Forest Hospital

Quality Report

Southwell Road West
Mansfield
NG18 4XX
Tel: 01623415700
Website:www.forest@barchester.com

Date of inspection visit: 9 October 2019
Date of publication: 11/12/2019

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
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

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

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

Summary of findings

Overall summary

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

- The service provided safe care for patients with neurological mental health conditions. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed good practice with respect to safeguarding.
- Staff developed holistic care plans. They provided a range of treatments suitable to the needs of the patients cared for and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- 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 treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

However:

- When staff carried out observations they continued to use pre-printed record sheets which meant they did not record an accurate time for their observation.
- Staff did not consistently monitor patient's physical health as they should have done, record their actions and did not always act when patients' physical health had deteriorated. We saw that cupboards on Maltby ward where medicines were stored were not clean. Staff had used out of date medical supplies and had not acted when the fridge temperature had increased above safe levels.
- Although some activities were taking place, which was an improvement from our last inspection, staff did not always accurately record whether patients were engaged in therapeutic activities.

Summary of findings

Contents

Good

Forest Hospital

Services we looked at

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

Summary of this inspection

Background to Forest Hospital

Forest Hospital, owned by Barchester Healthcare, is a 30-bed mental health independent hospital designed to provide accommodation, rehabilitation, personalised care and support for men and women over the age of 18. The hospital is set in large grounds with gardens, in a residential area and is served by a local bus service.

Forest Hospital was previously a longer-term high dependency rehabilitation unit. However, since our last inspection the hospital had changed its model of care and was no longer working with patients who required active rehabilitation. The hospital did not consider itself to be a formal rehabilitation setting. Staff worked with patients to improve the quality of their life and to support them to manage behaviour that challenged so that they could eventually be stepped down in to a less restrictive environment. The patients required a complex model of care. More than half of the patients could not carry activities of daily living without support.

Forest Hospital is registered with the CQC to provide the following regulated activities:

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

Patients cared for at Forest Hospital:

- May be detained under the Mental Health Act (1983) sections 2,3,37 and 41 or informal.
- May be detained under Deprivation of Liberty Safeguards, which is part of the Mental Capacity Act
- (2005).
- Have a primary diagnosis of mental illness with complex needs.
- Typical diagnoses include dementia, Parkinson's, Huntington's Disease, Korsakoff's and Depression.

May be treatment resistant.

There are two single sex wards called Horsfall (female) and Maltby (male).

At the time of inspection, there were 13 patients in the hospital There were no informal patients. Six patients were detained under the Mental Health Act, five were subject to Deprivation of Liberty Safeguarding and a further two patients were waiting for Deprivation of Liberty Safeguarding. The hospital opened in 2013.

The hospital had appointed a new hospital director, who was the registered manager. They had started in their role in February 2019. There had been a period of leadership instability prior to the new hospital director's appointment.

There have been eight inspections at Forest Hospital since registration with CQC; the last comprehensive inspection took place in October 2018. We rated the hospital as requires improvement over all; rated safe as requires improvement, effective as requires improvement, caring as good, responsive as requires improvement and well-led as inadequate. We made recommendations about what the provider must do to improve. We told the provider to improve their governance systems in relation to carrying out audits, safe observation practices, care records and patient activities. We also told the provider they must improve the way that they completed support plans, checked emergency equipment and monitored physical health. We also told the provider that they should make improvements in additional areas.

The most recent Mental Health Act review visit took place in July 2019. At this review we saw that patients on Maltby ward did not have access to the garden, as the door was locked. This blanket restriction had not been assessed and documented for individual patients. Also staff did not always document when they had informed patients of their rights under the Mental Health Act.

Summary of this inspection

Our inspection team

The team that inspected the service included three CQC inspectors, a CQC inspection manager, a specialist advisor who was nurse with specialist knowledge in long stay rehabilitation and an expert by experience who had experience of using mental health services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. We also wanted to see if the service had improved since our last inspection in October

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked other professionals for information

During the inspection visit, the inspection team:

- visited all both wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with three patients who were using the service;
- spoke with the hospital director and who was the registered manager and nurses in charge of the wards.
- spoke with 13 other staff members; including a doctor, nurses, occupational therapist, and support workers;
- received feedback about the service from three care co-ordinators or commissioners;
- spoke with an independent advocate;
- attended and observed a morning meeting;
- spoke with three carers who had family using the service;
- reviewed six care records
- carried out a specific check of the medicine's management on both wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

We spoke with three patients and three carers. Patients and carers were positive about the service. They found staff to be kind and responsive and were happy with the way staff communicated with them. They thought the hospital was clean and well maintained and that there were enough staff to care for patients. Overall patients and carers thought there was enough activity taking place and that they were involved in making decisions about the patients care.

Commissioners we spoke with were satisfied with the service at Forest hospital and felt that the hospital had made improvements to the care that it offered. They were

Summary of this inspection

happy that the patients they referred to the hospital were safe and well cared for. They were positive about the new hospital leadership and thought that managers were responsive.

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?

Good

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

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose for patients with neurological mental health conditions.
- The service had enough nursing and medical staff, who knew the patients and who had received training to keep patients safe from avoidable harm.
- 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. 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.
- 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.
- The service used systems and processes to safely prescribe, administer and record medicines. Staff regularly reviewed the effects of medicines on each patient's physical health.
- The wards had a good track record on safety. 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.

