Cygnet Aspen House

Quality Report

Manvers Road
Mexborough
Doncaster
S64 9EX
Tel: 01709 598000
Website: www.cygnethealth.co.uk

Date of inspection visit: 15 to 16 May 2018
Date of publication: 20/07/2018

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
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 Cygnet Aspen House as good because:

- The hospital had undergone significant organisational changes and there was limited impact on patient care and on frontline staff. Patients and staff reported clear and stable leadership from managers who were visible, supportive and approachable.
- Staff morale was high and staff demonstrated the provider's values. There were low sickness rates at 3% and no shifts had been left unfilled. The hospital did not use agency staff.
- The service managed risk appropriately through comprehensive individual patient risk assessments completed and reviewed by the multi-disciplinary team. Incidents of restraint were low and there was no use of prone restraint.
- Staff had developed and ran a physical health clinic that fed into patients' care and treatment well. Staff had developed documentation to record physical health monitoring which had been shared across the provider's services.
- Patients had access to a range of care and treatment interventions and activities to promote their recovery and rehabilitation needs. The hospital had full multi-disciplinary team.

However:

- Out of hours an on-call doctor was available but would not be able to attend the hospital promptly following incidents of restraint.
- The provider trained staff in basic life support, automated external defibrillation and registered nurses received oxygen training. The provider did not provide staff with training in immediate life support.
- Team meetings did not take place regularly so it was unclear how all information was cascaded fully to all staff.
- The appraisal rate had improved significantly but at the time of our inspection was 71%.
- Even though staff planned and discussed patient discharge regularly, care plans did not contain clear discharge planning information.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good 	

Summary of findings

Contents

Good

Cygnet Aspen House

Services we looked at
Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to Cygnet Aspen House

Cygnet Aspen House is an independent mental health hospital in Mexborough, Doncaster. The hospital provides long stay mental health rehabilitation services for up to 20 women aged 18 and over with a primary diagnosis of mental illness and complex needs. The hospital is a high-dependency mental health rehabilitation unit. The parent provider is Cygnet Behavioural Health.

CQC registered the location on 13 November 2015. Prior to this, the hospital was registered alongside another independent mental health hospital as one location. The hospital is registered to provide Assessment or medical treatment of persons detained under the Mental Health Act 1983 and Treatment of disease, disorder or injury regulated activities. The hospital has a registered manager and a controlled drugs accountable officer.

We last completed a comprehensive inspection of Aspen House in April 2015 and subsequently published our report in September 2015. That inspection was completed when Cygnet Aspen House was registered with another independent mental health hospital. At that inspection, we rated the overall location as 'good'. We rated all of the key questions as 'good'.

In October 2017, we completed a focussed inspection of Cygnet Aspen House in response to concern about restrictive practices and implementation of blanket restrictions. Blanket restrictions are rules or restrictions that apply routinely to all patients and are not proportionate or in response to individual patient risks. At that inspection, we identified a breach of Regulation 9 Person-centred care of the Health and Social Care Act (Regulated Activity) Regulations 2014. We issued the provider with a requirement notice. We told the provider that they must ensure that:

- Care and treatment is provided using the least restrictive option to maximise independent. Any restrictions should be in accordance with the Mental Health Act Code of Practice 2015.
- Restrictions or rules that apply to patients are justified by individual patient risk assessments.

We also told the provider they should ensure that:

- All staff complete training in the Mental Health Act relating to the updated code of practice 2015.
- There is a record of informal complaints.

As of 1 May 2018, the hospital updated their statement of purpose and named Cygnet Behavioural Health Limited as the parent provider of the hospital. Prior to this the hospital was previously run by another large independent mental health hospital provider.

Our inspection team

Team leader: Honor Hamshaw, Inspector, Care Quality Commission

The team that inspected the service comprised three CQC inspectors, one Specialist Advisor who was a registered mental health nurse and one Expert by Experience.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited all the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with eight patients who were using the service
- received feedback on seven comment cards
- spoke with one carer of someone who was using the service
- spoke with the registered manager who was the hospital manager and also spoke to the head of care
- spoke with 11 other staff members; including a consultant psychiatrist, registered nurses, an occupational therapist, a therapy co-ordinator, a psychologist, an assistant psychologist and the head of hotel services.
- spoke with an independent mental health advocate
- attended and observed the patients' morning meeting, one hand-over meeting, one multi-disciplinary morning meeting, two care plan review meetings and one care programme approach meeting.
- looked at seven care and treatment records of patients:
- carried out a specific check of the medication management including 19 medication cards; and
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Patients and a carer told us that staff including managers treated them with kindness and respect. A carer told us that they were informed of information with patient's consent. They told us that they felt safe at the hospital, they had space to relax and to have quiet time. Patients had access to drinks at any time and reported to be satisfied with the quality and choice of food available. Patients said that they had enough activities and therapies available.

Patients also told us that they thought the advocacy service was very accessible and useful.

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:

- A doctor would not be able to attend the hospital promptly when required following incidents of restraint.
- Staff were provided with basic life support, automated external defibrillation training and in addition, registered nurses received oxygen training. The hospital had not provided any staff with training in immediate life support.
- Staff did not have access to regular team meetings.

However:

- Staff practiced safe and proper medicines management. The hospital had two clinic rooms that contained all of the required equipment which was tested and ready to use when required. Staff maintained medication records accurately and had an effective system to support patients to self-administer their own medication. The hospital had robust arrangements for the oversight of medicines management through daily checks and audits.
- The multi-disciplinary team completed comprehensive patient risk assessments prior to and following admission. They also completed daily risk assessments.
- Restrictions in place were appropriate for mental health rehabilitation services. Restrictions were based on individual patient risk and were reviewed regularly by the patients' multi-disciplinary team.
- The hospital was well-maintained and cleaned to a high standard. Staff had involved patients in the refurbishment and replacement of soft furnishings.
- The hospital had no vacancies and a healthy bank of staff. There were no shifts left unfilled and the hospital did not use agency staff.
- In a six-month period, there were 33 incidents of restraint. None of these were in the prone position and none resulted in administration of rapid tranquilisation. All restraints were low level and mainly consisted of supportive arm holds.

