

The Glenside Hospital for Neuro Rehabilitation







Quality Report

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

Ratings

Overall rating for this location		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.

Summary of findings

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.

Overall summary

We rated The Glenside Hospital for Neuro Rehabilitation as good because:

- Staff involved patients and their families in developing their care plans, and ensured that the patients risk assessment was linked into their care plan. These care plans were holistic and relevant for the patient. The hospital had implemented emotional wellbeing assessments.
- Ward managers could adjust staffing levels to meet the clinical need of patients. The hospital used agency staff that were familiar with the ward and provided service specific training to ensure they could meet patient's needs. The hospital had taken steps to manage staff turnover and staff morale was high.
- The hospital had a wide variety of healthcare professionals and a wide range of facilities, including ample outdoor space, quiet waiting areas and phones that patients could use in private. Professionals used recognised rating scales to measure patient's progress and discussed this in multidisciplinary meetings.
- The majority of patients reported that they had received good care and reported positive staff attitudes. We saw that staff were positive and engaging when they spoke with patients. Staff helped to ensure patients had access to activities that were meaningful to them and they took steps to help

patients feel comfortable when they were moving between wards in the hospitals. They also helped with patients discharge so that their needs would be met after their stay in hospital.

- There were new clinical leads within the hospital and we saw that they had provided good leadership for staff. The hospitals had some robust governance systems that allowed managers to monitor performance and develop quality improvement plans to help ensure good quality care.

However:

- We found that the rapid tranquilisation (the use of medicines to calm/lightly sedate the patient, reduce the risk to self and/or others and achieve an optimal reduction in agitation and aggression) policy was not always clear, and that staff could not demonstrate that they had completed physical observations following administering the medicines. In response, the hospital quickly changed the policy and issued further training to its staff to ensure compliance with national guidance.
- Systems did not always ensure that relevant information was recorded. For example, that staff recorded that they had conducted physical health checks. Staff on Nadder ward had not logged some checks to say they had recorded the temperature of the medicines fridge.

Summary of findings

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Good



The Glenside Hospital for Neuro Rehabilitation

Services we looked at

Services for people with acquired brain injury

Summary of this inspection

Background to The Glenside Hospital for Neuro Rehabilitation

The Glenside Hospital for Neuro Rehabilitation provides different levels of care to patients with an acquired brain injury. At the time of the inspection, the hospital was split into three sections, the neuro-rehabilitation unit, the neuro-behavioural unit and Horizon Close. The provider also provides care home services on the same site.

Neuro-rehabilitation units provide level 1 (intensive and time limited rehabilitation) and 2 (longer term) brain injury rehabilitation care for patients whose needs are more focused on physical health rehabilitation. The unit also cared for a maximum of three patients with spinal injuries who required ventilators. The neuro rehabilitation wards consisted of Avon ward (nine beds), Bourne Ward (10 beds) and Wylde ward (eight beds). All of the wards were mixed sex.

The neuro-behavioural unit provide treatment to patients with brain injury whose needs were more focused on

behavioural management. This unit consisted of Nadder ward (10 beds) and Ebble Ward (five beds), both wards were mixed sex. At the time of this inspection, Ebble ward was closed.

Horizon Close was a collection of 10 bungalows in which patients who were close to discharge could experience simulated supported living and gain more independence before they were discharged from the hospital.

The hospital also had two care homes that were not open at the time of inspection.

The hospital had last been inspected on the 24 and 25 February 2015. At this inspection we had said the provider must improve the way that they manage patients who are at risk of harming themselves. We found that the provider had addressed this during this inspection.

Our inspection team

Team leader: Luke Allinson, inspector

The team that inspected the service comprised a head of inspection, five inspectors, an assistant inspector and an inspection planner.

Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and sought feedback from staff at three focus groups.