However:

- When staff carried out observations they continued to use pre-printed record sheets and did not record the actual time of their observation. This meant records were not accurate.
- We saw that cupboards on Maltby ward where medicines were stored were not clean and that that staff were using out of date syringes.
- Staff had not acted when the fridge temperature had increased, this could impact on the efficacy of medicine.

Summary of this inspection

Are services effective?

Requires improvement 

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

- Staff did not consistently carry out observations of patient's physical health and did not always respond to these in line with guidance on addressing deterioration in physical health. Although there had been some improvement from our last inspection this remained an area of risk.
- Although some activities were taking place, which was an improvement from our last inspection, staff did not always accurately record whether patients were engaged in therapeutic activities, staff recorded patients sleeping and resting on these sheets which was not an activity.

However:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised and holistic.
- Staff provided a range of care and treatment interventions suitable for the patient group to support self-care and activity that supported activity.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to staff required to meet the needs of patients on the ward. Managers made sure they had staff with a 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.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.

Are services caring?

Good 

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

Summary of this inspection

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

Are services responsive?

Good

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

- 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, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient 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 a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication and advocacy.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Good

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

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution. They were confident

Summary of this inspection

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

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

Detailed findings from this inspection

Mental Health Act responsibilities

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well.

Managers made sure that staff could explain patients' rights to them.

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well..

Mental Capacity Act and Deprivation of Liberty Safeguards

They understood the provider's policy about the Mental Health Act 2005 and assessed and recorded capacity clearly for patients who had impaired mental capacity.

Staff made applcations for a Deprivation of Libery Safeguards order only when necesssary and monitored the progress of these.

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	Requires improvement	Good	Good	Good	Good
Overall	Good	Requires improvement	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas. They completed a ligature risk assessment and a health and safety assessment, and these were up to date and completed annually.

There were ligature anchor points on both wards, including ligature risks in patients' bathrooms. There was a bedroom on each ward with a viewing panel where staff could observe patients who needed a higher level of observation.

The ligature risk assessment identified that risks were managed by individually assessed for each patient. At our last inspection, not all staff were sure about where ligature anchor points or ligature cutters were. At this inspection we found this had improved. Staff knew where the ligature cutters were located, and we saw they were accessible.

Staff could observe patients in all parts of the wards. There were convex mirrors positioned on the ceilings on both wards to aid observation.

The ward complied with Department of Health guidance and there was no mixed sex accommodation. Maltby admitted male patients and Horsfall female patients.

Staff had easy access to alarms, they tested these to see that they worked on a weekly basis and there were alarms available for visitors to the wards. Patients had easy access to nurse call system.

Maintenance, cleanliness and infection control

Ward areas were clean, very well maintained, well-furnished and fit for purpose. The wards were comfortable.

The wards had been made suitable for patients with dementia. For example, handrails were painted in a different colour, there were seating areas throughout the ward corridors and near the reception desk, there were items of interest throughout the ward. Signage was clear and dementia friendly and toilet and bathroom doors were painted in a distinctive colour. Patients' bedrooms were personalised.

Staff made sure cleaning records were up-to-date and the premises were clean. We reviewed records and spoke to domestic staff about how they completed their activities.

Staff followed infection control policy, including handwashing. There were handwashing posters on the wards and we observed staff used available anti-bacterial hand gel.

Clinic room and equipment

The wards and clinic rooms were equipped with accessible resuscitation equipment including a defibrillator and an anaphylaxis pen.

At our last inspection staff had not checked emergency equipment regularly. We saw that at this inspection this had improved, and staff carried out these checks.

Long stay or rehabilitation mental health wards for working age adults

Good

Clinic rooms were small, but patients could be examined if required in their bedrooms. Portable physical health care equipment was maintained and safe for use. Staff recorded when they had cleaned the clinic room and portable physical health care equipment, and this had improved since our last inspection. However, we saw that cupboards on Maltby ward where medicines were stored were not very clean and that staff were using out of date syringes for a diabetic patient. When we told staff about these issues they rectified them immediately.

Safe staffing

Nursing staff

The service had enough nursing and medical staff, who knew the patients. The service had enough nursing and support staff to keep patients safe. The hospital planned to employ more staff as patient occupancy increased.

The were seven whole time equivalent registered nurses. Each ward had a registered nurse who oversaw the ward. There were no vacancies for registered nurses, this was an improvement since our last inspection. The deputy hospital director was also a nurse but was not counted in these numbers.

There were 29 whole time equivalent support workers. The hospital had over recruited to these posts to ensure there was enough staff to facilitate training and staff absence.

The number of shifts filled by bank or agency staff to cover sickness, absence or vacancies between 1 June 2019 and 4 September 2019 was 48 and 44 of these had been filled by bank staff who knew patients well. Only four shifts had been filled by agency staff.

There had not been any shifts that were not filled by bank or agency staff.

Staff sickness rate was at 3.5% between1st April 2019 until 1st September 2019. This was similar to our findings at our last inspection.

Staff turnover rate was 12% during the six months prior to our inspection. There were five members of staff who had left, four of these staff were support workers who were going on to different careers or education. The hospital director carried out interviews of staff who had left and no concerns were raised from these.

The hospital director used the Royal College of Psychiatrists Accreditation for Inpatient Mental Health Rehabilitation guidance for staffing. There was a minimum staffing ratio of one nurse on each ward on a day shift and one support worker for three patients. At night, the ratio was one nurse and one support worker for five patients. The hospital overstaffed on these numbers and ensured that there were two nurses on each ward and additional support workers. No staff reported staff shortages, and this was an improvement since our last inspection. On the day of our inspection staffing levels met the hospital's planned staffing.

