Good

Elysium Healthcare Limited

Bromley Road Hospital

Quality Report

Bromley Road
Catford
London
SE6 2UR
Tel: 0208 6956051
Website: www.elysiumhealthcare.co.uk/locations/bromley-road

Date of inspection visit: 7, 8 & 9 November
Date of publication: 18/12/2018

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-126736267	Bromley Road Hospital		

This report describes our judgement of the quality of care provided within this core service by Elysium Healthcare Limited. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Elysium Healthcare Limited and these are brought together to inform our overall judgement of Elysium Healthcare Limited.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards
We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated Bromley Road Hospital as **good** because:

- The service had addressed the concerns raised following the last inspection in May 2017. For example, staff treated patients with dignity and respect. Staff no longer imposed inappropriate blanket restrictions on patients. The service provided adequate medical cover for patient care. The service had made improvements to ensure managers used effective systems to monitor the performance of the service.
- Staff developed personalised, recovery-oriented care plans and supported patients to give their views and develop recovery goals. Staff completed positive behaviour support plans. These plans contained strategies that focused on patients' challenging behaviour. Staff provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national best practice guidance.
- The ward teams included, or had access to, the full range of specialists required to support patients with their rehabilitation. This included an occupational therapist, social inclusion worker and a clinical psychologist.
- Staff supported patients to live healthier lives. Staff assessed patients' physical health needs on admission. Patients took part in the service's programme to encourage patients to think about their physical health and take part in various exercises.
- Staff effectively planned for patients' discharge and worked well with other agencies to do so. Staff created projected discharge dates on admission for each patient as a goal to work towards.
- Staff treated patients with kindness, dignity and respect. Patients said that they felt staff were kind, friendly and always supported them with their care and treatment. We observed positive interactions between patients and staff. The service held an annual talent contest for patients. Patients really enjoyed taking part and rehearsals were well attended.
- The service provided safe care. Staff completed risk management plans with input from patients and the multidisciplinary team. Staff minimised the use of restrictive practices, managed medicines safely and carried out regular physical health checks such as, blood tests and monitoring patients' vital signs.
- The service was working towards a model of mental health rehabilitation. The provider had introduced a new rehabilitation model of care to be implemented at the service in January 2019. Improved governance processes ensured that ward procedures ran smoothly. Managers had accessible systems that provided oversight of the quality, safety and performance of the service.

However:

- Staff did not always actively promote the needs of all patients, including those with a protected characteristic. The service could do more to encourage an open and inclusive environment to support patients' sexual, cultural and spiritual preferences.
- Although patients in the service were low risk in respect of self-harm and suicide; staff assessments of ligature risks in the service did not record all control measures for staff to reduce the risks to patients.
- Some parts of the building were run down and required some maintenance and refurbishment. The service had a schedule of works planned to improve the decoration and maintenance of the building.
- Although staff received regular supervision in the service; staff supervision records were brief and lacked detail. Records did not demonstrate that these sessions were effective in ensuring the learning and development of staff and delivery of high quality care.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Good

We rated safe as **good** because:

- Staff managed the prescribing, administering, recording and storage of medicines safely. Staff monitored the side effects of medicines on patients, especially those prescribed antipsychotic medicines.
- The service had enough staff to support patients to go outside the hospital, have one to one meetings with staff and develop their independent living skills.
- Staff managed risk well. Risk assessments were updated regularly and after a change in risk, for example when an incident occurred. Risk management plans contained information specific to patients' physical and mental health needs.
- Staff monitored patient's physical health. Staff used the National Early Warning Score to assess and monitor patients' physical health risks. Staff recorded and responded when a patients' physical health deteriorated.
- At the last inspection in May 2017, we told the provider they must ensure they reviewed the use of blanket restrictions within the service, to ensure any restrictions reflected individual patient need. At this inspection, we found improvements had been made. Staff ensured they did not impose inappropriate blanket restrictions on patients and any restrictions imposed were in response to individual patient risks.
- Staff understood how to protect patients from abuse or exploitation and the service worked well with other agencies to do so. The service had a designated safeguarding lead to provide guidance and support to staff.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

However:

- Although patients in the service were low risk in respect of self-harm and suicide; assessments of ligature risks did not include all control measures for staff to reduce the risks to patients.

Summary of findings

- Some parts of the building were run down and required some maintenance and refurbishment. The service had a schedule of works planned to improve the decoration and maintenance of the building.

Are services effective? Good

We rated effective as **good** because:

- Staff developed individual care plans. Staff ensured care plans reflected the patients' individual needs and were recovery-oriented. Care plans included positive behavioural support plans to support patients to manage themselves when they become violent or aggressive.
- Staff provided a range of care and treatment interventions suitable for the patients' rehabilitation. This included access to psychological therapies, to support for self-care, the development of everyday living skills and meaningful occupation.
- Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Patients took part in a programme to encourage them to think about their physical health and take part in various exercises.
- At the last inspection in May 2017, we found the service did not have adequate medical cover to provide effective care and treatment for patients. At this inspection, the service had made significant improvements. 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. The service had enough medical cover to provide patients with regular reviews of their care and treatment.
- Staff had effective working relationships with referring clinical teams and those teams that commissioned beds.

However:

- Although staff received regular supervision in the service, supervision records were brief and lacked detail. Records did not demonstrate that these sessions were effective in ensuring the learning and development of staff and delivery of high quality care.

Are services caring? Good

We rated caring as **good** because:

Summary of findings

- At the last inspection in May 2017, we found that staff did not provide respectful and appropriate practical and emotional support that promoted patient dignity. At this inspection, we found that staff treated patients with dignity and respect. Staff provided emotional and practical support to patients. They understood the individual needs of patients and supported patients to understand and manage their care, treatment and condition.
- We observed positive interactions between patients and staff. Staff spoke to patients in a kind, respectful and friendly manner.
- Staff involved patients in planning their care. Five patients confirmed that they were given a copy of their care plan. Staff actively sought patients' feedback on the quality of care provided through surveys and community meetings.

However:

- Staff did not always ensure that actions from the community meetings were followed up and recorded in the minutes. This meant patients could not identify what actions staff had taken in response to the feedback provided.

