

Elysium Healthcare (Acorn Care) Limited

The Limes

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

The Limes is a specialist rehabilitation service for men with a mental illness and/or personality disorder. The hospital is in Langwith Nottinghamshire. The hospital is run by the independent provider Elysium Healthcare Limited and provides care for up to 18 male patients aged 18 years and over. We carried out this inspection to follow up the breaches from the previous inspection.

Our rating of this location improved. We rated it as good because:


- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well.
- Staff minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The psychology team provided patients a range of therapeutic groups for example Mindfulness, hearing voices group, mutual help meetings and one to one work with patients. In addition, they supported staff with support groups and one to one support.
- We saw comprehensive patients care plans that included an extensive patient history, were holistic and person-centred. We also saw positive behaviour support plans. We saw evidence of good physical health care, with physical health leads in place.
- We observed many positive caring interactions throughout the inspection. They actively involved patients and families and carers in care decisions. Patients were involved in a January 2022 recruitment day speaking to interviewees about the service.
- Four patients were interviewed and overall provided very positive feedback. They told us some patients are paid to undertake household chores and gave many positive compliments about the registered manager and the service doctor.
- Staff felt valued and empowered. Some staff told us they felt happy to come to work. Staff morale was good and had improved over time. Staff and patients told us there was strong leadership. Two student nurses complimented the support from the lead nurse.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff supported patients with protected characteristics and made sure they received the right care.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, patients discharge were not delayed.
- The service worked to a recognised model of mental health rehabilitation. The model combined positive behavioural support with compassion focussed therapy, alongside Safewards. It was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- We found gaps in the ligature audit. Ligature points identified had not been included on the audit. For example, hinges on bedroom doors, shower doors. In addition, follow up action were not included. Following the inspection, the manager reviewed ligature audit with improvements.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good 	

Summary of findings

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Summary of this inspection

Background to The Limes

The Limes is a specialist rehabilitation service for men with a mental illness and/or personality disorder. The hospital is in Langwith Nottinghamshire. The hospital is run by the independent provider Elysium Healthcare Limited and provides care for up to 18 male patients aged 18 years and over. Admission criteria for patients is that they may or may not be detained for treatment under the Mental Health Act (MHA) 1983, complex mental health needs including personality disorder, challenging behaviours, substance and alcohol abuse, may have a mild learning disability or forensic history, maybe treatment resistant. The aim of the service is to equip the patients with the skills needed for increased independence and community living.

The Limes Hospital has a registered manager and provides the following regulated activities:

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

The Limes Hospital registered with the CQC on 17 January 2010. CQC carried out an inspection 12 – 13 September 2018. Breaches under Regulations 12, 17 and 18 were identified at this inspection. The provider submitted an action plan with all breaches now met.

Regulation 12. Safe care and treatment. The hospital did not complete patient observations at

regular intervals in line with the provider's policy. Staff medicines management practices did not ensure that the storage and administration of medicines was safe. The hospital did not use tools to monitor deterioration in patients' physical health accurately.

Regulation 17. Good governance. The hospital did not keep patient care and treatment records in an organised and accessible format for the sharing of information between colleagues. The hospital did not ensure records contained a complete and accurate record of actions taken by staff. The hospital did not consider the risks associated with the transition between electronic and paper systems and this was not reflected on the hospital's risk register. The hospital management did not have oversight of staff key performance indicators.

Regulation 18. Staffing. The provider did not ensure staff had completed mandatory training necessary to complete their role. The provider did not ensure staff were supervised at the required frequency outlined in their supervision policy.

We carried out this unannounced comprehensive inspection and found improvements.

What people who use the service say

We spoke with four patients and received many positive comments. Patients told us:

"It feels like a home here, doesn't feel like a hospital, staff don't treat us like we are in a hospital. I have psychology in the afternoon in the mindfulness group which I sometimes go to. I don't get bored. Family comes to see me. Food is very good, home cooked food, I can get drink and food when I need it. I understand what medication I am on and can see the

Summary of this inspection

doctor if poorly. There are compliment and complaint forms held near the fish tank. I have personalised my bedroom. I'm encouraged to clean my room, sometimes the cleaner comes in. Men's health is spoken about here, I am able to go to the opticians and dentists. I also go to the corner shop and pub. Staff are around day and night if we need them. They check me once an hour."