The hospital director and nurses adjusted staffing levels depending on clinical need and clinical risk. For example, when staff carried out one to one observations staffing was increased.

When necessary, managers deployed agency and bank nursing staff to maintain safe staffing levels. The hospital limited their use of bank and agency staff and requested staff familiar with the service. For example, on the day of our inspection an agency nurse was working on Maltby ward who knew the hospital.

Managers made sure bank and agency staff had a full induction and understood the service before starting their shift. They ensured that agency staff had completed the right kind of training for their role.

There was a nurse accessible on the ward at all times in the day time. At night a nurse worked across both wards and a nurse from the day shift supported with handover and administered medicine to patients. Nurses were satisfied with this arrangement.

Patients had one to one time with their named nurses and this happened at minimum on a weekly basis. We saw this was recorded in care records. In addition, patients had two named support workers, so that there was always a named member of staff available.

Patients rarely had their escorted leave or activities cancelled.

All staff completed Management of actual or potential aggression training, all staff were up to date with this, including agency staff.

Medical staff

The service had a consultant psychiatrist who worked one day a week but was available and on call the rest of the time. The consultant psychiatrist's hours of work at the

hospital were to be increased in line with expected increased patient occupancy. The doctor was able to reach the hospital within an hour if required and was available by phone.

The hospital worked with a local GP to provide physical health care for patients and if they required out of hours medical support they contacted 999.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

Ninety-eight per cent of staff had completed mandatory training which exceeded its target of 85%.

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

The hospital director and deputy hospital director monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Assessment of patient risk

We reviewed six care records in detail.

Staff completed a risk assessment of every patient when staff admitted patients to the ward and these were updated regularly. All six care records contained risk assessments, and these were detailed, up to date and updated after specific incidents.

Staff used a recognised risk assessment tool. This was the Sainsbury's clinical risk assessment tool.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. We saw that staff assessed falls risks, tissue viability and choking. Staff made referrals to specialist services where there was risk identified. For example, staff made referrals to speech and language therapists, physiotherapists and tissue viability nurses.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff met daily at ward handovers that took place when staff changed shift and there was a '10 at 10' meeting at 10am every morning. We observed this meeting and saw that staff thoroughly discussed patients and risk issues.

Since our last inspections hospital had improved the way staff carried out observations

Staff who were fully trained in managing actual and potential aggression followed procedures to minimise risks where they could not easily observe patients. They carried out observations of patients and staff recorded when they had observed patients. However, staff did not record the actual time that they had seen a patient. This meant that observation records were not as accurate as they could have been.

We saw that patients could access the garden as they wished unless they had been risk assessed not to, they had access to snacks and they were individually risk assessed for hot drink making. Staff assessed patients individually for risks and we did not see blanket restrictions used.

Patients were able to smoke in the garden. There was smoking cessation advice available to patients.

There were no informal patients at the time of our inspection but there was information available on both wards explaining how patients could leave the ward if they needed to. However, this information was not in easy read format.

Use of restrictive interventions

The hospital did not use long-term segregation or seclusion

There were 41 episodes of restraint in six months prior to our inspection. Staff had restrained seven patients and of these 39 were recorded as level two restraints where staff used arm holds. Three restraints were seated arm holds.

The hospital did not use prone restraint.

Staff worked to reduce restrictive practices. There was access to outside space and patients had access to snacks and could make hot drinks where they had been risk assessed as safe to do so.

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. Staff had used de-escalation or distraction techniques on a total of 299 occasions in the six months prior to our inspection.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Long stay or rehabilitation mental health wards for working age adults

Good

In the six months prior to our inspection staff had not used rapid tranquillisation. However, there was a policy in place for staff to follow this if they needed to use rapid tranquillisation. This policy adhered to National Institute for Care Excellence guidance.

Safeguarding

Staff received training on how to recognise and report abuse, appropriate for their role and 97% of staff were up to date with their safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They raised safeguarding alerts when required and protected patients from abuse.

Staff knew how to recognise adults at risk of or suffering harm and worked with other agencies to protect them. For example, staff raised an alert regarding a recent medicines error.

Staff followed clear procedures to keep children visiting the ward safe. There was a family visiting room where children could visit. A risk assessment was completed beforehand.

Staff access to essential information

Patient notes were accessible for all staff. The service used paper care records. These were kept in the nursing stations in locked cabinets. All staff including unqualified staff and agency staff could access these records.

We saw that there was an improvement in the ways that care records were kept. At our last inspection we had not always found it easy to locate information. At this inspection the patients' care records were organised well and contained up to date information.

Medicines management

Staff followed systems and processes when safely prescribing, administering and recording medicines. We looked at all medicines cards and saw these were completed accurately including patient's allergies. Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines and nurses completed medicines reconciliation.

There was no medicines fridge on Maltby as it was broken, and the hospital was awaiting a replacement. Staff used the fridge on Horsfall to store medicines from both wards, but staff could reach this easily. Overall staff recorded fridge temperatures daily where medicines were stored. However, we saw that in the month before our inspection there were three occasions where fridge temperatures had increased to over 10 degrees and staff had not acted. We saw that there was nowhere for staff to record the actual temperature of the fridge at the time they checked, instead they recorded the minimum and maximum temperature. We advised the hospital director to amend the sheet where they recorded fridge temperatures to make sure they had all the information they required, the hospital director changed this immediately, so that staff could record the minimum, maximum and current temperature.

