Ballington House

Quality Report

Ballington Gardens
Leek
Staffordshire
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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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated Ballington House as good because:

- Patients told us that they felt safe. The hospital planned and responded to individual risks well through good risk assessment and management. All staff had individual radios and the system for responding was effective.
- Staff were aware of how to report incidents. Staff produced incident reports and learning from these incidents discussed at staff meetings. Psychology facilitated incident analyses and shared findings with staff. This helped staff look at how they might improve their practice and manage patients effectively following incidents.
- The hospital had good medicines management procedures for recording, dispensing and storing of medication. There were regular audits for medication reconciliation and where possible, patients administered their own medication safely under staff supervision.
- All of the care plans we reviewed were thorough, recovery focussed and included a discharge plan with clear aims. Patients had access to psychological therapies and National Institute for Health and Care Excellence guidance was informing care planning.
- Staff carried out a range of clinical audits to monitor the effectiveness of the service provided. For example, care planning, risk management, medicines and health & safety.
- External stakeholders and carers we spoke to said they were happy with the care provided and felt the service communicated effectively with them and included them where possible in the care planning process.
- All discharges and transfers were discussed in the multi-disciplinary team meeting and were managed in a planned and co-ordinated way.
- The facilities were set up in a homely way encouraging, promoting and focusing on rehabilitation for patients. Patients living in the apartments had a kitchen and were encouraged to cook daily.
- Staff morale was good. There was a strong sense that staff felt supported by the management team. There was an open and transparent culture, staff said they could confidently raise concerns and were sure they would be responded to appropriately.

However:

- There were blanket restrictions on the unit including access to the gardens and the conservatory.
- The available displayed information did not demonstrate what safeguarding was and how to report abuse. Information displayed was not patient friendly.
- The hospital did not have a good understanding of what medication given to patients was regarded as rapid tranquilisation.
- In records we looked at there was no evidence of the Approved Mental Health Professional reports completed at the point of detention.

Summary of findings

Contents

Summary of this inspection

Page

Background to Ballington House 5

Our inspection team 5

Why we carried out this inspection 5

How we carried out this inspection 5

What people who use the service say 6

The five questions we ask about services and what we found 7

Detailed findings from this inspection

Mental Health Act responsibilities 11

Mental Capacity Act and Deprivation of Liberty Safeguards 11

Outstanding practice 23

Areas for improvement 23

Good

Ballington House

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

Summary of this inspection

Background to Ballington House

Ballington House is located in Leek, Staffordshire. It is an independent hospital providing 10 mental health rehabilitation beds for women aged 18 and over with complex mental health needs. Patients admitted to this service have a primary diagnosis of mental illness and co-morbid conditions including, learning disability, personality disorder and substance misuse disorder and may have been detained under the Mental Health Act.

The service benefits from a multi-disciplinary team of support workers, mental health and learning disabilities nurses, psychologists, occupational therapists and a psychiatrist. The team supports those who require intensive locked rehabilitation in a hospital environment. The unit has a combination of self-contained apartments and studio apartments. Patients have their own kitchen, lounge, and en suite bedrooms.

The hospital is registered with the Care Quality Commission (CQC). The registered provider for Ballington House is Acorn Care Limited, which is part of the Lighthouse group.

The hospital had a nominated individual and a registered manager. It also had an accountable controlled drug officer.

Regulated Activities:

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

Ballington hospital was last inspected on 30 September 2014. The service was found to be compliant alongside five outcomes.