"Staff explain Section 37/41 tribunal work towards my unescorted leave. I feel listened to by staff, I can bring stuff up if need to. We have community meetings. I know the fire alarms are checked every Tuesday. I have escorted leave at present, but I can go out with my relative."

"This is the best hospital I have been to. Staff are friendly and lovely. We go to the supermarket and staff help me to budget, I save my money. I go to the pub once a week. I am having a few driving lessons. I do a few jobs around the hospital which I am paid for. You have to be interviewed for a job first. During COVID-19 my visitors came to see me in the separate visitor's garden. I have my key to my bedroom. I am doing good here and see the doctor face to face."

"I have been to four hospitals and this is the best one. Staff are so different here. When the new manager came there were lots of improvements. We make suggestions and are listened to. I asked for a new television in the lounge and lighting around the television and we have that now. I go for walks with staff and go to the shops. When I was very sick staff didn't give up on me, they kept checking on me, they sorted me out. Our doctor is the best doctor, a good doctor."

How we carried out this inspection

To fully understand the experience of people who use services, we ask the following five questions of every service and provider[HC1] :

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

Before the inspection visit, we reviewed information that we held about this service as part of our ongoing engagement with the provider and asked a range of other organisations for information about this service.

During the inspection visit the inspection team:

- visited the hospital site and looked at the quality of the ward environment;
- observed how staff cared for patients;
- spoke with four patients who were using the service;
- spoke with five families/carers on the telephone
- spoke with the registered manager;
- spoke with the medical director/doctor;
- spoke with eight other staff members including nurse, healthcare support workers, forensic psychologist, patient's engagement lead, mental health act administrator and two student nurses;
- observed a multidisciplinary morning meeting;
- observed the patients' morning meeting;
- observed a nurse administering medicines with patients;
- reviewed three care records of patients in detail;

Summary of this inspection

- carried out a specific check of the medication management on the ward and looked at three treatment cards;
- reviewed documents remotely
- reviewed a range of policies, procedures and other documents relating to the running of the service.

Areas for improvement

Action the service SHOULD take to improve:

The service should ensure that all identified ligature risks are mitigated and recorded in the ligature risk assessment.

Our findings

Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Our rating of safe improved. We rated it as good.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated a ligature risk assessment of wards areas and removed or reduced any risks they identified. We saw for each patient a brief entry which confirmed a summary of their risk within the environment coupled with a green and amber rating and risk number score as mitigation. The large garden area and large fish tank were included in the ligature risk assessment. However, we saw potential ligature anchor points on the ward, for example hinges on some bedroom doors and some shower frames had a gap between the ceiling not enclosed. The ligature risk assessment failed to identify mitigating actions for patients for these anchor points. However, staff were aware of the risks and had mitigation in place, but the risks and mitigation was not properly recorded on the audit.

We saw a communal bathroom on the ground floor was kept locked. The bathroom did not have anti-ligature taps on the bath, and it contained a handrail which was a potential ligature point. We were told that the mitigation was all patients were risk assessed before using. The bathroom was locked when not in use to stop patients walking in. The ligature audit and risk register identified this risk in April 2022 for works to be completed in June 2022.

Following the inspection, the manager took immediate steps and undertook a full environmental review and updated the ligature risk assessment. The ligature assessment identified some bedroom doors had an anti-barricade hinge closer at the top, which meant any weight placed on them and the door would come away from the frame. The closed-circuit television camera footage was available for staff to observe. For the shower frame cubicle gap, the mitigation was that a patient would only be allocated bedroom ensuite where they had no recent history of self-harm with ligatures or were low risk of self-harm. In addition, there were daily review of risk incidents in the morning meeting and individual observation levels could be escalated as necessary, coupled with daily environmental and security checks.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff could not observe patients in all parts of the wards due to the layout of the building which was an older building. However, patients were supported with daily observations. The closed-circuit television camera monitoring was under constant observation with an overview of the corridor areas.