Staff reviewed the effects of each patient's medicine on their physical health according to NICE guidance. The consultant psychiatrist regularly reviewed patient's anti-psychotic medicines to ensure that they were not prescribed over advised limits by the British National Formulary. Staff ensured that patients completed physical health monitoring in line with best practice and guidance. For example, staff worked with a local GP to ensure that patients prescribed anti-psychotics, completed blood tests and referred patients for electrocardiograms to monitor cardiac health.

Track record on safety

There had been no serious incidents take place in the 12 months prior to our inspection.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. There was a paper recording system in place.

Staff reported all incidents that they should report. We saw that a range of incidents were reported, and staff told us that they knew how to do this. Incidents that had been reported included: medicines errors, safeguarding, hospital admissions, falls and injuries.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. The hospital director was able to provide examples of when they had contacted family and informed them and where relevant apologised for incidents including a recent medicines error and a patient on patient assault.

Managers investigated incidents thoroughly. Staff received feedback from the investigation of incidents, both internal and external to the service. Learning was shared between Barchester services.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff met to discuss the feedback and look at improvements to patient care. This took place at team meetings and each morning at the '10 and 10' meeting patient related incidents were reviewed, and relevant changes were made.

There was evidence that changes had been made because of feedback. There was evidence of changes having been made in relation to a patient safety incident and a medicines error in the last six months.

Managers debriefed and supported staff after any serious incidents. There was a recent example of this having taken place and staff said that it was beneficial and supportive.

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

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. However, when we reviewed care records we observed that the assessments varied in quality and that not all assessments were detailed.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The GP completed a physical health examination and blood tests within a week of a patient being admitted to the ward.

Staff completed support plans for each patient that met their mental and physical health needs. Support plans were written for the individual needs of patients and included physical health, pain, tissue viability, mental health and activity. Patients had positive behaviour support plans in place.

Patients at Forest hospital were not able to recover because of their neurological illnesses. Therefore, care plans were not focused on recovery. However, plans were personalised and holistic. At our last inspection we identified that these required improvements. Overall, we saw that care planning had improved and was more personalised and less deficit focused than at our last inspection.

Staff regularly reviewed and updated care plans when patients' needs changed. At our last inspection we saw that staff had not always updated care plans when they had reviewed them. At this inspection we saw that this had improved.

Best practice in treatment and care

Staff delivered care in line with best practice and national guidance and quality standards in relation to physical health. For example, patients with schizophrenia had specific physical health assessments and the consultant psychiatrist ensured that patients were not over sedated and not over prescribed anti psychotics.

The service no longer employed a psychologist but had instead employed and art therapist and musician to work with patients. This was in line with their model of care which was no longer active rehabilitation.

Staff provided a range of care and treatment suitable for the patients in the service. The service had developed activities for patients since our last inspection. At our last inspection we had identified that there was insufficient individualised activity, and this needed to be monitored so that leaders were assured that patients were engaged in suitable activities. We saw that some improvements had been made and there was an increase in activities. Patients spent more time in the community engaged in activities such as at dementia cafes and hydrotherapy. Trips out into the community were planned and there was an activity timetable in place for both wards. We saw in care records that patients were individually assessed to identify their interests. Staff offered more independent patients the opportunity to maintain as much independence as they could. For example, one patient purchased flowers and arranged them for the hospital each week. Although activity monitoring was being completed this was not recorded in such a way that made it easy to understand what kind of activity patients were engaged in and these were not always complete. Staff also recorded rest and sleep as activities on the activity record.

Staff identified patients' physical health needs and recorded them in their care plans. However, at our last inspection we identified that staff did not always carry out

regular physical health observations and when they did these were not always escalated if there was a deterioration in a patient's physical health. At this inspection we saw that whilst the frequency of physical health observations had increased and were now carried out weekly that these had not always been carried out correctly. We reviewed NEWS charts on both wards and noted that there were omissions on both wards, with a higher amount of omissions on Horsfall ward. The hospital used the National Early Warning Scores (NEWS) tool for this. We saw that in most records this was not completed fully, and we saw three specific examples where patients had a score where staff should have taken action and had not done so. Where staff were unable to complete the physical health, observations required due to the patients' presentation they should have used a visual observation sheet instead. However, we did not see these being used as they should have been.

All staff and patients had been offered a flu vaccination.

Staff made sure patients had access to physical health care, including specialists as required. There was evidence in care records that this took place and that staff ensured that patient's needs for tissue viability, speech and language therapists, diabetes care and dental health were met.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff used the Malnutrition and Universal Screening Tool and monitored patients' hydration levels. There were support plans in place for patients who required specialist care.

Staff helped patients live healthier lives by offering them a varied and healthy diet. Patients who were able could use exercise equipment and some patients used community sports facilities.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The service had developed its use of rating scales since our last inspection where use of these was limited. We saw a wider range of rating scales were used. For example: the Cornell Scale for Depression in Dementia and the Pain Assessment in Advanced Dementia. The hospital used Health of the Nation Outcome Scales (HONOS) on a regular basis to assess progress. We saw the occupational therapist used the POOL activity level instrument and the Model of Occupational Screening Tool (MOHOST) in patients' care records.