Our inspection team

Team leader: Lydia Marimo

The team that inspected the service comprised two CQC inspectors, a Mental Health Act reviewer and a specialist advisor who was a psychologist.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the hospital site and looked at the quality of the environment and observed how staff were caring for patients;
- spoke with three patients who were using the service;
- spoke with seven carers;

Summary of this inspection

- spoke with six external stakeholders including a social worker, continuing healthcare coordinator, community mental health nurses and a commissioner;
- spoke with registered manager for the hospital;
- spoke with 11 other staff members; including doctors, nurses, nursing assistants, occupational therapist, occupational therapist assistant, domestic assistant, training and development officer, psychologist and the psychiatrist;
- observed an oral hygiene session;
- looked at five care records of patients;
- looked at six supervision records and staff files
- carried out a mental health act review
- carried out a specific check of the medication management;
- 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 they felt safe. They told us that staff would support them on escorted leave and planned activities were rarely cancelled. Patients told us that they were able to access advocacy services when needed and were able to make changes to their care and treatment. They told us that staff were polite and treated them with respect and dignity. Patients said they were encouraged to make their own choices. Patients discussed any changes with the multidisciplinary team after an incident. They were able to see a wide range of professionals depending on their needs. They felt they would be able to raise concerns should they have one and were confident that staff would listen to them.

Feedback from carers was mostly positive; they told us they were involved in their relatives care with one carer talking about staffs' emphasis on personalised care. Carers said that staff were fantastic, caring, kind, and pleasant. They were generally happy with the treatment and felt that their relatives were safe. Carers told us they felt warmly welcomed when they visited.

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?

Good

We rated safe as good because:

- The hospital was clean and well maintained. Staff followed infection control processes. They assessed environmental risks and adequately mitigated these through action planning.
- The hospital had a fully equipped clinic room. Staff checked and recorded the fridge temperatures in line with guidance.
- All staff had individual radios and the system for responding was effective. The hospital planned and responded to individual risks well, through good risk assessment and management.
- Staff were aware of how to report incidents. Staff produced incident reports and learning from these incidents discussed at staff meetings. Psychology facilitated incident analyses and shared findings with staff. This helped staff look at how they might improve their practice and manage patients effectively following incidents.
- The hospital had good medicines management procedures for recording, dispensing and storing of medication. There were regular audits for medication reconciliation and where possible, patients administered their own medication safely, under staff supervision.
- All staff told us they rarely cancelled escorted leave and planned activity times. Patients confirmed this was the case.

However:

- There were blanket restrictions on the unit including access to the gardens and the conservatory.
- The hospital did not have a good understanding of what medication given to patients was regarded as rapid tranquillisation.
- There was a high turnover of staff meaning patients at times saw different staff members.

Are services effective?

Good

We rated effective as good because:

- All of the care plans we reviewed were thorough, recovery focussed and included a discharge plan with clear aims. There was evidence that patients were offered a copy of their care plan and this was documented in their care records.

Summary of this inspection

- Patients had access to psychological therapies and National Institute for Health and Care Excellence guidance was informing care planning.
- Patients were registered with local GP practices and had access to physical healthcare needs.
- Care plans had detailed evidence of physical health needs being considered, this included supporting patients to attend their dentists or specialist appointments.
- The hospital used a nationally recognised recovery tool in assisting and monitoring recovery outcomes.
- Staff had received Mental Health Act, Mental Capacity Act and Deprivation of liberty training. Staff knew how to contact the Mental Health Act administrator for advice when needed.
- The team had experienced and appropriately qualified staff. They had regular and effective multidisciplinary team meetings that involved all different professionals within the hospital.
- Staff carried out a range of clinical audits to monitor the effectiveness of the service provided. For example, care planning, risk management, medicines and health & safety.

However:

- In records we looked at there was no evidence of the Approved Mental Health Professional reports completed at the point of detention.
- There was no governance structure or monitoring in place for supervision of the senior psychologist or senior occupational therapist.

Are services caring?

Good

We rated caring as good because:

- We saw staff interacting with patients in a relaxed, kind and respectful way. Staff showed positive engagement and willingness to support patients
- Staff involved patients in their clinical reviews and care planning. They encouraged and promoted carer involvement
- Patients told us that they were able to access advocacy services when needed.
- Staff encouraged patients to develop and maintain independence. For example, patients were encouraged to self-administer their medicines and patients were encouraged to cook their own meals daily.
- Carers and external stakeholders we spoke to said they were happy with the care provided and felt the service communicated effectively with them and included them where possible in the care planning process.

