Elysium Healthcare (Healthlinc) Limited

Bradley Complex Care

Inspection report

Bradley Road
Bradley
Grimsby
DN37 0AA
Tel: 01472875800
www.elysiumhealthcare.co.uk

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

- The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.
- The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.
- Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.
- The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment.
- People had a choice about their living environment and were able to personalise their rooms. The service made reasonable adjustments for people so they could be fully in discussions about how they received support.
- Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

- The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.
- Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- People and those important to them, including advocates, were involved in planning their care.
- Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Our rating of this service stayed the same. We rated it as good because:

Summary of findings

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were protected from abuse and poor care. The service had sufficient, appropriately skilled staff to meet people's needs and keep them safe.
- People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.
- People's risks were assessed regularly and managed safely. People were involved in managing their own risks whenever possible.
- If restrictive practices were used, there was a reporting system in place and there were comprehensive reviews to try and reduce the use of these practices.
- People made choices and were supported to take part in activities which were part of their planned care and support. Staff supported them to achieve their goals.
- People received care, support and treatment that met their needs and aspirations. Care focused on people's quality of life and followed best practice. Staff used clinical and quality audits to evaluate the quality of care.
- The service provided care, support and treatment from trained staff and specialists able to meet people's needs. Managers ensured that staff had relevant training, regular supervision and appraisal.
- People and those important to them, including advocates, were actively involved in planning their care. A multidisciplinary team worked well together to provide the planned care.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- People were in hospital to receive active, goal-oriented treatment. People had clear plans in place to support them to return home or move to a community setting.
- Leadership was good, and governance processes helped the service to keep people safe, protect their human rights and provide good care, support and treatment.

However,

- People's physical health conditions were not always escalated appropriately.
- People's ongoing physical health checks required after administration of rapid tranquilisation were not always carried out or documented correctly.
- People's privacy and dignity was not always maintained when they were given their medications.
- People's positive behaviour plans were not in an easy read format.

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

Contents

Summary of this inspection

Background to Bradley Complex Care

Bradley Complex Care is a high dependency long stay rehabilitation hospital provided by Elysium Healthcare (Healthlinc) Limited. The hospital, located on the outskirts of Bradley village near Grimsby, provides care and treatment for male and female people that have learning disabilities and complex conditions such as a personality disorder, mental health problems and autistic spectrum disorders. People are admitted to the hospital from throughout the country.

The accommodation consists of 20 beds in eight separate apartments surrounding a central courtyard.

The hospital is registered to carry out the following regulated activities:

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

At the time of the inspection, the hospital had a registered manager who had been in place for seven months. There were 16 people at the hospital, all of whom were detained under the Mental Health Act.

We last inspected Bradley Complex Care in November 2019. At that time, the service was rated overall good. We rated good in the effective, caring, responsive and well-led domains. We rated the safe domain as requires improvement due to concerns at that time. On this inspection, we found that the service had addressed these concerns.

What people who use the service say

During our inspection, we spoke with 11 people using the service and the relatives of six people.

People told us they felt safe at the hospital. They liked the staff and the apartments that they lived in. Most people were able to tell us about their care and what their goals were. They could describe what their positive and negative behaviours were and the impacts of both. One person was proud to tell us how their positive behaviours had reduced the number of times staff needed to restrain them. People

told us how they got involved in activities, which included planning their meals and how they regularly had trips outside the hospital.

Most relatives we spoke with lived a long distance from the hospital which meant they were unable to visit as regularly as they would like. However, when they did visit, they felt safe. Staff made sure they kept in regular contact through telephone and video calls. Most relatives felt involved in the family members care and received invites to meetings. They said that the doctor's communication was thorough explaining medications clearly. They said staff were warm and friendly. One relative informed us that they previously had routine reports about their relative. However, they felt more recently that they only received these if asked and felt contact could be improved. Three relatives had concerns about their relative's weight changes, however they told us the hospital were addressing these.

Summary of this inspection

How we carried out this inspection

Our inspection team comprised one lead CQC inspector, one team CQC inspector, one medicines CQC inspector, one CQC Mental Health Act reviewer, one specialist advisor who was a registered nurse and one expert by experience.

The team included members with specialist experience in learning disabilities and autism.

This was an unannounced inspection.