Staff took part in clinical audits and these were used to make improvements, this had improved at our last inspection. At our last inspection we identified that audits did not always take place and were not always effective. At this inspection we observed that these took place. Managers used results from audits to make improvements. For example, staff audited clinic rooms, completed quarterly care record audits, infection control and medicine cards. The hospital director identified themes from care records and improvements were made.

Staff were not involved in bench marking and whilst there were no formal quality improvement initiatives there was evidence that improvements had been made since our last inspection.

Skilled staff to deliver care

The service had a consultant psychiatrist who was 0.2 full time equivalent, but this was to increase as bed occupancy increased. The service had recently increased their occupational therapist role and the occupational therapist worked in a 0.6 full time equivalent role. The hospital had also employed two full time occupational therapy assistants. The hospital used sessional art therapists and musicians to work with patients. If there was a need for a psychologist either to provide therapy or formulations the hospital director explained they could use the skills of psychologists who worked for other Barchester services. However, as yet this had not been required.

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. The service employed mental health and learning disability nurses. The hospital supported the development of staff through leadership programmes for nurses and apprenticeships for unqualified staff.

Managers gave each new member of staff a full induction to the service before they started work. There were two induction programmes, one for nurses and the other for support workers. The induction programmes were comprehensive, and training and competencies were signed off by mentors.

Managers supported staff through regular, constructive appraisals of their work. The target rate for supervision

compliance was 85%. All staff received regular supervision. All staff were up to date with their supervision. This had improved since our last inspection when the overall supervision rate was 85%.

All staff had received and annual appraisal.The occupational therapist was supervised by the deputy hospital director who was not an occupational therapist, but they were setting up a peer supervision groups Barchester wide for occupational therapists.

Managers made sure staff attended regular team meetings and gave information from those they could not attend. Team meetings took place once a month and staff had an opportunity to discuss issues relevant to the hospital, their role and the patients. For example, the planned meeting agendas included hospital performance, learning from lessons, results from audits and information from the clinical governance meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff received specialist training for their role. For example, they had completed training in identifying sepsis, diabetes, tissue viability, dementia and dysphagia.

Managers recognised poor performance and demonstrated that these issues were dealt with. There were supportive plans in place for staff who were not performing as expected.

Multidisciplinary and inter-agency team work

Staff held regular multidisciplinary meetings to discuss patients and improve their care. We reviewed records from ward rounds and saw that discussions took place with carers, patients and staff. Ward rounds were thorough and attended by the consultant psychiatrist, occupational therapists, nursing staff, family and the patient (if they wished to attend) and external professionals. Records for these meetings were detailed and complete.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. At our last inspection we found that records from handover meetings were not always completed and when they were there was information missing from them. At this inspection we saw that staff recorded these meetings and records were complete.

Hospital staff came together each morning for the 'ten at ten' meeting. There was a robust level of information sharing about patients at the 'ten at ten' meeting which was well attended and an opportunity to share information across the wards.

Ward teams had effective working relationships with external teams and organisations. Staff met regularly with commissioners and commissioners carried our quality visits to the hospital. The hospital worked with community psychiatric nurses to support discharge and the care programme approach.

Adherence to the MHA and the MHA Code of Practice

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.

There were 97% of staff who were up to date with their training which had increased since our last inspection when compliance was 85%.

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

Staff knew who the Mental Health Act administrator was and could go to them for support. There was as a new administrator who had recently come into post, the previous administrator had supported this induction prior to leaving their post.

The service had clear, accessible, relevant and up-to-date policies and procedures. These were available on the intranet.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. We spoke to advocacy staff who confirmed this. We saw there was easy read about advocacy available for patients displayed on both wards. This had improved since our last inspection.

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 offered patients information in easy read format where appropriate.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the consultant psychiatrist. At the time of our inspection there were no patients who had unsupervised leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw that this had taken place and staff were awaiting a SOAD to review a patient at the time of our inspection.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. These were kept in a specific file and were easily accessible. Consent to treatment cards were attached to medicine cards and were completed correctly.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. There were posters on both wards, although these were not in easy read format.

Relevant patients accessed section 117 aftercare to support their discharge.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the MCA

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.

There were 97% of the workforce in this service that had received training in the Mental Capacity Act. The training compliance reported during this inspection was higher than the 85% reported at the last inspection.

There were nine Deprivation of Liberty Safeguards applications made in the last six months and managers monitored staff, so they did these correctly.

The number of Deprivation of Liberty Safeguards applications made during this inspection was lower than the 13 reported at the last inspection.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could access this on the intranet.

Staff could ask for support in regard to the Mental Capacity Act and Deprivation of Liberty Safeguards from the Mental Health Administrator, hospital director and consultant psychiatrist.

Staff assumed patients' capacity and gave patients support to make specific decisions for themselves before assessing capacity.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We saw evidence of this and staff gave us a recent example relating to a patient that needed to access physical health care but had refused treatment.

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 worked closely with families to ensure that they made the best possible decisions for patients.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. The hospital director gave us examples of where the hospital was following up outstanding applications.

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

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

Good

Kindness, privacy, dignity, respect, compassion and support

Staff were discreet, respectful, and responsive when caring for patients. We observed this at our inspection and saw staff being responsive to patients' needs. Staff we spoke with demonstrated these values in their discussions with us.

Staff gave patients help, emotional support and advice when they needed it. They were sensitive to patient's needs and we observed staff helping patients when patients needed this.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff supported patients to understand and manage their own care treatment or condition, where patients could understand this. For example, staff helped patients understand the medicine that they were prescribed. Patients were encouraged to attend ward round reviews.