During the inspection visit, the inspection team:

- visited all four wards and the simulated supported living bungalows at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients

Summary of this inspection

- spoke with the registered manager and managers for each of the wards
- spoke with eight other staff members; including an independent pharmacist, nurses and rehabilitation assistants
- collected feedback from 15 patients using comment cards;
- looked at 18 care and treatment records of patients and 27 medicines charts
- conducted an observation of care using our structured observation framework for inspection (SOFI)
- 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 said that staff treated them with respect and dignity. The majority said that they received good quality

care and that staff had been friendly and willing to answer questions. However, one patient and two comment cards said they wanted to have more therapy input or activities.

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?

We rated safe as requires improvement because:

- Staff did not always check whether first aid equipment was present, or order replacements when it was used.
- We saw that staff had not always documented checking the defibrillator.
- Managers at the hospital had identified that they did not check medical devices and had made an agreement with a contractor to do this, but these checks had not been done before the time of inspection. They were done shortly after the inspection.
- Staff had not always recorded checks of the medicines fridge. This could have impacted on the effectiveness of the medicines.
- We found the rapid tranquilisation (the use of medicines to calm down a patient when they are very agitated or aggressive) policy was not always clear, and that staff could not demonstrate that they had completed physical observations following administering oral medicines as specified in the Mental Health Act Code of Practice. The hospital changed the policy and issued training to its staff to ensure compliance with national guidance.

However:

- Staff assessed the risk of ligature points (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation) on an individual basis and had implemented emotional wellbeing assessments. We found that risk assessments were aligned with their care plan and that staff used observation to manage a patient's risk.
- The hospital was clean, spacious and bright. Staff adhered to infection control principles.
- Ward managers had the opportunity to adjust staffing levels to meet the clinical need of clients. They used agency staff that were familiar with the ward and who had completed service specific training provided by the hospital. Staff had, on average, completed 87% of their statutory and mandatory training.

Requires improvement



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- We saw that patients had care plans that were appropriate for their healthcare needs. These were holistic and included the patient's emotional wellbeing.
- Patients could access psychological therapies (such as adapted cognitive behavioural therapy) on site, as well as in the local community.
- The hospital had a wide variety of healthcare professionals and they used recognised rating scales to ensure that patient's clinical progress could be measured.
- Staff had access to specialist training and had completed an annual appraisal.
- Staff rarely had to use the Mental Health Act, but had received training on it and had access to senior colleagues that could provide advice.
- Staff had a good working knowledge of the Mental Capacity Act and there were systems to help monitor applications for deprivation of liberty safeguards.

Are services caring?

We rated caring as good because:

- The majority of patients reported that they were receiving good care and that staff treated them with respect and dignity. We conducted an observation (using the structured observation for inspection frame work) and saw that staff were warm and good humoured when caring for patients.
- Patients and their families were involved in their care plans, and had the opportunity to feedback on the quality of the service. Patients were also given information packs when they were admitted.

Good



Are services responsive?

We rated responsive as good because:

- Staff helped patients to adjust when they were moving between wards in the hospitals, and when they were preparing for discharge.
- The hospital had a wide range of facilities, including ample outdoor space, quiet waiting areas and phones that patients could use in private.
- We saw evidence that patients had access to activities that were meaningful to them, as well as group activities that could help with their rehabilitation.
- We saw that staff had managed complaints and that learning and change had occurred following a complaint.

Good



Summary of this inspection

Are services well-led?

Good



We rated well-led as good because:

- The hospital had recruited to new clinical leadership roles and they had formed a strong senior management team. Ward managers were very much a part of the senior team as well as being part of the front line staff.
- Staff, patients and carers had been involved in deciding the hospitals vision and values, and staff were familiar with senior members of the management team.
- The hospital had put in place measures to try to ensure greater staff retention and staff reported that morale was high. Staff said they felt comfortable raising concerns and felt supported by the management team.
- We saw that the majority of the hospitals governance systems were robust and allowed managers to monitor performance and develop quality improvement plans to help ensure good quality care.

However:

- Systems did not always ensure that staff recorded that they had conducted physical health checks.

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.

