

Elysium Healthcare (Acorn Care) Limited

Ballington House

Inspection report

Ballington Gardens
Leek
ST13 5LW
Tel: 01538399796
www.elysiumhealthcare.co.uk

Date of inspection visit: 23 September to 7 October
2021
Date of publication: 07/12/2021

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

Ratings

Overall rating for this location		Good	
Are services safe?	Requires Improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

Overall summary

Ballington House is located in Leek, Staffordshire. It is an independent hospital providing 13 mental health rehabilitation beds for women aged 18 and over with complex mental health needs. The hospital is run by Elysium Healthcare (Acorn Care) Limited. The service supports women who require intensive locked rehabilitation in a hospital environment. The service provides a combination of studio apartments and self-contained apartments.

We most recently inspected the service in January 2018 and carried out a full comprehensive inspection. We rated the service as outstanding overall, with key questions rated; caring and responsive as outstanding and safe, effective and well-led as good.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We undertook an unannounced inspection of all key questions:

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

We visited the location on the 23 September 2021 and carried out further remote interviews and reviewing evidence until 7 October 2021.

Our rating of this location went down. We rated it as good overall because:

- The service provided safe care. Environments were safe and clean and there were enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medications safely and followed good practice with respect to safeguarding.
- The service carried out scenario-based training for incidents such as how to respond to barricading, headbanging and ligatures.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Activities were available seven days a week for patients to engage in.
- Managers ensured staff received most training, supervision and appraisal. Nursing staff worked well together as a multidisciplinary team and with external providers.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients, families and carers in care decisions.
- Staff planned and managed patients discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service was well-led and the governance processes ensured that procedures ran smoothly.

However:

- When patients went on unescorted leave, medications that had been dispensed by nurses from their original containers were not labelled. A separate piece of paper listed the medications and when they should be taken. There was no way of identifying which medication was which if the two were to be separated.
- Opportunities for learning were not always recognised. The service did not carry out regular and random reviews of CCTV to provide learning and improve care and treatment. CCTV was only reviewed following a patient allegation or to monitor staff compliance for wearing PPE.
- Observations were not carried out in line with the provider's policy. Observation records were prepopulated with times that did not allow staff to carry out checks randomly.
- Patients did not have access to a qualified clinical psychologist on site due to a recent vacancy.
- Not all staff were trained in immediate life support. At the time of the inspection, only 57% of staff had received the training.
- Not all staff were bare below the elbow and were observed wearing watches and jewellery. Therefore it was unclear how staff would be able to follow good hand hygiene practice. The hospital did not have a monitoring system in place, such as regular testing to help control the spread of infections such as COVID-19.

Summary of findings

Our judgements about each of the main services

Service

Long stay or rehabilitation mental health wards for working age adults

Rating

Good



Summary of each main service

The summary is contained in the overall summary at the beginning of the report. Our rating of this service went down.

Summary of findings

Contents

Summary of this inspection

Background to Ballington House	6
Information about Ballington House	6

Our findings from this inspection

Overview of ratings	8
Our findings by main service	9

Summary of this inspection

Background to Ballington House

Ballington House is located in Leek, Staffordshire. It is an independent hospital providing 13 mental health rehabilitation beds for women aged 18 and over with complex mental health needs. Long stay/rehabilitation mental health wards for working age adults provide care and treatment for people whose needs are more complex, which require them to stay in hospital for longer. People may be referred here after a period on an acute ward when they have not recovered enough to be discharged home. Rehabilitation wards may also provide step-down for people who are moving on from secure mental health services. The hospital is run by Elysium Healthcare (Acorn Care) Limited. Patients admitted to this service have a primary diagnosis of mental illness or co-morbid conditions including; learning disability, personality disorder and substance misuse and may be detained under the Mental Health Act 1983. The service benefits from a multidisciplinary team of support workers, mental health, general and learning disabilities nurses, psychology assistants, occupational therapy assistants and a psychiatrist. The unit has a combination of self-contained apartments and studio apartments. Patients have their own kitchen, lounge, and en-suite bedrooms.

The hospital has a registered manager.

Ballington House is registered for the following regulated activities:

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

We most recently inspected the service in January 2018 and carried out a full comprehensive inspection. We rated the service as outstanding overall, with key questions rated; caring and responsive as outstanding and safe, effective and well-led as good.

We told the provider it should take the following action to improve:

- The provider should consider offering staff access to specialist training to further improve practice. (Regulation 18).