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- Staff planned for patients' discharge. Staff worked collaboratively with care co-ordinators and patients to identify suitable accommodation for the patient to move to. When patients were admitted, staff identified any potential barriers that could delay discharge in the future. As a result, patients moved on to appropriate step-down placements within appropriate times.
- Staff supported patients to access the local community. Some patients worked at charity shops or took courses at a local college. The service held an annual talent contest for patients. This event in 2017 had been enjoyed by patients, their families and friends and staff.
- The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality. Patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to cook their own meals.

Summary of findings

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

However:

- Staff did not always actively promote the needs of all patients, including those with a protected characteristic. The service could do more to encourage an open and inclusive environment to support patients' sexual, cultural and spiritual preferences.

Are services well-led?

Good

We rated well-led as **good** because:

- At the last inspection in May 2017, we told the provider they must assess, monitor and improve the quality and safety of the service effectively. At this inspection we found that improvements had been made. Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff knew and understood the provider's vision and values and how they applied to their work. The service worked towards a recognised model of mental health rehabilitation. The provider had drafted a new rehabilitation model of care to be implemented in the service in January 2019.
- The service was working actively with staff to respond to their concerns and make changes that would benefit them.
- There was clear learning from incidents. Staff discussed incidents monthly at the team meeting.
- The service had been proactive in capturing and responding to patients' feedback, concerns and complaints. The service was innovative in supporting patients to be involved in all aspects of the service.

Summary of findings

Information about the service

Bromley Road Hospital is an independent hospital for 24 adult patients. The hospital is provided by Elysium Healthcare Limited. At the time of the inspection, 20 patients were receiving treatment at the service.

The service is registered with the Care Quality Commission to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures and
- treatment of disease, disorder or injury

The service has a registered manager.

The service is a long term high dependency rehabilitation unit. Most patients are subject to detention under the provisions of the Mental Health Act at the point of admission. Patients at Bromley Road Hospital have a primary diagnosis of mental illness such as schizophrenia, schizoaffective disorder, bipolar affective disorder or depression. Some patients had additional complex needs, such as substance misuse or physical health problems.

There are two wards. Olive Ward is a mixed sex ward for up to 17 patients. Jasmine Ward accommodated up to seven female patients.

We previously inspected Bromley Road Hospital in May 2017 when we rated the service as 'requires improvement' overall. At that time, we rated safe, effective, caring and well-led as 'requires improvement'. We rated responsive as 'good'. At that inspection, we found that some legal requirements were not met. We had concerns that staff did not treat patients with dignity and respect. Staff had imposed inappropriate blanket restrictions on patients. The service did not have adequate medical cover for patient care. Lastly, that managers did not use effective systems to monitor the performance of the service. We issued four requirement notices for breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. These notices related to breaches of regulation nine (Person-centred care), regulation 10 (Dignity and Respect), regulation 17 (Good Governance) and regulation 18 (Staffing).

Our inspection team

The team that inspected the service was comprised of two CQC inspectors, an inspection manager, an assistant inspector and a specialist with experience in rehabilitation and community settings.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Summary of findings

Before the inspection visit, we reviewed information that we held about the location and asked a range of stakeholders for information.

During the inspection visit, the inspection team:

- visited both wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with seven patients who were using the service
- spoke with the registered manager and managers for the wards
- spoke with 11 other staff members; including doctors, nurses, an occupational therapist, a psychologist and a social worker
- attended and observed a multi-disciplinary meeting
- looked at seven care and treatment records of patients
- carried out a specific check of the medication management on both wards, looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

We spoke with seven patients across the two wards. Patients said that they felt that staff were kind, friendly and always treated them with dignity and respect. One patient said staff helped with their recovery after they had been in a general hospital. Another said that staff helped them with a problem.

Patients completed a satisfaction survey based on their care and treatment at the service. The results showed that although most patients rated the care at the service as good; 14.3% of patients rated the care as poor. In addition, most patients said the information they received about their care and treatment helped. However, 28.6% said this information was not helpful. Staff completed an action plan to address the areas where the results were less than satisfactory. The plan outlined work that needed to be done to improve the service.

Good practice

Patients took part in the service's fitness programme, known as 'Mission Fit'. This programme helped encourage patients to think about their physical health and take part in various exercises. Patients recorded their weight and discussed a new topic each week, such as meal portion sizes. Since the start of the programme patients had collectively lost 10kg.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the ligature risk assessment is updated to reflect and record the control measures put in place to reduce the risk posed by ligature anchor points throughout the service.
- The provider should continue to implement the refurbishment plans throughout the service.
- The provider should ensure that staff supervision records are more detailed and support staff learning and development.
- The provider should ensure they record the actions resulting from community meetings in the minutes so that patients can see whether actions have been followed through by staff.
- The provider should consider the holistic needs of the patients, by considering their sexuality and cultural needs in a proactive way.

Elysium Healthcare Limited

Bromley Road Hospital

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Long stay/rehabilitation mental health wards for working age adults.	Bromley Road Hospital

Mental Health Act responsibilities

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

Staff understood their roles and responsibilities under the Mental Health Act 1983, the code of practice and its guiding principles.

The service had a dedicated Mental Health Act administrator who provided support to staff and advice on the implementation of the Act.

Staff authorised and administered medicines for detained patients in line with the Mental Health Act Code of Practice.

Staff explained to patients their rights under the Mental Health Act in a way they could understand.

Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. Staff knew how to support patients who lacked capacity to make decisions about their care.

Staff completed capacity assessments for patients that might have impaired capacity. These were time and decision specific. Staff understood the need to seek consent from patients before providing care and treatment.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

Safety of the ward layout

Bromley Road Hospital was split into two wards. Olive House provided six beds for female patients and 11 beds for male patients. Jasmine House had seven beds for females.

Staff carried out regular risk assessments of the environment. This included an annual review of fire safety. A fire inspector undertook checks that included reviews of fire doors, extinguishers and how often staff carried out fire drills. The most recent fire risk assessment took place at the end of October 2018. It identified the need to change some of the fire doors to ensure they had the right adaptations. However, this work had not yet been started as the report had only just been received. The hospital director said they would complete the actions required as part of refurbishment work taking place. Staff provided us with a copy of the schedule of works for the fire doors and the garden area after the inspection.