- In May 2016, all of the relevant staff had received training on the Mental Health Act.
- There had been six patients who had either been detained under the Act on admission or had been detained under the Act at the hospital in the year prior to inspection. No patients were detained under the Act at the time of this inspection.
- Only patients who were not detained or patients on section 17 leave would be admitted to Horizon Close.
- Staff explained patient's rights to them when they were admitted, and would attempt to explain again three days later. They had access to a 'simple read' version of the patient's rights.
- Consent to medicines in line with the Act was audited.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Training in the Mental Capacity Act (MCA) was included as part of the hospitals induction program. In May 2016, 96% of relevant staff had completed MCA training.
- Staff told us there had been 12 deprivation of liberty safeguard (DoLS) applications on the neuro-behavioural unit in the 12 months prior to this inspection. There were no DoLS applications for patients living at Horizon Close at the time of inspection.
- Staff we spoke with were knowledgeable about the five key principles of the Mental Capacity Act (MCA) and held best interest meetings with a patient's family where this was appropriate.
- The hospital had a MCA policy and staff could seek advice from senior members of the hospital management, the Mental Health Act administrator or from the local authority.
- Ward managers kept track of DoLS applications and ensured that paperwork and applications for DoLS were completed in a timely way. We saw evidence of this on an electronic record. Staff also tracked which patient had a DoLS and when it was due to expire on a patient information board in the staff office. This board was placed so that only staff could read it.

Services for people with acquired brain injury

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

Are services for people with acquired brain injury safe?

Requires improvement 

Safe and clean environment

- At the previous inspection on 24 and 25 February 2015, we said that the service must improve the way it managed patients who presented a risk of harming themselves. At this inspection, we identified a number of ligature points (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation) in all parts of the hospital. This included door closures, key lock pads and en-suite door handles and sink taps. Staff offices did not offer good lines of sight for other areas of the wards. However, the patients admitted to the neuro-rehabilitation unit (NRU) were admitted there as their condition required more physical health interventions. Patients that had more behavioural and emotional needs were admitted to the neuro-behavioural unit (NBU). Staff told us that since the last inspection, they assessed patients for ligature risk when they were admitted and this was also done during their admission. Staff put an individual risk plan in place if a patient was considered a medium risk. We looked at the file of a patient considered a medium risk and saw plans in place to manage this including increasing the level of observation and removing possible ligatures from the environment. If a patient was seen as a high risk staff said that the hospital would no longer be a suitable placement and the service would look to transfer them. Horizon Close consisted of 10 independent Bungalows where patients could test out living independently before they were discharged. Although staff did not have direct line of sight, staff told us that anyone who is deemed high risk of harm would not be placed in Horizon Close. There was a bungalow attached directly to a staff office that was used as an assessment bungalow for people who may be of a higher risk. We saw that there was an up to date environmental risk assessment with appropriate actions and timelines for actions to be completed.
- In the NRU all bedrooms had an en-suite bathroom. Bedroom corridors were mixed sex. However, patients using the neuro-rehabilitation wards were accessing the service primarily for their physical health rehabilitation. The unit took patients who were bedbound, and also patients on a ventilator. The NBU had an area that could be used as a female only lounge. At the time of our visit all patients were utilising the main lounge. Patients lived in self-contained bungalows at Horizon Close.
- On the NBU we found that staff had not always documented that they had checked emergency equipment, and when they had noticed there was missing equipment, this was not always ordered. We saw that there was missing equipment in the first aid box, and although staff had noted a bandage was missing, it had not been replaced. Staff had not documented checks of the first aid box for the two months prior to inspection.
- We saw that staff had not documented seven checks on the defibrillator between 29 March 2016 and 13 May 2016. However, it was in working order on the inspection and had in date disposable pads and there was evidence that when faults had been found on the defibrillator, staff took appropriate action to fix it.