Staff had easy access to alarms and patients had easy access to nurse call systems. Visitors were provided with alarms when visiting their relative.

The Limes is a specialist rehabilitation service for men only.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained and well furnished. Staff made sure cleaning records were up to date and the wards were clean. Staff followed infection control policy, including handwashing. Staff told us during the COVID-19 pandemic they had good access to personal protective equipment and followed infection control procedures. We saw staff still followed these procedures.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Medicines required in an emergency were available. Staff recorded weekly safety checks on medical gases, emergency medicines and equipment to ensure they were safe to use if needed in an emergency.

Safe staffing

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

Nursing staff

The service had six nurses and 14 healthcare assistants. Staff worked two main shifts a day and night shift. During the day shift there would be two nurses and five healthcare assistants, the night shift would be one nurse and four healthcare assistants. The establishment target rate was 85%. At the beginning of May 2022, the staffing rates were at 84% with a vacancy rate of 16% for one nurse and four healthcare assistant vacancies.

The service held a staff recruitment day in January 2022 and successfully recruited three new staff, one nurse and two healthcare assistants. Two more health care assistants had been offered posts and due to start work shortly following the inspection. There was a rolling recruitment for the remaining posts. Staff turnover rates from April 2021 to May 2022 was 35% with the service target rate at 20%. At this time there were changes in leadership, which resulted in some staff leaving. Substantive staff and bank staff covered additional shifts by working extra hours, with vacant posts advertised.

Following the inspection, we asked for provider for the staffing shifts not filled by bank or agency staff to cover sickness, absence or vacancies in 12-month period. We did not receive this data.

The manager regularly employed four bank staff who were familiar with the service. These included three healthcare assistants and one kitchen assistant. Managers made sure all bank staff had a full induction and understood the service before starting their shift.

The manager could adjust staffing levels according to the needs of the patients. The number of shifts filled by a bank member of staff to cover staff sickness, absences, or vacancies between 19 April 2021 to 30 April 2022 was 346 bank shifts. The highest usage was in January 2022 with 38 bank shifts and February 2022 with 39 shifts.

Long stay or rehabilitation mental health wards for working age adults

Good 

The manager did not routinely use agency staff. The number of shifts filled by a agency staff to cover staff sickness, absences, or vacancies between 19 April 2021 to 30 April 2022 was 93 shifts. The highest usage was in January 2022 with 18 agency shifts and February 2022 with 15 agency shifts. Bank and agency staff were used to cover staff sickness as staff sickness were high in January and February 2022 due to COVID-19, with 13 staff off during this period.

The current sickness levels as of 4 May 2022 were 5%. The service target rate was 9%. One staff member was on long-term sickness absence.

Patients had regular one-to-one sessions with their named nurse. Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. The service had enough staff on each shift to carry out any physical interventions safely. Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had medical cover arranged for out of hours. A seven day a week rota included a nominated nurse, hospital director, doctor and maintenance support on call.

Mandatory training

The service mandatory and statutory training rate compliance as of May 2022 was 92%. The service target rate were 90%. Staff had completed and kept up to date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of patients and staff. Examples of mandatory training provided were; autism 91%, immediate life support 100%, safe administration of medicines 96%, professional boundaries 96%, infection control 94% and suggestions ideas and complaints 98%. Transgender awareness 87% and breakaway training 80% were both the lowest compliance rates but were provided annually with reminders sent to staff. Managers told us two new staff were in the process of completing their mandatory training. Staff were allocated role specific training, with a record held on My Elysium Learning which is a Elysium training portal. Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

We reviewed three patients' risk assessments. Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident.

Management of patient risk

Staff knew about most risks to each patient and acted to prevent or reduce risks. Staff identified and responded to any changes in risks to, or posed by, patients. Staff followed procedures to minimise risks where they could not easily observe patients. Each morning staff attended a morning meeting where each patient was discussed and any associated risks were reviewed, and action agreed to support the patient. For example, observation levels could be escalated for an individual patient.

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Use of restrictive interventions

Staff followed Safewards. The aim of Safewards was to minimise the number of situations in which conflict arises between staff and patients that lead to the use of coercive interventions (restriction and/or containment).