The service managed ligature risks in the environment appropriately and safely. A ligature point is anything that can be used for the purposes of hanging or strangulation. The service had many ligature points throughout the hospital. However, patients were deemed low risk for self-harm and suicide and staff knew the patients very well. Staff further reduced the risk of patients using a ligature point by carrying out one to one observations, when needed, and two-hourly walkarounds as a minimum. The hospital director was also trying to reduce the number of ligature points by refurbishing some rooms. For example, a communal bathroom had recently been refurbished with some anti-ligature fittings. The service had ligature cutters in the nurses' office and staff had received training in how to use them.

The service had a ligature risk assessment in place. Staff had completed the risk assessment in April 2018. Whilst the ligature risk assessment had all the ligature points throughout the hospital identified on it, some parts did not identify a control measure. For example, staff had identified one of the communal bathrooms on Olive Ward as containing ligature anchor points (taps and door handles). The assessment did not show how staff were meant to mitigate these ligature risks to patients. The lead nurse said this was an oversight and said they would change it immediately.

There were some blind spots throughout the units where staff could not always view patients from communal areas. The service had taken appropriate steps to manage and mitigate the risks associated with blind spots. These included the installation of convex mirrors to assist staff in seeing blind spots. Staff also completed two-hourly checks on patients and the environment to reduce the risk.

Olive Ward complied with same sex accommodation guidance. It was split into two corridors and an upstairs area comprising of two flats. Sleeping accommodation was in single rooms with shared toilet and washing facilities adjacent. The bathroom facilities were clearly designated either male or female. An assigned member of staff monitored the corridors always. Access to the female corridor was through a locked door for which staff and female patients had the key code. Female patients could access a female only lounge on Jasmine Ward.

Staff carried personal alarms on them whilst on duty, which meant they could summon assistance if there was an emergency. Staff knew how to use them. We observed an alarm being raised, all staff responded in a prompt and appropriate way. Staff also had two-way radios so that they could communicate with colleagues in other parts of the hospital.

Maintenance, cleanliness and infection control

Most of the service was visibly clean and comfortably furnished. However, some parts of the wards were not well maintained. The provider had completed part of a refurbishment programme but, on Olive Ward, a communal bathroom needed repairing and refurbishing. Further works had been scheduled to start in November 2018. Cleaning records demonstrated that staff cleaned the environment regularly.

Staff followed good infection control practices and controlled infection risks well. For example, the service displayed posters for hand washing techniques. Staff disposed of the sharps waste bin appropriately. The service

completed a monthly infection control audit. Staff used the action points from the audit to improve cleanliness and complete maintenance jobs. For example, the service planned to replace the stairwell carpet on Jasmine Ward by November 2018 because it posed an infection risk.

Clinic room and equipment

The service had appropriate premises and equipment and staff looked after them well. Each ward had a dedicated clinic room. The clinic rooms contained the necessary equipment to carry out physical health examinations and emergency procedures. There were stickers on equipment such as weighing scales which showed the date the equipment had been checked. Equipment included an emergency grab bag, blood pressure machines, thermometers, weighing scales, blood sugar level machines and pulse oximeters. Staff checked the equipment each week to ensure it worked.

The clinic room was visibly clean. Staff included cleaning equipment as part of their daily checklist to maintain hygiene. Staff kept medicines stored in locked cupboards. Staff checked the medicines fridge and room temperature readings each day. We checked the daily records for the fridge temperatures for the first week in November. Staff had recorded a temperature that went above the maximum range for four days. It was not clear from the records what action staff had taken to reduce the temperature. The hospital director said they would report it to maintenance after we highlighted this. Also, the clinic room temperatures were too hot. The air conditioning unit in the clinic rooms did not sufficiently cool the rooms. The lead nurse said a new air conditioning unit was being installed shortly after the inspection and this would improve the temperature of the rooms.

Safe staffing

Nursing staff

The service had enough staff with the right skills and qualifications to keep patients safe from avoidable harm. The establishment levels were 11.6 whole time equivalent (WTE) registered nurses and 18.6 WTE healthcare and senior healthcare assistants (non-registered nurses) working across the two wards. The wards had a ward manager and charge nurse working weekdays only to oversee the running of the wards. The service had three vacancies for registered nurses and one vacancy for a non-registered nurse at the time of the inspection. Two of the nurse vacancies had been recruited to. The service was completing pre-employment checks prior to arranging a start date.

Managers used a tool to calculate the number of nurses and non-registered nurses needed on each shift. Staff worked long day shifts. Jasmine Ward worked with one nurse and two non-registered nurses per shift. Olive Ward worked with one nurse and four non-registered nurses per shift. When the level of acuity increased, managers employed extra staff to support the shift.

The ward manager could adjust staffing levels daily to meet the needs of the patients. The wards used additional staff for support with patient observations and to escort patients on leave.

New agency and bank staff undertook an induction to the ward, which provided them with essential information about the service. This included training in the use of ligature cutters, reading security policies and training in management of violence and aggression.

A registered nurse was always present in communal areas. The service had enough staff for patients to receive regular one-to-one time with their named nurse and to carry out physical interventions. The manager rarely cancelled patients' leave due to staff shortages.

Medical staff

The service had adequate medical cover day and night for patients. A consultant psychiatrist and specialist registrar worked at the service from Monday to Friday. An out-of-hours on call rota system operated at the service. This consisted of the consultant psychiatrist. The hospital director said this was sufficient cover. The service planned for emergencies and staff understood their roles if one should happen.

Mandatory training

The service provided all staff with mandatory training in key skills required to carry out their role safely. Overall compliance with mandatory training was 88%. Mandatory training included basic life support, breakaway and conflict resolution and management of violence and aggression. The manager booked staff that were overdue for training onto the next available course.

Assessing and managing risk to patients and staff

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

Assessment of patient risk

Staff used a recognised risk assessment tool to assist their evaluations of patient's individual risk. Across the two wards, we reviewed seven patient risk assessments. Records showed that staff completed a comprehensive risk assessment for each patient following admission. This included an assessment of each patient's mental, physical and social risk history.

