# Affinity Healthcare Limited

## Quality Report

100 Wilmslow Road
Cheadle
Cheshire
SK8 3DG
Tel: 0161 428 9511
Website: www.priorygroup.com

Date of inspection visit: 23-27 February 2015
Date of publication: 03/08/2015

| Core services inspected | CQC registered location | CQC location ID |
|---|---|---|
| Acute wards for adults of working age and psychiatric intensive care units | Cheadle Royal Hospital | 1-127893060 |
| Child and adolescent mental health wards | Cheadle Royal Hospital | 1-127893060 |
| Long stay / Rehabilitation services for adults of working age | Cheadle Royal Hospital | 1-127893060 |
| Eating Disorders services | Cheadle Royal Hospital | 1-127893060 |

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

| | |
|---|---|
| Overall rating for services at this Provider | Good |
| Are Mental Health Services safe? | Good |
| Are Mental Health Services effective? | Good |
| Are Mental Health Services caring? | Good |
| Are Mental Health Services responsive? | Good |
| Are Mental Health Services well-led? | Good |

**Mental Health Act responsibilities and Mental Capacity Act/Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however, we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

## Contents

# Summary of findings

## Overall summary

The hospital had environmental challenges on some wards due to the age, design and fabric of the building. However; the provider had an improvement plan in place to address these issues which included refurbishing some wards and up-grading the seclusion rooms to ensure they complied with current guidance. These issues were escalated onto the providers' risk register. Some of the improvement work had been completed.

The hospital had an open and transparent culture to reporting and learning from incidents. Safeguarding was embedded in clinical practice.

Medication management was good across the service.

Staffing levels and skill mix were good across the services. The hospital had taken action to recruit more medical staff for the Psychiatric Intensive Care Unit wards in line with best practice guidance.

Patients were able to access a range of treatments to support their recovery within a multidisciplinary team approach. Staff had access to the support and training required to provide care and treatment to patients.

However, on the in-patient Child and Adolescent wards, some staff did not have a good understanding of issues relating to caring for young people with an autistic spectrum disorder.

The hospital had a good governance structure in place to monitor the use of the Mental Health Act and Mental Capacity Act across the wards and identify any themes or issues which required addressing.

Feedback from patients was positive overall. Staff were praised for their caring attitude and were considered approachable and friendly. The majority of patients we spoke to felt involved in their care. Patients were supported to maintain and develop their relationships with those close to them, their social networks and community.

The hospital involved patients in the recruitment of new staff including being part of the interview panel. An ex patient was also a member of the hospital wide governance group.

The service was responsive to meeting patients' needs. The hospital admitted patients primarily from the North of England. However; due to the specialist nature of some of the services such as the Child and Adolescent Mental Health Service and eating disorder wards, patients residing outside of this area could be admitted if they met the criteria for admission. Discharges were planned through the Care Programme Approach framework.

The wards provided a range of activities and facilities to meet patients' needs.

All complaints or compliments a ward received were discussed locally at the ward team meetings. The ward managers analysed all complaints to identify any trends or themes.

The service was well-led locally and at senior management level. The provider's visions and strategies for the services were evident and staff understood the vision and direction of the organisation. Senior managers had a visible presence within all clinical areas.

There was an effective embedded governance structure in place which was based upon a quality improvement agenda.

Staff morale across the hospital was very good, teams were proud of their work and felt supported by their managers.

# Summary of findings

## The five questions we ask about the services and what we found

We always ask the following five questions of the services.

**Are services safe?**

Good

We rated the location as 'Good' because;

- The hospital had environmental challenges on some wards due to the age, design and fabric of the building. However; the provider had an improvement plan in place to address these issues which included refurbishing some wards and up-grading the seclusion rooms to ensure they complied with current guidance. These issues were escalated onto the providers risk register. Some of the improvement work had been completed.
- The hospital had an open and transparent culture to reporting and learning from incidents. Safeguarding was embedded in clinical practice.
- Medication management was good across the service.
- Staffing levels and skill mix were good across the services. The hospital had taken action to recruit more medical staff for the Psychiatric Intensive Care Unit wards in line with best practice guidance.

**Are services effective?**

Good

We rated the location as 'Good' because;

- Care and treatment was provided in line with best practice guidance.
- Patients were able to access a range of treatments to support their recovery within a multi-disciplinary team approach.
- Staff had access to the support and training required to provide care and treatment to patients.
- The hospital had a good governance structure in place to monitor the use of the Mental Health Act and Mental Capacity Act across the wards and identify any themes or issues which required addressing.

However, on the in-patient Child and Adolescent wards, some staff did not have a good understanding of issues relating to caring for young people with an autistic spectrum disorder.

**Are services caring?**

Good

We rated the location as 'Good' because;

- Feedback from patients was positive overall. Staff were praised for their caring attitude and were considered approachable and friendly. The majority of patients we spoke to felt involved in their care.

# Summary of findings

- Patients were supported to maintain and develop their relationships with those close to them, their social networks and community.
- The hospital involved patients in the recruitment of new staff including being part of the interview panel. An ex patient was also a member of the hospital wide governance group.

**Are services responsive to people's needs?**

Good

We rated the location as 'Good' because;

- The hospital admitted patients primarily from the North of England. However, due to the specialist nature of some of the services such as the Child and Adolescent Mental Health Services and eating disorder wards, patients residing outside of this area could be admitted if they met the criteria for admission. Discharges were planned through the Care Programme Approach framework.
- The wards provided a range of activities and facilities to meet patients needs.
- All complaints or compliments a ward received were discussed locally at the ward team meetings. The ward managers analysed all complaints to identify any trends or themes.