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. There were twenty-five incidents involving restraint from 1 May 2021 to 4 May 2022. Of these incidents, seven were for the same patient. Prone restraint was not used. Prone restraint was a method of intervention where a person's face and frontal part of his or her body is placed in a downward position touching any surface for any amount of time.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation, which was rarely used. There has been two incidences of rapid tranquillisation between 1 May 2021 to 4 May 2022. These were for the same patient due to violence and aggression towards others, as all other means of de-escalation were not working.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. Safeguarding training was mandatory, with annual adult and children training available. Safeguarding training for non-patient contact staff with two modules to complete were 89%. For housekeeping staff with three modules 100% and for clinical staff with four modules 87%.

There were 23 safeguarding referrals between 14 January 2021 and 10 April 2022. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was the safeguarding lead and deputy manager was the safeguarding trainer at the service. Both managers had received a higher-level safeguarding adults and children training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff followed clear procedures to keep children visiting the ward safe.

Staff access to essential information

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

Patient notes were comprehensive, and all staff could access them easily. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Records were stored securely.

Medicines management

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

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. A photograph of patients was held on each medicine chart to ensure correct medicines were administered to the right patient.

The service commissioned a local pharmacy to attend The Limes to undertake weekly checks, including the psychiatric medication that can be given either on a form *T2* (patient consents to treatment) or on form *T3* (no *consent to treatment*). We saw from the pharmacists visit on the 3 May 2022; four minor action points had been identified for the staff to complete. The four points were all actioned the same day.

Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines and prescribing documents safely.

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

Staff learned from safety alerts and incidents to improve practice. The service ensured patients' behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed the effects of each patient's medicines on their physical health according to National Institute for Health and Care Excellence guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with trust policy. Managers shared learning about never events with their staff.

There were three serious incidents over the three months prior to our inspection. One patient seriously physically assaulted a staff member and they were moved to a psychiatric intensive care unit. One patient was absent without leave. The patient left the service without the agreement or knowledge of staff which was being investigated at the time of our inspection. There had been one patient death. An internal investigation was ongoing. Managers debriefed and supported staff after any serious incident.

Managers investigated incidents, gave feedback to staff and shared feedback from incidents outside the service. Over the 12 months prior to our inspection there were two incidents of medication errors. The medication errors resulted in a medication competency assessment being completed by the nurse. As part of their supervision the nurse was then asked to complete a piece of reflective writing on the incident.

Staff were familiar with the serious incident and lessons learnt shared with the whole team. Staff complied lessons learnt posters for staff to read around patient incidents. These were displayed on the clinical governance board in the meeting room. The lessons learnt outcomes were discussed in staff meetings, staff supervisions and at staff handovers.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff understood the duty of candour and gave patients and families a full explanation when things went wrong. Staff apologised and gave honest feedback.

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

Good 

Our rating of effective improved. We rated it as good.

Assessment of needs and planning of care

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

We saw three comprehensive patients care plans that included an extensive patient history, were holistic and person-centred. Care plans included five main areas: keeping safe, keeping healthy, keeping well connected, discharge and family and friends. We also saw positive behaviour support plans.

Staff followed the service guidance on how to write care plans, including recording what patients told them and asked for.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. We saw one patient with protected characteristics had regular health check-ups to ensure their health care needs were met.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff regularly reviewed and updated care plans when patients' needs changed.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Staff delivered care in line with best practice and national guidance from National Institute for Health and Care Excellence.

