Cambian - Appletree

Quality Report

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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	Requires improvement
Are services safe?	Requires improvement
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

We rated Cambian Appletree Hospital as requires improvement because:

- Staff did not always prescribe medication in accordance with Cambian policy or recognised best practice. Where prescribing was outside of recommended limits, staff did not detail the reason for prescribing such medication.
- Staff did not search patients in line with hospital policy. Staff searched every patient on return from leave without an individual assessment of risk and need.
- Appletree Hospital did not have an implementation plan in place for the revised Mental Health Act Code of Practice.
- Staff had not updated policies and procedures to reflect changes in the revised Code of Practice. Only 29% of staff had been trained in the revised code of practice.
- Staff did not clearly document how they shared lessons learnt from incidents with other staff and how this resulted in changes within the hospital.

However:

- Appletree Hospital had no staff vacancies and there was a sufficient skill mix to meet patients' needs. Compliance with mandatory training was high. Staff felt supported by the manager and morale was high.
- The hospital had a full range of rooms and equipment to support patients' care and treatment. A range of activities were available throughout the week, and staff took into account patients' views in planning their day.
- Staff completed a comprehensive assessment of patients' risk and need on a regular basis using standardised tools. Patients' care plans were individual and holistic.
- Staff treated patients with kindness and respect. Families and carers were involved in patients' care and there were good working relationships with other organisations.

Summary of findings

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

Summary of this inspection

Background to Cambian - Appletree

Cambian Appletree Hospital is a 26-bed rehabilitation unit for females with mental health needs. At the time of inspection, Appletree Hospital had 22 patients. It provides services to patients who are detained under the Mental Health Act 1983 as well as informal patients. It is run by Cambian Group and is situated in its own grounds in Meadowfield, close to the city of Durham

The hospital had a registered manager and an accountable officer in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is ran.

Cambian Appletree Hospital has been registered with the CQC since 26 September 2012. It is registered to carry out two regulated activities; (1) assessment or medical treatment for persons detained under the Mental Health Act 1983, and (2) treatment of disease, disorder or injury.

Cambian Appletree Hospital has been inspected by the CQC once before on 14 August 2013. The last inspection found no breaches of regulation and the service was deemed compliant as of 9 December 2013. This is the first inspection of Cambian Appletree Hospital using the CQC's current methodology.

Our inspection team

The lead inspector was Jayne Lightfoot. The team that inspected the hospital comprised one inspector, one inspection assistant, one doctor, one registered mental health nurse, one occupational therapist, one Mental Health Act reviewer and one expert by experience with experience of mental health services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

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 we held about this service and asked a range of other organisations for feedback about their experiences of Appletree Independent Hospital.

During the inspection visit, the team:

- Undertook a tour of the hospital and looked at the layout of the ward and cleanliness of the environment.
- Spoke with 11 patients and the family members of four patients.

Summary of this inspection

- Spoke with the operations director, the hospital manager and the head of care.
- Spoke with 14 other staff members including doctors, nurses, support workers, occupational therapists, administrators and domestic staff.
- Attended and observed one morning meeting, three patient reviews, one occupational therapy planning meeting and one patient led service development meeting, four patient activity sessions and watched a play written and performed by the patients.
- Reviewed five staff personnel files.
- Reviewed10 treatment records of patients.
- Reviewed the prescription charts of all 22 patients.
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- Conducted a full Mental Health Act monitoring visit.

What people who use the service say

We spoke with 11 patients and four carers, observed three patient reviews and observed seven groups and activities involving patients and staff. The inspection team also sought feedback via comment cards left at the hospital in the weeks prior to inspection. Families and carers provided only positive feedback about the hospital. They felt staff listened to them and involved them in the patient's care. Patients generally felt happy about the care they received from staff but did feel unsafe at times due to the behaviour of other patients. During the inspection staff were observed treating patients with kindness, dignity and respect. Interactions between staff and patients were natural and caring.

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?

Requires improvement

We rated safe as requires improvement because:

- Staff did not always adhere to NICE guidance when using medication for rapid tranquilisation. Staff did not document the reason for this when deviating from guidance.
- Staff did not carry out searching in accordance with the hospital's searching policy. Staff searched every patient on return from leave, regardless of risk and need.This was discussed with the manager during inspection and changes were made to remedy this going forward.
- Fridge temperature readings were too high for six consecutive days and staff did not take action to remedy this or remove perishable food items.
- Monitoring procedures for items that could be hazardous to health and first aid items were not in place where required in the salon area.
- Meeting minutes did not clearly document that staff shared lessons learnt from incidents with each other.

However:

- Appletree Hospital was clean and well maintained. Staff checked equipment regularly and undertook risk assessments of the environment.
- Compliance with mandatory training was high at 98%.
- All patients were risk assessed using a recognised tool and staff completed daily risk management plans.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- Staff did not always follow the hospital's medicines management policy, or NICE guidance when prescribing medication. There was a lack of oversight of the prescribing regimes to monitor this.
- Staff did not complete the required Cambian high dose monitor form which was utilised for monitoring individuals prescribed medication above British National Formulary (BNF) recommended limits.
- Cambian did not have an implementation plan in place to ensure staff embedded changes in the revised Mental Health Act (MHA) Code of Practice within Appletree Hospital.

Summary of this inspection

- Cambian had not reviewed its policies and procedures in line with the changes to the code of practice. They did not adhere to the revised MHA Code of Practice.
- Only 29% of staff had been trained in the revised MHA Code of Practice.

However:

- All patients had a comprehensive up to date assessment of need. Care plans were personalised and focussed on recovery.
- Patients had access to a range of psychological therapies and staff worked well together to meet the individual needs of patients.
- A full multi-disciplinary team was in place and they met regularly to discuss patients' care and treatment.

Are services caring?

Good

We rated caring as good because:

- Staff treated patients with kindness and respect and patients felt supported by staff.
- Staff supported patients in moving to Appletree Hospital with a formal admission process that included the use of information booklets and a buddy system.
- Staff held regular patient meetings to ensure that patients were able to inform developments within the hospital.
- The patients had regular access to independent advocacy. The advocate worked closely with staff to raise any concerns on behalf of the patient.
- Staff involved patients' families and carers in their treatment and invited them to regular reviews.

Are services responsive?