Summary of this inspection

- Patients were involved in interviewing and recruitment of new staff.

Are services responsive?

Good

We rated responsive to people's needs as good because:

- The multi-disciplinary team meeting discussed all discharges and transfers. The meetings were managed in a planned and co-ordinated way.
- The facilities were set up in a homely way encouraging, promoting and focusing on rehabilitation for patients.
- Patients had access to a rehabilitation kitchen where they could cook their own meals and this was encouraged. Patients living in the apartments had a kitchen and did their own cooking.
- The hospital had information leaflets in English. Staff told us that leaflets in other languages and interpreter services could be made available when needed. Staff gave patients relevant information that was useful to them such as treatment guidelines, conditions and advocacy service.
- There was hospital transport in the form of a seven-seater vehicle. Staff had access to taxis when needed.

However:

- The available displayed information did not demonstrate what safeguarding was and how to report abuse. Information displayed was not patient friendly.

Are services well-led?

Good

We rated well-led as good because:

- The management team were visible to patients and staff and developed a culture focussed on safe high quality care.
- All staff knew who senior managers in the service were and were able to name them. Staff reported that members of the providers' senior management team had visited the service recently.
- Staff morale was good. Staff felt able to do their job, and there was a strong sense that staff felt supported by the management team. Staff told us that managers listened to them. They felt engaged and able to provide input into changes in the service.
- All staff said they felt able to raise concerns without fear of victimisation and were aware of the providers' whistleblowing policy. There was an open and transparent culture, staff said they could confidently raise concerns and were sure they would be responded to appropriately.

Summary of this inspection

- At the time of our inspection, there were no grievance procedures being pursued within the team and there were no allegations of bullying or harassment.
- Staff learnt from incidents, complaints and patient feedback through regular team meetings

Detailed findings from this inspection

Mental Health Act responsibilities

During this inspection, we carried out a specific Mental Health Act (MHA) monitoring visit. We reviewed policies around how staff should apply MHA in practice. We noted that the providers overarching policy was reviewed updated in line with MHA policies and procedures to reflect the revised MHA code of practice. Training records indicated that 96% of staff had received training in MHA this included updates to the MHA Code of Practice. Staff showed a good understanding of the MHA and the Code of Practice. There were 10 patients detained under the 'Act', there was one patient on overnight leave on the day we visited.

The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the MHA and the Code of Practice.

Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.

Information on the rights of people who were detained was displayed and independent mental health advocacy services were readily available to support people. Staff were aware of how to access and support people to engage with the independent mental health advocate when needed.

In three sets of care records reviewed, we saw that the explanation of rights was routinely conducted and audited regularly. This ensured that patients understood their legal position and rights in respect of the MHA. Patients we spoke with confirmed that their rights under the MHA had been explained to them. However, where a patient required an easy read leaflet, the leaflet omitted key information regarding how to appeal, complaints, nearest relative rights and advocacy.

Staff knew how to contact the MHA administrator for advice when needed. Audits were carried out twice a year to check that the MHA was being applied correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training records showed that 96% of staff had received training in the Mental Capacity Act (MCA). Staff demonstrated a fair understanding of MCA and could apply the five statutory principles.

Patients' capacity to consent was recorded.

Staff understood and where appropriate worked within the MCA definition of restraint.

Staff were aware of the policy on MCA and Deprivation of Liberty Safeguards (DoLS) and knew the lead person to contact about MCA to get advice.

No patients were on Deprivation of Liberty Safeguards. The hospital had not made any DoLS applications in the last three years.

There were arrangements in place to monitor adherence to the MCA.