**Are services well-led?**

Good

We rated the location as 'Good' because;

- The service was well-led locally and at senior management level. The provider's visions and strategies for the services were evident and staff understood the vision and direction of the organisation. Senior managers had a visible presence within all clinical areas.
- There was an effective embedded governance structure in place which was based upon a quality improvement agenda.
- Staff morale across the hospital was very good, teams were proud of their work and felt supported by their managers.

# Summary of findings

## Our inspection team

Our inspection teams were led by: Sharon Marston, Hospital Inspection Manager, Care Quality Commission.

The teams consisted of CQC inspectors and a variety of specialists;

Long stay/rehabilitation team included; Two CQC inspectors, a consultant psychiatrist, an expert by experience and a mental health act reviewer.

Child and adolescent mental health wards team included; One CQC inspector, a mental health act reviewer and a specialist advisor.

Specialist eating disorders services included; Two CQC inspectors, a specialist advisor and a mental health act reviewer.

Acute wards for adults of working age and psychiatric intensive care units included; Two CQC inspectors, a consultant psychiatrist, an expert by experience and a mental health act reviewer.

The hospital wide team included; a CQC inspection manager, two specialist advisors and a CQC pharmacist.

## Why we carried out this inspection

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

## How we carried out this inspection

To get to the heart of 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 visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew. We carried out an announced visit on the 23 February through to 26 February 2015. We arranged a revisit of the hospital on the 9 March. During the visit we held individual interviews with a range of staff who worked within the service. This included the hospital director, medical director, director of quality, head of human resources, lead psychologist; lead occupational therapist for Child and Adolescent Mental Health Services and adult services, safeguarding lead, infection control lead, health and safety lead and lead for the management of violence and aggression. We also held focus groups with a range of staff in addition to a 'drop-in' session for staff. We interviewed the ward manager of each of the 10 wards. In total, we spoke with 44 staff across the core services. We reviewed the care records and medication administration records for 37 patients. We talked with 31 patients to ask them to share with us their experience of the care they received from Cheadle Royal Hospital. We left comment boxes on each ward and received 17 comment cards from patients on the wards. We also attended three multi-disciplinary team meetings, a ward handover and a therapeutic group meeting for patients.

# Summary of findings

## Information about the provider

Cheadle Royal Hospital is a registered location in Manchester which is provided by Affinity Healthcare Limited and managed by the Priory Hospital Group. The hospital has been registered with the Care Quality Commission (CQC) since December 2010.

It is registered with the CQC to provide the following regulated activities:

- Accommodation for persons who require treatment for substance misuse
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The hospital was built in 1849 and is Grade ll listed by English Heritage. It has 118 beds across 10 in-patient wards within its own private grounds. The hospital provides care and treatment for both National Health Service funded and privately funded patients. The hospital admits informal patients and patients detained under the Mental Health Act 1983.

Since registration, the hospital has been inspected by CQC on six occasions the most recent being 10 April 2014. At this inspection, the hospital was found to be non-compliant, minor impact with outcome 9 - Management of medicines and non-compliant, moderate impact for outcome 16 - Assessing and monitoring the quality of service provision.

The CQC is responsible for protecting the interests of patients detained and treated under the Mental Health Act (MHA) in England, for making sure they are cared for properly and for ensuring the MHA is used correctly. CQC does this by monitoring the use of the MHA and by visiting hospitals and speaking to patients. The hospital has received 11 MHA visits on the 10 wards in the past 18 months. Themes which have been identified during these visits have included concerns in relation to;

- The suitability of the seclusion rooms
- The repeating of detained patients' rights under section 132
- Section 17 leave forms not containing sufficient detail.

The 10 in-patient wards consist of;

Elmswood ward is a 11 bed rehabilitation unit for men. It provides recovery focussed rehabilitation within an open environment for patients with complex mental health needs. At the time of our visit, there were eight patients on the ward all of whom were detained under the Mental Health Act.

Willow ward is a psychiatric intensive care ward (PICU) which provides 11 inpatient beds for men of working age.

Pankhurst ward is a psychiatric intensive care ward (PICU) which provides 10 inpatient beds for women of working age.

Maple ward is a 12 bed acute admission ward for men and women of working age.

Alder ward is an acute admission ward provides 12 inpatient beds for men and women of working age.

Aspen ward provides 11 inpatient beds in an open environment for men and women suffering from an eating disorder. The ward provides treatment for patients with anorexia nervosa, bulimia and atypical presentations associated with disordered eating. The ward accepts admissions nationwide but predominantly from the North of England.

Cedar ward is a 16 bed open facility providing inpatient treatment for men and women suffering from an eating disorder. The ward provides treatment for patients with anorexia nervosa, bulimia and atypical presentations associated with disordered eating. The ward accepts admissions nationwide but predominantly from the North of England.

Woodlands ward provides 10 inpatient low secure beds for females under the age of 18 who require care and treatment within a low secure environment. The ward accepts admissions nationwide.

Orchard ward is a 15 bed acute admission ward for male and females under the age of 18. The ward accepts admissions nationwide.