Are services effective?

Good

We rated effective as good because:

Summary of this inspection

- Physical healthcare was well embedded into patients' care and treatment. The hospital ran a weekly physical health clinic and care and treatment records showed staff completed comprehensive monitoring of patients' physical health. They escalated concerns where appropriate.
- Patients' care plans were individualised, holistic and recovery orientated. Staff wrote care plans in simple language that was easy for patients to understand.
- The multi-disciplinary team consisted of all the required disciplines to meet the needs of patient receiving care and treatment at the service.
- Staff understood and carried out their responsibilities outlined by the Mental Health Act and the Mental Capacity Act and their associated codes of practice. Staff had received training in the Mental Health Act (86%) and the Mental Capacity Act (81%).
- The hospital had a robust audit schedule and system to ensure that staff had the right skills and registrations required to perform the roles they were employed to.
- The hospital had increased the appraisal rate significantly from 27% to 71% between the submission of the provider information return and the time of our inspection.

However:

- Team meetings did not always take place regularly. Although other methods to cascade information were used, it was not clear how all information would be fully cascaded down to frontline staff.

Are services caring?

Good

We rated caring as good because:

- The hospital had co-produced a welcome guide with patients. The guide had pictures and information about what patients could expect from the hospital and the services provided.
- Staff placed patients at the centre of their care and treatment. Patients were involved in creating and updating their care and treatment plans. They were encouraged to attend meetings about their progress. Patients could attend morning meetings and community meetings to be involved and share their views.
- Observations of interactions and feedback from patients showed that staff treated patients well; they understood their individual needs and offered appropriate practical and emotional support.
- Patient representatives attended the hospital's clinical governance meetings and took part in recruitment panels to interview prospective staff.

Summary of this inspection

- Patients had access to advocacy and staff encouraged patients to maintain relationships with their families and carers.

Are services responsive?

Good

We rated responsive as good because:

- The hospital facilities and environment promoted rehabilitation and recovery. Patients had access to ample space to complete activities and therapies. Patients could personalise their own rooms with their own personal items and could decorate to their own style or taste.
- Patients had their own individualised activity and therapeutic timetables that consisted of a range of sessions aimed to meet their recovery, rehabilitation, skill development, recreational and educational needs. Staff had access to information on patient interests to provide ad hoc activities to patients outside of the scheduled therapeutic day.
- Patients had access to a range of choice and good quality food which was cooked from fresh ingredients. Staff involved patients in designing the menu for the week ahead. Patients and staff ate meals together in the dining room. The hospital provided patients with a small budget to shop and cook meals of their own choice with the appropriate level of assistance from staff.
- Patients knew how to raise concerns and complaints and staff understood their responsibilities when handling complaints. There were only two complaints in the 12 months between 1 February 2017 and 1 February 2018, none of these were upheld or referred to the ombudsman.
- Twenty four compliments were received in the same time period which all related to positive experiences of the service including the approach of staff and staff placing patients at the centre of their care and treatment.
- The hospital reported no delayed discharges.

However:

- Although staff discussed and planned discharge involving patients regularly in meetings to review their progress through care and treatment, patients' care plans did not contain clear discharge plans.

Are services well-led?

Good

We rated well-led as good because:

Summary of this inspection

- All staff and patients reported that the hospital had clear and stable leaders who were visible, supportive and approachable. The service had low sickness absence rates at 3% and staff were highly motivated and enthusiastic about their work.
- The service had involved staff in developing the physical health clinic and designing documentation for recording physical health monitoring. This was adopted and shared across all of the provider's services.
- Despite the hospital being part of significant organisational changes, there was limited impact on the service. Staff felt that managers had communicated changes clearly and openly and had implemented changes gradually.
- The hospital had a clear model of care to deliver a high-dependency mental health rehabilitation service. It had the appropriate level of restrictions and provided a full multi-disciplinary team to meet the rehabilitation and recovery needs of patients.
- The hospital had systems and processes to monitor performance and implemented actions to address issues identified in audits and performance. They had increased the appraisal rate from 27% to 71% in a short time.

However:

- Team meetings did not always take place frequently and it was unclear how all information would be fully cascaded to all staff.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Staff understood their roles and responsibilities under the Mental Health Act and the Code of Practice. They knew that they could seek advice and support from their colleagues, refer to the code of practice and the Mental Health Act administrator for the hospital. After our last inspection, we told the provider it should ensure that staff had completed training in the Mental Health Act Code of Practice since the update in 2015. At this inspection, we found that 86% of staff had attended an additional training course in the updated Mental Health Act Code of Practice in 2015.

All relevant records contained evidence that staff explained patients their rights under the Mental Health Act at regular intervals. Patients had valid section 17 leave forms which were up to date and explained the conditions of their leave. Detention documentation was present and stored in the appropriate sections of patient records.

Staff ensured that patients had the relevant consent to treatment documentation which was up to date and stored with medication cards.

The hospital had a Mental Health Act administrator that was shared with a nearby hospital. They scrutinised Mental Health Act paperwork and conducted audits. Where small remedial actions had been identified in audits, these were recorded on action plans and staff completed these promptly.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act is a piece of legislation that maximises an individual's potential to make informed decisions wherever possible and processes and guidance to follow where someone is unable to make decisions. We looked at the application of the Mental Capacity Act. We did not find any use of Deprivation of liberty safeguards. Therefore, we did not review that as part of our inspection. The hospital had an audit schedule which showed it would audit adherence to Deprivation of liberty safeguards every 6 months if there was any patients who required an application or authorisation under Deprivation of liberty safeguards.

Eighty one percent of staff had attended training in the Mental Capacity Act and Deprivation of liberty safeguards. Staff had working knowledge, and some staff had much more detailed knowledge including being able to describe the five statutory principles.