Good

We rated responsive as good because:

- There were a full range of rooms and equipment in the hospital to support treatment and care.
- Patients had a key to their bedroom and were encouraged to personalise their rooms.
- Patients had access to a wide range of activities each day and staff encouraged patients to attend.
- Staff made adjustments to meet patients' needs, such as information leaflets in different languages and a choice of food to meet dietary requirements.
- Staff handled complaints appropriately and in accordance with the hospital policy.
- The discharge of patients was always planned and involved the patient and their family or carer.

Summary of this inspection

Are services well-led?

Good

We rated well-led as good because:

- Staff knew the organisation's values and demonstrated this in their attitudes.
- Staff closely monitored the hospital against key performance indicators and benchmarked against other Cambian hospitals.
- Staff morale was high and the team worked closely together offering each other support.
- Staff accessed specialist training and managers encouraged them to develop in their roles.
- Staff undertook regular internal audits and took action where required.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983 (MHA). We use our findings as a determiner in reaching an overall judgement about the Provider. A Mental Health Act reviewer visited the hospital as part of this inspection. They completed a Mental Health Act monitoring visit and reviewed the detention documentation for four of the 21 detained patients.

Detention documentation was generally in good order. Exceptions to this were one T2 form and two T3 forms that had incorrect or missing information, and some documentation that did not reference the most up to date version of the British National Formulary. A Mental Health Act administrator completed audits and scrutinised documentation. Staff felt supported by this.

Completed consent to treatment forms were located with prescription charts. Emergency treatment was given appropriately and second opinion appointed doctors (SOAD) requested.

All patients knew which section of the Mental Health Act they were detained under and had information on their rights to appeal under the Act. Patients had access to an independent mental health advocate and most of the patients interviewed were using this service.

Appletree Hospital did not have an implementation plan in place specifically to address changes in the revised MHA Code of Practice. As a result, the provider had not made all of the required changes to policies and practice. The provider implemented staff training in May 2015 and at the time of inspection; only 29% of staff had received this.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had completed combined training on the Mental Health Act, Mental Capacity Act (MCA) and Deprivation of liberty safeguards (DoLS). The hospital had made no DoLS applications in the 12 months prior to inspection.

Cambian had a policy in place to ensure staff worked within the principles of the Mental Capacity Act and monitored the completion of capacity assessments. Staff understood the Act and documented capacity assessments in patient treatment records. The hospital worked closely with the local authority who took the lead on best interest assessments when required. All patients were presumed to have capacity unless it was proven otherwise.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

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

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

Requires improvement

Safe and clean environment

The hospital was clean and well maintained. Cleaning records were up to date. Furnishings and fittings were in good order and the décor maintained to a high standard. The hospital operated over two floors and was square with a central open-air courtyard. A convex mirror had been placed in one corridor to mitigate a particularly large blind spot. There were other blind spots throughout the hospital due to its layout. Nursing staff would position themselves in different areas to allow sight of all parts of the patient environment. Staff knew the observation policy and increased patients' observation levels where needed.

Appletree Hospital conducted an annual building general risk assessment. This identified that all en-suite bedroom doors had piano hinges and that patients were individually risk assessed and management plans implemented. The hospital undertook an annual ligature audit that last took place in February 2015. This identified all ligature risks along with actions required. Staff were aware of the potential ligature risks within the hospital. Patients had risk boxes in their bedrooms where they placed items that they felt posed potential ligature risks to themselves. The boxes were not locked and patients controlled them. Safety leads checked these and kept an inventory for each patient. If a patient's risk was heightened and the risk items were not in the box, they may be removed to safeguard the patient.

A monthly health and safety audit was undertaken and staff documented twice-daily checks of the environment. A representative from all disciplines of staff attended the morning meeting where the environment was a standing agenda item. The outcomes of this meeting were then disseminated to the rest of the team.

All patient bedrooms and bathrooms had a nurse call system. An alarm system was in place and maintained by an outside company. If an alarm was raised the location of the incident would be displayed on wall panels throughout the building. The hospital had identified that the sound of the alarm added to patients' distress during an incident. As an alternative the staff all carried pagers, which would vibrate if an alarm was raised and identify the location of the alarm.

The clinic room was clean and tidy. Staff monitored fridge and room temperatures regularly. The drugs cupboard was in order, met with required standards and the appropriate checks were in place. Resuscitation equipment was present and checked regularly.

There were multiple activity rooms throughout the hospital, including an internet café, salon, gymnasium, garden and several lounge areas. Patients' had individual risk assessments to identify whether they could have a key to access certain areas unsupervised. Equipment was well maintained, clean and evidenced regular portable appliance testing.

Two fridges in one of the activity rooms were running at temperatures of nine degrees centigrade and 23 degrees centigrade. A fridge should run at or below four degrees centigrade. Both contained perishable food items. Staff had documented these temperatures for six consecutive days without taking action. The inspection team informed the

manager and staff placed two new thermometers in the fridges. The temperature began to reduce indicating the problem was faulty thermometers. Staff destroyed food items and the following day the fridges recorded temperatures of five and four degrees centigrade.

The salon contained substances that could be hazardous to health such as nail varnish and peroxide hair colour. The salon did not have procedures in place to monitor these items, or the necessary first aid items in case of an accident such as an eye wash. The inspection team informed staff who contacted the Cambian health and safety officer for guidance. The manager put plans in place for staff to log all beauty items, obtain safety data sheets and develop COSHH procedures.

Infection control procedures were in place throughout the hospital. Quarterly infection control audits occurred as planned, and prior to inspection had taken place in September 2015 and November 2015. Staff conducted hand hygiene audits in June 2015 and December 2015 with no issues identified. At the time of our inspection hand gel dispensers were working throughout the hospital. An annual legionella risk assessment and action report had been carried out in October 2015 and the risk level deemed tolerable. The monthly health and safety audit included checks on water systems and thermostatic controls.

Safe staffing

The hospital had no vacancies at the time of inspection. There were six qualified nursing staff with a further two recently recruited. There were no nurse prescribers. Twenty-two support workers were in post with a further one due to start employment the following month. Appletree did not use agency staff and had a regular bank of staff that were familiar with the hospital and patients. The manager was able to adjust staffing levels depending on the patient population and profile. The hospital employed two administrators and a receptionist.