Meadows ward is a 10 bed inpatient ward for male and female patients under the age of 18 who require care and treatment within a Psychiatric Intensive Care Unit. The ward accepts admissions nationwide.

# Summary of findings

## What people who use the provider's services say

Overall the feedback from patients on their experience of care was positive. Staff were praised for their caring attitude and were considered approachable and friendly. The majority of patients we spoke to felt involved in their care.

Patient feedback also included positive comments on the occupational therapy and psychology services as well as the medical and nursing staff. On the eating disorder service, patients told us that staff were warm and caring, exceeding their expectations.

## Good practice

- The eating disorder services had developed a bespoke specialist eating disorders training programme which has been accredited by Brighton University. Both ward managers were 'train the trainers' and were rolling the training out to all eating disorders staff.
- The eating disorder service held a consultant "phone in" session each week where family members and carers could speak with the consultant in a general manner about any issues in relation to eating disorder conditions.
- The eating disorder service had a seven day algorithm on admission to the wards to monitor patients mental and physical health needs.
- Woodlands ward had developed, 'The safe intervention for ligaturing assessment score' (SILAS) following analysis of the unit's intervention techniques in the management of young patients who self harm through the use of ligatures. Staff were presenting their experiences of implementing SILAS and outcome measures at a national conference the week after our visit.

## Areas for improvement

**Action the provider SHOULD take to improve**

- The provider should ensure that staff have the appropriate training and understanding of the application of mental capacity assessments in respect of the Mental Capacity Act and the Mental Health Act on .
- The provider should ensure patients have a person centred holistic care plan in place to meet their needs within the CAMHS services and adult acute and Psychiatric Intensive Care Unit admission wards.
- The provider should ensure there is a clear autism pathway in place within the CAMHS service.
- The provider should ensure that they successfully deliver the project to upgrade the seclusion facilities on Pankhurst, Meadows and Woodlands wards.
- The provider should ensure that their recruitment plans for medical staffing on the adult PICU units are delivered.
- The provider should ensure that identified ligatures are removed where possible.
- The provider should ensure that the action plan to refurbish Meadows ward is completed.

# Affinity Healthcare Limited

**Detailed findings**

## Mental Health Act responsibilities

Overall, documentation in respect of the Mental Health Act (MHA) was good across all the wards. Patient care records were in good order with each containing the relevant detention documents. Documentation relating to the detention of patients was scrutinised and correctable errors were amended within the specified period and in accordance with the MHA and Code of Practice. Patients were informed of their rights in accordance with section 132 on admission. Where patients lacked capacity to understand their rights, repeated attempts were made and recorded to ensure that patients continued to be given this information until they could understand it. Patients were treated under the appropriate authority in line with section 58.

90% of staff had completed training regarding the Mental Health Act.

The hospital had a good governance structure in place to monitor the use of the MHA across the wards and identify any themes or issues which required addressing.

## Mental Capacity Act and Deprivation of Liberty Safeguards

90% of staff had completed training in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The hospital had not made any DoLS application over the previous 12 months.

Good

# Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Summary of findings

## Our findings

The hospital had particular challenges on some of the ward environments due to the age, design and fabric of the building. However, overall the wards were clean and the provider had a maintenance programme in place to

Good

# Are services safe?

address these issues. For example, on Pankhurst psychiatric intensive care unit (PICU) which was located in the basement of the building, there was damp in one of the bedrooms. On Alder ward, there was old fire escape door which allowed a draft and rain in through the base. The provider had taken action to address these issues by closing off the bedroom until further remedial work was completed and ordering a fire new door. Pankhurst PICU had recently been repainted. However, Meadows, Cedar and Aspen wards were in need of refurbishment. There were full refurbishment plans in place which identified a new layout of Meadows ward and plans to refurbish the other two wards. The wards had been placed on the hospital risk register and there were clear actions and timescales to ensure improvements were made.

Both Aspen and Cedar wards did not meet with the requirements of the guidance on same sex recommendations. Cedar had male and female bedrooms on the same corridor and Aspen had no female only lounge area. These requirements were met by the provider during the period of the inspection. The provider segregated the male and female bedroom areas within Cedar and made changes to Aspen ward which included the provision of a female only lounge.

The hospital had four seclusion rooms on Willows, Meadows, Pankhurst and Woodlands wards. In recent mental health monitoring visits, we had concerns about the suitability of these as they did not meet the Code of Practice standards. This had been escalated onto the providers' risk register. The seclusion room on Willows ward had recently been redesigned and refurbished and we found it now met the Code of Practice guidance. The provider had allocated funding to refurbish the other three seclusion rooms by the end of July 2015.

There were cleaning schedules and infection control audits in place on each ward. Staff compliance with infection control training across all the wards was 99%. Staff had access to the necessary personal protective equipment.

Comprehensive, annual environmental risk assessments were completed for all patient areas on each ward. These identified some ligature risks and 'blind spots' on some of the wards. However, staff were aware of these risks which were managed by increasing observation levels. Some of the ligature risks could easily be removed which would reduce the risks further.

Each ward had access to emergency equipment, including defibrillators, ligature cutters, oxygen and first aid kits which were regularly checked to ensure equipment was fit for purpose. Staff had access to alarms to enable them to summon assistance if required.