Services for people with acquired brain injury

- There was no seclusion room, and we saw no evidence of patients being secluded in any other area of the wards.
- The hospital was clean, airy, and free from any unpleasant odours. An outside team of cleaners had been employed to cover staff turnover in the hospital's domestic services team. We saw that cleaning cupboards were well stocked and that staff had completed cleaning rotas for the previous three months. Staff told us that if cleaning equipment ran out, they could access more from the other wards and that there was extra stock on site. Staff were adhering with their infection control policy and we saw evidence that equipment was marked as having been cleaned.
- There was no maintenance schedule in place for medical devices. However, we were shown that this had been identified by the management and they had placed it on the hospital risk register. Management had arranged for all medical devices to be tested in the two weeks after the inspection and for an annual service date to be set. We were advised that there had been an incident when a suction machine had not worked. Staff had been able to locate a working one immediately; this incident had led to management adding maintenance schedules for medical devices to the risk register.
- Senior management undertook monthly safety walk arounds to assess environmental risks such as ligature risks.
- Staff could access alarms and we saw that patients had call alarms to use should they need help from staff.

Safe staffing

- Ward managers had the opportunity to feedback to senior managers within the hospital and staffing levels were adjusted to meet the patient's clinical needs. We saw evidence where the ward manager of the Neuro-rehabilitation unit (NRU) had increased staff above the set staffing ladder (which was based on the number of beds in use) to meet the physical health needs of the patients. The basic staffing level for when the ward had 27 patients was four nurses in the day, and 11 non-qualified rehabilitation workers. At night, there were three nurses and six rehabilitation assistants. There was an established level of 19 whole time equivalents (WTE) qualified nursing staff for the unit and there were 4 qualified nursing vacancies. There was an established level of 32 WTE rehabilitation assistants and

- 9 WTE rehabilitation assistant vacancies. Bank and agency staff had been used on 37% of shifts in the three months prior to inspection and 3% of shifts had not been completely filled by using bank or agency staff.
- The NBU had one ward closed, so it had a total of 10 beds, nine of which were in use. Their set staffing level was for eight WTE nurses but currently had five WTE vacancies. The set levels for rehabilitation assistants was 22 WTE, they had six WTE vacancies. The ward manager used regular agency and bank staff to cover the needs of the ward and the service was holding regular recruitment campaigns. Bank or agency staff covered 38% of the shifts in the three months before the inspection, no shifts were left unfilled.
- The Staffing level at Horizon Close at the time of inspection was set at 10 rehabilitation assistants. At the time of inspection, there were eight but staff said they were able to manage this difference by using bank and agency staff at weekends and staff holidays. Staffing levels for six patients at Horizon Close was one team leader rehabilitation assistant at night. During the day the levels were one team leader, a senior rehabilitation assistant and a rehabilitation assistant. Bank or agency staff were used to cover 1% of the shifts in the three months before the inspection, 3% of shifts had not been filled by bank or agency staff.
- Staff on the NRU wards had some flexibility in having preferred shifts. Staff mainly worked either the 8pm-8am night shift, or the 8am-8pm long day. Staff could also work early shifts 8am-2pm or late shifts 2pm-8pm.
- Agency staff confirmed that they were familiar with the ward and that the service tried to use the same agency staff to cover shifts.
- The hospital had dedicated activity workers for both the NBU and NRU, staff were assigned as key workers to ensure that patients had one to one time with members of staff and ensure they had access to meaningful activities such as gardening.
- Patients at Horizon Close had medical cover from a local general practitioner, and could access the out of hour's service if needed.
- The number of staff who had completed their statutory and mandatory training was high. Overall, staff at the hospital had completed 87% of their mandatory training.