The service offered a model that combined positive behavioural support with compassion focussed therapy, alongside safeguards. Staff provide targeted interventions such as; anger management, substance misuse and relapse prevention. Treatment included goal setting to promote positive behaviours. The psychology team provided patients a range of therapeutic groups for example mindfulness, hearing voices group, mutual help meetings and work with individual patients. In addition, they supported staff with a weekly support groups and one to one support.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes, for example; the national early warning score a tool which improves the detection and response to clinical deterioration in adult patients and improves patient outcomes, hospital anxiety and depression scale aims to measure symptoms of anxiety and depression, health of the nation outcome scale a method of measuring the health and social functioning of people with severe mental illness, and measured behaviour, impairment, symptoms and social functioning. In addition, staff used EuroQol a tool for measuring anxiety and depressive symptoms in community settings.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. Patients had weekly access to the physical health checks with the physical health care nurse and healthcare assistant. Patients told us they had a discussion group around men's health.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff could refer patients to other professionals as their care needs required. These included the physiotherapist, dietician, diabetic community nursing team. Staff helped patients live healthier lives by supporting them to take part in programmes including visits to the gym, box exercise, or joined the walking group. A basketball hoop was available to patients in the garden. Staff told us most patients took part in general exercise and wellbeing.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Audits were carried out weekly, monthly, quarterly, six monthly. For example; medicine, first aid, serious incidents, observations, restrictive practise, hand hygiene, infection control, Mental Capacity Act and Deprivation of Liberty, blanket restrictions, care plan, suicide, safeguarding and complaints audits. Managers used results from audits to make improvements.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. The ward team consisted of nurses, healthcare assistants, psychiatrist, psychologists, assistant psychologist, occupational therapists, occupational therapists' assistant, patient engagement lead, receptionist, administrators, mental health act reviewer. The service also employed two cooks and two kitchen assistants, three housekeepers and one maintenance support.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work.

All staff received individual or group supervision and reflective sessions. Managers supported all staff through regular management and clinical supervision and appraisals of their work. The service's appraisal compliance target rate was 90%. The current appraisals rate was 92%.

The service's management supervision target rate was 90%. The current management supervision rates was 100%. The service's clinical supervision target rate was 90%. The current clinical supervision rates was 94%.

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We reviewed staff meeting notes and saw staff attended morning meetings and staff engagement forum meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Multidisciplinary ward rounds were held weekly. Clinical governance meetings were held monthly to review safe patient care and where improvements maybe needed. Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with external teams and organisations. For example, local housing services, social services and local colleges.

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

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

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Mental Health Act Code of Practice were offered yearly, with staff training compliance rate at 97%.

A Mental Health Act administrator was based at The Limes and accessible to staff for advice and support. The Mental Health Act administrator would provide training where required and had produced a laminated card which explained the Mental Health Act basic principles. The Mental Health Act administrator linked into the provider's Mental Health Act networking group which met quarterly and kept up to date and fed back to the service.

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

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The Mental Health Act administrator undertook audits and six-monthly peer audits. This was where the Mental Health Act administrator sampled Mental Health records from another Hospital within Elysium.

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

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

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

Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with training on the Mental Capacity Act including Deprivation of Liberty Safeguards compliance rate at 94%. Staff had a good understanding of Mental Capacity Act five principles.

There were no patients under Deprivation of Liberty Safeguards at the time of our inspection. There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

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

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

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

Good 

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

Long stay or rehabilitation mental health wards for working age adults

Good 

Kindness, privacy, dignity, respect, compassion and support

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

We spoke with four patients who told us they felt well supported, and staff were kind caring, and respectful. We observed and heard many positive interactions between patients and staff. We observed one situation where a staff member demonstrated caring attitudes when dealing with a highly sensitive issue. Staff understood and respected the individual needs of each patient. Staff supported patients to understand and manage their own care treatment or condition.

Some patients told us they were paid to undertake household chores and gave many positive compliments about the staff, registered manager and the service doctor.

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

Staff felt they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff involved patients and gave them access to their care planning and risk assessments. All the patients we spoke with felt involved in their care. Patients were offered copies of care plans when completed.

Staff introduced patients to the ward and the services as part of their admission. A service leaflet were available and in the process of being updated.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients attended daily morning meetings, weekly mutual support meetings and twice monthly community meetings. We looked at four sets of community meeting minutes and saw patients' feedback on the quality of care provided. For example; the catering, furniture and unit dynamics between patients and staff. One patient had successfully been chosen to be on the Elysium service user advisory board.

We saw the ward's 'You said, We did', boards. The boards showed patient feedback on the service. Patients had asked staff between January to March 2022 for a large fish tank, new lounge furniture a sofa, and large bean bags and we saw these items had been provided.