You can read our findings from all of our previous inspections by selecting the 'all reports' link for Ballington House on our website at: www.cqc.org.uk

How we carried out this inspection

During the inspection visit, the team:

- spoke with the registered manager;
- spoke with or had feedback from nine staff members including; a psychiatrist, nurses, support workers, maintenance team, occupational therapy assistants and psychology assistants;
- spoke with three patients and three carers;
- looked at five care and treatment records;
- attended a patient CPA meeting and;
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action the service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

We told the service that it must take action to bring services in line with two legal requirements:

- The service must ensure that patient observation records are not prepopulated with observations times so that staff carry out random observations four times an hour, in line with the providers policy. (Regulation 12).
- The service must ensure that when leave medications are dispensed safely and are labelled correctly. The provision of a separate printed sheet does not comply with medication labelling legislation. (Regulation 12).
- The service must ensure staff are provided with a safe system to enable them to raise an alarm when they require assistance. (Regulation 12).
- The service must ensure that all eligible staff are trained in immediate life support as soon as possible. (Regulation 18).

Action the service **SHOULD** take to improve:

We told the service that it should take action because it was not doing something required by regulation, but it would be disproportionate to find a breach of the regulation overall:

- The service should ensure all staff are bare below the elbow and there is monitoring processes in place to ensure that staff are not working without measures in place to prevent the spread of infections such as COVID-19. (Regulation 12).
- The service should ensure that CCTV is reviewed regularly to identify and support any learning and improvement in the service. (Regulation 17).

Our findings






Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Requires Improvement 

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

All areas were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated both individual patient risk assessments and environmental risk assessments. There was a ligature risk assessment in place covering all areas of the service that identified potential ligature anchor points. Staff knew where ligature risks were located and how to mitigate the risks to keep patients safe.

Due to the layout of the service, staff were unable to observe the whole environment and patients from one point. Staff spent time with patients in their apartments to mitigate this risk.

Patients had access to nurse call systems in their bedrooms. There was not an alarm system in place for staff. Instead staff used radios to contact other areas if support was required and these were tested on a regular basis. However we reviewed an incident where a radio was taken from a member of staff, so they were unable to raise an alert for assistance easily, putting the staff at greater risk.

There was closed circuit television in place through the service. The coverage extended to communal areas of the service and was used to support the investigation of incidents.

Maintenance, cleanliness and infection control

Care and support was provided in a well-furnished and well-maintained environment. Furniture was of good quality and condition. There was evidence of work undertaken in response to a recent fire safety assessment carried out by the fire service and clear investment into the environment by the provider.

Long stay or rehabilitation mental health wards for working age adults

Good 

All areas were visibly clean and cleaning records were up to date and demonstrated that all areas were cleaned on a regular basis. Patients were encouraged and supported to clean their own apartment areas, and this was part of the activity timetable.

Staff adhered to infection control procedures, most of the time. During our inspection, we observed staff wearing masks correctly and regularly using hand sanitiser. There were several posters located around the service to remind staff and patients about hand washing, social distancing and maximum capacity in rooms. There were donning and doffing stations, clinical waste bins and a good stock of personal protective equipment (PPE). Staff that were using desk areas ensured they wiped them down before and after use and made a record of this. We observed that not all staff were bare below the elbow. However, patients of the service required little personal care from staff. Staff were encouraged to take lateral flow tests, however this was not routine or monitored by the service to ensure compliance. There had been no COVID-19 outbreaks at Ballington House up to the time of the inspection, but we were informed that there had been an outbreak post inspection.

Clinic room and equipment

The clinic room was clean and well equipped, with accessible resuscitation equipment and emergency medications. Staff checked the grab bag and defibrillator weekly and audits were performed to ensure records of checks were accurate and complete.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received most of the basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. At the time of inspection, there were six whole time equivalent (WTE) nursing vacancies and four and a half WTE support worker vacancies. Where there were vacancies and sickness, managers used bank and agency staff to cover these shifts and permanent staff did overtime shifts. The service used staff from the same agency, so they were familiar with the service and patients to provide consistency in care and treatment. New agency workers received a full induction prior to commencing shifts and all regular agency staff received regular supervision.

From 1 June to 31 August 2021 the service had a staff turnover of 6.9% and 2.7% for sickness. There were no apparent themes or trends for staff leaving the service and managers supported staff who needed time off for ill health.

Patients were allocated a named nurse and key worker and had regular one to one sessions on a weekly basis, or as and when needed. Escorted leave or activities were rarely cancelled due to staffing levels and staff and patients told us that this did not happen.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with most of their mandatory training. At the time of our inspection, the service reported staff completion of most mandatory training at 94% overall. However, training in immediate life support (ILS) had a compliance rate of 57%. The service reported this was due to the COVID-19 pandemic and new starters who had been unable to attend face to face training due to outbreaks at the training location causing it to be cancelled. Training was planned to take place in October 2021 to ensure that those staff members are compliant. The service informed us after the inspection that all staff had completed ILS training as of 23 November 2021.