**Safe staffing**

The hospital employs 453 contracted members of staff. This includes 96 whole time equivalent (WTE) qualified nurses and 184 WTE nursing assistants. There were nine WTE qualified nurse vacancies and 20 unqualified WTE vacancies across the 10 wards at the time of our visit. During the previous three months, 65 shifts had been filled by bank or agency staff. This accounted for all the shifts which required filling due to staff sickness or absence. The level of sickness across the wards was very low in comparison to other services at between 2.6% and 5.4 % over the previous 12 months. The established staffing figures for each ward had been maintained despite vacancies or sickness.

The hospital had a relatively high turnover of staff and senior managers told us they had some difficulties recruiting and retaining qualified nursing staff. This had been escalated to the provider through the hospitals' risk register. Staff were encouraged to complete staff exit questionnaires to enable senior managers to identify any common themes which may have influenced staff to leave the hospital. A review of these showed that the majority of staff left due to personal reasons not related to the hospital directly.

The provider had plans to second 20 nursing assistants to undertake their nurse training across the group to increase the number of qualified nursing staff. There were plans in place for this to be a 'rolling' programme each year to maintain increased qualified nursing posts by providing opportunities for development of nursing assistants within the group. The hospital had also recently implemented a 'leadership programme' for qualified staff to develop their leadership skills and career progression within the hospital group.

We looked at staffing rota's over the previous three months on the wards and projected staffing rotas. The number of staff and skill mix of staff was appropriate to meet the needs of the patients on the wards. The hospital used an establishment tool to set the staffing levels for each ward.

Good

# Are services safe?

The ward managers had the authority and freedom to act to increase the number of staff on a shift if this was clinically required. Overnight, the hospital always had a ward manager level duty nurse on site.

The wards had medical cover during the day and arrangements in place to ensure a doctor was on-call overnight and could attend the wards quickly in an emergency. However, the medical cover on Pankhurst and Willows ward did not meet the new standards for medical cover set by the National Association of Psychiatric Intensive Care Units (NAPICU) guidance announced in September 2014. There was one locum consultant and one substantive staff grade doctor covering both of the wards. The NAPICU guidance recommends each PICU ward should have a 'dedicated consultant psychiatrist input, and at least one single dedicated sub consultant grade doctor'. The provider had recognised the need to increase medical staffing levels and this was escalated on their risk register. An action plan was in place to increase medical staffing to meet the guidance by May 2015.

**Assessing and managing risk to patients and staff**

Risks to patients were appropriately assessed on admission using an evidence based risk assessment tool. Comprehensive risk assessments and associated intervention plans were in place for each patient and reviewed at least weekly by the multi-disciplinary team or in response to any changes in a patient's clinical presentation. Observation levels were used to manage any identified risks to patients in the first instance. Staff carried out observations in line with the hospital policy. 98% of staff across all the wards had received training in suicide and self-harm prevention.

Informal patients were provided with information about their rights to leave the ward they were staying on. Staff assessed all patients before and after any period of leave from the wards in line with best practice guidance.

Across the wards, there had been 462 episodes of restraint being used over the previous six months. None of these involved the use of 'prone' or face down restraints. The lowest use of restraint was on Alder and Aspen wards with neither ward using restraint over the past six months. The highest use was on Meadows ward with 176 and Woodlands ward with 142 episodes.

There had been 162 episodes of seclusion across the hospital in the previous six months. Meadows ward had the highest number of incidents with 93 episodes and the eating disorder service had the lowest with no reported incidents. There were no incidents of long term seclusion being used within the hospital over the past 12 months. The use of seclusion and episodes of restraint used was directly linked to the acuity of illness patients experienced on these wards.

The hospital monitors the use of seclusion and restraint through a 'seclusion' committee which meets regularly and feeds directly into the hospital governance group. Staff told us the use of restraint and seclusion was as a last resort and only used when de-escalation techniques had been unsuccessful.

The hospital had clear policies and procedures in place to support staff in the use of seclusion and restraint. Records we reviewed demonstrated staff were working within the policy. This included offering patients the opportunity to complete a, 'service user account following physical intervention' form after each episode of restraint. The form enables patients to reflect on the episode and identify what they would prefer or not prefer in the future from staff to support them if a similar situation happened. By reflecting on what could be done differently in the future, staff told us they hoped to reduce the number of episodes seclusion and restraints were used.

The hospital had a policy and action plan in place regarding reducing the use of restrictive practices including the use of restraint in line with national guidance. However, it was too early to determine the impact of this at the time of our visit.

Some patients were restricted or searched on their return from leave dependent upon their risk of self-harm. However, where this had been identified as a risk there was information provided which demonstrated patients consented to the searches prior to them being carried out. All searches were carried out by an appropriate gender of staff. We did not identify any restrictive practices which were not clinically justifiable.

During our previous visit to the hospital in April 2014, we identified concerns regarding the disposal of out of date medication and the auditing of fridge temperatures. We found these issues had been addressed during our visit. There were audits in place to monitor the prescribing, storage dispensing and disposal of medication to ensure compliance with national standards. A pharmacist visited

Good

# Are services safe?

the hospital for a full day and one half day per week to check prescription charts and compliance with national guidance and legislation. They also attended the hospital's monthly 'medication management' meetings.

We reviewed 37 patients' medication administration charts which were in order. Compliance with the safe handling of medicines training was 97% across the wards.

The hospital had procedures and policies in place to ensure children who visited the hospital were kept safe. All visits from children were booked in advance to make sure an appropriate room was available to facilitate the visit off the ward in line with national guidance.