Staff directed patients to other services and supported them to access those services if they needed help. We saw numerous examples of this in care records that demonstrated staff were aware of patients' physical health needs.

Patients and carers said staff treated them well and behaved kindly towards them.

Staff understood and respected the individual needs of each patient. Staff showed a good understanding of patients' needs. Each patient had information displayed in their bedroom about them and about their likes and dislikes

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff told us they could raise concerns without fear of retribution.

Staff followed policy to keep patient information confidential. Patients' care records and identifiable information were stored securely. Staff ensured when they spoke to us about patients that they could not be overheard.

Involvement in care

Involvement of patients

Staff introduced patients to the ward and the service as part of their admission. They gave patients information about the hospital and ward and there was an admission pack available for patients. Staff supported patients to find their way around the ward.

Staff involved patients where patients were able and gave them access to their care planning and risk assessments. Staff recorded they had done this. Where patients were not able to contribute to their care plans staff worked closely with family to ensure they considered patients' wishes.

Staff made sure patients understood their care and treatment. Staff gave us examples of how they worked with patients who were not able to communicate fully verbally. They used signs and easy read information to do so. Staff knew patients well and this helped them to understand patients' needs. The hospital director was keen to develop easy read information further to increase accessibility for patients. Staff recorded when they had given a patient a copy of their care plan or why this had not been appropriate.

Staff involved patients in decisions about the service and encouraged them to give feedback. At our last inspection we had found that community meetings did not take place regularly. At this inspection this had improved, and these took place monthly as planned. We reviewed the records of these meetings and saw that patients were encouraged to give feedback and that actions were taken when required. The minutes for these were in easy read format and were displayed on both wards. A patient survey was in process at the time of our inspection but the results from this were not yet available.

We did not see advanced decisions in place, however some patients had do not attempt resuscitation plans in place.

Staff ensured patients could access advocacy. Staff knew who provided advocacy and this had improved since our last inspection. We spoke to the advocate who provided these services and they told us that the hospital ensured that patients could access advocacy and that they attended meetings to discuss patient care.

Involvement of families and carers

Staff supported, informed and involved families or carers. They were invited to attend meetings. The hospital supported families who lived a long way from the hospital and supported with funding for hotel stays if it was difficult for families to visit. Staff demonstrated that they communicated with carers, sometimes daily to provide feedback on their family members' wellbeing. The three carers we spoke to felt included in their family members' care and we saw clear evidence of this in care records.

Staff helped families to give feedback on the service. There had been a carers' survey completed in June 2019 and 55% of carers had completed this. There had been no negative feedback from this. Carers had the opportunity to feedback at ward round meetings about their family members' care. They could use feedback forms and there was also a comments box in the reception area.

Long stay or rehabilitation mental health wards for working age adults

Good

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

Good

Access and discharge

Bed management

Bed occupancy was low and in the six months prior to our inspection overall bed occupancy was 44%. The hospital had been reviewing its care pathway and admissions and had made this clear to commissioners. At the time of our inspection there were four patients waiting for admission, the hospital was planning to increase occupancy and also staffing to support this increase. The hospital director was clear the hospital would only admit these patients slowly in a way that did not upset the patient mix on either ward. There were also plans to develop the care pathway to include patients with acquired brain injuries. However, the hospital director was clear this would not take place until staff had completed the relevant training.

The average length of stay was 600 days for Horsfall ward and 665 days for Maltby ward. The hospital director and consultant psychiatrist had reviewed all patients when they started in post earlier in the year. They had supported appropriate discharges to ensure that the patients in the hospital were offered care and treatment in the most suitable environment for them and had supported discharge where it was suitable.

At our last inspection we saw that the hospital had only received out of area referrals. However, at this inspection we saw that there were now more referrals from local commissioners which meant that more patients were receiving care closer to their home.

When patients went on leave there was always a bed available when they returned. The hospital did not use patients' beds when they were on leave.

Patients were not moved between wards.

Staff did not move or discharge patients at night or very early in the morning. Discharges only took place within normal working hours and were planned for in advance.

The hospital had not referred any patients in the last six months to a psychiatric intensive care unit.

Discharge and transfers of care

There had been no delayed discharges in the 12 months prior to our inspection. The hospital director said there were sometimes challenges with discharge as finding a suitable community placement was not always easy.

Staff worked closely with commissioners to support successful discharge. Commissioners attended care programme approach meetings, and ward rounds. The hospital engaged family in decision making about discharge. At our last inspection we did not see discharge plans in all care records. At this inspection all patients had a clear discharge plan recorded and these plans were reviewed at ward round.

Staff supported patients and their families when they were referred or transferred between services.

Facilities that promote recovery, comfort, dignity and confidentiality

Each patient had their own bedroom, which they could personalise. All bedrooms were well decorated, light and spacious and each bedroom had an ensuite bathroom. We saw bedrooms were personalised with photos of families and possessions.

Patients had a secure place to store personal possessions. There was a safe for patients to store valuables and patients could lock their bedrooms if they were able to have keys or ask staff to do so.

Staff used a full range of rooms and equipment to support treatment and care. There a spacious lounge, a dining room, clinic room and quiet room on each ward.