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

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. However, observations were not recorded in line with the provider's policy.

Assessment of patient risk

Staff completed risk assessments for each patient on admission arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Management of patient risk

Staff supported patients to manage their own risks. Staff knew about patient risks and acted to prevent or reduce those risks and responded to changes in risk to, or posed by, patients.

Staff were not able to observe patients in all areas but followed procedures to minimise risks where they could not easily observe patients. However, when recording observations, the service used prepopulated observation records that indicated the time an observation should be carried out. These were not in line with the provider's policy that checks should be randomly completed and not prescriptive. Since our inspection, the service told us they have updated patient observation sheets so they are not prescriptive.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Searches were carried out on an individual basis depending on the risk presented.

Use of restrictive interventions

The service monitored and reported the use of restrictive interventions. They reviewed and reported incidents of restraint. Incidents were reviewed and discussed at the daily morning meeting.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff told us that restraint was rarely used. Staff understood the Mental Capacity Act definition of restraint and worked within it.

There had been two incidents of rapid tranquilisation from 1 June to 31 August 2021. We reviewed a patient record that showed staff had made every attempt to de-escalate the situation before using rapid tranquilisation. After intramuscular (IM) administration of a sedative, the patient was observed to ensure their safety in accordance with The National Institute for Health and Care Excellence (NICE) guidance.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff knew how to recognise adults and children who were at risk of or suffering harm and worked with other agencies to protect them. The service reported to have a good relationship with the local safeguarding team.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff were up to date with their safeguarding training with at least 93% of staff having received up to date training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service had supported patients who identified as a different gender from birth.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient records were accessible to all staff whether they were paper-based or electronic. All staff, including bank and agency staff had access to the systems and records which were needed to support patients' care and treatment.

Medications management

The service generally used systems and processes to safely prescribe, administer, record and store medications. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff generally followed systems and processes when safely prescribing, administering, recording and storing medications. Medication storage facilities were secure, clean and tidy. Medications were kept at the right temperatures and the clinic room and medication fridge temperatures were monitored daily. Where medications were opened, these were labelled with the date of opening and use by date.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff followed current national practice to check patients had the correct medications. Records on prescription charts were complete and showed that medications were prescribed in the way required by the Mental Health Act. Prescription charts were checked periodically and audits carried out by an external specialist clinical pharmacist who visited the hospital.

Patients' general health, including medications for physical health needs were monitored by the registered general nurse employed at the hospital.

Staff reviewed patients' medications regularly and provided specific advice to patients and carers about their medications.

Patients were encouraged to take responsibility for their own medications when able to do so safely, and supported, in stages, to achieve this goal. Patients received information about their medications and possible side effects. Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance.

When patients went on unescorted leave, medications that have been dispensed by nurses from their original containers were not labelled. A separate piece of paper listed the medications and when they should be taken. There was no way of identifying which medication was which if the two were to be separated. Since our inspection, the service has changed leave medication to a blister pack dispenser which contains full details of patients medication concealed in the pack.

After the site visit, we reviewed the hospital's medication policy. All relevant aspects of medication management were included, and the policy was written in a clear, easily understandable style.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

The service managed safety incidents well. Staff knew what incidents were and knew how to report them. Staff told us they received a debrief following any incident if they needed it and reflected on the incident. Managers investigated incidents thoroughly. Incidents were reviewed daily at the morning meeting. Lessons learned were shared effectively with staff. There were regular team meetings, handovers, morning meetings, newsletters and emails to ensure information was shared effectively with staff. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Senior staff used CCTV footage to support the investigation of some incidents and complaints, wherever an allegation is made by a patient. However, incidents were not routinely reviewed on CCTV.

The provider did complete random audits of CCTV to review the compliance of staff wearing facemasks during the COVID-19 pandemic.

Long stay or rehabilitation mental health wards for working age adults

Good 

During the inspection, we reviewed five pieces of CCTV footage not already reviewed by the provider. One piece of footage from an incident in the service identified additional learning for staff involved in that incident, therefore the opportunity for learning was not captured in this incident prior to our visit.

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

Good 

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Care and support plans were personalised, holistic and reflected people's needs and aspirations and were updated regularly. Care plans were goal orientated and had clear aims for people's care and treatment whilst at the service. We saw details of specific care plans such as; nutrition, self-medication, falls and self-harm. Staff regularly reviewed and updated care plans when patients' needs changed.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Patients physical health was monitored on a weekly basis or more often depending upon clinical need.