Assessing and managing risk to patients and staff

Services for people with acquired brain injury

- Staff told us there were three incidents of restraint on the NBU in the six months prior to inspection and one on the NRU. None of these restraints were in the prone position.
- There were no reported incidents of seclusion, long term segregation or restraint at Horizon Close in the six months before the inspection.
- We found that in all of the 18 care plans we reviewed that risk assessments were aligned with patient care plans. The hospital had its own standard risk assessment form that was used in all care records.
- Patients had signed a code of conduct agreement that included smoking and drinking alcohol. This asked that patients smoked outside in specific areas and did not use alcohol.
- Staff used observation as a tool to manage a patients risk to themselves or others. By observing patients, staff were better able to de-escalate patients and divert them before incidents could occur.
- Staff told us that rapid tranquilisation (the use of medicines to calm down a patient when they are very agitated or aggressive) by injection was rare. We saw that it had occurred on two occasions. However, the hospital reported no rapid tranquilisation by injection in the six months prior to the inspection. The hospital had a policy that detailed what staff were to do in these situations. When rapid tranquilisation occurred, staff should monitor the physical health of the patient. We saw rapid tranquilisation by injection had been used twice on one patient, but staff were unable to find records of the patient's physical health checks being completed afterwards. Staff did not record medicines that was administered orally as rapid tranquilisation. We raised this with the provider, who changed their policy to include all forms of rapid tranquilisation (via oral medicines as well as injection or intra-venous transfusion) and trained their staff to follow the new policy.
- Staff told us that the standard procedure for reporting safeguarding alerts was for staff to inform a nurse who would inform the senior nurse or ward manager to raise a safeguarding alert.
- The provider engaged an external pharmacist conducted audits of prescription charts and the clinic rooms and flagged any errors on an electronic system that managers could access and update to say how they had addressed the error. We reviewed 27 medicine cards

and saw that staff managed medicines well. We checked five medicines in the stock cupboard, five on the stock trolley and 10 on the main medicines trolley. All were in date. We checked five liquid medicines that were open. All had been noted with the date they had been opened as well as expiry dates. However, we found that there were some gaps in staff recording the average temperature of the medicine fridge on the NBU (staff had not documented four checks between January 2016 and June 2016). When some medicine is stored outside of the recommended temperature, its efficacy can decrease.

- We saw in the 18 care records that we reviewed that patients at risk of developing pressure sores were receiving pressure sore management care.

Track record on safety

- The hospital reported one serious incident on the NBU (a patient fall) in the year prior to inspection and one on the NRU (patient took an overdose of medicines). There were no recorded serious incidents at Horizon Close in the 12 months prior to inspection.
- We saw evidence that prior to inspection; learning had taken place following a patient fall that had led to more staff training and a new falls assessment form.

Reporting incidents and learning from when things go wrong

- Staff were aware of how to report incidents and said they could access debriefing sessions after incidents.
- Staff told us that learning from incidents was discussed as part of a learning group and that all staff were welcome to suggest new approaches. Staff told us this group had introduced grab bags that contained equipment needed when escorting patients in the community. Staff also told us that they discussed learning from incidents in team meetings and received risk bulletins from senior management and we saw evidence of this. Where patients fell, staff reported this as an incident and re-assessed their level of risk and put appropriate measures in place to help ensure their safety. For example, fall mats (which are protective mats to cushion a person if they fall on them).

Are services for people with acquired brain injury effective?

Services for people with acquired brain injury

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed 18 care records. We saw evidence in all the 18 care records we reviewed that patients had care plans that were appropriate for their needs. In the neuro-rehabilitation wards we saw care plans that focused on the patients physical needs. We also found staff had documented plans for their emotional wellbeing. In the neuro-behavioural wards we saw care plans that had clear plans on how to manage challenging behaviour. These plans identified the need to use de-escalation techniques. They all stated that restraint was only to be used as a last resort.
- Staff had ensured that there were personal interests in the care plans so that patients could be supported to take part in activities meaningful to them.
- We saw pictures in the care plans to show how to correctly position patients (for care interventions) alongside written explanations.
- The hospital mostly used a paper records system which was well organised and easy to navigate around. The paper records were kept in a locked cabinet in the locked staff office. Staff also stored some care information (relating to incidents etc.) on a password protected electronic system to allow audits to be completed.