**Track record on safety**

Staff were aware of the hospitals safeguarding policy and procedures. They understood the role of the safeguarding lead for the hospital and how to contact them for advice if required. Compliance with safeguarding vulnerable adults and children was good across the hospital at 94% and 99% respectively.

There were 57 serious incidents reported on eight wards at the hospital between 1 December 2013 and 31 November 2014. Of these, 49 were physical assaults or allegations of assault, seven were sexual assaults and one was the suicide of a young person on a CAMHS wards.

Between 26 January 2013 and 27 January 2014, the CQC received 128 safeguarding concerns regarding the hospital. Of these, 43 were 'open' or 'on hold'. In some cases, there were multiple abuse types associated with the concern. The majority of these (147) were classed as physical abuse.

These figures are within expected parameters when compared with similar services.

**Reporting incidents and learning from when things go wrong**

The hospital had an open and transparent culture to reporting incidents and learning from incidents. Incident recording and reporting was effective and embedded across all the wards. The hospital had reported all incidents through the appropriate external organisation and developed a close working relationship with a safeguarding lead from the local authority. The lead attended the hospital's 'safeguarding meeting' twice a week. The meeting was attended by senior managers and used to review any safeguarding alerts from the previous week, identify any emerging themes which required addressing and monitor progress in relation to previous safeguarding alerts. This demonstrates the hospital adopts a transparent culture to reporting safeguarding concerns which is open to external scrutiny. Incidents were electronically recorded by staff. All incidents were then reviewed by the ward managers and at the local team meetings and clinical governance team meetings. The hospital held monthly clinical risk meetings where incidents were reviewed and themes and trends identified across all of the wards. This meant that senior managers had oversight of all risks and incidents within the hospital. Information regarding risks, safety issues, policy changes and lessons learnt were shared with staff on a monthly basis through a 'clinical risk bulletin' which was sent to all staff electronically.

The service was able to demonstrate where lessons had been learnt and practices changed following incidents. For example, staff had identified on one ward that between the hours of 4pm and 7pm there was an increase in incidents. Patients reported they were often bored and had limited activities to participate in during this time period. The service had responded by appointing an activities coordinator with the aim of reducing the number of incidents during these times. Changes had also been made to the hospitals observation policy following a serious incident on another ward. This showed that changes as a result of learning from incidents took place at both ward and hospital wide level.

Staff had access to debriefing sessions and individual support following serious incidents which were often facilitated by a psychologist. They reported they felt supported by their line manager and the senior management team within the hospital

Good

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary of findings

## Our findings

**Assessment of needs and planning of care**

Care records were stored securely and were accessible to staff. Staff understood issues in relation to patient record keeping and confidentiality. Compliance with confidentiality and data protection across the hospital was high at 99%.

All patients received an initial assessment within 24 hours of their admission. There was a holistic approach to assessing, planning and delivering care and treatment to patients within a multi-disciplinary team collaborative approach to care and treatment. Assessments included the patient's social, physical, psychological and risk assessments. These were comprehensive overall and findings were reflected in care plans. However physical health needs were not always fully documented within the adult acute wards and there was limited evidence of on-going physical health care being monitored. Not all of the care plans clearly captured the views of the patient and some were not patient centred. This was identified as an improvement objective at hospital board level. In response, Alder ward was developing a pilot 'wellness and recovery care programme' to facilitate a greater focus on patient goals and needs.

However, on the in-patient Child and Adolescent wards, some staff did not have a good understanding of issues relating to caring for young people with an autistic spectrum disorder.

Care records were up to date and had been regularly reviewed within the MDT or more frequently if required due to changes in a patient's presentation.

We observed one handover. The handover covered all key issues including changes in patient presentation, risk and safeguarding.

**Best practice in treatment and care**

The wards used a range of outcome measure tools which included Health of the Nation Outcome Scale for adults and children, the STAR recovery tool and other specific psychological assessment tools such as Beck's depression rating scale and the eating disorders examination questionnaire. All the wards had access to psychological therapies such as dialectic behavioural therapy, family therapy and cognitive behavioural therapy. There were no waiting lists for these therapies.

The wards held regular formulation meetings where all the staff involved in a patient's care reviewed the patient's progress and treatment. The meetings were used to enable staff to exchange ideas and their specialist expertise to develop a plan of future care and treatment for patients.

There was good evidence to show the pharmacist ensured that medication policies and procedures were up-dated to reflect the National Institute of Health and Care Excellence guidance and best practice. For example; they had up-dated the medication policy recently regarding the use of Midazolam and another regarding the treatment of epilepsy in response to best practice guidance. The pharmacist actively sought to engage with patients about their medication directly and by providing medicine information leaflets where appropriate. Medication leaflets were available in a child friendly format.

Patients had timely access to physical healthcare and specialists when required.

Both Cedar and Aspen ward complied with the guidance provided by the Royal College of Psychiatrists on the management of really sick patients with anorexia nervosa (MARSIPAN) and was accredited as part of the Colleges Quality Network for Eating Disorders.

The CAMHS service also participated in the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS.

These networks work with providers to assure and improve the quality of services provided for patients within specific

mental health services. It involves a comprehensive process of review, to identify and acknowledge high standards of organisation and patient care and identify where improvements could be made.