Patients were supported to be independent and have control over their own lives. Patients were supported to make their own choices and to have input into their own care and treatment.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Patients had good access to physical healthcare and were supported to lead healthier lives. The service had good links with healthcare professionals, such as; the local GP and dentist and supported patients with appointments. Access to specialist healthcare was available and supported where needed. Physical health needs were identified and recorded in patient care plans. Patients were supported with food shopping, although some families felt that staff did not support healthy eating with meal choices or food preparation, resulting in the use of microwaveable meals being used. Prior to the COVID-19 pandemic, patients were accessing the community for physical activity such as swimming and the gym and were hoping to restart these shortly after the inspection.

Patients were able to choose the activities they wished to take part in. These formed part of their care plan and supported patients to achieve their goals and aid recovery. There were timetables in place for patient activity which

Long stay or rehabilitation mental health wards for working age adults

Good 

were individualised to include appointments, cleaning, food shopping and activity that was meaningful to each patient. The Occupational Therapist had left the service two months prior to our inspection. In order to main provision for patients, there were two occupational therapy assistants supported by an occupational therapist working two days a week from another service within the provider. They ensured patients had activities available seven days a week, with one day a weekend facilitated by the nursing team. The service used predominantly group therapy, but one on one sessions were available where needed.

Patients had access to psychology therapies, however this was low level and facilitated by a psychology assistant. The psychologist had left the service one week prior to our inspection. The psychology assistant was being supported by a psychologist who worked at another service within the organisation and had weekly supervision to ensure they were supported. Patients who needed it, were not able to receive more intense trauma-based therapy whilst the psychologist post was vacant. At the time of our inspection, the provider was attempting to recruit locum cover for the psychology post.

Staff took part in clinal audit, benchmarking and quality improvement work to understand and improve the quality and effectiveness of care. Managers used the results from audits to make improvements to the service.

Skilled staff to deliver care

The team had access to the full range of specialists required to meet the needs of patients at the service. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients. There were vacancies for an occupational therapist and psychologist which were both out to advert at the time of the inspection. Temporary support and cover arrangements were in place whilst those vacancies were recruited into to ensure patients had access to those specialists.

Staff received the relevant training including; mental health needs, positive behavioural support, physical health and conflict resolution. Additional training was available on the electronic learning system where available.

The service carried out scenario-based training for incidents such as how to respond to barricading, headbanging and ligatures. This was recorded as group supervision. Staff told us they found this very useful for learning and in order to respond to these incidents should they arise.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers provided an induction programme for any new or temporary staff. There was a clear two-week induction programme in place for new starters. Permanent staff received a 13-week induction plan with an induction check list in place. Agency staff received an induction before commencing shifts at the service.

Managers supported staff through regular and constructive clinical and managerial supervision of their work. Staff received regular supervision and at the time of inspection, supervision rates were at 100%. Staff told us that they valued supervision to discuss their performance and any concerns that they had.

Managers supported staff through regular, constructive appraisals of their work.

Long stay or rehabilitation mental health wards for working age adults

Good 

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early on in the patient's admission to plan discharge.

Patients were supported by a team of staff from a range of disciplines who well worked together to ensure care was delivered and outcomes achieved in line with discharge plans. Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Handover documents included details such as changes to patient observation levels, medication, risk, incidents and any safeguarding issues.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

The service had clear, accessible, relevant and up to date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Good practice in applying the Mental Capacity Act

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Patients were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005. Staff received and kept up to date with training with 93% of staff having completed their training. There was a clear policy on Mental Capacity Act, which staff knew how to access.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. We saw evidence of specific capacity assessments recorded in patient records.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

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

Good 

Our rating of caring went down. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Patients received care that was kind and compassionate. Staff were discreet, respectful, and responsive when caring for patients. Staff understood and respected the individual needs of each patient. When patients had preferences about the way they wished to be referred to, staff were respectful of his and carried out patient wishes. For example, wishing to be referred by specific pronouns. Patients told us that staff treated them well, were kind and they felt safe.

Patients were provided with advice, support and help when they needed it. During our inspection, we observed staff interactions with patients which were kind, respectful and supportive.

Staff supported patients to understand and manage their own care treatment or condition.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and knew how to report this. Patients felt that they were able to raise any concerns that they had.

Involvement in care

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

Long stay or rehabilitation mental health wards for working age adults

Good 

Involvement of patients

Staff introduced patients to the service as part of their admission. Patients were enabled to make choices for themselves and staff provided the relevant information they needed, ensuring patients understood their care and treatment.