Records contained evidence of appropriate Mental Capacity Act assessments. Where patients' had been assessed as lacking mental capacity to make a particular decision, staff had followed the best interest decision making process in line with legislation and guidance.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good

Safe	Requires improvement
Effective	Good
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 comprised a ground level and upper level. The corridors had convex mirrors fitted to aid observation of ward areas and potential blind spots. Staff also maintained regular presence to maintain observations including of the garden. Staff last completed a ligature audit of the care environments in October 2017.

The hospital complied with guidance on eliminating mixed-sex accommodation because it provided care and treatment to female patients only.

Staff practiced safe and proper medicines management. The hospital had two clinic rooms; one of these clinic rooms was dedicated as a physical health clinic room and the other for medicines. The physical health clinic room had an examination couch and all of the required equipment to obtain physical health observations and measurements. This included an electrocardiogram and blood monitoring equipment. Equipment was clean and well maintained. Staff kept records to show they had calibrated equipment that required this to ensure that these recorded accurate measurements. The medicines clinic room was well ventilated by an air conditioning system. Staff recorded the clinic room and medication fridge temperatures each day and these were within the recommended ranges. The clinic room contained the required records for controlled drugs. All medication was stored safely.

Equipment for medical emergencies was kept in a locked cupboard in the nurses' office. The emergency equipment consisted of all of the required items and included a defibrillator. Staff checked emergency equipment every day to ensure it was ready for use if required. Emergency equipment was tamper sealed which meant that staff would know if someone had opened this since the last check.

There were no seclusion facilities at the hospital. The provider reported no episodes of seclusion.

All wards areas and the garden areas were clean, had good furnishings and were well maintained. A hotel services team undertook domestic tasks to a high standard. Patients and staff reported that the team ensured that a high standard was maintained at all times. Staff involved patients in decisions made about decoration and replacement of furniture and soft furnishings. The hospital was decorated well and was bright and airy.

Staff and patients had access to alarms and nurse call systems. On arrival on shift, reception staff issued staff and visitors with personal alarms. These were linked to a system that triggered a loud alarm. We saw that staff responded immediately to the alarm sounding to provide assistance. All of the patient bedrooms and rooms in communal areas were fitted with a nurse call system so that patients could call for staff assistance when required.

Safe staffing

Long stay/rehabilitation mental health wards for working age adults

Good

The hospital had enough staff to ensure that the ward was safe. Rotas for the hospital showed that at the time of our inspection, as well as the hospital manager (who was the registered manager) there were a further eight registered nurses and a head of care and 21 support workers (which included two team leaders). In addition, a bank that comprised 18 support workers and six registered nurses.

As of 30 January 2018, the provider confirmed that there were no vacancies for substantive staff in any role. At the time of our inspection, there was one vacancy for a registered nurse, one vacancy for a support worker and one vacancy for a therapy co-ordinator. The hospital had interim arrangements where a support worker was fulfilling the therapy co-ordinator role until a successful candidate was appointed and regular bank staff filled shifts for the registered nurse and support worker vacancies.

The hospital did not use agency staff and no shifts were left unfilled. It had a healthy bank of staff who worked regular shifts. Some bank support workers had previously worked in substantive roles and were undertaking their nurse training. The provider's senior managers had requested the hospital manager to feed their bank staff team into the provider's regional bank which was based at another location to support other hospitals.

Between 1 March 2017 and 1 March 2018, the staff turnover rate was 11%, which represented 5 staff leavers. The sickness rate was 3%.

Managers had a staffing matrix to enable them to calculate safe staffing levels based on the level of occupancy of the ward. At the time of our inspection, there were 19 patients and the ward ran on a staff ratio of:

- Day shift (8am to 8.30pm)– two registered nurses and five support workers
- Night shift (8pm to 8.30am) – two registered nurses and four support workers

Additional shifts were also utilised including early shifts (8am to 2pm) and late shifts (2pm until 8pm). Managers also told us that they adjusted shifts in line with patient activities planned so staff would work later if required.

Each patient had one named nurse and two key workers. The two key workers worked in support worker roles. Each week named nurses and key workers offered patients at least one session on a one to one basis. They recorded this discussion in a dedicated section in patients' care and treatment records.

The ward had enough staff to carry out physical interventions. In the reporting period, incidents of restraints consisted of low level holds only. Staff could not recall the last time they had used a full restraint.

The hospital had medical cover day and night but a doctor would not be able to attend the hospital quickly if needed. A full-time consultant psychiatrist was the responsible clinician and was based at the hospital each day between Monday and Fridays. On the weekdays, between Monday and Thursday every week, the doctor was also on call out of hours. On weekends, from Friday to Sunday every week, a doctor from across the other provider services was on call covering the hospital. The consultant psychiatrist for Aspen House also took part in this on call rota. This was for one week in every 13 weeks. In the case of an emergency, staff would be required to contact the emergency services or access local accident and emergency departments.

The registered manager and head of care worked on a rotational on call rota, this was one week in every two weeks, to provide support out of hours to the unit. They were introducing a registered nurse on call so that they could reduce the amount of time they spent on call.

Mandatory training consisted of the following training elements and completion rates:

- British Institute of Learning Disabilities accredited Management of Actual and Potential Aggression 81%
- Emergency first aid at work including basic life support and automated external defibrillator (completed every three years) 76%
- Basic life support and automated external defibrillator (annual update refresher introduced prior to our inspection) 64%
- Dealing with concerns at work 100%
- Equality and diversity 100%
- Food safety 100%
- Infection control 100%
- Information governance awareness 100%
- Oxygen training 83%
- Protecting our health and safety 100%
- Responding to emergencies 100%
- Safeguarding adults 100%

The overall average rate of the above courses was 93%. The provider trained staff every three years in emergency first aid, basic life support and automated external defibrillation. Prior to our inspection, they had introduced an annual update of basic life support and automated external defibrillation. They were in the process of ensuring all staff attended an annual update. The hospital did not provide training to staff in immediate life support and the hospital used restrictive interventions.