**Skilled staff to deliver care**

All the wards operated within the multi-disciplinary team model to ensure that care and treatment provided were holistic. Ward staff had access to a range of mental health disciplines and specialists which included psychiatrists, psychologists, occupational therapies, social workers, community psychiatric nurses, safeguarding lead, teaching staff, pharmacist, art therapists, advanced nurse practitioners, gym instructors, medical secretaries and administration support.

Management supervision took place on a monthly basis with group debrief sessions as required. Clinical supervision took place on a 4-6 weekly basis. We reviewed a sample of staff supervision records across the wards. These were in order and reflected hospital policy. Compliance with supervision was 87% for all staff across the hospital. However, figures for Willows ward for both qualified and unqualified nursing staff, Alder ward for unqualified nursing staff and education staff for young persons were low at between 39-50%. All the other wards had high compliance rates with the majority reporting 100%. Compliance with appraisals was consistently good across all of the wards.

Attendance at mandatory training was 85% across all staff disciplines and clinical areas within the hospital.

Staff had access to specialist training relevant to the patient group they were caring for.

We saw evidence which demonstrated the hospital took prompt action to address poor staff performance. Although the hospital had mechanisms in place to support staff who were underperforming, persistent underperforming was managed effectively by the hospital. This included not extending probationary contracts and using the hospitals disciplinary procedures to manage poor performance.

**Multi-disciplinary and inter-agency team work**

Ward and multi-disciplinary staff worked together to plan on going care and treatment in a timely way through the Multi Disciplinary Team (MDT) meetings and handover structures which were in place. Care was co-ordinated between wards and other services from referral through to discharge or transition to another service.

MDT meetings were used to collaboratively manage referrals, risks, treatment and appropriate care pathways options. Any discharge planning was also managed via the MDT or CPA review meetings. Staff attending the MDT meetings included support workers, nurses, occupational therapies, psychologists and doctors. Other professionals such as dietician, social workers or physiotherapist would attend as required. Each patient was discussed at length and invited to attend their part of the meeting.

MDT meetings were held weekly on each ward. We observed three MDT meetings. There was strong multidisciplinary attendance covering a range of roles who worked together well. Effective reviews of patient care and progress were carried out and patient involvement was promoted.

We observed one handover. The handover covered all key issues including changes in patient presentation, risk and safeguarding.

Many patients resided outside the local area and communication with care coordinators was often via telephone. Pankhurst ward explained that they also sent minutes of the MDT reviews to care coordinators to ensure effective sharing of information.

**Adherence to the MHA and the MHA Code of Practice**

The hospital had a good governance structure in place to monitor the use of the MHA across the wards and identify any themes or issues which required addressing. Overall, documentation in respect of the Mental Health Act was good across all the wards. Patient care records were in good order with each containing the relevant detention documents. Documentation relating to the detention of patients was scrutinised and correctable errors were amended within the specified period and in accordance with the MHA and Code of Practice. Patients were informed of their rights in accordance with section 132 on admission. Where patients lacked capacity to understand their rights, repeated attempts were made and recorded to ensure that patients continued to be given this information until they could understand it. Patients had access to the independent mental health advocacy (IMHA) services and staff supported engagement with this service. Patients

were treated under the appropriate authority in line with section 58. However, we found there had been some confusing communication within the hospital which had impacted on the application of mental capacity assessments for detained patients on some wards. The hospital managers were made aware of this and were in the process of issuing clarification to staff to address this.

90% of staff had completed training regarding the Mental Health Act. Action plans from previous Mental Health Act monitoring visits had all been implemented across the wards.

**Good practice in applying the MCA**

The provider had relevant policies in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Oversight of the use of the MCA and DoLS was monitored through the hospital's monthly clinical governance group. Staff were aware of these and how to access them. 90% of staff had completed training in relation to the MCA and DoLS. The hospital had not made any DoLS application over the previous 12 months.

Capacity to consent was recorded appropriately in the care records we reviewed. However, we found that in the eating disorder service some staff had limited understanding of their responsibilities in undertaking capacity assessments and continuous monitoring to ensure health decisions were made based on mental capacity or the best interest of the person. On all the other wards, staff had a good understanding of issues in relation to the MCA and DoLS.

Good

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Summary of findings

## Our findings

**Kindness, dignity, respect and support**

Overall the feedback from patients on their experience was positive. Staff were praised for their caring attitude and were considered approachable and friendly. The majority of patients we spoke to felt involved in their care. Patient feedback also included positive comments on the occupational therapy and psychology services as well as the medical and nursing staff. On the eating disorder service, patients told us that staff were warm and caring, exceeding their expectations.

We observed staff treating patients with dignity, respect and compassion. Through our observations, speaking with staff and review of patients' care records, it was evident that staff were aware and understood the individual needs of patients they were caring for.

**The involvement of people in the care they receive**

Patients were provided with information about the ward they were being admitted to either when they were referred to the service or on admission if this was not possible. The information leaflets for the Child and Adolescent Mental Health Services (CAMHS) were written in a child friendly way.

Patients were encouraged by staff to be active partners in their care. Staff were fully committed to working in partnership with patients. We saw evidence that patients, carers and family members were involved in the decisions about the care and treatment planned through the multi-disciplinary team meetings. Patients were routinely offered copies of their care plans.

Staff on the CAMHS wards proactively sought to involve young people's family or carers in reviews and up-dates about their progress if they were unable to attend the multi disciplinary team meetings due to their geographical location. Patients were supported to maintain and develop their relationships with those close to them, their social networks and community.