Management of patient risk

Staff identified and responded to changing risks to, or posed by, patients. Staff reviewed patients' level of risk every weekday in the multi-disciplinary team meetings. Staff completed risk management plans for patients to respond to a change in risk. For example, if patients were at risk of self-harm or self-neglect staff would increase their level of observations. Staff recorded patients' triggers and risk reducing factors to help manage their risks.

Patients assessed as having physical health risks, such as diabetes and obesity, had a risk management plan in place. Staff completed a risk management plan for a patient who needed their blood sugar levels monitored closely to manage their diabetes. This meant that staff could follow a plan every day to reduce the risk of the patient's diabetes causing concern. Staff used the national early warning score (NEWS) system to record patients' physical health observations. We looked at three patients' NEWS records. They showed that staff completed these observations daily and escalated any high scores to clinicians. This reduced the risk of patients' physical health deteriorating rapidly unnoticed.

Staff knew and followed the provider's observation policies and procedures. The multidisciplinary team assessed the levels of observation the patients needed. Most patients were on either one-to-one observations, hourly observations or observations every 30 minutes. In addition, staff carried out two hourly checks on the environment.

Staff and patients adhered to a smoke-free policy.

Informal patients could leave at will and they knew this. Both wards had an appropriately worded sign at the exit doors explaining to patients their right to leave.

Use of restrictive interventions

The service analysed incidents of physical restraint on the wards. Between February 2018 and August 2018, the service recorded six incidents of restraint. Most of these incidents involved the same two patients. Two of these were planned restraints and involved low-level hand holding or leg holding by a small number of staff. Three were in the prone position and one was in the supine position. No incidents of restraint had resulted in rapid tranquilisation. Planned physical restraint involved restraint to support a patient with their medication. Staff recorded incidents of restraint appropriately. For example, how the restraint was to be carried out, which staff were involved and for how long.

Staff only used restraint after de-escalation had failed. Staff devised plans to manage behaviours that challenged. For example, a patient had a care plan in place for when staff restrained them. This ensured that staff communicated to the patient what the restraint would involve.

Staff understood and used correct techniques when using physical interventions. All staff received training in how to prevent and manage challenging behaviours. This included training on de-escalation methods. Staff had recently received training in how to restrain patients in the supine position. The service had completed a reducing restrictive interventions strategy in line with public health guidance. The strategy aimed to identify and reduce all restrictive interventions with the use of positive behavioural support plans. This meant that staff strived to reduce physical and restrictive interventions for all patients.

At the last inspection in May 2017, we told the provider they must ensure they review the use of blanket restrictions within the service, to ensure any restrictions reflected individual patient need. At this inspection, we found improvements had been made. Staff no longer carried out inappropriate random room searches on all patients. The lead nurse said they had stopped this after the last inspection and found it was a positive change. Staff did not impose inappropriate blanket restrictions on patients. Staff completed individualised risk assessments and management plans for each patient and implemented individual restrictions when indicated.

There had been no incidents of rapid tranquilisation of patients in the 12 months before the inspection.

Safeguarding

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

Staff understood how to protect patients from abuse and the service worked effectively with other agencies to do so. Seventy-nine per cent of staff had completed training in how to recognise abuse in adults and children and the processes to report abuse.

Staff gave us examples of safeguarding concerns they had reported. This included incidents of financial abuse, physical abuse and verbal abuse. The service had reported five safeguarding concerns to the local authority between September 2017 and September 2018.

The service had a safeguarding lead. This meant staff had a person they could ask for advice and guidance if they were concerned about a patient's safety. The safeguarding lead had attended extra training to provide staff with support and updates on safeguarding incidents.

Staff followed safe procedures for children visiting the ward. Adult visitors accompanied children always. There was a designated place for visitors to meet patients.

Staff access to essential information

Staff kept patients' care and treatment records on an electronic management system and in paper format (prescription charts and physical health observations). All information needed to deliver patient care was available to all relevant staff, including agency staff, when they needed it.

Medicines management

The service managed the prescribing, administering, recording and storage of medicines well. Staff stored medicines securely and administered them in accordance with national guidelines. We checked medicines administration records of seven patients. Patients prescription charts included patient information, such as allergies, and were kept with records of patients' blood tests and electrocardiograms. This meant that when medicines were prescribed, information regarding patients' physical health was readily available. The service contracted an external pharmacist who attended the wards once a week. The pharmacist completed weekly audits of room and fridge temperatures, storage, medication errors and stock checks. The pharmacist told the lead nurse when they found any medicines errors. In addition, the pharmacist produced a report of medicines errors and stock checks every month. The managers and medical staff reviewed these reports and took action where appropriate.

Staff reviewed the effects of medication on patients' physical health regularly and in line with best practice guidance. We looked at the records for two patients who had been prescribed high doses of antipsychotic medicines to manage their mental health. Staff checked the side effects of these medicines on the patients daily in line with the National Institute for Health and Care Excellence (NICE) guidance. For example, a patient prescribed clozapine and lithium had their bowel movements and bloods checked regularly. This ensured patients did not suffer adverse side effects.

Track record on safety

The service reported no serious incidents in the last 12 months.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff reported incidents such as, patients being absent without leave, abuse and aggression and patients having contraband items on the premises. Since 8 August 2018, staff had reported 21 incidents across both wards.

Staff understood the duty of candour and the provider explained what was required of staff. The duty of candour is a regulatory duty that relates to openness and transparency. It requires providers of health and social care services to notify patients, of certain safety incidents and provide reasonable support to that person. The service had a policy and provided some staff with training in the duty. Staff explained to patients when things went wrong and apologised.

The manager investigated incidents and shared lessons learnt with the whole team and the wider service. The manager shared learning with staff in their monthly staff meetings. We looked at the minutes for these meetings for the last six months. We saw that staff discussed several incidents that had been reported and learned lessons. Senior managers discussed incidents across the region in the monthly senior management meetings. Any learning from these was passed to the staff and discussed in their team meetings.