Assessing and managing risk to patients and staff

The hospital did not have seclusion facilities. The provider reported that in the six months between 1 September 2017 and 31 March 2018, as well as no episodes of seclusion, there were no episodes of long-term segregation.

Between 1 September 2017 and 28 February 2018, the provider reported 33 incidents of restraint. The level of restraint used in these incidents was categorised as low level holds. None of these were in the prone (chest-down) position. None of these restraints resulted in the administration of rapid tranquilisation. Rapid tranquilisation is medicines administered in the parenteral route; usually intramuscular but possibly intravenous in exceptional circumstances. Rapid tranquilisation is considered where administration of oral medication is not possible and in circumstances where sedation is urgent.

Staff completed comprehensive risk assessments. They used information gathered during pre-admission assessments to start assessing patient risk prior to and on admission. The hospital used the Short-Term Assessment of Risk and Treatability Assessment recognised risk assessment tool. We reviewed seven patient care and treatment records; each record contained a detailed and regularly reviewed Short-Term Assessment of Risk and Treatability risk assessment. In addition to this risk assessment, each day between Monday and Friday, the multi-disciplinary team completed a daily risk assessment in a morning multi-disciplinary meeting to assess and review patient risk.

On admission, staff completed an activity risk assessment screening tool. This detailed a thorough list of different activities and the assessor assessed the level of risk involved and the support required by the patient to complete the activity. Staff also completed individual access assessments for different areas of the hospital. This assessed whether patients could have unsupervised access to areas including the patients' kitchen, laundry room, internet café and sensory room.

Restrictions were appropriate for mental health rehabilitation services. Alcohol, drugs, weapons and fire lighting equipment were not permitted on the unit. The unit did not permit plastic bags. Patients could use plastic bags when on leave and handed these in on their return to the unit. All other restrictions were based on individual patient risk. Each patient record contained a restrictive practice log that detailed any individual restrictions in place and the rationale for the restriction. The multi-disciplinary team reviewed individual patient restrictions regularly to ensure that these were only in place when necessary,

Each shift a staff member was allocated to complete observations. Generally, these took place every 60 minutes. Managers and staff told us it was unusual for observations to be increased to more frequently. We saw one example where observations took place more frequently but this was only when the patient was in their bedroom and for a specific cause. Staff had easy access to ligature cutters from locked boxes in the corridors.

In the last 12 months, the provider had changed the model of restraint training taught and implemented from Management of Violence and Aggression to Management of Potential and Actual Aggression. Management of Actual and Potential Aggression has a focus on de-escalation and the use of restraint as a last resort. Care and treatment records for relevant patients contained positive behavioural support plans. Positive behavioural support plans were individualised and recorded techniques identified as proactive, active, reactive and relapse prevention strategies. The hospital's clinical psychologist reviewed all incidents involving management of violence and aggression and created reports that showed themes, trends and identified actions required as a result of incidents. These actions included updating patient care plans and risk assessments as a result of incidents.

Informal patients could leave at will. The hospital had signs to advise informal patients of their right to leave the ward at any time. Staff ensured that they recorded informal patients' consent to informal admission and understanding of their rights as an informal patient. Records showed that

staff regularly discussed informal status and associated rights with the relevant patients. The hospital was considering providing informal patients with fobs so that they could leave the ward without staff support.

Staff demonstrated sound understanding of different types of abuse and neglect and potential indictors. They understood their responsibility to report safeguarding concerns. The hospital manager was the designated safeguarding lead and the head of care, the deputy safeguarding lead. The safeguarding procedure outlined that staff should report safeguarding concerns as soon as possible to the safeguarding leads and regional operations director. It provided information on the provider's whistleblowing hotline and contacting the CQC. The contact details for the local authority safeguarding team were also provided so that staff could report safeguarding concerns directly to the local authority. The hospital had a central safeguarding log and this showed that there were not ongoing safeguarding issues at the time of our inspection. Each patient had an individual file for safeguarding where information relating to them was stored. Staff received training in safeguarding adults and children. In addition, six staff had also attended level two external safeguarding training and two staff had attended level three external safeguarding.

The hospital had safe procedures for children visiting the ward. A meeting room was directly accessible from outside of the hospital by an external door. This meant that children visiting did not need to enter the hospital to visit patients. Staff ensured that the appropriate safeguards were in place when any visits were planned.

Staff practiced safe and proper medicines management. We reviewed the medication records for all 19 patients at the hospital. All prescriptions were signed and dated. All medications were within the British National Formulary recommended limits. Medication cards were stored with consent to treatment documentation and listed any known allergies.

Staff supported patients to self-administer and manage medications. Patients had lockable storage in their bedrooms to store medication. Staff completed risk assessments for self-administration of medication and regular spot checks to make sure patients were managing their medicines correctly. The hospital had a four-stage process to self-administration of medication which ranged from dispensing and taking medication under staff supervision to holding up to seven days supply of medication for self-administration.

The hospital had robust arrangements for the oversight of medicines management. This included a service level agreement with a community pharmacy. As part of this agreement, each week a pharmacist visited to undertake an audit of medicines and the clinic room and ensure the hospital had enough medication in stock. In addition, each night Monday to Thursday, staff completed a medication check. On Fridays, this included completing a medication stock order. At the weekends staff completed a clinical stock check and checks of first aid equipment. Managers also completed monthly and quarterly medicines audits.

Staff considered any potential risk factors and involved external professionals as and when required. This included the input from community equipment and adaptation services and from the local palliative care team.

Track record on safety

There were no serious incidents in the 12 months leading up to 31 March 2018. Where staff were unclear whether an incident met the threshold for serious incidents, they held a discussion involving the Regional Operations Director and the patient's funder to decide.

Reporting incidents and learning from when things go wrong

All staff knew what types of incidents they should report. The hospital had an on-call escalation process for the nurse in charge to report incidents out of hours to the hospital manager and head of care. The provider had a paper-based incident reporting form and an additional reporting form for any incidents involving violence or aggression, which was used to analyse incidents by the psychologist. Managers reviewed incident reports and the psychologist created reports to generate an analysis of incidents that occurred. The incident report was discussed in the local clinical governance meeting each month.