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

- The hospital was an adapted old building with four floors. There was a basement with management offices, meeting rooms and a staff kitchen. The ground, first and second floors had double self-contained apartments and studio apartments. Staff assessed the appropriate levels of observation and effectively observed patients within their respective apartments.
- The hospital completed a ligature risk assessment that identified a number of environmental risks such as bathroom and kitchen taps, bathroom handrails, window latches and communal area bannisters. This was reviewed annually and the last review was in November 2015. All Patients had individual ligature risk assessments in order to manage the risks. Staff demonstrated an awareness of potential ligature points within the building and how they managed these (a ligature point is anything that a person could use to attach a cord, rope or other material for the purpose of hanging or strangulation). However, the ligature risk assessments for risks in the communal areas on the bannisters of the staircase had no action plan for identified risks. We discussed this with the manager and they immediately addressed the risks identified in the risk assessment.
- Staff were trained in the use of ligature cutters and knew where they were kept. Ligature cutters were kept in the main staff office and on the first floor in the room next to the clinic room where all staff had easy access to when required
- The hospital provided care for female patients only.
- The clinic room was clean and well equipped with equipment such as weighing scales, blood monitoring machines and blood pressure machines. All emergency equipment such as automated external defibrillators and oxygen cylinder were in a room next to the clinic where all staff had access. Staff checked equipment regularly to ensure it was in good working order, so that it could be used in an emergency.
- The hospital replaced all its small equipment such as blood monitoring machines and blood pressure machines annually and had visible dates of last replacement. However, we did not see the replacement date for the weighting scales or any records of when they were last checked.
- There were no seclusion facilities on site.
- The unit was clean with well-maintained decor and furnishings. The hospital had a housekeeper in place that worked weekdays from 830am -12pm. Evenings and weekends patients and staff ensured that the communal areas remained tidy and clean. We reviewed cleaning schedules from January 2016 until the day of the inspection and were completed and up to date.
- Staff practised good infection control procedures and hand hygiene to protect patients and staff against the risks of infection. Staff carried out quarterly audits of cleanliness and infection. Where areas of improvement had been identified, action plans were completed and followed up.

- Staff carried out environmental risk assessments in areas such as health and safety, fire safety, control of substances hazardous to health (COSHH), electrical and safety equipment, infection control and prevention. These were carried out at different periods of two monthly, three monthly and yearly.
- All staff had personal radios with alarms and nurse call systems were fitted throughout the hospital. We observed the alarms being used and staff responded promptly and appropriately.

Safe staffing

- At the time of our inspection, there were four registered nurses and 20 health care support workers (HCSW). There was one vacancy each for a registered nurse and a HCSW.
- Rotas and records showed that staffing levels were good. The manager used the providers staffing tool to estimate the number and grade of nurses and HCSWs on shifts. Daytime staffing levels consisted of two registered nurses and four HCSWs. The manager and her deputy were based on site during weekdays. Staff told us the managers offered support on the unit if needed. In addition to the nursing staff, the team had an occupational therapy assistant during the day to support the patients with activities. At night, there was one registered nurse and four HCSWs.
- The sickness rate in the last 12 month period from March 2015 to April 2016 was 3%. The manager worked with the human resources to support staff and review individual sickness records.
- The staff turnover rate in the 12 month period from May 2015 to April 2016 was 68%. The manager reported that this staff turnover had been high due to HCSW staff moving on mainly onto further their education. We reviewed two exit interviews of staff that included leaving for personal reasons to be a main carer and career progressions. Both had requested to remain on the organisations bank system. There had been 17 leavers in the last year however the hospital had employed 25 staff including nurses in this time
- There were 105 shifts filled by bank and agency staff in the last three months, February 2015 to May 2016. The manager told us that they only used agency staff that were familiar with the hospital. Only two regular agency staff had been used on a regular basis.
- Staff and patients told us staffing levels were rarely below the required numbers. Two patients reported that they saw different staff members some for only two weeks. However, patients told us that their leave or activities were never cancelled. We saw records that showed patients' leave and activities were monitored and were rarely cancelled.
- We observed that staff were present in communal areas and apartments on all floors interacting with patients. Staff and patients confirmed that staff were always present in communal areas. However, one patient commented that some staff did not always interact with them but at times watched the television instead.
- The hospital had enough staff available so that patients could have regular one-to-one time with their named nurse. There were enough staff to safely carry out physical interventions.
- Staff told us they could access medical input during the day. There was one doctor on site twice a week 9am to 5pm. Out of hours a doctor on call system was available from the organisation's out of hour's rota. Staff confirmed that the doctor could be onsite within an hour if required.
- Records showed that the average rate for completed staff mandatory training at the time of the inspection was 97%.