When staff learnt from incidents this sometimes resulted in a change or improvement being made to the service. For example, a medication error classified as a safeguarding concern resulted in the staff changing the system to check

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

medicines during the administration. The service had recently installed closed circuit television in the outside areas because of several incidents that had taken place. This meant staff made improvements to the service in response to the incidents reported and kept patients safe.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

Staff completed a comprehensive and detailed mental health assessment of each patient on, or soon after admission. Staff assessed patients' recovery needs and worked out a projected length of stay for them to achieve improved independent living skills before they moved on. Assessments included a review of patients' risk history and current physical, mental and social care needs.

Staff assessed patients' physical health needs in a timely manner after admission. This included a full physical health check of vital signs, electrocardiograms and blood tests.

We reviewed seven care and treatment records across the two wards. These showed that staff developed care plans in collaboration with patients. Staff adopted a recovery oriented, personalised approach with patients. Care plans included patients' own recovery oriented goals. For example, one patient had goals that reflected their financial and budgeting needs as well as their personal care needs. Staff completed realistic goals with patients so they could achieve them and make progress on their recovery journey. One patient had goals to support them into education and employment. This patient attended college a few days a week. Other care plans included patient's physical health care needs, such as supporting a patient with managing their diabetes. Patients each had a named nurse and had regular one-to-one key worker sessions as part of their care plan.

Staff completed positive behaviour support plans. These plans were a good way for patients to use proactive strategies for coping with their behaviours that challenge. Staff completed these plans in collaboration with the patient. This meant that patients could be involved in planning their care.

Best practice in treatment and care

The service provided care and treatment based on national guidance and evidence. Staff followed National Institute for Health and Care Excellence (NICE) guidance for mental health rehabilitation services and when prescribing medicines.

The service encouraged patients' recovery through teaching greater independent living skills. Occupational therapists conducted a range of different activities and groups in addition to individual sessions to support patients' recovery, improve self-management or rehabilitation and every-day living skills. For example, the service had a social inclusion worker to help patients with their budgeting skills and to help with any other social welfare related needs, such as accessing a freedom pass. Five patients confirmed that staff helped with their budgeting skills. The service also held a weekly peer support group. This meant that patients supported each other to develop their skills as part of their recovery and rehabilitation.

Patients had access to psychological interventions recommended by NICE. This included individual and group therapies such as cognitive behavioural therapy. The psychologist facilitated family groups for relatives and carers. In addition, patients accessed a regular hearing voices group which they peer led. Each morning staff facilitated a five-minute mindfulness session with patients. These therapeutic interventions promoted patients' recovery.

Staff ensured that patients had good access to physical healthcare and referred them to specialists when needed. Physical health records showed that staff carried out daily vital signs monitoring for patients that required it. These included blood pressure, temperature, oxygen saturation and blood sugar monitoring. In addition, staff carried out blood testing and electrocardiograms. Staff supported diabetic patients effectively through regular blood sugar monitoring. This provided patients with effective care and treatment.

Staff supported patients to live healthier lives. Staff were trained in smoking cessation and supported patients to give up smoking. Patients took part in the service's fitness programme, known as 'Mission Fit'. This was organised by the occupational therapist. This programme helped encourage patients to think about their physical health and take part in various exercises. Patients recorded their weight and discussed a new topic each week, such as meal portion sizes. Since the start of the programme patients had collectively lost 10kg. Patients could also have one-to-one sessions with the occupational therapist. Patients also visited the local swimming pool and gym. This promoted patients' recovery and encouraged a healthier lifestyle.

Staff used recognised ratings scales to determine severities and outcomes for patients. The occupational therapist used the model of human occupation screening tool

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

(MoHOST). Staff used the health of the nation outcome scales (HoNOS) to measure the severity of patients' conditions and record improvements or deteriorations over time. Staff also used the recovery star for some patients. This optimises individual recovery and is a way to measure recovery for patients. The clinical psychologist and psychology assistants collected data on patients receiving psychological interventions for the year to assess patients' outcomes.

The service monitored the effectiveness of care and treatment and used the findings to improve them. The service gathered data on staffing, timely and purposeful admissions, care plans and risk assessments. These audits allowed staff to look at the results and learn from them. Staff followed up the action points of audits to ensure that improvements were made when needed.

Skilled staff to deliver care

At the last inspection in May 2017, we told the provider they did not have sufficient medical cover to ensure that patients had regular reviews with medical staff to discuss their treatment. At this inspection, we found improvements had been made. A ward doctor was now employed on a full-time basis. Records showed that patients received regular medical reviews.

The service contained a team with a full range of specialisms required to meet the needs of the patients. This included a registered manager, lead nurse, ward manager, consultant psychiatrist, ward doctor, clinical psychologist, nursing staff and an occupational therapist. In addition to this, two psychology assistants worked part-time. A charge nurse worked on the wards from Monday to Friday.

The service ensured staff were competent to carry out their role supporting patients. Specialist training included phlebotomy for nurses and non-registered nurses and dialectical behavioural therapy for assistant psychologists. Senior staff had access to management training. Although staff did not receive specialist training in recovery and rehabilitation, staff expressed optimism in patients' recovery.

Managers provided new staff and agency staff with an appropriate induction. The induction included information about the service. The manager said that they would be re-designing the induction to include the recovery model used at the service once it was introduced in January 2019.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Staff received regular supervision from their line manager. Nurses and non-registered nursing staff received monthly management and clinical supervision. At the time of the inspection 92% of nursing staff had received monthly supervision. However, records of supervision meetings were generally brief. We checked the supervision records of seven staff members. Although we could see that, in some cases, performance issues and team work were discussed, there was no record of discussion about direct work with patients and their rehabilitation. This meant staff may not be discussing performance and development during their supervision.

All staff had received an annual appraisal to discuss their performance and development. In addition, staff attended monthly reflective practice sessions, facilitated by the psychologist to discuss complex cases.

Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary meetings. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff spoke positively about how the multidisciplinary team collaborated to provide holistic care from many disciplines. The multidisciplinary team met together daily to hand over any pertinent issues about patient care. The multidisciplinary team also met together weekly to discuss patients' care and treatment with input from the patient and their families.