The provider reported to maintain a culture of openness and transparency. Staff explained that if something went wrong they would be open and transparent with those involved. They explained the provider had a policy on the Duty of candour and managers would ensure this was carried out.

Long stay/rehabilitation mental health wards for working age adults

Good

Staff discussed internal incidents during handover and in morning multi-disciplinary team meetings each day. Representatives also attended the local clinical governance meeting that took place monthly. The hospital did not always have regular team meetings due to shift patterns and covering the hospital. Managers communicated with staff through other methods.

Staff could access a debrief following incidents. The hospital psychologist facilitated debriefs when requested following incidents. The hospital had not had any recent serious incidents. Following incidents, staff told us that debriefs did not always take place due to capacity.

Staff had access to attend reflective practice sessions facilitated by the psychologist, occupational therapist and consultant psychiatrist. Registered staff had access to weekly reflective practice sessions and non-registered staff had access to a 30 minute weekly reflective practice session called Thinking Space. Meeting minutes showed that these sessions were well attended by staff. These sessions provided staff with a safe space to hold case discussions, discuss challenges and barriers and ideas to overcome these.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

Staff completed assessments of patients prior to their admission to identify their suitability for care and treatment at the hospital and for an initial plan of care. From admission, patients were clerked into the service promptly by the doctor and further assessments were completed by staff from the different disciplines of the multi-disciplinary team. Care records showed that doctors completed a physical examination on admission and ensured that all the required baseline observations were taken and recorded. Where required patient records contained evidence of physical health monitoring for physical health problems and for the potential effects of medication.

Care records contained personalised, recovery orientated and holistic care plans. All seven of the care plans we reviewed contained all of the relevant information to enable staff to know what care and support patients' required to keep them safe and to facilitate mental health recovery. Staff wrote care plans with the involvement of patients and the language used was simple and easy for patients to understand.

Information was readily available for staff to access quickly when needed. The hospital used a combination of paper-based and electronic patient care records. The electronic system had recently been introduced into the hospital and at the time of our inspection contained patient care plans and daily progress notes entered by staff. Patients also had an individual file that contained most of their care and treatment records. They also had an individual physical health file, a medication file and a safeguarding file. It was clear where information was stored and staff knew where they could find the information that they needed quickly.

Best practice in treatment and care

Staff followed best practice guidance when prescribing medication. They ensured that medicines were prescribed within the recommended limits as stated in the British National Formulary and appropriate monitoring took place to ensure that the risk of any side effects of medication were minimised. We saw that where staff had prescribed valproate medicines they had adhered to the recent changes in licensing from the Medicines and Healthcare products Regulatory Agency for women.

The hospital had a full time psychologist and an assistant psychologist. They provided psychological therapies on a group or individual level. They worked to encourage engagement with patients initially working towards delivering structured psychological therapies.

Patients had access to physical health care that was embedded well into their care and treatment. The hospital had a dedicated physical health clinic room. Each week, staff that had completed training to undertake physical health monitoring ran a clinic for patients. Patients usually attended the clinic the week that their care and treatment review took place with their multi-disciplinary care team. Where patients were not willing to engage with physical health monitoring, there was evidence that staff continued to promote the importance of keeping well and offering

patients the opportunity to attend the clinic. All patients had a health improvement file and plan where all of the information relating to their physical health and monitoring was stored. The health improvement files were very comprehensive. Patients records showed monitoring of physical health including: height, weight, body mass index, waist circumference, well woman checks, dental and optician check-ups, foot care, urine, bowel, sleep and smoking. Staff also took regular measurements of blood pressure, temperature, pulse, respiratory rate, oxygen saturation levels and electrocardiograms. Blood testing was completed when required. The doctor reviewed blood test results and electrocardiograms. Where appropriate, the doctor had escalated concerns of abnormalities to consultant cardiologists for further review.

Staff used recognised outcome measures to assess progress and outcomes. We saw use of the Model of Human Occupation Screening Tool and the Health of the Nation Outcome Scale. In addition, staff also used pre and post intervention psychometric tests including the Positive and Negative Symptom Scale, Warwick Mental Well-being Scale and Beck's anxiety inventory and depression inventory. The multi-disciplinary team used a monthly outcome measure called the global assessment of progress. This was based in different factors including clinical presentation, emotional regulation, risk, observation level, community access, medication compliance, substance use, daily living skills and absconding incidents (for detained patients). This was discussed in patients care plan review meetings.

The provider had a comprehensive audit schedule in place. The audit schedule listed monthly, quarterly and annual audits completed. These covered health and safety, medicines, care records, infection control, Mental Health Act, information governance, safeguarding, search, Deprivation of liberty safeguards and reducing restrictive practice. Records showed that audits were completed in line with the intervals set on the schedules. Where audits identified actions outstanding, they had action plans. Staff completed actions and signed these as complete on the action plans.

Skilled staff to deliver care

The hospital had the full range of disciplines required to meet the mental health rehabilitation needs of patients. This included a full time consultant psychiatrist, occupational therapist, clinical psychologist, two therapy co-ordinators, an assistant psychologist, registered nurses, support workers and hotel services staff. When required managers reported that they could access additional specialist input dependent on individual patient need either through the provider's other services or through referral for community based services.

Staff received a varied induction that consisted of a range of training elements including face-to-face training courses, electronic learning packages and in house training. Staff could request training that they considered beneficial and relevant to their roles. The provider was participating in an apprenticeship scheme, which supported non-registered staff to train to become registered mental health nurses. They ensured that the staff member had time to attend the study days as part of this. The provider had fully funded another staff member to complete mental health nurse training. Seven staff working in non-registered roles had completed the care certificate. Bank staff received the same access to training, supervision and reflective practice as regular staff.