Staff turnover was high in the previous year, with 19 leavers from a total substantive team of 64 staff (30%), however managers were aware of this and had recruited accordingly. This figure also reflected bank staff. A breakdown of the reasons for this showed a mix of personal circumstances and an acknowledgement that some staff felt the job was not for them. The personnel files reviewed showed that the management of staff performance was both thorough and supportive. Staff spoke highly of the management team, and morale was high. The total percentage of permanent staff sickness between 1 October 2014 and 30 September 2015 was 3.3%. The national NHS average is 4.7% by comparison

Cambian used their own safe staffing tools to establish the number of staff required on each shift. As the hospital had 22 patients at the time of inspection, the recommended optimum staffing levels were nine staff on each day with two qualified nurses, and seven staff on at night with one qualified nurse. Cambian also identified a minimum safe staffing level for Appletree of one qualified staff member and four unqualified at all times. A review of the previous four weeks rota from 21 December 2015 to 11 January 2016 indicated that on 16 of the 28 days, there was at least one staff member missing during either the day or the night based on the optimum staffing levels. These shifts were always staffed to the minimum safe staffing levels. The rota did not take into account the hospital manager; head of care, and core multi-disciplinary staff. Based on the full staff team Appletree Hospital was adequately staffed in the four weeks prior to inspection.

Staff reported no concerns about staffing levels. Patients reported activities were sometimes cancelled due to staff shortages, but leave generally went ahead as planned. The hospital monitored the provision of activities and leave as part of their key performance indicators each week. The hospital aimed for 25 hours of meaningful activity each week and monitored how many patients were active by 10am each day. It was performing on target hitting between 80-100% each week in all of these areas in the month prior to inspection.

There were four Cambian hospitals within the North East region, and each responsible clinician provided cover on an evening for their own hospital with support from their clinical colleagues where needed. Each clinician provided weekend cover across the four hospitals on a rota system. The medical director provided second on call cover, and the speciality doctors operated as nominated deputies. The responsible clinician and the speciality doctor lived within thirty to sixty minutes of the hospital. Staff reported good access to medical cover out of hours.

Patients' treatment records showed that patients were having regular access to one to one time with their named nurse or key worker. Patients had an associate nurse and key worker in case one was not available when needed. Following feedback from patients, staff had placed a board

in the corridor identifying which staff were on shift each day. Patients knew who to speak to if they needed advice or support and the board identified each patient's one to one time.

Appletree Hospital had an induction training package called achieve. This included nine e-learning modules on topics such as safeguarding adults and children, information governance awareness, infection control and equality and diversity. Depending on the job role staff then attended mandatory training on active care, first aid, managing violence and aggression (MVA), Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had a six month induction period, with three months to complete the achieve package. At the time of inspection, compliance with mandatory training was at 98%.

Assessing and managing risk to patients and staff

The hospital did not have a seclusion room, and there were no recorded incidents of seclusion. Staff received training in managing violence and aggression and the hospital manager was a trainer in this method. Each patient had identified de-escalation strategies and where possible staff would only use restraint if each of those had failed. Between 4 May 2015 and 4 October 2015, there were 82 recorded incidents of restraint. There were no prone restraints recorded in this period. A full review of the restraint records from October 2015 to December 2015 was undertaken. The vast majority of people restrained were in the seated position. The hospital recorded the position of the restraint, the duration of the restraint and which staff members were responsible for each body part. Patients had a care plan in place that identified how the patient preferred to be restrained. Staff involved in the restraint then re-engaged with the patient soon after the incident to re-establish the professional relationship and patients had access to debrief following each restraint episode.

The hospital had an observation policy and staff could explain this to us. Patient risk determined observation levels. All of the 10 treatment records reviewed contained an up to date risk assessment and risk management plan. The hospital used the short-term assessment of risk and treatability tool (START). This was an evidence-based tool that assessed future violent and risk behaviours in the short term and identified risk to self and others through structured professional judgements. Repeat assessments captured attitudes and behaviours over time to evaluate patient progress. Following this staff completed the HCR-20. The HCR-20 is a 20 item checklist to assess the risk for future violent behaviour. It includes variables that capture relevant past, present, and future considerations to determine an individual's treatment plan. Staff undertook regular reviews of the START and HCR-20 along with a daily risk assessment of each patient. The daily risk assessment was a Cambian document that consisted of a checklist of key risk behaviours in areas of neglect, suicide, and violence. It had a brief risk management plan focussing on risk reduction and identifying leave status. Each patient had a coloured rating of red, amber or green depending on her presentation and behaviour over the previous twenty-four hours. Staff shared the risk status of each patient with the rest of the team at the morning meeting. Staff kept the assessment in the most appropriate file for that day to ensure it was accessible, such as the observation file or the one to one file. A policy was in place to ensure the safety of children visiting the ward.

Appletree Hospital tried to reduce the restrictions placed on patients. The hospital did have a list of 'contraband items' that were not permitted within the grounds. In addition to this, because of one patient's risk taking behaviour with aerosols they had been removed from all patients. Staff reported this was following discussion with patients at a community meeting and was care planned for each patient. We saw notes of a brief discussion in the patient meeting minutes and the care plans were in place in patients' treatment records.

A number of the hospital policies were under review at the time of inspection. The search policy stated that 'a search of any kind must only be exercised where there are reasonable grounds to believe that the search is necessary'. Patients reported that on return from any leave staff always scanned them with the 'wand'. Following unescorted leave or leave in a group, patients were asked to consent to a 'pat down' search. Staff confirmed this was current practice. We viewed the file in reception detailing the outcome of scans with the 'wand' for 10 random patients over the previous two to four months. Nothing was found in all cases. This showed that staff did not carry out searching based on individual need and risk or in accordance with the hospital's own policy. The manager began to rectify this during the inspection. Staff developed a list detailing the required search level for each patient following either escorted or unescorted leave and would review this daily in line with the patient risk assessment.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

Staff stated that random room searches took place on a weekly basis, and that they would search each room once per month to ensure patients were treated equally. The room searches took place on the same day each week and that staff did not usually search the same room two weeks in a row. The predictable nature of these could present a risk if patients were able to plan for when their room would or would not be searched.

