

## Elysium Healthcare (Field House) Limited

# Field House

### Inspection report

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

### Ratings

#### Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

### Overview of the service

Elysium Field House is a specialist long stay rehabilitation service for women with mental illness and a primary diagnosis of personality disorder and/or history of trauma.

### Why we did the inspection

The most recent inspection of Elysium Field House was a focussed inspection on 14 August 2020 in response to whistleblowing concerns and other matters of concern. The focussed inspection included specific key lines of enquiry from the safe and well led domains only. Following that inspection, we rated the service inadequate, issued three warning notices and placed the service in special measures. Within a week of completing the inspection in August 2020 we became aware of further new concerns.

We undertook this focussed inspection to look at specific key lines of enquiry in the effective, caring, and responsive domains, and as they applied to the newly raised concerns. We also looked at specific key lines of enquiry relating to safe and well led to look at the progress made in relation to the warning notices. We did not re-rate the service on this occasion and the hospital remains in special measures.

### What we found

- Newly introduced treatment interventions, and specialist staff training had not had time to become embedded practice. Staff had not promoted the healthy eating program and therefore it was not embedded in practice.
- Labelling of food in the communal fridge was not correct. A staff member told us staff and patients would be advised on correct labelling and given until the weekend to correct this.
- Portable Appliance Testing had run out in September 2020. Staff thanked us for pointing this out and the manager arranged for an electrician to attend the hospital the next week.
- Patient and carers interviews, and our review of care plans showed that family and carers were not as involved in treatment planning or service developments as they could be.

However:

- While staff expressed concern that the apartments would re-open before managers recruited enough substantive and trained staff for the apartments which would impact on patients in the house. Within two weeks of the inspection managers submitted a recruitment plan to support the re-opening of the apartments without detriment to patients in the house.
- We saw that the provider had addressed the warning notices issued in September 2020. Of the 78 actions identified in the providers action plan to address the three warning notice issues, 64 actions had been completed and implemented; six actions needed more time to achieve completion and eight actions needed more time to become embedded practice. Where actions had not been completed they did have realistic time frames identified.
- Good governance processes were now working effectively at ward level and performance and risk were managed well. Managers have agreed to engage with us through regular engagement and monitoring processes.

# Summary of findings

- The service provided safe care. The ward environments were safe and clean. Managers had closed the apartments to ensure there were enough permanent and skilled staff to meet the needs of patients in the house. Staff assessed and managed risk well, they minimised the use of restrictive practices, and the number of serious incidents had significantly decreased since our inspection in August 2020.
- Managers review of patient's acuity and relocation of permanent staff to the house meant that staff could provide a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff told us they now had time to care for patients.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. The service worked to a recognised model of mental health rehabilitation.

## What people told us

- Patients told us that since the apartments had closed and all staff had started to work at the house their care and treatment had improved a lot. Staff had time to talk to them and staff did not cancel therapy sessions because they were short staffed. They also told us there was a good variety of meaningful activity available on the ward and everyone had individual activity programs matched to their goals for getting better. Patients told us the ward seemed much calmer and this helped them to feel safe again.
- Carers told us they did not feel involved with their relatives or friends care and treatment or discharge planning. Staff had not kept them informed of what was going on at the hospital, they only knew what was reported in local media coverage.
- Staff told us that not having to cover the apartments and do constant induction and checking in with agency and unknown bank staff they had more time to care for patients. They felt the ward was safer and the number of incidents and restraints had reduced significantly. However, staff also told us they were concerned that if the apartments reopened before managers had recruited and trained enough permanent new staff the current situation would not be sustainable.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
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Long stay or rehabilitation mental health wards for working age adults	Inspected but not rated	
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# Summary of findings

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# Summary of this inspection

## Background to Field House

Elysium Field House is a specialist long stay rehabilitation service for women with mental illness and a primary diagnosis of personality disorder and/or history of trauma. The service is in Alfreton Derbyshire.

Elysium Field House offers eight en-suite bedrooms split over two floors. At the time of this inspection there were seven patients in the hospital all of whom were detained under the Mental Health Act.

The apartments are in an adjacent building and accommodate one or two patients' in rooms that replicate a community living environment. At the time of this focussed inspection managers had closed the apartments.

At the time of this inspection the service did not have a registered manager however there was a new registered manager application waiting CQC approval.

The most recent inspection was a focussed inspection on 14 August 2020 in response to whistleblowing concerns and other matters of concern. That focussed inspection looked at specific elements of the safe and well led domains, it was subsequently re-rated in these domains as inadequate and we placed the service in special measures.

We also took enforcement action and served three warning notices under Section 29 of the Health and Social Care Act 2008 against the provider. We told the provider it must become compliant with the regulations by 15 October 2020.