Information submitted by the provider prior to our inspection reported the clinical supervision rate was 95% which was above the provider's target of 80%. However, the appraisal rate for staff was much lower at 27%. The service had a plan to complete the outstanding appraisals within the first six months of the year. On our inspection the appraisal rate had increased and 71% of staff had had an appraisal of their performance.

Managers reported barriers to holding regular team meetings with staff due to shift patterns and ensuring the hospital had sufficient cover. They used other methods to ensure that staff knew the information they needed to know such as, the handover meetings and a communication book. We found that there were clear lines of communication to escalate issues to leaders. However, it was unclear how information was fully cascaded down to frontline staff.

Managers maintained staff records to ensure that they held the qualifications and professional registrations to enable to perform the roles that they held. They managed any performance issues promptly and effectively using the provider's policies and procedures.

Multi-disciplinary and inter-agency team work

Staff held regular and effective multi-disciplinary meetings. As well as regular care programme approach meetings.

Long stay/rehabilitation mental health wards for working age adults

Good

Each week the multi-disciplinary team completed a care plan review meeting for up to five patients. This meant that each patients' care and treatment progress was reviewed by the multi-disciplinary team at least once in every four weeks. All members of the multi-disciplinary team attended care plan review meetings. The team invited the patient, their advocate, their care co-ordinators and any carers of relatives involved to be involved in the meeting.

As well as a shift to shift handover meeting which lasted 30 minutes, the multi-disciplinary team attended a morning meeting each day between Monday to Friday. During the handover meeting staff discussed things in diaries for the shift ahead, they reviewed all patients assessed as a high risk and discussed plans in place to mitigate and manage the risks. Staff discussed information from events from the shift before including any incidents or changes in presentation. Staff arriving on shift were issued with a shift allocation sheet which showed what responsibilities they had for the shift ahead including, observations, leave and activities they were supporting and which patients they were the named worker for during that shift.

Following the morning handover, in the days between Monday and Friday, the multi-disciplinary team also attended a morning meeting after the handover. The meeting had a standard agenda and discussed the following: changes to leave, risks, CQC notifications required, any safeguarding concerns, changes to care plans, concerns about mental capacity, patient rights, complaints and compliments, environmental issues and any visitors due. The nurse in charge handed over information they received from the morning handover including reporting any incidents from the previous shift. The multi-disciplinary team reviewed patient risk assessments including levels of observation required. If any concerns were raised regarding declining mental health presentation, the consultant psychiatrist planned a medical review for the patient.

Staff reported effective working relationships with the local authority safeguarding team. They had accessed additional external safeguarding training from this team.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

The hospital shared a full time Mental Health Act administrator with another hospital nearby. The Mental Health Act administrator examined paper work on admission and conducted audits bi-annually of Mental Health Act documentation. The last audit completed in April 2018, identified a 97% compliance rate with one action around one record in relation to consent to treatment documentation. The action was completed shortly afterwards and recorded on the action plan.

All relevant patients had an up to date section 17 leave form which was written by their responsible clinician. These outlined the conditions of their leave clearly so that staff and patients understood the expectations when patients utilised leave.

At our last inspection, we told the provider they should ensure that staff complete training in the Mental Health Act following the update in the Code of Practice 2015. The provider had ensured staff had received training in the updated Mental Health Act code of practice, training records showed that 86% of staff had completed this training.

Staff that we spoke with demonstrated detailed understanding of the Mental Health Act and its Code of Practice. They told us what their responsibilities were according to their role and that they could refer to copies of the Code of Practice and seek advice and support from their colleagues and the Mental Health Act administrator.

All of the relevant medication records contained a capacity to consent to treatment assessment and an up to date T2 or T3 certificate stored with medication cards. A T2 certificate is written by a doctor when a patient that has capacity consents to their treatment. A T3 certificate is written by a second opinion appointed doctors from the CQC when a patient does not have the capacity to consent or does not consent to treatment. A second opinion appointed doctor will issue a T3 certificate following a visit to establish whether consideration has been given to the rights and views of the patient and whether the treatment is clinically defensible.

Staff explained patients their rights at regular intervals. This included patients detained under the Mental Health Act and their section 132 rights and informal patients their rights according to their status. Staff recorded the outcome of the discussion with the patient to show whether they have demonstrated understanding. Patient records contained up to date detention documentation.

Good practice in applying the Mental Capacity Act

Long stay/rehabilitation mental health wards for working age adults

Good

The amount of staff that had completed training in the Mental Capacity Act and Deprivation of liberty safeguards was 81%. All staff that we spoke with had working knowledge of the Mental Capacity Act and some staff could recall and describe the five main statutory principles. Staff told us that they where they had concerns around mental capacity they could speak to the consultant psychiatrist and the Mental Health Act administrator for advice and support. Staff discussed capacity regularly during multi-disciplinary meetings to review patients' care and treatment.

Where relevant, the records that we reviewed contained Mental Capacity Act assessments for a range of different decisions. These included: manage finances, consent to admission, treatment for physical health conditions and sharing information with carers. Where patients lacked capacity to make the particular decision, their care and treatment records showed evidence of a best interest meeting following the processes as outlined in the Mental Capacity Act and its Code of Practice. Importantly, staff discussed the views of the patient when they had capacity when considering what option would be in their best interests. The role of the assessor was usually undertaken by the hospital's consultant psychiatrist for all assessments.

In the six months from 1 September 2017, the provider reported that there had been no applications for Deprivation of Liberty Safeguards authorisations. At the time of our inspection, the registered manager also confirmed that there had not been any applications or authorisations since their provider information return. The provider's audit schedule had a bi-annual Deprivation of liberty safeguards audit for use if the hospital had any patients stay under a Deprivation of liberty safeguards authorisation.

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

Good

Kindness, dignity, respect and support

Observations of staff interactions with patients showed that all staff including managers knew patients and their individual needs well. Staff offered patients with the appropriate levels of practical and emotional support which related to individual patient needs. We saw staff responded to patients' needs promptly in a caring way. Staff had a calm and positive manner when speaking with patients which demonstrated kindness and respect. Feedback from patients reported that staff were polite, treated them with respect and were helpful.