The service had quiet areas and a room where patients could meet with visitors in private

There was phone and internet access for all patients. However, not all staff were aware that there was a cordless phone which patients could use on the ward. The hospital director said she would discuss this with staff. On Horsfall ward staff unplugged the phone that was in the lounge and moved it to the dining room, so patients could speak to family in a quieter place. On both Maltby and Horsfall patients could use the ward phone (in the nursing office) or the phone in the lounge area, although this was not a private environment.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had an outside space that patients could access easily, there was a balcony on Horsfall and a garden that could be accessed by all hospital patients and directly from Maltby ward.

Patients could make their own hot drinks and snacks if they were able. There were snacks available on both wards. Each patient was risk assessed for hot drink making and on Horsfall ward patients who were able to make a hot drink had a code for the hot water boiler. This meant patients who were not able to make a drink were not at risk of being burned.

The service offered a variety of food. We saw that patients gave feedback on the range of food available and that changes were made because of this feedback. The hospital provided pureed diets and adhered to the International Dysphagia Diet standardisation Initiative (IDDSI) for this. They also provided gluten free food and supported the patient who required this to have diversity in their diet.

Patients' engagement with the wider community

Staff helped patients to stay in contact with families and carers. The hospital ensured that they communicated well with families and they supported families to stay locally if they lived a long way from the hospital. The hospital was flexible about visiting times for patients.

Staff encouraged patients to access the local community, such as a dementia café and patients went out into the local community to use facilities. This contact with the local community had increased since our last inspection. There were two patients who were not able to go out into the community due to requiring specific adaptations to do so. In both cases the final decision for these adaptations was with commissioners. We saw that staff had tried hard to speed up the process of assessment for these adaptations and were doing what they could to organise them.

Meeting the needs of all people who use the service

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The hospital was accessible to wheel chair users and there were adapted bathrooms on both wards. There was ongoing work to develop easy read information for patients, some of this had been completed. For example, there was easy read information about patients' rights displayed on the wards and easy read information about medicines.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. This was available throughout the ward and was clearly displayed for patients to see, much of this information was in easy read including minutes from the monthly community meetings. The picture boards with staff photos contained up to date photos of the staff who worked on the ward.

The hospital director and staff told us that information leaflets available in different languages could be accessed when required. However, at the time of our inspection there were no patients with these needs.

Staff made sure staff patients could get help from interpreters or signers when needed. Staff were able to give examples of this for a deaf patient's family member.

The service provided a variety of food to meet the dietary and cultural needs of individual patients when required. Staff provided examples of this.

We saw that patients were asked if they wanted to go to church at community meetings but there were no faith leaders who worked with the hospital at the time of our inspection. The hospital did not did not have a faith room, but there was space for patients to use if they wanted to.

Listening to and learning from concerns and complaints

There had been one complaint made in the year prior to our inspection. This was lower than at our previous inspection. There had been 11 compliments this was higher than at our previous inspection.

There had been no complaints made in the last year referred to Ombudsman and there had been no complaints upheld by the Ombudsman in the last year. However, there was one complaint from the previous year that had been referred to the Ombudsman which had been dealt with and the hospital was not considered to have been at fault.

There was accessible information for patients about how to make a complaint, patients told us they could make a complaint if they needed to. When patients complained or raised concerns, they received feedback from staff.

Staff protected patients who raised concerns or complaints from discrimination and harassment. For example, when a patient complained about another patient's behaviour towards them.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Complaints were discussed at clinical governance meetings and team meetings.

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. The hospital director and deputy were experienced and knowledgeable.

The hospital director had a good understanding of the services they managed. They could

clearly explain the improvements they had made and their plans to continue these.

Leaders were visible and approachable for patients and staff. This was an improvement since our last inspection. A new hospital director and deputy had come into post earlier in the year. Staff spoke highly of the new leadership in the hospital. Leaders knew patients well and understood their needs.

Leadership development opportunities were available, including opportunities for staff below team manager level. All nurses were completing a leadership training course at the time of our inspection. Support workers were able to complete level three apprenticeship training.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff explained these to us when asked. The values were respect, integrity, passion and empowerment.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. The hospital staff were clear about the kind of service it provided and there was an opportunity to discuss the vision of the hospital at induction, supervision, appraisals and team meetings. We saw that they were discussed regularly.

Hospital staff were clear that patients were referred to the hospital, so they could make progress and be stepped down into a less restrictive service. They explained they were not an 'active rehabilitation setting.' This had changed since our last inspection. Staff were clear they wanted to improve the quality of life for the patients and the care provided to patients supported patients to make behavioural changes so that they no longer required a hospital setting.

Staff had the opportunity to contribute to discussions about the service and this was done directly with the hospital director and at team meetings. Staff told us that the new leaders at the hospital encouraged them to make suggestions to try out new ideas.

The hospital director explained how they were working to deliver high quality care within the budgets available and reported there were no issues with budgets.

Culture

Morale had improved since our last inspection and staff were positive about working at the hospital and told us they were well supported. At our last inspection staff were worried about the turnover of staff but at this inspection we could see that since a change in leadership that staff turnover had reduced. At our last inspection staff had found the change in hospital directors destabilising. Staff were positive about working for the hospital. At this inspection staff said the hospital had stable leadership and it was a better place to work.

Staff felt able to raise concerns without fear of retribution. The hospital director encouraged staff and patients to come forward to her with any concerns and we saw a log of these, they gave staff and the patients the opportunity to raise concerns no matter how small. This meant concerns could be dealt with promptly.

Staff knew how to use the whistle-blowing process and there was information displayed about how staff could report serious concerns by using a whistle blowing hotline.

The hospital director gave us examples of how managers dealt with poor performance effectively and supported staff to improve.