Within a week of completing the inspection in August 2020 we became aware of further new concerns.

We undertook this focussed inspection to look at specific key lines of enquiry in the effective, caring, and responsive domains, and as they applied to the newly raised concerns. We also inspected specific key lines of enquiry in the safe and well led domains to look at progress made in relation to the warning notices. We did not re-rate the service on this occasion and the hospital remains in special measures.

## How we carried out this inspection

This was a short announced, focussed inspection looking at key lines of enquiry in the safe, effective, caring, responsive and well led domains.

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, which was compliant with all Covid 19 government and Care Quality Commission guidelines, the team:

visited the hospital to look at the quality of the environment and observed how staff were caring for patients

spoke with three patients and four carers over the telephone

spoke with 17 other members of staff over the telephone; including a doctor, nurses, occupational therapist, activity assistant; psychologists, healthcare support workers and housekeeping

spoke with two senior managers in person

# Summary of this inspection

looked at seven care and treatment records of patients

looked at a range of policies, procedures and other documents relating to the running of the service.

## Areas for improvement

- The provider should ensure that carers and family members are involved in treatment planning and service development.
- The provider should ensure that all food in the communal fridge is labelled correctly.
- The provider should ensure that all portable electrical equipment is properly tested.
- The provider should ensure that staff have enough support and time to enable them to embed the new treatment interventions and specialist training into practice.

# 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	Inspected but not rated					
Overall	Inspected but not rated					

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

Inspected but not rated 

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Caring	Inspected but not rated 
Responsive	Inspected but not rated 
Well-led	Inspected but not rated 

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

Inspected but not rated 

This was a focussed inspection and we only inspected key lines of enquiry within the domain. At our earlier inspection in August 2020 we rated safe as inadequate and issued two warning notices under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 - Safe Care and Treatment and Regulation 18 – Staffing. We asked the provider to complete the warning notices by 15 October 2020.

- Although staff and patients had labelled food in the fridge they had not included opened dates and use by or dispose of dates. The freezer was not working and did not have an out of action label on it, though we did hear that a new freezer was on order.
- Portable Appliance Testing of equipment in the kitchen and other areas ran out of date in September 2020. Staff told us the maintenance engineer who was also the electrician had left the service at the end of August 2020 and not informed the manager that the portable appliance testing would run out at the end of September 2020. Staff said they were grateful we raised this as an issue and the manager arranged for an electrician to come and do the testing the following week.

However:

- Most areas were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The dining room and upstairs lounge were still undergoing refurbishment works. Contractors had deep cleaned all patient areas, laid new flooring and completed most of the re-decoration. Patients had chosen new furnishings where needed and staff had ordered them.
- The housekeeper and manager reviewed all the cleaning rosters and staff had completed the new cleaning records including those for Covid 19 infection prevention and control. There were audit processes in place to monitor the cleaning.
- Contractors had deep cleaned the clinic room. New cupboards and shelving meant that staff could clear the area of clutter. Staff checked and cleaned the emergency equipment and “I am clean” stickers were visible. There was adequate supply of hand sanitiser and masks where needed.
- The service had enough nursing and medical staff to keep patients safe from avoidable harm. Managers had closed the apartments and moved staff in the house, the main part of the hospital. This meant there was very little reliance on agency and bank staff, and the service now had enough permanent staff who knew the patients well.

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

Inspected but not rated 

- Staff were now able to assess and manage risks to patients and themselves well. Managers had reviewed observation processes. The observation folder now included summarised key information about patients including individualised one sheet plans, and a list of the patients likes, dislikes triggers and the de-escalation approaches to use.
- Staff achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, incidents of restraint and self-harm had reduced significantly, and staff had more time to care and de-escalate patients' distress.
- Staff had reviewed ligature points and the ligature audits.

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

Inspected but not rated 

This was a focussed inspection and we only inspected key lines of enquiry within the domain.

- We looked at seven patient care records.
- While staff now provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. These treatments had not had time to become embedded practice.
- Staff told us that while they offered healthy eating education, they had not promoted the program and therefore not embedded it in practice. This meant that some patients continued to buy and consume large quantities of high calorie snacks throughout the day leading some patients to have gained significant amounts of weight.

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, holistic and recovery-oriented. Staff had co-produced with patients their individual Personal Behaviour Support plans.
- Managers had secured specialist training for staff including personality disorder awareness, compassion focused therapy, effective use of Personal Behaviour Support plans, and providing a meaningful day.
- The ward team included or had access to the full range of specialists needed 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. Where staff did not already have specialist knowledge of personality disorder, managers identified this, and the psychologist provided the required training.
- Managers had revised their recording processes for, and supported staff with appraisals, supervision, and reflective practice sessions to develop their skills. We saw how managers had reviewed their training data base to include necessary specialist training, induction and orientation programmes for both new staff and agency staff.