During our inspection, we:

- Toured the care environments and observed how staff were caring for people.
- Received feedback from six relatives of people who were staying at the service.
- Spoke with 11 people who were using the service.
- Received feedback from the independent advocate working with people in the service.
- Interviewed 18 staff including: the registered manager, consultant psychiatrist, clinical psychologist, occupational therapist, registered nurses, support workers and auxiliary staff.
- Observed one handover meeting, a people's community meeting, a therapy group and a hospital morning update meeting.
- Reviewed six care records.
- Completed a specific check of medicines management and reviewed 15 medication records.
- Spoke with the host commissioner for the service.
- Spoke with the independent advocate.
- Reviewed a range of documents and policies in relation to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

The occupational therapist had introduced a project to support people in vocational roles. This was to promote people's responsibility, provide them with hopes for their futures and increase self-esteem.

People were supported in vocational roles to enhance their living skills. Managers supported an initiative and seconded staff to introduce a project for vocational opportunities for people. People using the service had opportunities for roles in the hospital. these included a librarian, window cleaner, cleaning assistant, tuck shop assistant, and running a café. Staff could also suggest roles which may be person specific, for example, a recycling position for a person interested in this activity. Staff advertised the jobs which people could apply for. Their applications were dependent on the their individual abilities. All adverts, interview invites, offers of the roles were in easy read format. Once in a role, people received goal focussed competencies and supervisions. All roles received a small financial incentive; they were all no more than three hours per week. All the roles had detailed plans which included the relation to evidence based practice, clear outcomes, risk assessments, person profiles, rational and outcome measures. While on inspection, we observed a person assisting in the reception area.

Summary of this inspection

Staff aimed to progress the project into the community. For example, working with the local college for reading and writing courses and building relations with local charities to create ambition.

Areas for improvement

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The provider should ensure that concerns with people's physical health conditions are escalated appropriately.
- The provider should ensure that all physical health checks required after administration of rapid tranquilisation are carried out and documented correctly.
- The provider should ensure people's privacy is considered when medications are given.
- The provider should ensure all people's positive behaviour support plans are in easy read format.

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

Safe and clean care environments

People were cared for in wards that were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all areas, and removed or reduced any risks they identified. Staff regularly checked and updated these routinely and in between when appropriate, for example, following maintenance work.

Staff could observe people in all parts of the hospital. There were mirrors appropriately placed to mitigate blind spots. At the time of our inspection, the hospital only had CCTV in one apartment. However, funding had been agreed for further coverage across all the apartments. The site had been surveyed and was awaiting installation.

The hospital complied with guidance and there was no mixed sex accommodation. The accommodation consists of 20 beds in eight separate apartments. Apartments could be used for either gender, depending on the person's presentation, but an apartment was never used by people of different genders at the same time.

People were cared for in wards where staff had completed risk assessments of the environment and removed or reduced any identified risks. Staff knew about any potential ligature anchor points and mitigated the risks to keep people safe.

Staff had easy access to alarms and people using the service had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Managers discussed maintenance updates and requirements daily in the hospital's morning update meeting.

Staff made sure cleaning records were up-to-date and the premises were clean. Managers carried out monthly audits of the cleaning records.

Staff followed infection control policy, including handwashing.

Clinic room and equipment

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

Staff checked, maintained, and cleaned equipment.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep people safe. They had low vacancy rates.

The service used low numbers of agency support workers. These were regular agency staff who worked consistently with the same people. Agency staff were required to complete a full induction before working in the hospital. At the time of our inspection, the service did not use agency Registered Nurses.

The service had low turnover rates. At the time of inspection, there was a 9% turnover of staff. The hospitals sickness rate was 8%.

Managers accurately calculated and reviewed the number of nurses and support workers. This was based on commissioned care packages. The manager could increase these levels according to the needs of the people.

People had regular one to one sessions with their named nurse.

People 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 people safe when handing over their care to others.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the hospital quickly in an emergency. The consultant psychiatrist was on an on-call rota with similar services for emergencies out of hours.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The service had an overall compliance of 96%. All individual training units had a compliance of above 75% except for intermediate life support. Nurses were 73% compliant in this unit. Staff were booked onto training in April 2022 to refresh their skills.

The mandatory training programme was comprehensive and met the needs of people and staff.

Managers monitored compliance and alerted staff when they needed to update their skills. Training was discussed in monthly clinical monitoring meetings and in morning updates.