Patients were involved in a January 2022 recruitment day at The Limes speaking to interviewees about the service. One patient was involved in delivering an element of the personality disorder training to staff and was able to explain it from the patient's experience.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff supported patients to make decisions on their care. Staff made sure patients could access advocacy services from an independent advocacy service. We saw posters displayed with contact details for Advent advocacy services. The advocate worked remotely and dialled into the weekly ward round if a patient requested this.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

We spoke with five patient families and carers and overall received positive feedback. They told us their relative were welcomed at the service and were safe, and well cared for. They supported their relative by visiting, telephoning regularly and were invited to virtual calls and other relevant care meetings. They told us the service was clean and tidy and the environment met their relative's needs. Two families and carers told us their relatives health issues had significantly improved as staff had supported their physical health issues.

All five families and carers felt their relative had made good progress at the service. One carer told us their relative was "in a terrible state" and within a short period "they were a different person". Their relative can use their mobile phone again and does online banking. Families and carers consistently told us staff were always kind and caring.

Staff told us it wasn't always easy to collect families and carers feedback, so they provided a self-addressed envelope and they were entered into a raffle if they sent back their feedback. The service was planning an event for carers week in June 2022 at a local venue. Patients families and carers were to be invited, with outside speakers and an interactive day.

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

Good 

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

Access and discharge

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

The provider reported bed occupancy of 90% in the 12 months prior to our inspection. The average length of stay for patients was 19 months. Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

Patients did not experience any delays in their discharge. Managers and staff worked to make sure they did not discharge patients before they were ready. When patients went on leave there was always a bed available when they returned.

Patients were moved during their stay only when there were clear clinical reasons, or it was in the best interest of the patient. Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

The service had no delayed discharges in the previous 12 months. Staff carefully planned patients' discharge and worked closely with care coordinators and commissioners. Patients may transition back home or to supported housing.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff supported patients when they were referred or transferred between services. The service followed national standards for transfer. Over the previous 12 months from 25 patients, 19 patients were placed out of area.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, with ensuite, which they could personalise. Patients had a secure place to store personal possessions. Staff used a full range of rooms and equipment to support treatment and care. The service had a multipurpose room where patients could access a computer, attend employment workshops or engage in group therapy. The manager told us they were looking to extend the building to provide extra space for therapy and were in the process of drawing up site plans.

The meals were of good quality and most patients we spoke with complimented the freshly cooked meals. One patient told us at lunch time only hot meals were available, and staff were not able to provide sandwiches which he preferred. The patient had previously raised these concerns with staff and disappointed alternative arrangements could not be made. Patients could make hot drinks and snacks at any time.

When clinically appropriate, staff supported patients to self-cater. Some patients regularly shopped for ingredients to prepare and cooked their own meals in the rehabilitation kitchen. The rehabilitation kitchen was modelled on a domestic kitchen and provided patients with the opportunity to cater for themselves and others.

Patients could make phone calls in private. A hospital phone was available patients.

The service had a visitor's room where patients could meet their visitors in private. The service had a large garden that patients could access easily with a covered area and garden furniture. Part of the garden had been separated into a visitor's garden with wooden decking and garden furniture. This allowed patients to speak with their visitors in private in the garden.

One patient had brought their cat to stay with him at the service.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. The service had established links with voluntary sector Rhubarb Farm. Rhubarb Farm offered work placements, training and volunteering opportunities to people with long-term issues, or people who want to learn about growing their own fruit and vegetables. Some patients were due to start placements at Rhubarb Farm mid-May 2022.

Staff helped patients to stay in contact with families and carers.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients have access to a community allotment and last year patients grew potatoes. Patients had access to two eight-seater cars and travelled to the shops in the community. They recently went to a day trip to Skegness and planned a trip to Laser Quest in Sheffield.

Long stay or rehabilitation mental health wards for working age adults

Good 

Meeting the needs of all people who use the service

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

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

During the COVID-19 pandemic patients had to stay on the ward with reduced opportunities to go out. Staff managed to secure the services of a local social club for small groups of patients to use the pool table and other facilities. During this time, trips to the shops were restricted, so patients set up a tuck shop with the support of staff. The tuck shop remained in place and provided a range of small items including confectionary and toiletries to sell.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Managers made sure staff and patients could get help from interpreters or signers when needed.