Teams worked well together and where there were difficulties managers dealt with them appropriately. The hospital director was able to describe how they have worked to support an effective and positive work culture.

Long stay or rehabilitation mental health wards for working age adults

Good

We reviewed appraisals and saw that these included conversations about career development and the hospital could support it.

Staff completed equality and diversity training. The provider promoted opportunities for career progression, they supported staff development. Barchester did not have forums for staff from minority groups. The hospital director explained that the hospital had offered the possibility of an LGBT (Lesbian Gay bisexual transgender forum to staff who are from this minority group but that staff did not feel this was necessary.)

The service's staff sickness and absence were similar to the organisational rate of sickness.

Staff had access to an occupational therapist service. There was also a telephone counselling support service for staff to access.

Barchester recognised staff achievements. There were reward schemes and incentives available for staff. For example, there was an employee of the month scheme with a financial award; staff could put forward colleagues for this and the national Barchester Care awards.

Governance

There was a clear framework of what was to be discussed at meetings. Relevant meetings took place including divisional clinical governance and local clinical governance. There were meetings for hospital director, nurses and teams and a '10 at 10' meeting daily. Information from meetings was shared. There was a clear pathway and opportunity for sharing information and discussion including learning from incidents and complaints.

We saw improvements in relation to governance. Staff carried out observations and monitored activities and leave. There were still some more improvements to make in these areas. For example, improving accuracy in the way staff recorded activities, completed physical health monitoring and recorded the time they had carried out observations. There was clear evidence that improvements had been made since our last inspection however and that the hospital was on a journey of improvement.

There was evidence that staff had implemented recommendations from reviews of incidents, complaints and safeguarding and that this was shared across the hospital and discussed in meetings.

Clinical audits took place and there was evidence that this had improved since our last inspection. Audits provided leaders with increased assurance and there was evidence that changes were made in response to these. The divisional director carried out quality visits monthly at the hospital. Findings from these were discussed with staff at team meetings so that improvements could be made.

Staff worked with professionals external to the service. For example, they worked with physical health care services including community dentists and diabetes nurses to ensure patient's physical health was well looked after.

Management of risk, issues and performance

Staff could submit items to the risk register and escalate their concerns when they required to.

The hospital director was clear about the most significant risks which included low bed occupancy levels, current CQC rating and the way staff recorded care plans.

Staff concerns about occupancy levels were the same as a risk contained in the risk register.

The service had a business continuity plan that included what actions to take in an emergency.

There were no cost improvements taking place at the hospital which could compromise patient care.

Information management

The hospital director and deputy had access to the hospital dashboard. The dashboard contained relevant and useful information to support managerial decision making and areas for improvement.

Information governance systems ensured patient records were kept confidentially.

The nurses in charge of the wards were clear about the information they had access to the information to support them in their role. They met at nurses' meetings with the hospital director.

The ward dashboard contained information that was in an accessible format and was up to date. This information was communicated with the nurses in charge for each ward.

Staff made notifications to external bodies as needed. The hospital raised notifications with the Care Quality Commission and raised safeguarding alerts with the local authority.

Long stay or rehabilitation mental health wards for working age adults

Good

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. Staff received these through meetings and by emails. There was a phone application called 'all about you.' Barchester updated staff about developments through this application and via their staff conferences. The hospital staff informed staff and patients about changes and developments through the community meetings and conversations.

Patients and carers had opportunities to give feedback on the service formally an informally. Staff demonstrated they understood the individual needs of carers and how to communicate and support them in a way that suited them.

Managers and staff had access to feedback from patients, carers and staff and used it to make improvements. Feedback was discussed and there was evidence that feedback from all stakeholders was listened to and acted upon. Staff were asked for feedback; however, the staff survey was organisation wide. The hospital director planned to design a local survey.

Staff communicated with families regularly and discussed developments and changes with them. Carers were asked about their opinions at ward round. There was an opportunity for patients to be involved in decisions about the service at community meetings.

Patients and staff could meet with members of the provider's senior leadership team and governors to give feedback. Senior leaders came to the hospital. Staff and patients could speak directly to the hospital director and deputy who spent time on the wards and there was an opportunity to meet with the divisional director who attended the hospital regularly.

Staff met with external stakeholders, including commissioners

Learning, continuous improvement and innovation

The new leadership at the hospital ensured staff were given the time and support to consider opportunities for improvements and innovation. The hospital had recently invited authors and specialists in the Mental Capacity Act to run a seminar, they had invited stakeholders to this to develop their relationships and raise the profile of the hospital.

Staff did not use formal quality improvement methods. However, there was evidence that improvements had taken place since our last inspection.

The hospital was participating in a Barchester accreditation scheme aimed at improving dementia care including creating a dementia friendly environment, the hospital hoped to achieve the accreditation by the end of the year.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The provider must ensure staff carry out patient's physical health observations fully and record their actions when patient's health deteriorates. (Regulation 12 Safe Care and Treatment)

Action the provider SHOULD take to improve

The provider should ensure that patients have access to therapeutic activities and this is recorded appropriately.

The provider should ensure that staff record the actual time that they have carried out observations of patients.

The provider should ensure that medicines are stored in a clean environment and that medical provisions are not used when they are out of date.

The provider should ensure that staff are clear about what action staff should take when the fridge temperature goes out of range and that they can record accurately all required information for fridge monitoring

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure that physical health observations were completed in line with guidnace and actions in relation to observations were not always carried out when required.