Long stay or rehabilitation mental health wards for working age adults

Good

Assessing and managing risk to people

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Staff achieved the right balance between maintaining safety and providing the least restrictive environment possible to support people's recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of risk

Staff completed risk assessments for each person on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed the records of six people. All had comprehensive risk assessments which were up to date and included current and historic risks. Staff used the Historical, Clinical and Risk Management - 20 (HCR -20).

Management of risk

Staff knew about any risks to each person and acted to prevent or reduce risks. Staff had easy access to the risk assessments and management plans in each apartment. They responded promptly to any changes in risks to, or posed by, people. Staff could observe people in all areas. Risks were discussed in the daily update meeting and in handovers.

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

Use of restrictive interventions

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained people only when these failed and when necessary to keep the people safe. People had good quality positive behavioural support plans. Staff had knowledge of these plans and we saw several incidents where individualised de-escalation techniques were carried out. People were involved in their positive behaviour plans and most understood their behaviours that may be challenging. All staff were trained in Therapeutic Management of Violence & Aggression (TMVA) restraint techniques. The service recorded and reviewed all restraints including those at a low level.

Staff understood the Mental Capacity Act definition of restraint and worked within it. They followed NICE guidance when using rapid tranquilisation. In the six months prior to our inspection, it was used on 16 occasions.

Managers ensured they were not restricting a person's freedom unless justified.

Safeguarding

Staff understood how to protect people 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. They were 100% compliant with the required levels of safeguarding training and were able to give clear examples of how to protect people from harassment and discrimination.

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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They knew who the hospital's and organisation's safeguarding leads were if they needed advice.

Safeguarding concerns were discussed in the hospital's morning update meeting and in clinical governance meetings.

If required, the hospital had a visiting room outside the main ward area.

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.

People's notes were comprehensive and all staff could access them easily. Paper copies of risk assessments and positive behaviour plans were held in the people's apartment for easy access. Although the service used a combination of electronic and paper records, nurses routinely checked copies to ensure 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. They knew about and worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism or both).

People received their medicines from staff who prescribed, administered, recorded and stored their medicines safely. Staff reviewed peoples' medicines regularly and provided specific advice to people and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. They followed current national practice to check people had the correct medicines. Mental Health Act documents were kept with the relevant prescription charts for staff to check before administration of medicines.

The service worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism or both). They ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles and ensured that people's medicines were reviewed by prescribers in line with these.

People received support from staff to make their own decisions about medicines wherever possible. Staff made sure they received information in a way they could understand.

Staff initially reviewed the effects of each person's medication on their physical health according to NICE guidance. However, for one person, staff were unable to provide the specific physical health monitoring records after their initial checks, for a person administered an intra-muscular (IM) medicine to manage their behaviour. These checks are required according to the national guidance and the provider's own policy.

Reporting incidents and learning from when things go wrong

People received safe care because staff learned from safety alerts and incidents. The service managed 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 people honest information and suitable support.

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents in line with provider policy.

Long stay or rehabilitation mental health wards for working age adults

Good

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

Managers debriefed and supported staff immediately after any serious incident. All incidents were discussed in the hospital's morning meeting where managers were allocated to provide a more in depth debrief to staff involved.

Managers investigated incidents thoroughly. The psychology department held weekly incident analysis meetings to ensure the team captured any issues as they happened and identified any themes in the behavioural data. These meetings involved members of the multidisciplinary team, staff involved in the incidents, and people using the service if appropriate. They adjusted care plans, risk assessments and positive behavioural plans in response to their findings.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to care. Lessons learnt were shared through the positive behaviour workshops, supervisions and staff meetings. Lessons learnt from the wider organisation were shared to all staff.

We saw evidence that changes had been made because of feedback from incidents both at the hospital and from the wider organisation.

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

Good

Assessment of needs and planning of care

People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs.

Staff completed a comprehensive mental health assessment of each person either on admission or soon after.

People had their physical health assessed soon after admission and regularly reviewed during their time at the hospital and had an up-to-date hospital passport.

Staff developed a comprehensive care plan for each person that met their mental and physical health needs. Each person had a regular functional analysis reports collated by the multi-disciplinary team. These involved evaluating the behavioural data to understand why negative behaviours occur and develop plans to manage them. Formal reports were provided at every care programme approach meeting outlining why the behaviour was occurring and making recommendations to mitigate the risk. These informed the person's positive behavioural support plans.