Information about how patients could access advocacy and the role of advocates was available on the wards.

Each ward held regular community meetings which all patients were encouraged to attend. The hospital involved patients in the recruitment of new staff including being part of the interview panel. An ex patient was also a member of the hospital wide governance group.

Good

# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

## Summary of findings

## Our findings

**Access, discharge and bed management**

The hospital admitted patients primarily from the North of England. However; due to the specialist nature of some of the services such as the Child and Adolescent Mental Health Service and eating disorder wards, patients residing outside of this area could be admitted to the wards if they met the criteria for admission.

Patients were not moved from the room they were allocated unless there was a justifiable clinical reason to do so. This meant that the patient's allocated room remained vacant whilst they were on leave and until their return to the ward they were staying on.

The average bed occupancy over the past 12 months fluctuated between the lowest on Willows and Meadows wards at 73% to 100% on Cedar and Woodlands wards.

Discharges were planned through the care programme approach and therefore planned with the patient and their carers with the patients' consent. Professionals involved in supporting the patient were also fully involved in discharge planning. This meant unless there were exceptional circumstances, such as an informal patient deciding to take their own discharge out of hours, all discharges and transfers took place at an appropriate time of the day.

The highest number of delayed discharges over the past 12 months was 11 on Willows ward and 10 within the CAMHS service. These were due to appropriate placements not being available to discharge patients to and was therefore not within the control of the hospital. On Pankhurst ward there were four delayed discharges and one within the eating disorder service.

Readmission rates within 90 days of discharge were very low with only one each within the eating disorder service and the CAMHS service.

**The ward optimises recovery, comfort and dignity**

The wards provided a range of activities for patients including at weekends and during the evening. There was access to a wide and varied OT programme on each ward. An OT activity programme was clearly displayed on each ward and staff supported patients to attend. Each ward offered a range of rooms and facilities to support treatment and care. These included the provision of clinic rooms, OT facilities, group rooms and gym space. There were rooms available for patients to speak with a member of staff, their relatives and advocate in private.

All the wards had access to outside space. However, some of these were sparsely furnished and not inviting. Managers told us there were plans in place to improve these where required.

Facilities were in place to allow patients to make phone calls in private. Managers told us they were reviewing the possibility of utilising Skype across the hospital to enable patients who were locate out of their geographical residence to have improved contact with their relatives and carers. Patients had access to the internet.

Patients could personalise their rooms and were able to lock their rooms when they were out of the ward. Bedrooms were lockable from the inside and patients had access to secure storage to keep their belongings safe if required.

Patients were provided with a choice of menu and access to snacks and drinks 24/7. Overall, patients reported the food quality to be good.

**Meeting the needs of all people who use the service**

There were good examples on the CAMHS wards of how the service had adapted the information it provided to patients to ensure it was child friendly. The CAMHS service had teachers who provided schooling in the education centre for young people who were well enough to attend classes.

There was good provision of information on treatment, services and patient rights on the wards. However, on Pankhurst PICU there was limited information on display about advocacy services.

Good

# Are services responsive to people's needs?

Leaflets and information could be translated into different languages. We saw evidence of this having taken place. However, three service users on the adult acute wards, whose first language was not English, told us they had not been offered information translated into their own language. The hospital had access to translators including sign language translators.

There was access to chaplaincy services and spiritual support available to patients. We saw evidence of services responding to patients religious and spiritual needs including any specific dietary requirements.

Chefs and housekeepers attended patient community meetings to gain feedback directly from patients.

Where required, adjustments had been made to meet the needs' of patients with limited mobility such as assisted bathrooms and lift access to wards with stair access.

**Listening to and learning from concerns and complaints**

Patients were aware of how to make a complaint or provide feedback about the ward they were staying on. Each ward held regular community meetings with patients where concerns, compliments and complaints could be raised. Minutes of the meetings were available for patients to refer to. Most of the wards had, 'you said-we did' boards displayed which recorded any concerns raised informally and any action taken by the ward in response.

Posters were displayed on the wards to inform patients about the complaints process and the role of advocacy. In addition, patient information packs also contained information about how complaints could be raised internally or to external organisations.

The hospital had a complaints policy and procedure in place. Staff were aware of the policy and their role regarding dealing with or escalating complaints.

The hospital had received 67 complaints over the previous 12 months. 19 of these had been upheld. Aspen and Maple wards received the lowest number of complaints with four each. Pankhurst received the highest number with 13. These numbers are within accepted parameters when compared to similar services. No complaints had been referred to the Ombudsman. This indicates they were resolved to the complainant's satisfaction at location level. We reviewed a sample of complaints the hospital had received. These were all responded to and investigated within the time scales set out in the hospitals complaints policy.

All complaints or compliments a ward received were discussed locally at the ward team meetings. The ward managers analysed all complaints to identify any trends or themes. Complaints and compliments were also a standing agenda item at the monthly hospital governance group meeting. This meant that any themes or trends could be analysed across all the wards within the hospital. The hospital had received a number of complaints in November 2014 from patients on Woodlands ward related to negative staff attitudes. In response to this, the hospital had arranged for an independent psychologist to undertake a naturalistic study on the ward. Other than the ward manager, staff on the ward were not made aware of the study. The psychologist 'posed' as a trainee psychologist on the ward. The outcome of the study concluded there was no significant evidence to suggest the reasons for the complaints were commonplace on the ward. However, it also identified areas of learning around the use of language for staff aimed at improving their interactions with patients and increased support for staff managing the complex and challenging behaviours patients present with on the ward. This resulted in staff receiving increased supervision and support from a psychologist. This example demonstrates the hospital effectively analyses complaints and implements actions to drive improvements.