The hospital entrance was via two locked doors. The exit doors into the garden area and inner courtyard were accessible via a swipe card. An individual assessment of risk and need determined which patients had unsupervised access. Those who did not were able to access the area with staff supervision. Notices were in place on all entrance and exit doors to advise informal patients of their right to leave.

Appletree Hospital had a service level agreement with Speeds pharmacy to supply patients' medication. A pharmacist was rarely on site, and nursing staff undertook all medicines management. The hospital had a medicines management policy that was under review at the time of inspection. Nursing staff undertook a monthly clinic audit to ensure the correct storage and administration of medicines. The nurse on night shift would complete medicines reconciliation checks and the head of care undertook a full medication audit in August 2015 and December 2015.

A review of several of these audits up to November 2015 showed there were rarely any problems identified or actions to be taken. However just prior to inspection the manager had identified some recurring themes around missing signatures on prescription charts and not all staff were following procedure when ordering and receiving medication. The manager devised an action plan signed by all nurses. It involved staff reminding themselves of guidance and best practice, and the use of clinical supervision and mentoring to ensure the policy was adhered to. Cambian's quality improvement team conducted annual pharmacy audits. The most recent took place on 8 January 2016. They focussed on the mechanics of the medicines management and the clinic, they did not scrutinise the prescribing regimes.

A rapid tranquilisation policy was in place and under review at the time of inspection. During the inspection, a patient had been prescribed a PRN medication to be administered that was not in line with National Institute for Health and Care Excellence (NICE) guidance. NICE provides national guidance and advice to improve health and social care. Appletree hospital's medicines management policy stated that guidance should be taken into consideration when prescribing, including the latest guidance indicated by NICE. It also stated that if medication was to deviate from NICE guidance the doctor must make a record of the reasons for prescribing the medication. The patient had been given the medication that morning and in the previous week. The rationale for this was not evident in the patient's treatment records. The inspection team immediately raised this with the hospital manager and operations director. Staff took appropriate action to ensure the patient's safety. The responsible clinician removed the medication from the patient's prescription chart and prescribed an alternative. The alternative medication was again not prescribed in line with the medicines management policy and NICE guidance. The manager gave staff instruction not to administer this medication and another alternative medication was prescribed in line with hospital policy. A further review of all patients' prescription charts found that there were no licensed indications for some of the PRN medications as a when required medicine. Again, this is not in accordance with current guidance. The hospital launched a wider investigation as to how this situation emerged and took appropriate action with those involved to safeguard patients.

Staff had a good understanding of safeguarding and their responsibilities in reporting concerns. The manager reported a good relationship with the local safeguarding team and raised alerts with them as needed. In the six weeks prior to inspection, the hospital raised five alerts. In all instances, staff informed the home team, and where appropriate the police were involved and the CQC notified. The hospital monitored all safeguarding alerts via the electronic clinical statistics reporting system.

Track record on safety

Prior to inspection, there had been one recorded serious incident requiring investigation. A review of this investigation showed that hospital procedure had been followed and clearly documented. Staff immediately informed the manager, a root cause analysis was undertaken where required, actions were outlined with

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

recommendations and staff were debriefed. The hospital made changes to the escorting ratios of patients to staff and staff received additional training on searching procedures.

There had been an increased number of incidents over the Christmas and new year period. The manager identified that this was a predicted risk as the time of year was particularly difficult for some of their patients. The hospital had increased activities and nursing time during this period, and each incident was reported and dealt with appropriately.

Reporting incidents and learning from when things go wrong

Staff felt confident in reporting incidents and raising concerns. The hospital monitored their reporting of incidents weekly via an electronic system. This documented the number of incidents, the type of incident, whether restraint was used and whether the appropriate agencies were informed. Documentation showed regular referrals to the local safeguarding team, and commissioners reported that Appletree Hospital was open and transparent in keeping them informed of incidents. Staff kept safeguarding files for each patient with a copy of any alerts and administrative staff held a central log. Staff used the local authority threshold tool when deciding whether to raise an alert. At the time of inspection, there were two safeguarding cases open with the local authority and the relevant partner agencies were involved with both. Staff felt well supported following an incident, and discussions were documented on a debrief form.

The management team used the morning meeting to share information with the staff team, and made brief minutes in the morning meeting book. Staff felt well informed of any incidents and reported that learning was shared. Management planned monthly staff meetings for both nursing and support staff. Staff often did not attend and at times the minutes recorded the meeting did not take place as no-one had attended. The hospital manager stated that the use of the morning meeting, the close working of the team, and the use of email to disseminate management information to the rest of the team left staff feeling the monthly meeting was not necessary. This meant that the whole staff team did not regularly meet, resulting in a lack of documentation to show that staff shared learning from incidents or complaints. When the meeting had occurred, action plans were attached to the minutes but were not reviewed at subsequent meetings.

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

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

We reviewed ten treatment records during the inspection. All contained a comprehensive assessment of patient needs. A nurse assessor commenced this prior to admission. It provided a full patient profile including family history, previous admissions, medications, risk and physical healthcare amongst others. Following admission, staff completed the short-term assessment of risk and treatability (START).

All treatment records contained regular assessments from nursing staff, psychology staff and the occupational therapy team. Staff reviewed care plans at a minimum every four weeks during the ward round. The detailed ward round slides in each patient's care record contained input from psychology and nursing and the patient's views on their treatment and progress. Care plans were individualised and holistic. They identified clear goals for the patient and included input from all members of the multi-disciplinary team.

Patients had separate physical healthcare files, which contained care plans, clinical notes, test results and communication with hospitals and GP's. The speciality doctor assessed all patients' physical health on admission and undertook regular physical healthcare reviews. Those files reviewed were in good order and up to date. NICE guidance was present in one of the files for a patient with diabetes and referred to within the care plan. Health promotion booklets were in place for each patient to record monthly health and wellbeing checks. Staff encouraged patients to attend the well woman clinic. Patients' attended physical health care appointments at the local GP and general hospital. Patients did comment that access to outside physical healthcare could be

difficult, and they would have to repeatedly ask staff if they required an appointment. This was not apparent from the patient records and staff reported that they supported patients to attend appointments when required.