We reviewed the records for six people. We found care plans to be personalised, holistic and strengths-based. However, the number of specific care plans for each persons meant there was repetition and made them cumbersome to navigate. We found positive behavioural support plans to be well planned and person-centred.

The multi-disciplinary team, along with a person's name nurse, reviewed the plans at least monthly. Staff regularly reviewed and updated care plans and positive behaviour support plans when people's needs changed.

Long stay or rehabilitation mental health wards for working age adults

Good

Best practice in treatment and care

People received a range of treatment and care 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. People were supported with their physical health and encouraged 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 people in the service. The hospital introduced a new rehabilitation model in October 2022. The model, Psychologically Informed Environments (PIE Model) is underpinned by evidenced based interventions such as dialectical behaviour therapy and cognitive behavioural therapy and provides the fundamental skills in working in a positive behavioural support informed service.

People had access to support to acquire living skills helping their rehabilitation. The hospital's occupational therapist assessed people using the Model of Human Occupation Screening Tool. This informed individual occupational therapy plans. People attended both group and individual sessions to improve their skills. This included encouraging people to plan, buy for and prepare their meals, budgeting skills and personal care. Individual plans were person-centred. For example, one person needed road safety skills, one person had never previously shaved independently so staff encouraged and supported this, and some people required support to recognise and count out money. Staff recognised one person's refusal to participate in most tasks due to being unable to read. They encouraged them to accept this. Recipes were used to teach the person to read due to their enjoyment of cooking. Following these interventions, the person is now honest when difficulties are encountered and has goals in place to read novels of their favourite films.

Staff at the service fostered positive risk taking in their approach to encourage independence.

People were supported in vocational roles to enhance their living skills. Managers supported an initiative and seconded staff to introduce a project for vocational opportunities for people using the service. People had opportunities for roles in the hospital. These included a librarian, window cleaner, cleaning assistant, tuck shop assistant, and running a café. Staff had also suggested roles which may be person specific, for example, a recycling position for a person interested in this activity. Staff advertised the jobs which people could apply for. Their applications were dependent on the person's individual abilities. All adverts, interview invites, offers of the roles were in easy read format. Once in a role, people received goal focussed competencies and supervisions. All roles received a small financial incentive and had a duration of no more than three hours per week. All the roles had detailed plans which included the re

lation to evidence based practice, clear outcomes, risk assessments, role profiles, rational and outcome measures. While on inspection, we observed a person assisting in the reception area.

Staff aimed to progress the project into the community. For example, working with the local college for reading and writing courses and building relations with local charities to create ambition. The project aimed to promote people's responsibility, provide them with hopes for their futures and increase self-esteem.

People's physical health needs were identified and recorded them in their care plans. The hospital used the National Early Warning Score (NEWS) tool to detect and respond to clinical changes. Staff discussed physical health needs in the daily morning meetings.

Long stay or rehabilitation mental health wards for working age adults

Good

People had access to physical health care, including specialists as required. They had regular physical health checks. The service had a physical health lead and a local GP practice, an optician and chiropodist visited monthly. However, the service did not always appropriately escalate concerns when people did not take their medicines for physical health conditions. For example, we saw one person had been refusing their diabetic medicine for at least a month, which contributed to their uncontrolled blood glucose measurements. However, this had not been escalated appropriately to the diabetic team with a view to reviewing medicines. Staff had helped with the person's compliance with short acting insulin by introducing a weekly reward chart.

People were supported to live healthier lives and to take part in programmes or giving advice. For people requiring weight management, they were supported by the organisation's regional dietician. The service had recently commenced a contract with the local leisure centre to deliver group exercises at the hospital such as Tai Chi and dance fit. Additionally, six people using the service were enrolled with the local gym which they visited regularly. Staff encourage healthy eating by supporting people to include healthy options in their meal plans.

Staff used recognised rating scales to assess and record the severity of people's conditions and care and treatment outcomes such as the Health of the Nation Outcome Scales, the Lester tool and the epilepsy quality of life tool.

Staff used technology to support people. They used technology to translate all information into an easy read format. People had access to a computer room and tablets, so they were able to keep in touch with family members and access online learning materials.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements. The organisation had an annual audit programme which included audits for infection prevention control, therapeutic segregation, safeguarding and reducing restrictive practices. Reports were escalated through the organisation's governance system where findings for improvement were shared among all services

Skilled staff to deliver care

People had access to the full range of specialists required to meet their needs. 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.