Best practice in treatment and care

- Patients could access one to one psychological therapies (such as adapted cognitive behavioural therapy), as well as groups run at the hospital. Staff also helped patients to use local therapy services in the community. Staff also signposted carers to national charities to help them access carers support.
- All of the care records we reviewed included evidence of physical health assessment. Care plans were developed to meet any ongoing physical health concerns. While on the hospital wards, patients were seen by the hospitals consultant and responsible medical officer. Once they were transferred to Horizon Close, they were registered with the local general practitioner. This was to help prepare the patient to transition to a community setting.

- We saw in care records that patients had assessments for their nutritional and hydration needs, and we saw examples of staff completing the appropriate checks for feeding tubes. However, we also saw that staff had not always documented checks in line with how often the care plan said they should have checked them.
- Staff used recognised rating scales to assess patients. For example, the Glasgow coma scale (measuring a patient's level of consciousness) and the Berg balance scale (which measures a patients balance).
- The hospital had an external pharmacist that conducted clinical audits of medicines. This information was put onto an electronic reporting system that prompted managers to address any concerns and address any errors. Rehabilitation assistants also completed infection control audits on the NBU.

Skilled staff to deliver care

- The hospital had a therapies team and patients had access to occupational therapists, psychologists, speech and language therapists, a podiatrist, physiotherapists, a dietician, nursing staff (both registered general nurses and registered mental health nurses) and psychiatrists.
- Two staff we spoke with said that they had received specialist training on a number of topics including; catheter care, tracheostomy care, and spinal injury. We also saw evidence that staff could access other qualifications such as national vocational qualifications in health and social care.
- New staff were given an induction to the hospital, including agency staff. This helped to ensure that the agency staff were familiar with the wards and the policies at the hospital.
- Individual supervision was held during the staff members probationary period every three months afterwards. Staff told us they could access supervision outside these times if they needed it. At the NBU, 89% of staff were receiving supervision. All had received an appraisal within 12 months before the inspection. Staff on the NRU reported that they had received an appraisal in the year prior to inspection. Eighty-eight percent of staff at Horizon Close had received this. All of the non-medical staff at Horizon Close had completed an appraisal within the past year at the time of inspection.
- Managers described how they would support staff through the hospitals performance management policy if they needed to. At the time of our inspection there were no performance management issues.

Services for people with acquired brain injury

Multi-disciplinary and inter-agency team work

- The hospital worked with the patients' commissioners and social workers to help ensure good patient care. Within the hospital, there were weekly multi-disciplinary meetings and ward rounds. Staff said they felt they worked well as a team. Handovers took place between shifts. At Horizon Close this was at 8am and 8pm.
- Staff also helped patients to access local charities. For example, patients with an interest in gardening were linked with a local gardening charity. There were also links with a local service that helped patients fill out legal paperwork such as filling in benefit forms.

Adherence to the MHA and the MHA Code of Practice

See Mental Health Act section above

Good practice in applying the MCA

See Mental Capacity Act section above.

Are services for people with acquired brain injury caring?

Good 

Kindness, dignity, respect and support

- We spoke with five patients. Four patients said that they had received very good care. They said that they would feel comfortable approaching staff if they had concerns and felt staff treated them with respect and dignity. However, one patient said they had not had enough physiotherapy and rehabilitation activities. We raised this with the chief executive of the hospital, who arranged to hear the patients concerns.
- We conducted an observation of the care being delivered (using the structured observation for inspection framework) and saw that staff were warm and kind when caring for patients. We saw staff treating patients with respect and dignity. Patients were engaged in conversation by staff. We also saw other interactions between staff and patients where staff were appropriate and warm, this included when patients were unable to communicate verbally. We saw staff playing card games with patients and discussing television programmes.

- We saw that where patients were bed bound or patients had very limited mobility, staff either closed or opened the door in line with the patient's wishes.