Staff shared pertinent information about patients at effective handovers within the team. For example, at the beginning of each shift nursing staff met to discuss any incidents, safeguarding or planning from the previous shift. In addition, staff met monthly to discuss the running of the service in team meetings.

Staff had effective working relationships with other relevant teams within the organisation. For example, the hospital director met monthly with other hospital directors in the organisation within the south region. The hospital director could also attend best practice meetings within the organisation and feedback information from these meetings back to staff.

The teams had effective working relationships with teams outside the organisation to support patients holistically.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Staff regularly met with patients care coordinators from local mental health teams to discuss suitable placements for the patients. Staff also had a good working relationship with the local police.

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 (MHA), the code of practice and its guiding principles. At the time of this inspection, all but one of the patients were detained under the MHA. Staff training relating to applying the MHA and the code of practice was mandatory within the service. Eighty-three percent of staff had completed training in the MHA.

Staff had easy access to administrative support and legal advice on the implementation of the MHA. The service had a MHA administrator who carried out audits of MHA paperwork. The administrator also ensured patients attended hospital managers' hearings and MHA tribunals. The service had relevant policies and procedures to support staff with their roles relating to the MHA.

Patients had easy access to information about independent mental health advocacy (IMHA). The wards displayed posters with the contact details of the local advocacy service. An IMHA attended the wards each week.

Staff explained to patients their rights under the MHA in a way they could understand and repeated it as needed. When staff explained patients their rights they recorded they had done so. Records showed that staff explained to patients their rights under the MHA at least once a month and whenever their MHA status had changed. Staff provided patients with written information about their rights every time they explained them. This ensured that patients understood their rights whilst detained under the MHA.

Staff authorised and administered medicines for detained patients in line with the MHA code of practice. For example, patients had their consent to treatment forms completed accurately and kept with their medication charts for staff to easily access.

Staff ensured that patients could take section 17 leave when this had been granted and this was recorded in their records. Clinicians had clearly recorded the start and end date of patients' leave and updated this in their care plans.

Staff ensured informal patients knew they could leave at will by displaying a notice on the wards.

Staff completed regular audits to ensure the MHA was applied correctly. For example, staff completed audits on patients' detention expiry dates and patients' rights information. These audits ensured that staff complied with the provisions of the MHA and associated code of practice.

Good practice in applying the Mental Capacity Act

Most staff had a good understanding of the Mental Capacity Act (MCA), and the five statutory principles. Staff knew how to support patients who lacked capacity to make decisions about their care. Training for staff in the MCA and deprivation of liberty safeguards (DoLS) was mandatory and 93% of staff had completed the training.

Staff knew where to get advice on following the MCA and the provider had a policy outlining the principles of the MCA and DoLS.

Staff gave patients every possible assistance to make a specific decision for themselves before they assumed a patient lacked capacity.

Staff understood the need to seek consent from patients before providing care. For example, staff prompted and encouraged patients with their personal care needs. This meant staff worked with patients to encourage them with their daily living skills.

When patients lacked capacity, staff made decisions in their best interests and recognised the person's wishes, culture and history. For example, records showed a best interests meeting was held for a patient in respect of their physical health needs. Staff completed a capacity assessment that was time and decision specific. Staff then invited the patient, their family and all other professionals involved in their care to a best interests meeting. This meant staff could look at the patient's needs holistically and consider their wishes and history when deciding on next steps.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

At the previous inspection in May 2017, we observed poor interactions between staff and patients. At this inspection we found that this had improved significantly. We observed staff to be kind, caring and respectful in all interactions with patients. The service provided training to staff in communication and boundaries to help them support patients in a respectful and professional way.

We spoke to seven patients across the two wards. Patients said that they felt that staff were kind and always treated them with dignity and respect. One patient said staff helped with their recovery after they had been in a general hospital. Another said that staff helped them with a problem in their physical healthcare.

Staff interacted with patients in a thoughtful and respectful way. Staff showed a person-centred and supportive manner towards all patients. For example, we observed the occupational therapist facilitate a cooking session with a patient using a warm and supportive tone of voice. The staff ensured that all patients felt included in all the ward activities. Staff had arranged a talent show for all patients to take part in. We observed a practice session for this and noted how staff used a sincere and approachable manner in interacting with patients.

Staff understood the individual needs of the patients, including their personal and social needs. Staff supported patients to maintain social activities that they had an interest in. For example, staff supported a patient to participate in music sessions for up to six hours a week.

Staff reported they felt able to report concerns about disrespectful or discriminatory attitudes towards patients.

Staff maintained the confidentiality of information about the patients. Staff discussed patients' care in private and recorded this in paper files that they kept locked away or stored electronically with password protection.

The involvement of people in the care that they receive

Involvement of patients

Staff involved patients in care planning and assessing risks. Staff discussed patients' care and treatment plan with them on a weekly basis. We looked at seven care and treatment records across the two wards. We found that staff recorded that patients had been offered a copy of their care plan. Five patients confirmed that they were given a copy of their care plan and were informed of their rights under the Mental Health Act. Patients met regularly with their primary nurse to talk through their legal rights as well as their care and treatment needs.

Staff communicated with patients so they understood their care and treatment. For example, the occupational therapist provided the activities timetable in a colourful format with pictures. This meant all patients could read and understand it.

Staff enabled patients to give feedback on the service they received. The occupational therapist and psychologist chaired a monthly community meeting and facilitated a daily planning meeting with patients across both wards. This gave patients the opportunity to raise any concerns or complaints that they may have had or to discuss activities for the day. However, the community minutes did not clearly show where staff had followed up actions from issues that patients raised in the previous community meetings. Therefore, patients may not be able to see what actions staff had put in place to improve the service.

The service had a 'you said we did' board, which highlighted any requests or suggestions that patients had made and what actions had been completed. For example, the patients had asked for access to a computer and two laptops with internet access. This had been provided for patients.

Staff supported patients to give feedback on the service they received. For example, one patient did not feel that there were enough food options in the evening for dinner. Staff used this feedback and improved the menu. Patients also provided feedback about the service through the annual satisfaction survey. Staff reviewed the results and provided a clear action plan to address improvements needed. This demonstrated that staff listened to patients' feedback and tried to improve the service where necessary.