All staff and patients ate their meals together in the dining room. The dining room had five tables and chairs and we saw that patients and staff sat and interacted well with each other during meal times.

The involvement of people in the care they receive

Prior to admission, staff representatives from the team visited patients to introduce themselves. Wherever possible, patients visited the ward prior to their admission to meet staff and tour the hospital. The hospital had co-produced a welcome guide to Aspen House with patients for any prospective or new patients admitted to the service. This provided information with photographs of the hospital and pictures to aid understanding. The guide explained what patients could expect from Aspen House and the services provided.

Staff placed patients at the centre of their care and treatment. Care plans contained evidence of patient involvement and patient views. Patients had signed their care plans and had their own copies. Each morning, patients had a meeting to discuss the day ahead including any arrangements for leave and appointments. Patients had access to regular community meetings, which had a set agenda for discussion. Minutes showed that patients raised any concerns or requests and staff responded to these appropriately. An example of this was requesting an updated copy of care plans that staff responded to and provided.

Patients were encouraged to attend meetings about their care and treatment. We observed two ward round meetings and one care programme approach meeting. Sometimes patients did not want to attend a meeting. We saw that patients' relatives and advocates attended to represent their views and feedback the outcome of meetings to them. Staff held honest but respectful discussions when reviewing patient progress in care and treatment. The meetings all ended with a summary around hope for the future and recovery goals.

Long stay/rehabilitation mental health wards for working age adults

Good

We spoke with one carer and they provided positive feedback about the staff approach and their inclusion in patients' care and treatment.

An independent mental health advocate visited the hospital 7.5 hours each week. Between November 2017 and April 2018, the independent mental health advocate had facilitated 201 sessions with patients. Outside of the hours on site, patients had access to the telephone contact details to speak with the advocate.

Patients could provide feedback on the service they receive through complaints and compliments processes. The provider also offered an annual patient satisfaction survey and a carers survey.

Patient representatives attended clinical governance meetings at the unit and participated in recruitment processes.

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

Good

Access and discharge

The average bed occupancy rate over the six months between 1 September and March 2018 was 93%. This equated to an occupancy level of above 18 patients out of the 20 beds available in the unit. The service accepted referrals nationwide and the service commissioners were clinical commissioning groups.

Staff planned discharge of patients from admission. They discussed expected length of stay from admission and reviewed discharge during care plan review meetings with the multi-disciplinary team. Care and treatment records contained evidence of discharge planning. Although staff discussed and planned discharge, care plans did not contain clear discharge plans. There were no delayed discharges in the reporting period. The expected average length of stay was 15 months. Between 1 February 2017 and 1 February 2018, the average length of stay for discharged patients was 2.2 years (803 days).

Discharge was usually planned in advance and took place at an appropriate time of day. The only exceptions to this would be when a patients' mental health or physical health deteriorated and meant that they could no longer be cared for within the rehabilitation ward setting. In this case, the hospital managers would liaise with the patient's funder and seek an alternative placement for the patient. This was mostly when patients required psychiatric intensive care. However, in the past this had also included a hospice. Staff invited patients' local team care co-ordinators to attend care programme approach meetings to be involved in discussions on discharge and progress through care and treatment.

The facilities promote recovery, comfort, dignity and confidentiality

Staff and patients had access to a full range of rooms and equipment to support treatment and recovery. As well as space including lounges, a dining room and a large garden space. The hospital had facilities for individual and group sessions, a sensory room, a hair salon, a laundry room, a patient kitchen, arts and crafts workshop and an internet café.

The garden was a sensory garden and patients had been involved in sourcing a water feature to add to this. Patients had access to the garden area at any time.

All patients had their own ensuite bedrooms and had their own key to these. Patients had access to their own mobile phones including smart phones with internet access. The hospital also had a telephone booth.

Patients provided positive feedback about the quality and choice of food provided. The hospital had a hotel services team that included a chef and kitchen staff. There was a rolling four week menu however, patients and staff had regular meetings to discuss the menu for the week ahead and this could be changed to accommodate any requests or changes. The hotel services team cooked all meals using fresh ingredients. The hospital had provided education to patients around the eat well plate to promote a health balanced diet. The menus were displayed in colours to show which menu options were healthier options.

Patients were encouraged to complete shop and cook and the hospital provided a £5 budget per main meal for patients to complete this. Staff provided the level of support required to enable patients to have the option to self-cater.

Long stay/rehabilitation mental health wards for working age adults

Good

Staff ensured that patients had access to drinks and snacks at any time. Patients assessed as safe to access the patient kitchen had their own keys and other patients had access to flasks to make hot drinks and a cold water machine.

Staff encouraged patients to personalise their bedrooms. Patients could decorate their bedrooms according to their preferences. Patients could display posters and their own personal items. They had their own key to ensure their belongings were kept secure. Should patient individual risk assessments identify that access to items was to be controlled for example, for use under staff supervision only, then these items could be stored away securely by staff.

Patients had individual activity and therapeutic timetables. These consisted of group and individual sessions aimed to meet rehabilitation, recovery, skill development, recreational and educational needs. Activities mainly took place between Monday to Friday each week. On weekends, the activities were delivered by support workers and registered nurses. The occupational therapist completed an interests checklist with each patient and created a document which showed suggested activities based on the interests of patients for ward staff to facilitate on weekends.

Meeting the needs of all people who use the service

All admissions to the service were planned and the hospital managers would ensure that they had the facilities to meet the needs of any prospective patients. The hospital had some bedrooms on the ground floor for patients with complex needs or reduced mobility. The hospital also had a lift for access to the first floor. When required, equipment and adaptations were sought to ensure that reasonable adjustments were made for people who required these.

Staff had access to information in different languages or in easy read format to provide to patients. The hospital had access to and used interpreter services when required to ensure that staff could communicate with people whose first language was not English.