People's needs were met by a full range of specialists. This included doctors, learning disability nurses, general nurses, psychology, occupational therapy and speech and language therapists.

Managers made sure staff had the right skills, qualifications and experience to meet the needs of the people in their care, including bank and agency staff. This included learning disability, autism and positive behaviour support training which was included in all staff inductions and in annual updates.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. Appraisals were staggered through the year; there was an overall compliance of 76%.

Managers supported staff through regular, constructive clinical supervision of their work. The hospital had an overall supervision compliance of 85%. The multi-disciplinary team received external supervision suitable for their roles.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff received training in addition to their mandatory requirements. These included training in leadership and supervision, Makaton, epilepsy, sensory integration, personality disorder and sexual harm and violence.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit people using the service. They supported each other to make sure people had no gaps in their care.

Staff held regular multidisciplinary meetings to discuss people and improve their care. These included a daily morning meeting and a weekly meeting. We observed an effective team with clear communication, responsibilities, goals, equal involvement and recognition and respect for each role.

Staff made sure they shared clear information about people and any changes in their care, including during handover meetings. Staff handovers were attended by all staff prior to their shift start. People's risks, physical health and incidents were discussed. However, we attended one handover meeting where we found it difficult to hear the details due to the interruption of constant staff alarms. We addressed this with the manager, who explained that when an alarm was heard, staff were required to check their pager to see what level of response was required and where. This meant for each alarm call, all staff in the handover were distracted whilst checking the details although they had not actually begun their shift. Since our inspection, the manager has introduced a new protocol to detail that only the response team will have their pagers on during any meeting and or handover for discussing people using the service. This would ensure that staff would not be distracted or miss important information.

Staff had effective working relationships with external teams and organisations. They worked closely with a local GP practice and with the local leisure centre. They had also built close links with a pet therapy organisation, a local church for some people to attend Sunday service, a local community farm, a community walking group and some local shops due to the regularity of people's visits.

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 peoples' 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. In the hospital, 95% of staff had completed the provider's training.

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

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

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

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

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

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

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

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

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

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

Good practice in applying the Mental Capacity Act

Staff supported people 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 people who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. In the hospital, 94% of staff had completed the provider's training which also included the Deprivation of Liberty Safeguards.

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 people all possible support to make specific decisions for themselves before deciding a person did not have the capacity to do so. During our inspection, we saw several examples of staff offering choices to people on decisions, for example, how people wished to arrange their apartment following a move and the activities they chose to do.

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

For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any decisions made on their behalf in their best interests.

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

Long stay or rehabilitation mental health wards for working age adults

Good

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

Good

Kindness, privacy, dignity, respect, compassion and support

People received kind and compassionate care from staff who used positive, respectful language at a level people understood and responded well to. Staff treated people with compassion and kindness. They mostly respected peoples' privacy and dignity. They understood the individual needs of people and supported them to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for people. We observed staff demonstrating trusting and genuine interactions with people. They knew the people who used the service well and had a good rapport with them. One staff member told us they always tried to give the person they worked with the best day ever. Staff understood and respected the individual needs of each person. During our inspection, we saw good examples where staff used the knowledge of the person to recognise situations and take appropriate actions to avoid escalating behaviours.

Staff gave people help, emotional support and advice when they needed it. They used appropriate communication methods to support people to understand and manage their own care treatment or condition. They communicated in a clear and quiet manner using words which were understood.

People said staff treated them well and behaved kindly.

However, people received their medication through a hatch in the clinic room. This meant their privacy was not always maintained.

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

Staff followed policy to keep people information confidential.

Involvement in care

People and those important to them took part in making decisions and planning their care and in risk assessments. People were empowered to make decisions about the service when appropriate and felt confident to feed back on the quality of care provided. People were supported to access independent, good quality advocacy.

Involvement of people using the service

Staff introduced people to the hospital as part of their admission.

People were involved in their care planning and risk assessments. Staff made sure people understood their care and treatment (and found ways to communicate with people who had communication difficulties). People were involved in formulation meetings and their reviews. Most people using the service had an understanding about their care and medications. Some understood what their medications were for, they knew how positive behaviours could input into their rehabilitation and understood their goals.