Assessing and managing risk to patients and staff

- The provider used MAYBO conflict management training for physical intervention and de-escalation techniques. All staff had training in physical intervention training MAYBO. Staff told us the training focused on de-escalation techniques to ensure that restraint was only used as a last resort after all techniques had failed. Staff were aware of the techniques required. We saw evidence in their incident logs that all other methods used were recorded before restraint could be used. There were 31 episodes of restraint that involved eight patients in the last six months from December 2015 to May 2016. There were no recorded 'face down' prone restraints. Staff and the manager told us that the majority of restraint used were when patients self-harmed. Staff completed an incident report following each incident and deputy manager audited the information.
- We looked at five care records of patients. Each patient had a risk assessment and an up to date risk management plan completed on admission, which identified how staff were to support them. All records reviewed had a positive behaviour support plan that

was part of the risk management plan. The unit had a clear focus on assessing and managing risk this was updated regularly following any changes in the patients' wellbeing, risk incidents and patient reviews at ward round. The hospital used the Functional Analysis of Care Environments (FACE) risk assessment tool, which followed the process of Care Programme Approach and Health of the Nation Outcome Scales (HONOS). Staff were trained in using these risk assessment tools.

- The hospital had blanket restrictions on patients. Patients had no free access to the garden areas and the conservatory. Both doors were always locked and patients had to ask staff to unlock the doors for access. We could not see this evidenced in care plans.
- The unit had policies and procedures for use of observations to manage risk to patients and staff. These were followed by staff and clearly documented in patients' records. Routine searches of patients did not take place. Patient searches were carried out based on individual risk assessment and discussion within ward rounds and the Multi-disciplinary (MDT) meeting.
- There was a signing in system for visitors entering and leaving. The reception area displayed a list of restricted items that visitors and patients could not take into unit areas. The restricted list included drugs, medication, alcohol, lighters, razors, scissors and sharp objects, chewing gum, aerosols and mobile phones.
- Following an incident or restraint staff used 'as required' PRN medication to calm patients down in line with the National Institute for Health and Care Excellence (NICE) guidance. Each patient had detailed medical and nursing guidelines for staff to follow when PRN was used. There were 35 episodes of PRN used to calm patients following either an incident or restraint between January 2016 - March 2016. Staff monitored and recorded observation levels, physical observations and any risks in line with rapid tranquillisation in accordance with NICE guidance and MHA Code of practice. Although the hospital demonstrated good practice around the administration and monitoring of rapid tranquillisation, this was not recorded as rapid tranquillisation. Staff were not aware what rapid tranquillisation was. The hospital had told us that they did not use rapid tranquillisation; the providers' policy in place was not detailed enough.
- There was no use of seclusion on site.
- Training records showed that 96% of staff had received safeguarding training at the time of inspection. Staff demonstrated a good understanding of how to identify and report any abuse. However, information on safeguarding was not readily available to inform patients, relatives and staff on how to report abuse.
- Staff knew the designated lead for safeguarding who was available to provide support and guidance. Safeguarding issues were shared with the staff team in handover meetings. Patients told us that they felt safe on the unit.
- The hospital had appropriate arrangements for the management of medicines. The clinic room fridge for the storage of medication was clean. The fridge temperatures were checked daily this was checked, complete, and up to date. Controlled medicines were kept in separate locked cupboards and records accurately maintained. Two registered nurses checked and administered controlled medication on every occasion. We found good links between Ballington House and the local pharmacy. Nursing staff checked medication once a week to ensure that they had enough stocks and would order any medication required before it ran out. If any discrepancies were found, an incident report was recorded and reported to the manager. The pharmacy carried out six monthly audits.
- Medicines management was individually assessed for all patients and agreed in discussion with patients at weekly MDT reviews and ward rounds. We saw that the hospital encouraged self-administering of medication. We saw one patient self-medicating and there was a policy to support this. Patients were individually risk assessed and would go through different stages until they could independently self-administer. We observed four patients given medication. A review of individual medicine management took place following changes in the patient's well being and evidence of this was available in care records.
- All visits from children were risk assessed taking into account any child protection issues. Visitors could go to the patients' apartments and make use of the conservatory. Where children were visiting a patient, staff will be present during the visit.