Good

# Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary of findings

## Our findings

**Vision and values**

The provider's visions and strategies for the services were evident and staff understood the vision and direction of the organisation. Staff were able to tell us about specific initiatives such as the seven Cs which included the principles of care, compassion, commitment, communication, courage, consistency and competence that the organisation had compiled.

Staff felt valued and supported by the management and their peers.

Staff also spoke of a project regarding a listening group which they valued. They felt the senior management team was approachable and they had no concerns in speaking to any of them if they had any concerns.

**Good governance**

The hospital director was accountable and responsible for the running of the hospital with the support of the hospital board. There was an effective embedded governance structure in place which was based upon a quality improvement agenda. A range of committees and groups fed directly into the overarching hospital governance board. These included local governance groups, a safeguarding forum, CAMHS quality monitoring group, medication management group, risk management group and an assurance committee. Senior managers within the hospital had identified responsibilities for each quality agenda item.

Issues raised from the wards were escalated to the board through these structures. Ward managers had the authority and autonomy to escalate risks onto the hospital risk register. There were good systems in place to disseminate lessons' learnt, audit results and policy up-dates for instance across the hospital through a clinical risk bulletin which was sent to all staff.

The hospital conducted 10 audits on an annual basis. The audit programme was developed each year by clinical staff and agreed by the hospital governance group. The audits were then ratified at the directorate wide governance meeting. The audit programme for 2014 included infection control, the Mental Health Act and Mental Capacity Act, use of restraints, AWOLs, safeguarding, risk assessments, care plans, care programme approach, observations, preventing suicide, clinical supervision and ligature and environmental audits. The outcome for the audits was fed back to the board through the hospital governance group. Where audits identified areas which required improving, an action plan was developed to improve standards. All the action plans were RAG rated and had clear interventions identified to ensure the necessary improvements were made. However, we found that some of the plans did not always identify specific time periods for completion although they did record when specific actions had been completed. At ward level, the ward managers discussed the outcome of audits and action plans at their local team meetings.

The hospital had identified staff improvement objectives for 2014 which had been developed from the results of the staff survey. We saw evidence which demonstrated that progress had been made in meeting these objectives. The hospital had also developed three local quality improvement objectives for 2014 in addition to the hospital group strategic objectives which were;

• to improve communication on an individual level with the patient to help improve and focus the provision of services;

• the effective use of outcome data to improve care and service delivery;

• improving care and outcomes for patients who self harm.

Senior managers within the hospital carried out 10 quality 'walk arounds' per week on each ward. A structured template was used based on the '15 steps challenge'

Good

# Are services well-led?

model. Feedback was provided to the ward managers following each visit. However, the template did not always identify the action taken in response to any issues identified.

The divisional director of quality for the hospital submitted an annual report to the national provider of the hospital which includes compliance against targets, staffing and current risks which require escalating to this level. This meant that the national provider had oversight of the issues affecting the hospital at local level.

Compliance with mandatory training, appraisals and supervision was good across the wards.

**Leadership, morale and staff engagement**

Staff morale across the hospital was very good and teams were proud of their work. They felt supported by their immediate line manager and senior managers who were all based within the hospital. Staff told us the senior managers had an, 'open door' policy and they were able to contact them in person without restriction.

The hospital had analysed the staff survey results and taken action to address themes which had emerged. Progress was being monitored through the governance structure.

Staff we spoke to were aware of the providers whistleblowing process. All of the staff we spoke to stated they would be confident raising an issue and did not fear they would be victimised if they did.

The wards were well-led locally. The culture on the wards was open with a commitment to continuous improvement. Staff could make suggestions regarding service development. On Willows PICU, staff were leading work focussed on redesigning the referral process and documentation to create a more efficient care pathway.

Staff were aware of the provider's, 'Listening in Action' project.

The hospital group had a leadership training programme for qualified staff and had supported 20 support workers to access nurse training on secondment.

Staff sickness rates across the hospital were low in comparison to similar service at between 2.6%- 5.4%.

**Commitment to quality improvement and innovation**

Both Cedar and Aspen ward complied with the guidance provided by the royal college of psychiatrists on the management of really sick patients with anorexia nervosa (MARSIPAN) and was accredited as part of the College's Quality Network for Eating Disorders.

The CAMHS service also participated in the Royal College of Psychiatrists Quality Network for Inpatient CAMHS. The networks provide external peer review and support to service providers to drive improvement.

Maple and Alder wards were adopting the Star Wards initiative which is a nationally recognised initiative aimed at improving patients' experiences through the implementation of a range of recreational and therapeutic activities.

Woodlands ward had developed, 'the safe intervention for ligaturing assessment score' (SILAS) following analysis of the unit's intervention techniques in the management of young patients who used ligatures to self harm. This approach considers three domains; the monitoring of the physical health of the young person, engagement and co-operation to ensure physical safety of the staff team and to empower responsibility of the young person and time limits to give support whilst encouraging the young person to regain control for themselves. Staff told us they were presenting their experiences of implementing SILAS and outcome measures at a national conference the week after our visit.