Long stay or rehabilitation mental health wards for working age adults

Good

People were involved in decisions about the service, when appropriate. They attended weekly apartment meetings. This gave them the opportunity to talk about activities, meals, events and any problems they had within the apartment. The meetings were well attended. Staff gave people prompts and each meeting was recorded in an easy read format. People were also invited to attend monthly community meetings delivered by the occupational therapy team.

People could give feedback on the service and their treatment and staff supported them to do this. The hospital supported representation from people using the service in their governance meetings.

Staff made sure people could access advocacy services. The advocate attended the hospital on a weekly basis.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. They used technology to ensure family members maintained contact when it was difficult to visit the service due to either the pandemic or lengthy travel times.

We spoke with six relatives. Five felt involved in their relative's care and knew how to give feedback if required. One relative felt communication had reduced and they needed to ask for information rather than it being offered.

Prior to the pandemic, the hospital held family days where relatives could meet up for the day in the grounds and enjoy an event such as a barbeque together. They planned to resume these as pandemic restrictions reduced.

The hospital produced a newsletter for family members to keep them up to date with service changes and celebrate successes.

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

Good

Access and discharge

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

Bed management

The hospital had capacity for 20 people. At the time of our inspection there were 16 people using the service. However, the complexities for three people, meant that they had been commissioned to require more than one bedroom. This meant that the hospital had no beds available.

Managers regularly reviewed length of stay for people to ensure they did not stay longer than they needed to. The average length of stay was 20.5 months. In the 12 months leading up to our inspection, there had been six admissions; at the time of inspection, there were no people from the local area using the service.

Long stay or rehabilitation mental health wards for working age adults

Good

Discharge and transfers of care

In the 12 months leading up to our inspection, there had been seven discharges. The service had low numbers of delayed discharges in the past year. There had been one delayed discharge in the year prior to inspection. This was due to difficulties for the ongoing placement to identify a core staff team.

Staff carefully planned peoples' discharge and worked with care managers and coordinators to make sure this went well. Staff supported people in new placements by initially moving with them and spending time with new staff to ensure a smooth transition.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the hospital supported people's treatment, privacy and dignity. Each person had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and people could make hot drinks and snacks at any time.

Each person had their own bedroom, which they could personalise. They had a secure place to store personal possessions. People using the service, the multi-disciplinary team, commissioners and where needed family members, developed a 'My Home Care Plan' for each person to reflect their choice in relation to their personal space.

Staff used a full range of rooms and equipment to support treatment and care. The hospital had a gym, a sensory room, activity room. physical health room and a computer room.

The hospital had quiet areas and a room where people could meet with visitors in private. People could make phone calls in private and most had access to a mobile phone and tablet. This was dependent on individual risk assessments.

The service had an outside space that people could access easily. This included a large central courtyard and a cabin on the grounds. Some of the apartments also had separate gardens.

People had access to their own kitchen in the apartment. Staff supported people to develop their weekly food plans and purchase the ingredients. Depending on individual needs, some people participated in cooking their own meals.

People had opportunities to engage in a range of activities. These included therapeutic groups, exercise groups, cooking sessions and arts and craft. Staff discussed daily activities in the morning update meeting and reviewed the offer regularly.

During restrictions due to the pandemic when people were unable to leave the hospital, staff created their own on-site activities to ensure people still had opportunities for skills development. These included a woodlands café which was run by people using the service twice a week, the Bradley shop, and a library; these were still ongoing at the time of our inspection. Staff also supported people to enjoy a fake festival day and, introduced their own version of a popular fast-food outlet.

Engagement with the wider community

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

Staff at the service fostered positive risk taking in their approach to encouraging independence. At the time of our inspection, all people using the service had approved leave and we observed them leaving the hospital with staff throughout. Trips outside the hospital included walks, family excursions, shops and local attractions.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff helped people to stay in contact with families and carers and encouraged them to develop and maintain relationships both in the service and the wider community.

Through the hospital's vocational programme, staff supported people to prepare and gain skills to access opportunities for work or education outside the hospital. At the time of our inspection, there no one was assessed as suitable to engage in these activities externally.