Track record on safety

- There had been no serious incidents in the 12 months prior to our visit.

Reporting incidents and learning from when things go wrong

Long stay/rehabilitation mental health wards for working age adults

Good

- The unit had an effective way of recording incidents. Records showed that incidents were being reported. Staff were able to describe what should be reported. We reviewed incident forms that had been completed and saw what actions and recommendations had been made. The main theme from incidents was self-harming.
- Psychologists were analysing every incident, patterns and trends were discussed in MDT meetings.
- Staff were aware of duty of candour. The manager was open and transparent and explained the outcomes of incidents to patients, their families and commissioners. Staff recorded any discussions with patients, families and commissioners concerning incidents. Patients told us that they discussed any changes and actions with the multidisciplinary team after an incident.
- Minutes of the clinical governance meeting showed the review of significant events was a standard agenda item. Staff members told us that learning was discussed in the team meetings. Those who were not able to attend minutes were circulated.
- Staff were offered debrief and support after incidents including support from psychology. This was documented in the incident records. Patients received debriefing following an incident and staff recorded this in the patient's care notes.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We looked at five care records and all contained a comprehensive assessment that had been completed when patients were admitted. These covered all aspects of care such physical, mental, social and financial needs as part of a holistic assessment.
- Care records showed that all patients had received a physical examination on admission and there was evidence of ongoing physical health monitoring. The hospital worked closely with two local medical practices to support patients with their ongoing physical health needs. Patients attended appointments at the practices.
- All of the care plans we looked at were highly individualised. These plans included my shared pathway highlighting views of each patient, often in their own words. The care plans were reviewed regularly on a monthly basis and focused on recovery goals. Positive behavioural support plans matched the risks identified in the assessment. All care plans incorporated a discharge plan with clear aims.
- The hospital managed care records appropriately using electronic systems. All staff could access the records when required. However, the system was slow due to the rural location not receiving fast broadband. We observed this on the day of our inspection. Management were aware of this and were addressing this problem.

Best practice in treatment and care

- The doctor had access to information from National Institute for Health and Care Excellence (NICE) guidance updates that was shared with the clinical team. We saw information on patients' medicines based on NICE guidance, which included information on drug interactions, dosages, contra-indications, side effects, and health checks required. Patients prescribed lithium and clozapine had regular blood tests
- Patients had access to psychological therapies as part of their treatment as individuals or group therapy. For example, group therapies such as mindfulness, social and cognitive skills were facilitated. Individual therapies including coping skills, dialectical behaviour therapy, cognitive behavioural therapy, motivation interviewing and eye movement desensitization and reprocessing were also offered. The hospital had one part time psychologist and two part time assistant psychologists as part of their team.
- The hospital maintained close links with two local general practitioner (GP) surgeries to monitor physical health needs of patients and ensured physical health care plans were kept up to date. Annual health checks and regular physical health checks were carried out to enable earlier detection of any illnesses. The team encouraged the patients to attend the GP for blood tests and ongoing physical health monitoring. The occupational therapy team ran a breakfast and personal group that promoted healthy eating. Patients were also encouraged to participate in physical exercise by participating in the fitness walking group. Patients had access to specialists such as dentists, chiropodist,

diabetic team, dietician and district nurses. Staff could also refer them to other specialists when required. We saw good examples of a neurologist working with staff on supporting a patient with epilepsy and a diabetic nurse visited weekly to support patients with diabetes.