Staff supported patients with protected characteristics and made sure they received the right care.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. We saw this during our inspection with halal food offered for one patient.

Patients had access to spiritual, religious and cultural support. The service had multifaith room regularly used by patients.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern. In patient areas by the large fish tank were complaints and compliment boxes. Patients told us they would drop in complaints and compliments and staff checked the boxes each morning. Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Staff protected patients who raised concerns or complaints from discrimination and harassment. From October 2021, there had been six informal complaints received from patients. Patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service used compliments to learn, celebrate success and improve the quality of care.

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

Good 

Our rating of well-led improved. We rated it as good.

Long stay or rehabilitation mental health wards for working age adults

Good 

Leadership

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

Managers had the right skills, knowledge and experience to perform their roles. Managers had a good understanding of the services they managed. Staff told us that managers were visible and approachable. There was positive feedback from staff about managers and they appreciated the way in which they tried to communicate with staff to keep them up to date with service information.

Managers and staff confirmed development opportunities for career progression were available and were encouraged to take these up.

Vision and strategy

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

Those staff we spoke with knew the organisation's new vision and values. The provider's shared values were kindness, integrity, teamwork, and excellence. We saw evidence of the provider's vision in numerous service meeting minutes and on notice boards. Staff were able to articulate the philosophy of the service.

Staff felt listened to and able to influence service delivery. Staff spoke positively about the organisation and were proud of their work and enjoyed their role.

Culture

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

Staff said they were respected, supported and valued. Staff felt managers focused on staff welfare and told us about nominations for employee of the month with a gift of £20. Staff told us about a sweets trolley available to all staff in the manager's office.

Staff spoke positively about the service and told us that the provider was a good employer to work for and was focused on providing high quality care. Staff were supportive of each other. We saw evidence of effective teamwork with staff volunteering to help cover shifts, so patients were supported by staff that knew them. We saw staff had good rapport with patients.

The service promoted equality and diversity in daily work. Staff told us that supporting for and helping patients was the best part of their job. One staff member told us how satisfying to see the "patient journey" watching the patient develop confidence, essential life skills and exit the service to live in the community. Staff reported a positive culture, they felt listened to and able to speak up if they had concerns. Staff knew about the Speak Up Ambassador and the whistleblowing process with posters around the service with contact details.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Long stay or rehabilitation mental health wards for working age adults

Good 

The service had improved since the previous inspection in 2018. Managers operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managers held regular clinical governance meetings, which enabled the escalation of information upwards and the cascading of information from the management team to frontline staff. Staff told us that governance issues were cascaded down and were routinely discussed at team meetings.

There was a consistent approach to monitoring and auditing the quality of the service or outcome measures for patients in order to improve the quality of the service delivered.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

We found ligature points identified had not been included on the audit. Following the inspection, the manager reviewed ligature audit with improvements.

Effective multidisciplinary meetings across the service helped to reduce patient risks and keep patients and staff safe. Staff notified and shared information with external organisations. Managers were open and transparent and explained to patients when something went wrong.

Staff were offered the opportunity to give feedback and input into service development. Staff did this through regular team meetings and governance meetings.

Staff said the service provided information governance systems to measure key performance indicators and to gauge the performance of teams. Managers had information that supported them. The managers had access to the risk register, which were reviewed regularly.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Managers and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Managers told us about regular review of the risk register. They had plans to cope with unexpected events.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Managers and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. We saw that teams held regular team meetings and we reviewed the minutes of these. This meant there were opportunities for staff to meet formally to discuss issues relevant to the running and development of their service.

Long stay or rehabilitation mental health wards for working age adults

Good 

Learning, continuous improvement and innovation

Patients were involved in a January 2022 staff recruitment day at the service speaking to interviewees about the service. One patient were involved in delivering an element of the personality disorder training to staff, explaining the patients experience.

Managers supported development of new student nurses. We spoke with two students they said they felt welcomed, supported by the lead nurse and quickly made to feel part of the team.