Meeting the needs of all people who use the service

The service met the needs of all people – including those with a protected characteristic. Staff helped people 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. Staff ensured the majority of information for people using the service was in an easy read format. This included care plans, meeting minutes and agendas, activity plans, discharge plans and display notices. The hospital was in the process of ensuring people's positive behaviour plans were in the easy read format and had this planned for completion by the end of April 2022. Some staff had received Makaton training to aid communication. One person used pictorial cards to express their feelings.

One apartment had been adapted for wheelchair access or bariatric people.

Staff made sure people could access information on treatment, local services, their rights and how to complain. They could access information leaflets in languages spoken by people and local community if this was required.

People could get help from interpreters or signers when needed.

The service provided a variety of food to meet people's dietary and cultural needs.

People had access to spiritual, religious and cultural support. One person visited a local church each week.

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.

People and those important to them could raise concerns and complaints easily, and staff supported them to do so.

The hospital clearly displayed easy read information about how to raise a concern. All six of the relatives we spoke with knew how to complain if the needed to.

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

Managers investigated complaints and identified themes. We reviewed the 15 complaints the service had received in the year leading up to our inspection. Of which, two were upheld and eight partially upheld.

Staff protected people who raised concerns or complaints from discrimination and harassment. They knew how to acknowledge complaints and people received feedback from managers after the investigation into their complaint.

Long stay or rehabilitation mental health wards for working age adults

Good

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

Leadership

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

Both staff and people using the service were confident in the leadership provided at the hospital. Leadership opportunities were available, and managers were developing staff and contingency plans to ensure ongoing leadership if managers became unavailable.

Vision and strategy

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

Managers incorporated the organisation's values into recruitment, inductions and supervisions. Staff could tell us the values and explain how these were reflected in their practice.

Culture

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

Staff felt respected, supported and valued. They felt positive and proud about working for the provider. The most recent staff survey showed that 78% of staff got satisfaction from the work they did, 80% felt supported by their manager, 69% felt the hospital was able to fulfil their career ambitions, and 61% recommended it as a place to work.

Staff felt able to raise concerns without fear of retribution. They knew how to use the whistle-blowing process and about the role of the Speak Up Guardian and who that person was. We observed staff working well together and where there were difficulties managers dealt with them appropriately.

Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression.

Staff had access to support for their own physical and emotional health needs. The hospital employed a full-time staff engagement champion. The role supported staff with welfare checks, assisting with supervisions and debriefs, organising staff events to support wellbeing and, identify and make onward referrals if required.

Long stay or rehabilitation mental health wards for working age adults

Good

The provider recognised staff success within the service. The hospital provided regular staff initiatives and reward gifts. For example, appreciation days for groups of staff such as maintenance, gift bags recognising international women's and men's days and staff incentive schemes.

The provider and the managers at the hospital had a good understanding that services providing treatment for people with a learning disability or autism are a potential risk of providing a closed or punitive culture. They were aware that they had risk factors which could lead to a closed culture resulting in harm. They took practical steps to ensure inherent risks and warning signs were considered carefully to protect people's human rights. This included an externally led closed culture review and an annual self-assessment review. Staff took appropriate actions for the risks identified. Staff attended closed culture workshops as part of their block training programme. They discussed closed cultures in supervisions and team meetings to prompt all staff to recognise and act if warning signs were identified.

At the time of our inspection, the hospital did not have CCTV coverage across the full hospital. However, the need had been identified and funding had been agreed. The hospital had been surveyed and installation was planned to include cameras across the site both internally and externally. This would ensure all areas for people using the service were covered.

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.

There was a clear framework of what must be discussed at team, hospital and provider level to ensure that essential information was shared and discussed. Governance meetings showed good attendance, clear actions and set agendas including, people's outcomes, staffing, training, incidents, complaints, environments, and safeguarding.

Staff undertook or participated in local audits to identify areas for improvement. The audits were sufficient to provide assurance and staff acted on the results when needed.

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. Staff could escalate risks as required.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. The provider used an electronic dashboard to give managers easy and clear access for a range of information including admissions, discharges, care plans, complaints, observations, legal data, outcomes and reviews.

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.

Staff, people using the service and carers had access to up-to-date information about the work of the provider and the hospital they used through the intranet, bulletins, newsletters and the internet. People and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs through annual surveys. Managers used the feedback to make improvements.

Long stay or rehabilitation mental health wards for working age adults

Good

Learning, continuous improvement and innovation

The service participated in the Royal College of Psychiatry's peer review programme to ensure continuous learning and improvement.

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes.