources in an effective and timely way.

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

Kindness, privacy, dignity, respect, compassion and support

Staff attitudes and behaviours when interacting with patients generally showed that they were discreet, respectful and responsive. We saw a significant improvement in the attitude of staff since the last inspection. We observed a number of separate interactions between staff and patients that displayed positive, caring and warm attitudes. We observed direct staff to patient interactions within the service for one hour 43 minutes. Staff displayed positive actions for one hour and 37 minutes during these observations.

Most patients reported that staff had treated them with compassion and kindness. However, one patient reported that staff were not kind and reported that 'staff don't care. Another patient and five staff members stated that that they had heard staff talk in other languages when on the ward.

Staff generally provided patients with help, emotional support and advice at the time they needed it.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.

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

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously and investigated them.

Patients knew how to complain or raise concerns. Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff generally knew how to handle complaints appropriately, were open and transparent.

The provider held information about complaints in two systems. All complaints were inputted onto a tracker and held electronically. The second system was a paper folder where complaints were logged with a front sheet, and where evidence of an investigation was held. This included interview notes with staff, the original complaint, a letter of acknowledgement to the complainant and statements from those involved. Staff who investigated complaints had not kept all front sheets up to date and in some instances key dates were missing – for example date to be closed, Safeguarding, date to be resolved and whether a response had been sent to the complainant.

We reviewed four complaint investigation reports for the service, two of which had been completed. All the completed complaint investigations had been investigated fully. However, one complaint had not been logged onto the complaint register and there was no evidence of a formal response letter for two patients.

We examined the providers' complaints tracker. Long stay wards received 33 complaints during the six-month period to 22 July 2020, which accounted for 69% of all complaints received by the provider during this period. The complaints

tracker showed that of the 33 complaints, five (15%) were upheld, four (12%) were partially upheld, 13 (39%) not upheld. The outcome was not recorded for 11 (33%) complaints.

When patients complained or raised concerns, some had received feedback. The provider had shared the outcome of the 33 complaint investigations completed with 19 patients (56%). We sampled five complaint investigation reports for the service, from the paper file of complaints. Three had been completed and closed, and two were ongoing. All the completed complaint investigations had been investigated fully. However, none of the five complaint files detailed if a safeguarding referral had been raised, two had not been entered onto the complaints log and there was no evidence of a formal response letter for the two patients where the complaints had been completed.

This service received 26 compliments during the six-month period 22/01/2020 to 22/07/2020, which accounted for 62% of all compliments received by the provider during this period.

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

Leadership

Leaders had the skills, knowledge and experience to perform their roles, and had a good understanding of the services they managed. Most staff told us that managers were visible in the service and approachable for patients and staff. However, we noted that deputy managers were not ward based, and therefore were not immediately available to patients or ward staff.

Vision and strategy

The service had a vision for what it wanted to achieve. However, of the 25 staff interviewed, 15 staff (60%), were not able to describe any of the vision and values. However, ten out of the 25 staff interviewed (40%) were able to describe parts of the provider's vision and value of the organisation and how they were applied in the work of their team.

Governance

The provider had not ensured that staff knew how frequent their supervision should be. Staff reported a range of frequencies from monthly, two monthly, three monthly and six-monthly.

Managers had not ensured that complaints had been responded to formally and the response had been held on file, despite the complaint being closed.

Culture

Most staff felt respected, supported and valued. However, two staff members told us that there were limited opportunities for career progression. They felt able to raise concerns without fear of retribution. Staff stated that they could raise concerns without fear of retribution. Senior managers addressed poor attitude of staff and behaviours not fitting with the providers' values through human resource processes. Managers told us that additional support mechanisms had been put in place to support staff who required further training, for example changing shift patterns from nights to days to develop consistency in approach.

We observed significant improvements in the attitude of staff since our last inspection and saw many positive and kind interactions between staff and patients. We saw the provider had dealt with staff who displayed poor attitude through supervision, additional support or through formal disciplinary action. We saw senior managers had investigated complaints about staff behaviour that did not meet the values of the organisation. The provider had installed closed circuit television in all ward areas and used this in the investigation of some complaints about poor staff performance.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that staff always have access to personal protective equipment.
- The provider must ensure that the entrance to building is Covid-19 secure and that the wearing of masks, donning, doffing and disposal of PPE is carried out in line with up to date guidance.
- The provider must ensure that the requirements of their visitors' policy are adhered to.
- The provider must ensure all staff adhere to infection, prevention and control requirements. This includes ensuring that staff are wearing approved masks, are bare from the elbow, are not wearing jewellery and do not have painted nails.
- The provider must ensure that IPC guidelines are adhered to in respect of furniture and the prevention of cross contamination.
- The provider must ensure that equipment used for physical health monitoring is cleaned in line with guidance when used between individuals.
- The provider must ensure that mandatory IPC training incorporates Covid-19 IPC issues.
- The provider must ensure that risk assessments are undertaken for all staff in particular for staff from black and ethnic minority backgrounds, in respect of Covid-19.
- The provider must ensure that communal toilets and ward areas are cleaned regularly, and the cleaning records are kept in date. The provider must ensure that systems and process are in place to ensure that complaints are responded to effectively, and that patients had received a written response regarding the outcome of their complaint
- The provider must ensure that staff do not talk in foreign languages in front of patients.

Action the provider SHOULD take to improve

- The provider should ensure that staff are aware of the required frequency for supervision.
- The provider should ensure that staff receive specific training for working on the brain injury unit, including learning disability training.
- The provider should ensure that staff are aware of the visions and values of the organisation and how they relate to their work role.

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 10 HSCA (RA) Regulations 2014 Dignity and respect • Some staff were talking in languages other than English in front of patients. **This was a breach of regulation 10.**

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 • **Managers had not ensured that personal protective equipment was always available to staff.** • **Staff had not ensured that physical health equipment was cleaned after use on each patient.** • **Managers had not ensured that staff and visitors were not compliant with infection prevention and control requirements.** • **Managers had not ensured that risk assessments had been undertaken** • **for staff from black and ethnic minority backgrounds, in respect of Covid-19.** 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 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

- Managers had not ensured that personal protective equipment was always available to staff.
- Staff had not ensured that physical health equipment was cleaned after use on each patient.
- Managers had not ensured that staff and visitors were not compliant with infection prevention and control requirements.
- Managers had not ensured that risk assessments had been undertaken for staff from black and ethnic minority backgrounds, in respect of Covid-19.

This was a breach of regulation 17.