The Care Programme Approach (CPA) is a national approach, which sets out how mental health services should help people with mental illness and complex needs. All detained patients were under a CPA, and the hospital monitored their compliance with timely care programme reviews. The home treatment teams were involved and each discipline of staff within the hospital submitted reports on a patient's progress. Patients and their families and carers were involved in the CPA reviews.

Patient treatment records were paper based and were stored securely yet available to staff when required. The exception to this was notes made by the responsible clinician that were not kept with the rest of the patient notes. The manager was aware of this and they were to be reconciled. The hospital had a contract with outside services for archiving and shredding of patient identifiable data. Appletree hospital had an electronic client management system. Staff had to input data into the client management system in order to report on the hospital's key performance indicators. Key areas to input were care plan completion and reviews, CPA reviews, activity levels within the hospital and bed occupancy information. A further electronic system contained information on patient details, outcome measures and requirements under the MHA.

Best practice in treatment and care

The hospital had a regional medical director, a full time responsible clinician and a speciality doctor who worked part time. There was a lack of clinical oversight of the prescribing regimes within the hospital. Prescribing was not always in line with NICE guidance as recommended in the hospital's own prescribing policy. A review of all patients' prescription charts found that two patients were prescribed above BNF limits without the necessary measures in place. Staff had not documented that regular physical health checks were taking place, and the prescription chart did not state that the patient was being prescribed above recommended limits. Ten of the 22 patients were prescribed more than one anti-psychotic medication for varying lengths of time. NICE guidance CG178 Psychosis and Schizophrenia in adults: Prevention and Management states that doctors should not initiate regular combined antipsychotic medication, except for short periods (for example, when changing medication). The combinations of medications prescribed were not in accordance with NICE guidance.

The hospital employed a full time psychologist and assistant psychologist. An individual assessment of patient's needs was undertaken and therapies offered based on NICE guidance. Staff conducted the START assessment during the first patient review, followed by the HCR-20 ongoing risk assessment. The psychology department worked very closely with the occupational therapists and therapy assistants. Therapies offered included modular dialectical behaviour therapy (DBT), mindfulness and mentalisation based treatment. NICE recommends these in the treatment of patients with borderline personality disorder. At the time of inspection, over half of the patients had a primary diagnosis of personality disorder. A DBT skills group was ran weekly with the patients. We observed one session where patients engaged well with the open discussion. The group were looking at thoughts, feelings and behaviours. The programme consisted of ten sessions of low level DBT, and patients were able to attend more in depth one to one sessions if required.

Recognised rating tools were in use to monitor outcomes for patients. These included health of the nation outcome scales and the model of human occupation screening tool amongst others. Treatment records showed these tools helped determine individual treatment plans for patients. The provider also used these tools to monitor patients' progress via their clinical statistics reporting system. Outcome data was produced for Appletree each month, and the data from all hospital sites was shared nationally within Cambian every quarter.

Clinical staff were involved in clinical audits. The head of care undertook the monthly clinic audit and the speciality doctor had undertaken audits on the recording of consent. An action plan was in place to ensure the implementation of the Winterbourne view recommendations. A case-tracking audit was to be completed three times per year and assessed patient care and treatment against the Winterbourne View recommendations and the CQC fundamental standards.

Skilled staff to deliver care

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

The hospital had a full range of mental health disciplines providing input to patient care and treatment. There were registered mental health nurses and healthcare support workers. The occupational therapy department consisted of two occupational therapists and two therapy assistants. The hospital employed administrative, catering and domestic staff. All staff interacted well with patients, and those not involved directly in patient treatment were supported to attend additional training in mental health if they had an interest in doing so. An example of this was the hospital administrator who was undertaking a mental health awareness course via distance learning. Cambian supported and funded the Mental Health Act administrator to undertake their mental health law and practice qualification at a local university.

Personnel files showed that staff had the appropriate training and qualifications to undertake their role. Staff had an induction and probationary period. A number of the training courses during the induction period met the requirements of the care certificate standards. The personnel files were comprehensive and included full documentation in most cases. It was clear that the manager followed disciplinary processes where applicable.

The hospital manager was accessible to staff and patients throughout the day. Each staff member had an identified supervisor, and a review of five personnel files showed regular supervision was taking place. Medical staff had monthly continual professional development meetings, both regionally and nationally. Supervisions and appraisals followed the supervision policy which stated that there must be 'regular formal meetings' and that the supervisions and appraisals should be recorded in a prescribed format. All staff reported good access to management and regular supervision. All non-medical staff had received an appraisal in the 12 months prior to inspection. The psychologist held a regular staff forum, which staff could access for additional support.

Managers were encouraged to take part in leadership training to support their development in the role. The hospital manager was awaiting funding approval to undertake a qualification in management and leadership at a local college. Following feedback from managers, Cambian had developed additional training to support the role in areas such as root cause analysis and the management of disciplinary procedures.

Multi-disciplinary and inter-agency team work

A representative of every discipline of staff, including the head of hotel services and the head of catering attended the morning meeting. The manager made changes to the searching policy following the first day of inspection. We observed staff discussing this at the morning meeting the following day. Handovers occurred twice daily, and a morning meeting and handover book kept a record of all discussions. Senior staff would disseminate information to the rest of their team following the morning meeting.

The multi-disciplinary team reviewed each patient monthly. We observed three patient reviews and found staff working together to meet the needs of the patient and promote recovery and independence. The inspection team felt there could have been more focus on the patient view during these meetings, and that at times some staff did not hear the patient voice.

Staff reported close relationships within the team. The hospital also worked closely with another Cambian hospital in the North East and staff would access peer support and attend meetings across both sites. Feedback was sought from other organisations prior to the inspection. Responses from home treatment teams and commissioners were positive. Care co-ordinators felt the communication received from the hospital was excellent, that they were kept regularly updated on patients' progress and were involved in decision making. Commissioners felt the hospital provided them with timely and accurate updates about patient care and treatment, that staff were compassionate and respectful, and that the hospital was proactive in meeting the needs of patients and responding to requests.

Adherence to the MHA and the MHA Code of Practice

We do not rate responsibilities under the Mental Health Act 1983 (MHA). We use our findings as a determiner in reaching an overall judgement about the Provider. At the time of inspection, Appletree Hospital had 21 patients detained under the MHA and one informal patient. A Mental Health Act reviewer visited the hospital as part of this inspection. They completed a Mental Health Act monitoring visit and reviewed the detention documentation for four of the detained patients.

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Requires improvement

Detention documentation complied with the MHA and the code of practice. A Mental Health Act administrator completed audits and scrutinised documentation. Staff felt supported by this and effective systems were in place to support staff in meeting the responsibilities of the MHA.

Completed consent to treatment forms were located with prescription charts. Emergency treatment was given appropriately and second opinion appointed doctors (SOAD) requested. There was no discrepancy between medications administered and medications authorised by the SOAD. Some documentation did not reference the most up to date version of the British National Formulary (BNF) when prescribing medication. The staff rectified this during the inspection.

Detained patients being administered medication for longer than three months must have a T2 or T3 form in place. A T2 form is used when a patient who has capacity agrees to take medication after three months detention. A T3 is provided by a SOAD when a person who lacks the capacity to consent to medication remains on medication after the first three months detention, or the patient has capacity but does not agree to taken their medication. One T2 form did not contain the correct category of drugs. Two T3 forms did not evidence that the necessary discussions had taken place to explain to the patient the reason for their prescribed medications.

All patients were aware of which section of the Mental Health Act they were detained under. Patients had information on their rights to appeal under the Act. This included a record of how the patient responded and their understanding of their rights.

Patients had access to an independent mental health advocate and were aware of this service. Most of the patients interviewed were using this service.

A standardised process was in place for authorising section 17 leave. Forms were struck out or ended after review. A risk assessment took place prior to patients taking section 17 leave. In one record, the required Ministry of Justice authorisation for leave was not located with section 17 leave forms on the ward. This applied when a patient had been through the criminal justice system and had restrictions on their leave. The authorisation was only available in notes kept elsewhere. Staff rectified this during the inspection.

Appletree Hospital did not have an implementation plan in place specifically to address changes in the revised MHA code of practice. Cambian had a policy group that would look at changes required from the revised code as they would with any changes in practice and guidance. They had devised workshop information slides and tools to train staff in the revised MHA Code of Practice. The MHA administrator had been allocated as the lead at Appletree Hospital to advise on the changes and support staff in understanding them. This meant that certain restrictive practices and policies had not been reconsidered in light of the guidance of the revised Code at the time of inspection. Visitors could not go into patients' bedrooms. The visitor's policy did not state this, but staff confirmed this was the case. This was not in line with the MHA revised Code (11.4), which stated that patients should be able to see all their visitors in private, including in their own bedroom if the patient wishes. The hospital did not document why it was deviating from the Code of Practice and there was no individual assessment of risk and need to explain this. Staff training was implemented in May 2015 and at the time of inspection 18 staff had received the training with a further 43 staff to be trained, this equated to 25%. Training was to be delivered in February and April 2016.

Good practice in applying the MCA

All staff had completed combined training on the Mental Health Act, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The actual percentage who had attended was 76% of the current staff team; however, the remainder were new in post and booked onto a course to be delivered on 17 February 2016.

The hospital had made no DoLS applications in the 12 months prior to inspection.

Cambian had a policy and procedure on Mental Capacity Act 2005. The policy was due to have been reviewed in November 2015. It detailed the principles of the Act, the processes around decision-making and best interest assessments, the use of the independent mental capacity advocate and the legal obligations set out in the Act. The weekly reporting spreadsheet monitored the number of capacity assessments completed each week. Senior staff completed a case-tracking audit three times per year. Part of this involved checking patient records for evidence of consent to care and treatment and checking if staff had completed capacity assessments where appropriate.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

Staff understood the principles of the MCA and were able to give examples of how they had appropriately assessed patients' capacity. Medical staff knew that an assessment of capacity was decision specific and the aim was to use the least restrictive option. Capacity assessments were often undertaken in relation to medication and finances and documented in patient treatment records. The hospital worked closely with the local authority who undertook best interest assessments when required. All patients were presumed to have capacity unless proven otherwise.

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

Good

Kindness, dignity, respect and support

We observed staff and patient interactions during a number of activity groups, patient meetings and in patient reviews. Staff treated patients with dignity and respect. Staff were kind and gentle when physical contact was involved, for example in the beauty salon when washing a patient's hair. Communication was light hearted and natural during activity sessions. The patients and staff put on a play during the inspection, and it was clear how much effort had gone into writing the play, rehearsing for it and planning costumes. Staff were supportive of patients and worked well alongside them. Staff ate lunch in the patient dining area and an observation of this showed staff and patients mixing well and chatting with ease.

Staff understood the needs of patients. During the patient reviews, it was clear that staff understood each patient's history and progress. In planning activities for the day, staff gave patients options on which groups to attend and involved them in identifying what times were best for each activity.

Patient feedback varied about Appletree hospital. Positive comments included kind, caring and helpful staff; responsive to patients' needs; a good programme of activities and excellent food. Negative comments included patients feeling unsafe due to the behaviour of other patients; the high noise levels within the hospital and having to repeatedly ask staff for physical healthcare appointments outside of the hospital.

The involvement of people in the care they receive

Appletree hospital undertook a detailed patient assessment at the point of referral. The hospital manager would often visit the patient prior to admissions. Staff gave patients a booklet about the hospital, which contained photographs of the environment. It explained the daily routine, the community guidelines, the staff names and roles and identified the types of activities on offer. A transitional phase was offered if appropriate where the patient could visit the hospital. Once the patient was offered a place, staff would pair them with another patient in a buddy system. This would be for initial support and guidance as they settled into the environment.

Patients had access to an independent mental health advocate who had a regular presence in the hospital twice weekly. All patients were aware of the advocate and accessed them when needed. The advocate felt communication with staff was very effective. They reported that staff took patient complaints seriously and dealt with them in a timely manner. They provided both a monthly and quarterly report, which outlined any trends in feedback from patients. The advocate felt an empathic and person centred approach was used within the hospital.

An innovations group held weekly was a joint venture by psychology, occupational therapy and the independent mental health advocate. This was patient led and chaired by patients. A clear action log was in place and showed that staff heard patients' suggestions and responded to them. In the meeting observed during inspection, staff sought patients' views on their experiences of restraint in order to inform a review of the hospital's restraint policy. Patients also led a weekly community meeting that the multi-disciplinary staff team attended. These meetings all highlighted how the hospital involved patients in their treatment.

Activities were aimed at promoting patient independence with sessions on cooking, public transport and DIY. Patients took part in healthy eating sessions where they planned a recipe and went to the shops with staff to buy the ingredients. Patients received therapeutic earnings if they undertook specific jobs around the hospital.

Appletree hospital conducted an annual patient survey. The survey covered areas such as staff, catering, activities, complaints and safeguarding. Questions asked included whether staff were polite and approachable, whether

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Requires improvement

patients knew how to make a complaint and whether they felt safe. Responses provided in both 2014 and 2015 were generally positive. The analysis of the 2014 survey showed that all ten respondents replied that that they liked their bedroom, could personalise the space and felt that the living conditions were clean. All respondents also indicated that they felt the service had enough facilities to meet their needs, while 90% of respondents felt the service was safe and comfortable. The hospital produced a report and any required actions were identified

The inspection team sought feedback from families and carers during the inspection and beforehand via the use of comment cards. The feedback was all positive and carers felt involved in patients' care. Staff engaged with carers and actively sought their input. They were involved in review meetings and kept informed of patients' progress. Carers could raise concerns with staff and always felt listened to.

All patients reported they received a copy of their care plan although this was not always evident in the treatment records. Care plans were written in the first person and individual to each patient's needs. Although they appeared to contain patient views, eight of the ten patients that we spoke to reported they were not involved in their care plan. They stated staff gave them a document to sign. Staff reported patients care and treatment plan was discussed in their 1-1 sessions and staff closely monitored that this allocated time happened each week Patients were regularly allocated time with each member of the multi-disciplinary team. The medical staff provided weekly slots to consider patient requests outside of their monthly clinical reviews in response to patients' feedback. Treatment records showed patients were able to make written comments on their care plan document and patient notes reflected that staff had discussed care planning with patients regularly.

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

Good

Access and discharge

Appletree hospital currently had 26 beds and at the time of inspection, there were 22 patients. The manager had submitted a business case to reduce the number of beds to 24. Two rooms were in use as observation suites when a patient required a higher level of observation from staff, and the hospital manager hoped to decommission a bedroom to use as an additional therapy room.

In the 12 months prior to inspection, there were 13 patients admitted to Appletree hospital and seven patients discharged. Of those discharged, three moved into supported living, two moved onto independent living, one moved to an open rehabilitation service and one moved into a low secure unit. The hospital monitored their yearly discharges to identify the number of positive discharges, identified as those patients who stepped down in their level of risk and need and those that required transfer to a more secure setting. In 2014, four patients had required a transfer to a more secure setting, whereas this had dropped to only one patient in 2015.

The discharge of patients was always planned and involved the patient and their family or carer. Commissioners viewed the discharge pathway as effective and community teams were an integral part in planning a patient's discharge. Staff discussed discharge planning in patients' review meetings.

The facilities promote recovery, comfort, dignity and confidentiality

There was a range of rooms and equipment in the hospital to support treatment and care. A clinic room had an examination couch for use when required. A large lounge on the ground floor had several seating areas and following patients' request, plans were in place to add a pool table. The dining area was open plan and spacious and looked out over the central courtyard. In the courtyard, there was a large covered seating area. There was also a garden area that had a small basketball court, a number of small animals such as guinea pigs, and an area for gardening. The hospital had a salon, a gym, a dance studio with table tennis, an internet café, an occupational therapy room and a therapy kitchen. Access to the internet and activity areas was based on risk with some patients having keys. Those who did not have keys understood the reasons why. A laundry room was available for patients to do their own laundry under staff supervision.

Staff cooked food on site and patients selected their own meals. Durham County Council gave the hospital a hygiene

rating of five 'very good' in January 2015. The daily menu was displayed on a white board in the dining area. Comments about the food were generally good although some patients found the choice repetitive. Patients had access to a beverage area. This was either via their own key or with the support of staff depending on their level of risk.

Patients had a key to their bedroom and were encouraged to personalise their rooms. All bedrooms were single occupancy with an en-suite toilet, shower and washbasin. Two bedrooms on the ground floor had observation windows with incorporated internal privacy blinds. Staff were able to open and close the blinds with a key and there was a patient control on the inside of the door. Visitors were asked to plan ahead where possible and a room was available in the reception area for visits to take place.

Patients were able to have their own mobile phones depending on a risk assessment. There was access to a private payphone for those who did not have a mobile phone.

Activity planning occurred daily, and a full weekly timetable was available in the hospital corridor for patients to see. The hospital aimed for 25 hours of meaningful activity each week and monitored how many patients were active by 10am each day. Patient information boards around the hospital explained in more detail about some of the activities on offer. Pictures displayed in the corridors showed previous activity and theme days that had taken place, such as Halloween and a 'scud day' that involved lots of messy activities and fancy dress. Examples of activities available were pet therapy, jewellery making, horse riding, exercise classes, a walking group and an art group. Patients generally reported good access to activities. Activities had been available seven days per week but patient feedback and a lack of attendance meant that Sundays had recently become a quiet day. Patients used a self-modulation room as part of their individual therapeutic strategies. Sensory items were available such as beanbags, lighting and sound machines to enable patients to promote self -regulation and positive change.

Meeting the needs of all people who use the service

Staff treated patients as individuals and made adjustments to the environment and/or treatment plan to ensure they were fully supported in their recovery. Examples of this approach included patients who were transitioning their gender as well as patients from different ethnic backgrounds.

The hospital was accessible to patients in a wheelchair, with a disabled access lift. A wide range of information leaflets available in different languages were displayed throughout the hospital. The staff had access to interpreters if required.

Patients were able to attend their local place of worship and the hospital manager was in the process of arranging for the local vicar to come into the hospital on a regular basis. Religious items were available for patients to use in one of the quiet rooms, such as a prayer mat and holy books.

Patients were able to prepare their own meals in the therapy kitchen with the support of staff as part of their therapeutic plan. Patients were able to request specific food based on their cultural and religious needs. Some patients followed a slimming world healthy eating plan and the kitchen facilitated requests for these meals.

Listening to and learning from concerns and complaints

Eight complaints were recorded between October 2014 and December 2015. A detailed review of four complaints found that staff had recorded and investigated them following the hospital complaints procedure. None of these complaints were upheld or referred to the Ombudsmen. Staff recorded the patient's preferred outcome and took action where required. The manager gave staff feedback from the outcome of complaints. One record was incorrectly completed with the wrong complaint details on the file but the actions taken were correct.