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

Inspected but not rated 

This was a focussed inspection and we only inspected key lines of enquiry within the domain.

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

Inspected but not rated 

- Staff did not inform and involve families and carers appropriately. Staff told us carers groups had not been successful due to lack of interest. We saw that four out of the seven patients at Field House had clearly said they did not want their families involved in their care. Only two patients had identified family members as carers, while the majority identified other healthcare professionals as their carer support network. Managers acknowledged that this was a challenge for them.

However:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients including people from lesbian and transgender groups. Staff supported patients to understand and manage their own care and treatment or health conditions. This was a significant improvement on our last visit in August 2020. Managers told us that since closing the apartments and regrouping their substantive staff they had developed a time to care model. Staff and patients confirmed this.
- Patients who had transferred from the apartments to the house told us that despite initial anxieties about their transfers staff had supported them well and they still had all the freedoms they had in the apartments plus the enhanced support of staff and other patients around when they wanted them.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates. Patient involvement in care planning and positive behavioural support plans was clearly identified in the care plans we saw.
- Patients were involved in plans to refurbish parts of the hospital, choosing colour schemes and furniture. Managers and staff kept them up to date with the changes that were happening at the hospital and community meetings were now prioritised, had structure, and consistency with clearly identified actions.

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

Inspected but not rated 

This was a focussed inspection and we only inspected key lines of enquiry within the domain.

- Managers had chosen to suspend all new admissions to give themselves time to complete all the issues raised in the warning notices. Managers had reviewed their admission criteria, and clearly identified the level of patient acuity they could manage safely and effectively in the service.
- 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. We looked at the admission dates for all patients at Field House and they ranged from January 2019 to April 2020.
- Six of the seven records we reviewed had clearly stated discharge plans the one patient who did not, was subject to ministry of justice directions and their discharge date and plans were uncertain at this point in time.
- Patients had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- Staff encouraged patients to self-cater where possible. Patients could make hot drinks and snacks at any time. Patients were risk assessed for either independent or supervised access to the kitchen.
- The ward met the needs of all patients who used the service – including those with a protected characteristic, and disability. Staff helped patients with communication, advocacy and cultural and spiritual support.
- 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. We saw evidence of two recent complaints that managers had dealt with at local level with positive resolution.

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

Inspected but not rated 

- Although the design and layout of the building particularly in corridor areas was narrow and could not allow for social distancing managers had done as much as possible to reduce the risk of Covid 19 transmission in these areas. At our last inspection we saw that some of the rooms were not well used being either too large or too small for purpose. In response to this the provider had started on a program of works to refurbish some areas of the building to free up therapy space and allow for more quiet areas for visits and individual therapy. At the time of inspection, we saw much of this work was on going including in the dining room area and upper floor office space that had been a little used small lounge.

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

Inspected but not rated 

This was a focussed inspection and we only inspected key lines of enquiry within the domain. At our previous inspection in August 2020 we rated well-led as inadequate and issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete the warning notice by 15 October 2020.

- While most of the staff we spoke with told us they were concerned that the provider would not recruit enough permanent staff to cover the apartments before they re-opened. They were concerned this would affect the quantity and quality of work they were setting up in the main house. Managers told us they would not rely heavily on agency staff again and within two weeks of the inspection they submitted a recruitment plan to support the re-opening of the apartments without detriment to the house patients.
- We saw that of the 78 actions identified in the providers action plan to address the three warning notice issues, 64 actions had been completed and implemented; six actions required more time to complete for example staff recruitment and agency training, and eight actions needed more time to become embedded practice for example patients meaningful day and the therapeutic program. Where actions had not been completed they did have realistic time frames identified.
- Managers acknowledged that staff in acting up positions did not always have the necessary skills, knowledge and experience to perform the role of manager, particularly good governance. To address this and guide the service through special measures two experienced senior managers had stepped in to manage the service one of whom was applying for temporary registered manager approval. In addition, managers had invited all qualified staff to undertake Elysium's leadership and management training programs to develop these skills.
- Managers had promoted the organisations vision and values including the KITE logo (Kindness; Integrity; Teamwork and Excellence). Staff were able to describe how these values guided their work at the hospital.
- Our findings from the other key questions showed that governance processes were now operating effectively at ward level and staff performance and risk were managed well.
- Staff told us they did now feel respected, supported and valued. They felt that closing the apartments and focussing resources and attention on the house had improved patients' safety and freed up staff time to care properly for the patients they currently had. Consequently, the number of patient's restraints and incidents had significantly decreased, and staff morale had improved.