Staff ensured patients accessed advocacy to have their voices heard. The advocate visited the wards weekly to see patients. The service made sure that patients knew how to contact the advocate by displaying a poster with the advocate's photo, name and contact details. Staff reminded patients about how to access the advocate at the weekly planning meeting.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Involvement of families and carers

Staff informed and involved families and carers appropriately and provided them with support when needed. For example, the psychologist offered a family therapy service to patients' relatives and carers. This meant that they could be supported in their role as a carer or relative of the patient.

Staff enabled families and carers to give feedback on the service. For example, through attending ward rounds. Staff invited families and carers to ward rounds. If they could not attend they could give feedback in writing or over the telephone.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

Bed management

The service provided long term, high dependency rehabilitation for patients. At the time of the inspection there were 20 patients across the two wards. Places were funded by clinical commissioning groups in the areas where patients lived permanently. The service did not have many out of area placements at the time of the inspection. Most patients were from London. Only three patients were from outside London. The furthest a patient travelled was from Yorkshire.

Discharge and transfers of care

At the time of the inspection, the discharge from hospital of one patient was delayed. This was due to delays in finding a suitable placement.

The average length of stay was 27 months for male patients and 26 months for female patients. However, three patients had been at the service for more than ten years. These patients needed long term support due to their complex mental health needs.

Staff planned for patients' discharge. When patients were admitted, staff identified any potential barriers that could delay discharge in the future. Staff estimated the length of stay that the patient would need and set a provisional planned discharge date. Discharge plans addressed each patient's specific needs. Care co-ordinators worked collaboratively with staff and patients to identify suitable accommodation for the patient to move to.

Staff set provisional discharge dates for a time when they anticipated a patient would be ready for discharge. For example, a patient had a forecast date for the end of 2018. During the inspection, they had just started long term overnight leave in preparation for moving on. These dates enabled staff to plan for discharge with the patient more effectively.

Staff collected data on where patients moved on to after discharge. In the last 12 months, 10 patients had been discharged. All the patients had moved on to a similar rehabilitation service or to step down supported accommodation. This showed that patients had moved in a positive direction.

The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own bedroom and shared a bathroom with other patients of the same gender. Olive Ward had a flat with two bedrooms and kitchen facilities to help patients prepare to live more independently in the community.

Staff and patients had access to a full range of rooms and equipment to respond to patients' needs. The service had an assisted living kitchen on Olive Ward. Patients used this with staff to cook their own meals. Both wards had a communal living space and a dining area. Patients could access an occupational therapy building in the garden for therapy activities. However, this could only fit a small number of people in it. The building was currently being used for patients to use the service's laptops to go on the internet. The hospital director told us about plans to extend the building across the garden so they had more space. The planned works were due to start in January 2019.

Patients had a lockable space in their bedrooms for their belongings and space in fridges and freezers to store their own food. Patients had access to hot and cold drinks throughout the day and night.

Patients had a quiet area on the ward where they could meet with their visitors in private. Patients had access to their own mobile phones so they could make phone calls privately in their bedrooms. Patients accessed a spacious garden area for fresh air. Patients said the quality of food was good. Patients chose their meals each day and all meals were cooked onsite by a dedicated chef.

Patients had access to therapeutic activities. The occupational therapist developed a timetable for patients to take part in a range of activities. Activities included, table tennis, music and art. The occupational therapist reviewed the timetable every three months to include any activities that patients had suggested. Patients had a choice in what activities they would like to be involved in. Patients decorated a chair, as part of an art group, and displayed it at the local borough's "People's Day". The service displayed the chair proudly in the entrance hall to Olive Ward.

Patients' engagement with the wider community

Staff ensured that patients had access to education and work opportunities. The occupational therapist introduced

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

a real work opportunities programme. This supported patients to take the first step towards employment. Some patients found the prospect of paid or voluntary work in the community overwhelming, so the service provided paid opportunities at the hospital. For example, the service employed one patient as a ward based lunch assistant and another patient as a groundskeeper. One patient had created a monthly magazine for patients. This included articles on events, upcoming workshops and therapies, accompanied with photos and an inspirational poem. This ensured that staff supported patients to gain skills to work towards voluntary or paid employment.

The occupational therapist encouraged patients to attend the local college to access vocational courses. For example, one patient studied computing, yoga and food technology at the local college and had the opportunity to study for qualifications aimed at improving their employability and independence.

Staff tried to encourage patients to develop and maintain relationships with people that mattered, for example family members. However, staff were not actively aware of the particular needs of LGBT+ patients and did not routinely ask patients about their sexuality and sexual orientation or the pronoun by which they liked to be addressed. Staff had not taken steps to ensure the wards were clearly open and inclusive for LGBT+ patients. Staff did not receive specific training to make sure they met patients' diverse needs and consider engagement with specific community groups.

Meeting the needs of all people who use the service

The service made suitable adjustments for patients with disabilities to access the premises. The service had a lift that patients, who were less mobile, could use to go up and down rather than use the stairs.

Staff ensured patients obtained information on their rights, how to complain, local services and treatments available through a welcome information leaflet. Information provided to patients on their rights under the Mental Health Act could be read in an accessible format, such as easy read.

Staff provided information in the English language. However, for patients whose first language was not English staff would provide interpreters or source information available in other languages.

Patients had a variety of meal choices that supported their dietary requirements. This included foods to meet patients' individual religious needs such as halal or kosher foods.

Whilst staff considered patients' cultural, equality and diverse needs; more work could be done to ensure that patients holistic needs were met. For example, spiritual support was limited to the service providing the contact details of a priest. Staff did not provide patients with information on other religions. Patients cultural needs were mainly reduced to the type of food they wanted. Staff did not take a proactive approach to find out about other parts of a person's culture and religion.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the outcomes. The service received six complaints from November 2017 to September 2018. The complaints involved staff communication or treatment methods. All were partially upheld. None of the complaints were referred to the Ombudsman.

Patients knew how to complain and felt able to do so. Patients' accessed information about the complaints process. Staff displayed this information on the noticeboards.

When patients complained, staff provided them with feedback from investigations. For example, the manager wrote to the patient and verbally discussed the outcome with them.