Patients reported they knew how to complain. There was evidence that patients could complain directly to the hospital or through the advocacy service. Commissioners felt staff did not always document complaints, as the hospital was proactive in addressing them there and then on an informal basis. The hospital manager had begun recording any issues that arose on a day-to-day basis that did not reach the formal complaints stage. All staff received training on dealing with concerns at work as part of their mandatory induction training package.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good

Vision and values

The Cambian group stated that its vison was to become the highest quality provider of specialist behavioural health services in the UK. It also had a list of four beliefs that would correspond to a list of corporate values; (1) everyone has a personal best, (2) everyone can find something to aim for, (3) everyone can achieve something special and (4) everyone should have the opportunity to strive for it. We found that senior managers had an awareness of both the vision and values of the parent organisation. The information booklet given to patients at the time if admissions listed the provider's beliefs and staff uniform's had 'everyone has a personal best' embroidered on the sleeve.

Staff demonstrated a commitment to quality in their attitudes and in their high compliance with supervisions, appraisals and mandatory training. Staff reported that the hospital management team was visible and approachable, and the operations director visited the site on a regular basis.

Good governance

Clinical governance structures were in place both locally within the hospital and regionally with another hospital in the Cambian Group. We reviewed the minutes of the three local clinical governance meetings held in 2015, the last one being September 2015. The terms of reference for the meetings were unclear. The minutes showed evidence of a review of previous actions and an update on audits.

The management and clinical staff at Appletree Hospital and another local Cambian hospital attended a regional clinical governance meeting. The minutes of these meetings provided evidence of benchmarking between the services and of discussion of comparative data on key performance indicators (KPI's). Staff documented actions to be taken and with clear timescales for achieving them. These were then reviewed at subsequent meetings. Both hospitals monitored and shared risk management data.

The hospital used key performance indicators to measure the performance of the hospital. These were compiled from the electronic recording systems that staff populated with certain patient data. The manager received the data pack monthly, and Cambian shared this data with the whole Cambian group for each hospital every three months. This allowed managers to compare their hospital with similar services nationally. The data reported on included number of incidents and safeguarding's, patient outcome measures, medication errors, restraints, additional observations and unescorted leave. The manager shared the hospital's progress with the rest of the staff team via email. The hospital manager attended a quarterly KPI supervision review looking at the data pack and additional areas such as relationships with community services, patient inclusion, regulatory compliance and budgets amongst others. At the time of inspection, Appletree Hospital was performing well in most areas of the data pack in comparison with other similar Cambian hospitals.

The hospital had introduced a local risk register in December 2015, which had five items on it. This operated alongside Cambian's national risk register. The hospital was inspected one month after the introduction of the risk register and it was not possible to conclude whether the register was being used to effectively and routinely monitor risk. The items on the register had been added by the hospital's senior team and staff would be able to add items if required through discussion with the manager.

The hospital had planned 34 audits for 2015 and had completed 28 audits. Staff generally completed the audits according to the audit schedule; however, there were three health and safety checklists, one monthly medication checklist, one infection control audit and one full medication audit that were not completed. There was a recurring theme around the documentation on the reasons for PRN medication being administered and on missing signatures on paperwork. This manager placed this on the risk register and highlighted it as a major risk.

Leadership, morale and staff engagement

Both staff and patients reported that the managers were approachable and were highly visible in the hospital. We found that staff morale was high throughout the hospital. The hospital had a low sickness rate of 3.3% between October 2014 and September 2015 and there were no vacancies at the time of inspection. An annual staff climate survey was conducted, with the most recent available at

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

the time of inspection being December 2014. Eight areas were covered including communication, flexibility and team commitment. Most staff responded with either excellent or good in all areas.

All staff interviewed stated that they could raise issues without fear of bullying or intimidation and we found no reported incidents of bullying within teams. The comment cards we received from staff explicitly stated that staff teams worked well together and that teams felt supported by each other. Staff members had opportunities for leadership development and that there was an expectation that all nursing staff should lead wards and teams.

Commitment to quality improvement and innovation

Appletree hospital did not participate in accreditation for inpatient mental health services (AIMS) although were considering it for the future. The hospital was a member of the Star Wards. This was a charity run project aiming to make mental health hospitals a better place to be, with more to do and more patient choice and involvement in planning their time. It consisted of 75 suggested ideas across seven areas of patient care. Appletree had been awarded the 'full monty' by Star Wards for implementing all 75 suggestions.

The hospital was planning to undertake some research into the effectiveness of eye movement desensitisation and reprocessing (EMDR) therapy in female services, as they felt research was lacking in this area at present.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure prescribing regimes are in accordance with the hospital's medicines management policy and NICE guidance. There must be a clear clinical oversight of prescribing to ensure the necessary safeguards are in place for patients.
- The provider must have an implementation plan in place to ensure changes in the revised Mental Health Act Code of Practice are implemented within the hospital. All staff must be trained in the revised code and policies and procedures updated as required.

Action the provider SHOULD take to improve

- The provider should ensure that staff search patients based on an individual assessment of risk and need and in line with the hospital policy.
- The provider should ensure that staff formally document and regularly review decision making around restrictive practice and that there is a policy in place to support this.
- The provider should ensure that staff review the current blanket restrictions in place, such as access to aerosols and laundry and the 'contraband' list. It should be clear why these are in place and how and when staff will review them.
- The provider should ensure that the monitoring of fridge temperatures is accurate and that staff take action if the temperature is not within the desired range.
- The provider should ensure that staff monitor all items in the salon and the necessary first aid equipment is accessible.
- The provider should ensure that lessons learned from incidents are shared with staff and that it is clearly documented how this informs practice and procedures.

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 prescribe medication in accordance with their medicines management policy. Prescribing was not in line with NICE guidance as per the provider's policy. There was a lack of clinical oversight of prescribing regimes. This was a breach of Regulation 12 (2) (g)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have an implementation plan in place for the MHA revised Code of Practice. Not all staff were trained in the revised code and not all policies and procedures had been updated. This was a breach of Regulation 17 (1) (2) (a)