The involvement of people in the care they receive

- Patients were shown around the ward when they were admitted and received a welcome pack with information about the care they would receive. When patients were transferred to Horizon Close, they were given an option to have a trial stay. This could be for morning or afternoons, or an overnight stay. If the patient wanted, they could spend weekends there over a four week period as part of their transition to the bungalow.
- Care plans were personalised and included quotes from the patient or were written in the first person. The hospital included family members (where appropriate) in patients original admission meeting and relatives were invited to reviews.
- We saw information about patient rights and advocacy displayed on the wards. Staff we spoke with were aware of a patient's right to advocacy.
- Patients could provide feedback on the service in a number of ways. They had the option to attend service user forums every four to six weeks (these meetings were held more frequently if issues had arisen). Patients and carers also had access to a suggestion box in the main hospital building and patients were given surveys to complete when they left the service. We saw that the hospital had placed 'you said we did' boards in the hospital. This board displayed the hospital's response to comments gathered from the suggestion box.

Are services for people with acquired brain injury responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

- Within the hospital, patients were moved between the neuro-rehabilitation unit (NRU) and the neuro-behavioural unit (NBU). This was dependent on whether their needs were more based on their emotional or behavioural (in which case the NBU would

Services for people with acquired brain injury

be more appropriate) or more physical based (where the NRU would be appropriate). When a patient was further along with their rehabilitation, there was an option for them to transfer into Horizon Close to help transition between hospital and the community. Staff at Horizon Close liaised closely with the ward staff to ensure this transfer was successful and patients were offered a trial stay in the bungalows to see if it was suitable.

- At the time of inspection, the NRU was at full occupancy. The NBU had nine patients (with one ward closed and one bed empty on the ward that was open) and Horizon Close had six patients living in bungalows (there was a total of 10 bungalows).
- The hospital took patients from across the country. The hospital provided both stage 1 (intensive, time limited, neuro-rehabilitation care commissioned by NHS England) and stage 2 rehabilitation (longer term placements).
- We saw evidence that patients who were close to discharge had home visits with staff to help assess their needs and what adaptations would be needed for them to move back to the community successfully.
- Due to the nature of the service, patients would receive care until a suitable placement could be found. Patients were discharged at times of day that were convenient for them.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had a range of facilities to promote dignity and recovery. There was ample space in rooms for patients to receive health checks. There were therapy rooms, a hydrotherapy pool, a café, and an activity centre on site.
- There were quiet waiting areas at the main hospital site, as well as space for patients to receive visitors. The hospital had a policy for visiting children.
- Patients had access to phones they could use on the wards, and some had landlines in their bungalow at Horizon Close. All patients could request to use a hospital wireless phone to make a call in private.
- We saw that patients had the ability to personalise their rooms and were encouraged to personalise their bedroom door to help them identify their own bedrooms.

- Patients reported that the food was of high quality. Although the ward kitchen was locked patients could access hot drinks and snacks 24 hours a day. Patients living in Horizon Close had their own cooking facilities in their bungalow.
- Staff helped run a number of group activities as well as individual activities meaningful to the patient. There was an activity programme and there were photos of past activity days on the walls of the ward. We saw evidence of one patient being supported to attend matches of a sports team in line with their interests.

Meeting the needs of all people who use the service

- Patients at the hospital had multiple physical healthcare needs. There was disabled access including ramps, elevators, wide corridors and a wide variety of specialist equipment to meet the wide and diverse needs of patients. The hospital also had communication tools for patients who had difficulty communicating verbally. The NBU had started to use a message tree to help patients with impaired memory to remember what has been said.
- Staff were able to access interpreting services, and information in different languages and had used an interpreter to help meet the needs of a patient that did not speak English as a first language.
- Patients were supported to attend religious centres in the local community and there was a prayer group at the hospital.
- Staff could provide meals to meet the needs of the patients in the hospital. Patients living in Horizon Close were supported to buy and prepare their own food with help from occupational therapists and the hospital's dietician.

Listening to and learning from concerns and complaints

- The hospital reported that there were six complaints raised on the NBU and that five of these had been partially upheld. There had been one complaint on the NRU (this had been upheld) and one complaint by patients living at Horizon Close that had not been upheld.
- Patients told us they were aware of how to make complaints and we saw posters and leaflets throughout the hospital that explained how they could do this.

