

# The Billingham Grange Independent Hospital

## Quality Report

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Date of inspection visit: 9 May 2016

Date of publication: 21/07/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

Overall rating for this location

Good



Are services safe?

Good



## Overall summary

We rated Billingham Grange Independent Hospital as good because:

- Individual risk assessments were carried out and regularly reviewed. Ligature risks had been assessed and steps had been taken to mitigate these risks.

- Mandatory training at the hospital was at 88%, which was above the providers' requirement of 85%.
- Staff employed at the hospital had undergone checks to ensure they were suitable for the role.

Investigations were carried out following incidents and lessons learned were fed back to staff.

# Summary of findings

## Our judgements about each of the main services

### Service

**Long stay/  
rehabilitation  
mental health  
wards for  
working-age  
adults**

### Rating

**Good**



### Summary of each main service

#### **We rated safe as good because:**

- Thorough assessments of risk were completed for all patients when they were admitted to the hospital and these were regularly reviewed.
- A risk register was in place which identified risks and actions taken to manage them.
- Staffing levels were appropriate to the needs of the patients and were adjusted when required.
- All areas of the hospital were visibly clean and tidy.

# Summary of findings

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Good



# The Billingham Grange Independent Hospital

**Services we looked at**

Long stay/rehabilitation mental health wards for working-age adults

# Summary of this inspection

## Background to The Billingham Grange Independent Hospital

Billingham Grange Independent Hospital is a 50-bed hospital that provides treatment and support for people aged 18 years and over with early onset dementia, mental health problems or both. The hospital is registered with the Care Quality Commission to provide regulated activities;

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

There was a registered manager in post who was also the accountable officer.

Billingham Grange aims to develop effective treatment programmes for improving quality of life and maximising independence in a way that helps patients stay safe.

The accommodation is set over two floors and comprises of three separate units.

- The Grange Unit is an 18 bed ward for men with early onset dementia and behaviour that challenged.
- The Hart Unit is a 16 bed ward for men with early onset dementia and behaviour that challenged.
- The Wynyard Unit is a 16 bed ward for women with early onset dementia and behaviour that challenged.

Billingham Grange has been inspected on six occasions since 2011. Inspections in 2012 and 2013 found the hospital to be fully compliant with the CQC essential standards of quality and safety. However, the inspection in September 2015 found there was a breach to regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. During our last inspection we found staff were not following the provider's medicines management policy and there was no central risk register in place. We found these had since been rectified.

## Our inspection team

Team leader: Carole Mole

The team that inspected the service comprised of one CQC inspector and one member of the CQC performance and quality team.

## Why we carried out this inspection

We inspected this service due to a previous breach in regulations and as part of our inspection programme. At this inspection we only reviewed the safe domain or we only followed up the breach of regulations identified at the last inspection completed 3 and 4 September 2015.

## How we carried out this inspection

During the inspection visit the inspection team:

- Spoke with two patients.
- Looked at the records relating to an internal investigation.
- Carried out a check of the medication management throughout the hospital.

- Looked at the care records of three patients.
- Looked at policies, procedures and other documents relating to the safety of patients using the service.

Observed staff carrying out interactions with patients.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

**We rated safe as good because:**

- Thorough assessments of risk were completed for all patients when they were admitted to the hospital and these were regularly reviewed.
- A risk register was in place which identified risks and actions taken to manage them.
- Staffing levels were appropriate to the needs of the patients and were adjusted when required.

All areas of the hospital were visibly clean and tidy.

**Good**



# Long stay/rehabilitation mental health wards for working age adults

Good 

Safe

Good 

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

Good 

### Safe and clean environment

We spent time looking around the hospital and saw all areas had comfortable seating and furnishings that were appropriate to the patients who received care. Domestic staff were employed to ensure areas were clean and free from odours. Some areas had been recently refurbished and there were ongoing works to refurbish other areas. This was part of the hospital five year estates plan for the upgrading of key areas.

All the bedrooms in the hospital had en suite bathrooms with appropriate adaptations and equipment to assist with patients' independence. Patients were able to personalise their bedrooms and we saw some patients had done this. Other bedrooms had been adapted to ensure they created an area that suited the need of the patient. For example one room had soft furniture and padding on some walls and part of the floor. Another room had a track attached to the ceiling which was used to assist someone with mobility problems. All bedrooms were well decorated, warm, and clean and were patient centred.

There were multiple ligature points throughout the hospital however, these had been identified in the annual ligature audit and risk assessments. A ligature point is a place where a patient intent on self-harm might tie something to strangle themselves. Patient risk assessments, intervention and observation were the main method of mitigating ligature risks with self-harm and suicide risk assessments carried out for individual patients. Patient observations were adjusted to ensure they were appropriate to the needs of the individual and any risks that had been identified.