Patients had easy access to advocacy services. Staff supported patients to maintain links with those that were important to them. During the COVID-19 pandemic, patients were supported to continue accessing advocacy services and their friends, carers and relatives via video and teleconferencing.

Patients took part in making decisions and planning of their care. Patients were empowered to feedback on their care and support. Patients could give feedback on the service and their treatment and staff supported them to do this. There were monthly community meetings which a patient representative from the service chaired.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Families told us that they received a regular newsletter and email updates and were updated in relation to changes in patient medication. Families were able to attend meetings and had their views considered in relation to their loved one's care plan.

Staff helped families to give feedback on the service and families felt confident to raise concerns comfortably.

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

Good 

Our rating of responsive went down. We rated it as good.

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Discharge and transfers of care

Patients did not stay in hospital for a long time. Patients had discharge plans with clear timeframes in place to support them to move to a community setting or a new provider, based on their individual needs. Staff liaised well with services that provided aftercare and coordinators, so that patients received the right care and support when they moved on. The service had no delayed discharges, but managers were able to monitor delayed discharges should there be any. During the inspection, patients who were ready for discharge were able to describe their new provider and the transition process.

Facilities that promote comfort, dignity and privacy

Long stay or rehabilitation mental health wards for working age adults

Good 

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. Patients prepared their own meals and could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Staff respected patients' privacy and dignity. Each patient had their own bedroom, which they could personalise and had a secure place to store their personal belongings. The service had a combination of single apartments and shared apartments and there were quiet areas for patients to utilise and make calls in private. There was an area for patients to meet visitors in a private space. There was access to outside space for fresh air that patients could access easily.

All apartments were self-catered with cooking facilities. Patients planned their meals with support and were encouraged to maintain a healthy lifestyle. Patients had access to the community to buy their own food and stored and prepared meals in their kitchenette.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. Prior to COVID-19 patients were able to access the community more and took part in pottery sessions, swimming, accessing the gym and volunteering at the local foodbank, and were looking to begin re-establishing those links again with restrictions lifting.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community and helped patients to stay in contact with families and carers. Patients had access to their own phones to maintain contact and were able to meet with families and carers in the community via section 17 leave.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Information was displayed around the service and leaflets could be made available.

The service was able to access information leaflets available in different languages and interpreters when necessary.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients were able to prepare food for themselves to meet their individual needs in their apartments.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Long stay or rehabilitation mental health wards for working age adults

Good 

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them and protected patients who raised concerns or complaints from discrimination and harassment.

Managers logged complaints, investigated them and identified themes and discussed these at clinical governance meetings.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

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

Good 

Our rating of well-led stayed the same. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Staff and patients told us that managers were visible and approachable and visited the apartments on a regular basis.

Staff found managers responsive to concerns raised and were able to discuss concerns through various forums such as; supervision and team meetings.

Managers had the knowledge and experience to perform their roles and understood the service they managed. Managers refused referrals for patients that were not suitable for the environment and service type.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff felt respected, valued and supported by managers. They felt that their opinions and perspectives were valued, particularly around patient care and treatment.

Staff felt able to raise concerns without fear of retribution. Staff told us that they could speak to a range of managers to raise any concerns directly. There had been no formal whistleblowings or safeguarding incidents raised by staff, families or patients.

Governance

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

The service held monthly clinical governance meetings to monitor the effectiveness of governance systems and processes. Our key findings demonstrated these processes helped to keep people safe, protect their human rights and provide good quality care and support. Audits were in place to effectively identify any issues and action plans were in place to ensure improvements were made.

Management of risk, issues and performance

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

The service used information to make informed decisions about treatment options. Patients had regular multi-disciplinary meetings to review care and treatment.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff actively engaged in local quality improvement activities. Patients and staff were able to develop and improve the service. Patients were able to feedback through surveys and community meetings. Staff were able to feedback through team meetings and staff surveys.

Engagement

Staff had access to up-to-date information about the work of the provider and the services they used through the intranet, bulletins and newsletters. Staff were able to attend regular team meetings. The service used the staff survey results from 2020 to create an action plan to address any issues raised.

Learning, continuous improvement and innovation

The services used learning from incidents and complaints to identify trends and make improvements, sharing learning across the service.

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 Observation records were prepopulated with observations times so staff were not able to carry out random observations four times an hour, in line with the providers policy. Leave medications were not dispensed safely or labelled correctly. The provision of a separate printed sheet does not comply with medication labelling legislation. Staff were not provided with a safe system to enable them to raise an alarm when they require assistance.
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Only 57% of staff were trained in immediate life support.