Services for people with acquired brain injury

- Staff knew how to handle complaints and received feedback on the learning from them in team meetings. They were able to describe an example of when a patient's complaint had led to a change in process within the unit.

Are services for people with acquired brain injury well-led?

Good 

Vision and values

- Staff were aware of the values and vision of the organisation. These had been developed with staff and patients.
- Staff we spoke with were aware of the senior management staff within the hospital. Ward managers had frequent meetings with the more senior managers in the hospital.

Good governance

- Generally, the governance systems in the hospital were robust and helped to ensure that staff received mandatory training, received supervision and daily operation meetings (Monday-Friday) helped to ensure that gaps in the staffing levels were addressed. However, we saw that there were not effective systems in place to ensure that checks were documented. When we reviewed care plans, we found that staff had not documented completing health checks. These checks included Waterlow checks (used to assess risk of pressure sores), oral hygiene checks and weight monitoring. Staff were also unable to provide us with logs of health checks following the use of rapid tranquilisation medication (the use of medicines to calm down a patient when they are very agitated or aggressive). The provider had also not put in place checks on medical devices before the inspection. They had highlighted it as a concern and had put a plan in place to ensure regular checks of medical devices after the inspection. Despite staff not always documenting Waterlow checks, we saw that pressure sores were being managed appropriately.

- We saw that the hospital had good systems to learn from incidents and complaints and that management could track and monitor referrals to other agencies. For example, safeguarding referrals and deprivation of liberty safeguard applications.
- The hospital had a number of key performance indicators held on a dashboard. For example, catheter care, medicines management and an audit of compliance with the Mental Capacity Act. These were accessible by ward managers and were reviewed by the hospital's operations manager. Ward managers attended monthly operations meetings and fed back to their team the areas that needed improvement on their wards.
- The ward managers we spoke with felt they had sufficient administrative support and had authority to carry out their role. They said that they could raise concerns with senior staff and this was the route for them to add to the hospital's risk register.

Leadership, morale and staff engagement

- At this inspection, we saw strong leadership from both ward managers and the senior management team. The hospital had recruited to new clinical leadership roles and they had formed a strong senior management team. We saw that ward managers were very much a part of the senior team as well as being part of the front line staff.
- The hospital had noted that there were issues with staff retention and had adjusted the staff benefits package. The turnover rate was 36% on the neuro-rehabilitation unit (with a 4% sickness rate), 20% on Horizon Close (with a 1% sickness rate) and 60% on the neuro-behavioural unit (with a 5% sickness rate).
- Staff described morale as good. Staff told us that there was no bullying or harassment within the service and that they felt comfortable raising concerns with the senior management team. Staff said they felt supported by the senior management team.
- Staff we spoke with said that there were opportunities for leadership development within the hospital.
- Staff reported working well within the team, and felt that senior clinicians were approachable.
- Staff described being open and transparent with patients and carers when things went wrong.

Services for people with acquired brain injury

- Staff, patients, and carers had been involved in deciding the organisations values and staff had the opportunity to feedback into the service by completing an annual staff survey. Findings from the 2015 survey showed an improvement in staff morale from the previous year.
- The key performance indicators that were collected by the hospital fed directly into their local quality improvement plan.
- Staff participated in the UK rehabilitation outcome collaborative (UK-ROC) which further allowed them to track the performance of their service against similar services nationally.

Commitment to quality improvement and innovation

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to improve

- The provider must ensure they follow national guidance when administering oral rapid tranquilisation.

Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The provider should ensure that documentation of physical health checks are completed in line with the documentation.
- The provider should ensure that they continue to implement regular checks of medical equipment.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014: Safe care and treatment
Diagnostic and screening procedures	Staff were unable to find records of the patient's physical health checks being completed after administering rapid tranquilisation medicines.
Treatment of disease, disorder or injury	Staff did not record medicine that was administered orally for the purpose of rapid tranquilisation as rapid tranquilisation.
	This was a breach of regulation 12 (1)(2)(a)(b)(g)