The hospital catered for the needs of patients to meet their dietary requirements due to choice, need or religious and cultural requirements. Staff also encouraged patients to self-cater and cook meals to their own preferences and tastes.

Patients had access to information to enable them to understand their rights and treatment. Information was present on local services and how to submit complaints.

Staff supported patients to access spiritual support in the local community. For example, attending mass at the place of their choice. The hospital also had a multi-faith cupboard with resources for patients to learn more about different faiths. Staff told us that where a patient did not have access to leave they could ensure that the appropriate faith leader visited the service to meet patients' spiritual needs.

Listening to and learning from concerns and complaints

In the 12 months between 1 February 2017 and 1 February 2018, the provider received two complaints. None of these complaints were upheld and none were referred to the ombudsman.

Patients knew how to raise concerns and complaints. They told us that they could speak to the hospital manager and complete a complaints form. Patients expressed satisfaction with their experiences of raising concerns and how staff resolved these.

Staff knew how to handle complaints confidently. They told us that all staff regularly asked patients if they had any concerns. When concerns were raised they tried to resolve these informally wherever possible. Patients had access to independent mental health advocacy services and staff provided them with complaints forms. Staff told us that complaints were treated confidentially and seriously when investigated.

In the same time period, the hospital received 24 compliments. During our inspection, we reviewed compliments received. These ranged from compliments forms, feedback from carer surveys and thank you cards. All of the compliments received referred to positive experiences of staff approach and staff placing patients at the centre of their carer and treatment.

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

Good

Vision and values

Long stay/rehabilitation mental health wards for working age adults

Good

The parent provider's values were: helpful, responsible, respectful, honest and empathetic.

Managers reported that they ensured that the provider's vision and values were embedded into the service through processes including recruitment, supervision, staff meetings, debrief, reflective practice for registered staff, thinking space for support workers, role modelling their own behaviours, staff induction and training. The hospital had undergone significant changes in provider and so the corporate vision and values had changed recently before our inspection. Staff demonstrated awareness of the provider's values and their approach that was observed demonstrated that they were committed to these also.

The hospital manager and the head of care were based at the hospital and had an office situated in an active part of the unit. They had an open door which patients and staff told us enabled them to be visible and accessible. The hospital had a regional operations director who visited periodically.

Good governance

Despite significant organisational changes, staff and patients reported that there had been limited impact on the service. They reported that managers had supported the hospital to be stable, being open and honest about organisational changes and had managed changes gradually within the unit.

The provider used governance systems and processes to ensure that they monitored and improved performance. The hospital had a comprehensive audit programme and each audit had an action plan for areas that required improvement. Staff received regular supervision. The hospital had an action plan to improve the appraisal rates which were low at 27% prior to our inspection and these had increased to 71% at the time of our inspection. The provider did not provide immediate life support training.

The hospital had a clear model of care to deliver high-dependency mental health rehabilitation services. The ward appropriate restrictions and any further restrictions implemented were what would be expected or in response to individual patient risk. There were clear records and reviews of restrictions. The hospital provided a full and multi-disciplinary team to meet the rehabilitation and recovery needs of patients.

Staff received feedback from incidents that occurred internally to including analysis of themes and lessons learnt. There was evidence of discussion to ensure that the risk of reoccurrence of incidents would be minimised. The parent provider shared the outcome of external incidents and lessons learnt at regional clinical governance meetings and these were discussed in local clinical governance meetings. However, not all staff attended these and staff team meetings took place less frequently and communication of external lessons learnt was reliant on other forms of communication from managers.

The hospital received few complaints and 24 compliments. Despite low complaints, there was an open culture and staff felt confident in handling complaints and patients knew how to and felt confident to raise concerns.

The hospital manager and the head of care reported to have sufficient authority to be able to implement change and make decisions locally. They reported to have sufficient administrative support.

The hospital risk register was discussed by staff in the monthly local clinical governance meeting which was attended by representatives from all of the disciplines and a patient representative.

Leadership, morale and staff engagement

The hospital had low sickness absence rates at 3%. There were no cases of bullying and harassment reported. Staff felt confident to raise concerns and did not fear retribution as a consequence. Staff were aware of the provider's whistleblowing policy and procedure. They demonstrated a commitment to being responsible for reporting any concerns.

Staff were highly motivated and enthusiastic about their role and working at the hospital. They demonstrated a commitment to making a difference and achieving better outcome for the patients they provided care and treatment.

All staff reported to feel valued and supported by their colleagues, the head of care and hospital manager. They told us that managers had an open door policy and they could speak to them about anything easily. Although, there had not been any serious incidents, staff explained that they would be open and honest when something went wrong.

Staff were offered the opportunity to be involved in developing the service. Staff with an interest had been

involved in developing and setting up the physical health clinic and documentation to record physical health monitoring. The provider had trained staff to ensure they had the skills and qualifications required to undertake physical health monitoring.

The provider had funded one member of staff through mental health nurse training. Another member of staff was undertaking a funded apprenticeship to become a qualified mental health nurse. The hospital was ensuring they had time to attend the education sessions as part of this training.

Commitment to quality improvement and innovation

Staff had designed and implemented the health improvement plan format. This had been shared across and implemented in the other locations provided by the parent provider.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that doctors on the on-call rota can respond in a timely way following national guidance on incidents of restraint.

Action the provider SHOULD take to improve

- The provider should ensure that staff are offered a debrief and support following incidents.
- The provider should ensure that patient care plans contain clear information on discharge planning.
- The provider should ensure that all staff receive training in the Mental Capacity Act, Deprivation of liberty safeguards.
- The provider should continue with the appraisal programme to ensure that all staff receive an appraisal of their performance.
- The provider should ensure that staff have access to team meetings to ensure there are clear systems and processes to cascade pertinent information.
- The provider should ensure that staff have received the appropriate training required to carry out the duties they are employed to perform.

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 How the regulation was not met: Doctors on the on call rota would not be able to attend the hospital promptly when required including following incidents of restraint. This was a breach of regulation 12 (1) (2) (b)