During our previous inspection there was a lack of signage for things like bathrooms and communal toilets. However, during this inspection we saw pictorial signs had been

placed on doors. This was important for patients with dementia as memory problems may mean they had forgotten where these were and this helped to identify areas clearly.

Several of the patients were at risk of choking which meant the staff had to assist with all food and drinks. During our last inspection we found dining room doors were locked when not in use. The provider had made changes and this was no longer the practice within the hospital. Drinks and snacks were available to patients throughout the day. However, in order to mitigate the risk of choking, patients asked staff when they wanted a drink or food outside regular meal times. We saw signage throughout the hospital which told patients these were available. Patients who had not been assessed as being at risk of choking were able to keep their own food and drinks in bedrooms.

Clinical rooms were clean and secure with drug trolleys, cupboards and fridges locked. Staff recorded the temperature of the clinic room and fridges regularly. This ensured medication was stored at a safe and appropriate temperature.

Our previous inspection showed medication pots and tablet cutters were being reused. The provider has now changed this practice and single use medicine pots were now used and disposed of after use. In addition each patients now had tablet cutters which are for their use only. This ensured patients were not being exposed to the risk of receiving traces of other people's medicines.

### Safe staffing

The hospital was divided into three different units, each of which had a daily staffing establishment of two trained nurses and five support workers during the day and one trained nurse and three support workers at night. The hospital had a higher number of staff on their team than required and this allowed for an increase in staffing if patient observations required an increase. We saw this in operation during the inspection. One patient had been admitted to an acute hospital and required 24 hour one to one observation. This meant an additional member of staff was required on each shift to allow for this.

# Long stay/rehabilitation mental health wards for working age adults

Good 

The hospital had implemented their own bank of staff. This provided adequate cover for holidays and sickness and prevented the need for the use of agency staff.

We reviewed the staff rotas for May and June 2016. The rotas showed that staffing levels were consistent and establishment levels were maintained. Where there had been sickness or additional cover had been required at short notice, replacements had been found.

A consultant psychiatrist provided cover for the hospital as well as on call cover. There were two further psychiatrists who provided cover at weekends and during holidays.

Staff working in the hospital were required to take part in mandatory training. Mandatory training included safeguarding, infection control, Mental Health Act and Mental Capacity Act and Deprivation of Liberty Safeguards. The requirement for compliance set by the provider was 85%. Ward managers monitored the staff who required training and when this would be received. Mandatory training levels at the hospital were at 88%.

We observed staff interacting with two patients and found they were spoken to kindly and were assisted to carry out activities in a way which encouraged independence. We also spoke with two patients. Both told us staff were kind and looked after them.

## Assessing and managing risk to patients and staff

At the time of our previous inspection the hospital did not have a central risk register in place. During this inspection we found the provider had created a central risk register which identified potential risks to patients, staff and the service as a whole. This, when used in conjunction with the business continuity plan helped to ensure that patients would still be provided with care, even if there was a disruption in the service.

A system was in place for the monitoring of incidents of aggression and violence and regular audits were carried out.

In order to mitigate the risk of violence or aggression against staff and other patients the provider arranged training for staff in dealing with and managing aggression and violence and also provided personal alarms which allowed them to call for assistance when needed.

The hospital did not have seclusion facilities and did not seclude patients.

We reviewed the care records of three patients. All had up to date risk assessments in place and regular reviews were carried out.

The provider carried out disclosure and barring service checks for all staff employed in the hospital. These checks ensured that staff were of good character and patients were not placed at undue risk. CQC had received an allegation, which related to the employment of a member of staff. We spoke with the provider about this prior to our inspection and reviewed the investigation records, which related to the allegation. The provider was able to show they had carried out the appropriate checks and the allegations were unfounded.

All nurses employed at the hospital routinely wrote prescriptions, but these should be countersigned by a doctor. On our previous inspection we found not all of these had been countersigned and medication administration records were not being used. This was in direct contradiction to the provider's Medicines Management policy. We looked at the medication administration records of three patients and found these had all been fully and correctly completed.

## Track record on safety

There had not been any serious incidents reported in the six months prior to inspection.

All care providers must notify the CQC about certain events and incidents affecting their service or the people who use it in order for us to understand how they have handled the event or incident. A review of notifications received over the past six months showed the hospital was complying with this statutory requirement.

## Reporting incidents and learning from when things go wrong

Morning and evening handover meetings were held and were used to share information about patients and any accidents or incidents that may have occurred during the shift.

If an incident had occurred a debriefing and an investigation were carried out. These were used to ensure staff were aware of what had happened, received support and also learned from incidents. We saw patients were given reassurance and additional support after incidents. We also found additional observations were introduced



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Good 

where needed and patient's relatives were informed of the incident and actions taken. We saw evidence of an investigation that had been held and also of discussions between management and individual staff members.