Managers handled complaints appropriately. The managers kept a log of all complaints, formal and informal, received about the service. The managers discussed complaints with staff at their monthly team meetings and shared any learning that had resulted.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Leadership

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. For example, the lead nurse had worked at the service for many years. In addition, a nurse who had been at the service for several years had been promoted to the role of ward manager.

Staff and patients said they knew who the senior staff team were and that they were approachable. The senior team were visible at the service and had regular contact with patients.

The service encouraged leadership development including opportunities for staff below team manager level. For example, a nurse had recently been successfully promoted to charge nurse. Some staff had been provided with training in taking bloods, including non-registered nurses. This encouraged career development.

Vision and Strategy

The service had a clear vision and strategy that all staff understood and put into practice. The provider aimed to build patients' skills and confidence to help them towards independent living. Staff emphasised the importance of working in collaboration and offering the best care possible to patients. The service's model of care was changing to reflect a new care pathway focusing on patients' choice. This model of care was in the draft stages and would be implemented in January 2019 following training for staff.

Staff had the opportunity to contribute to discussions about the strategy for the service. For example, staff representatives attended the clinical governance meetings each month.

Staff explained how they worked to deliver high quality care within the service's financial means.

Culture

Staff felt respected, supported and valued. Staff spoke about how proud they were to be supporting patients with their recovery and to live independently. Staff completed a satisfaction survey twice in 2018. The most recent results were published in September 2018. The service scored higher than the rest of the organisation for personal performance and opportunities, but slightly less than the rest of the organisation for teamwork and support.

Staff felt able to raise concerns and knew about the provider's whistleblowing policy and procedures.

Managers dealt with poor performance when needed. For example, when a staff member displayed poor conduct at work, the manager followed the provider's disciplinary procedure.

The ward teams worked well together and managers ensured this. For example, the service held a team away day for staff in November 2017. The hospital director said this was successful and they hoped to do it again.

Whilst staff reported that the service promoted equality and diversity in the work place and provided opportunities for career progression, the provider still needed to implement the workforce race equality standard (WRES). This is a requirement for services providing NHS funded care. The standard aims to ensure black and minority ethnic staff have equal access to development in the workplace and are treated fairly. The hospital manager was not aware whether the provider had plans to address the WRES. There were no plans in place at the service and no particular monitoring of the experience of BME staff.

Staff had access to support for their physical and emotional wellbeing in the workplace. The service had an external occupational health service that staff could access confidentially. For the period April to October 2018, the staff sickness rate was relatively low (5.63%).

The provider recognised staff success within the service. For example, each year the provider held staff recognition awards nationwide. In addition, the provider also held monthly awards where staff could nominate a member of their team and the winner would get a voucher.

Good governance

Staff had a clear framework of what must be discussed at a ward level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. The service held monthly clinical governance meetings attended by the multidisciplinary staff. These meetings discussed pertinent issues such as incidents, patient involvement and staffing. In addition, the hospital director attended quarterly

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

regional clinical governance meetings. The hospital directors from other parts of the region attended this meeting. Managers presented matters from this meeting at the monthly clinical meeting and then to the staff meetings. This system ensured key messages and learning were communicated from ward level to the provider and vice versa. This supported the delivery of safe and effective care.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.

Local clinical audits took place. Staff completed audits to provide assurance on things like the completion of care plans, risk assessments and patients' physical health. Staff then acted on the findings when they needed to. For example, staff kept care and treatment records up to date and accurate after shortfalls had been identified in audits.

Management of risk, issues and performance

Staff maintained, and had access to, the risk register at ward and regional level. Staff at ward level could escalate concerns when required. The top two risks on the register included, patients absconding and the building layout. To reduce the risk of patients absconding, the managers ensured staff assessed patients' risk and mental state daily. Staff also regularly controlled the main entrance to the building via an intercom in the nurses' office.

The service had plans for an emergency or disruption to the service. The service had a joint working protocol with another of the provider's services. This meant that both services could contact the other in an emergency, such as power outage, and access their systems.

Information management

At the last inspection, in May 2017, we told the provider to ensure that they assess, monitor and improve the quality and safety of the service provided. At this inspection, improvements had been made. The service used systems to collect data about the performance of the wards. This was not over-burdensome for frontline staff. The service had a dashboard that held pertinent data about both wards. For example, the managers at the service could look at data such as care plan approach meeting dates, patients' length of stay, forecast discharges, patients' physical health and safety incidents at a glance. This meant staff had easy access to performance data of the wards and could use this to make improvements.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. Administrative staff supported managers to record key performance indicators.

The service notified the Care Quality Commission of notifiable incidents, including incidents involving the police.

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. For example, relatives could access information through the provider's website. Patients produced an internal monthly newsletter with the support of staff. Staff could attend a quarterly best practice committee to hear about the work of other services within the organisation.

Patients and carers had opportunities to give feedback on the service. For example, two patients worked as service user representatives. They attended the monthly clinical governance meetings to provide the patients' feedback. One of the patients had also attended the provider's conference outside of London, accompanied by a staff member.

Managers used the feedback from surveys to make improvements. The patients completed a satisfaction survey in October 2018. The results showed 27% of patients felt information about their care and treatment was helpful. Fourteen percent said they were not clear about what they needed to do to move forward. Staff developed an action plan in November 2018 to make improvements. The occupational therapist introduced a moving forward session to explore personal goals on a weekly basis. Staff listened to patients and used their feedback to improve the service.

Patients and carers were involved in decision-making about changes to the service. For example, patients had been involved in recruitment panels to interview prospective new staff.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Leaders engaged with external stakeholders, such as community mental health teams and social workers. This ensured that staff worked with others to ensure consistent care and treatment for patients.

Commitment to quality improvement and innovation

The service was in the process of changing their model of care to reflect a specific rehabilitation pathway for patients.

The provider had introduced the WISHE pathway (Work & Education, Interventions, Social Networks, Health and Empowerment), which aims to put the patient at the heart of their care and treatment. This meant patients could equip themselves with independent living skills to enable successful move on. WISHE was due to be implemented in January 2019 following staff training.