- Health of the Nation Outcome Scales (HONOS) was used as a clinical outcome measure. The occupational therapist used the Vona du Toit Model of Creative Ability to monitor progress and recovery. This measure focused on improving function, motivation and independence. Staff monitored progress regularly in care records and recorded data on progress towards agreed goals in each patients' notes.
- Staff carried out a range of clinical audits to monitor the effectiveness of the service provided. The manager showed us records that included security and safety, medication management, infection control and handover audits. Where staff identified areas of improvement, action plans were completed and followed up. The hospital used the findings to identify and address changes needed to improve outcomes for patients.

Skilled staff to deliver care

- The team had experienced and appropriately qualified staff. The multi-disciplinary team consisted of a consultant psychiatrist, a psychologist, two assistant psychologists, two occupational therapists, registered mental health nurses, registered learning disability nurses and HCSWs. We saw evidence of a multi-disciplinary approach to the review of new referrals to the service to ensure that patients' needs were met.
- Records reviewed demonstrated that managers provided staff with training relevant to their role. Staff were trained in clinical risk management, equality & diversity, anti-ligature, epilepsy awareness, diabetes, personality disorder, collaborative risk assessment, positive behaviour support and life star. The manager discussed opportunities for relevant training with staff .We saw evidence of sessions planned for rehabilitation pathway, relational security, therapeutic relationships and boundaries and suicide documentation.
- New staff and bank staff had a two-week period of induction, which involved shadowing experienced staff before they were included in staff numbers. During that period, HCSWs received training that covered the standards of care certificate. We spoke to a HCSW who had just completed their induction and they confirmed they had received the support to perform their duties.
- All staff had regular supervision in line with the company policy. However, there was no governance structure or monitoring in place for supervision of senior psychologist or senior occupational therapist. The team held team meetings every two months and these were recorded. Staff appraisal rate in the last 12 months from April 2015 to May 2016 was 90%.
- There were no staff performance issues identified at the time of the inspection. The manager was aware of the hospitals policy in addressing this and could get support from Human Resources team.

Multi-disciplinary and inter-agency team work

- Regular and effective multi-disciplinary team meetings took place. These meetings involved all different professionals within the hospital. We looked at records that showed discussions held addressed the identified needs of the patients.
- The hospital had effective handovers. We looked at handover information and found that they included feedback from review meetings, any changes in care plans, patients' physical health, mental state, risks, observations and incidents.
- The housekeeper was involved in relevant aspects of the hospital's meetings and training, for example, morning handover, safeguarding and MAYBO conflict management training.
- Ballington House had good working relationships with the external organisations. Care managers, community psychiatric nurses and social workers worked in partnership with the hospital to gather information about risks, clinical needs and discharge planning. We spoke to six external professionals they gave positive feedback in relation to the service involving them in decisions made about patients care and communicating effectively informing them of any meetings being held at the hospital. They worked together to review the risk assessments and crisis plans within the care programme approach process and facilitated safe discharge. They had effective partnership working with GPs, hospitals, local community facilities, local authorities, police and health commissioners.

Long stay/rehabilitation mental health wards for working age adults

Good

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- Training records indicated that at the time of inspection 96% of staff had received training in MHA. Staff showed a good understanding of the MHA and the MHA Code of Practice. We reviewed policies around how staff should apply MHA in practice. We noted that the providers overarching policy was reviewed updated in line with MHA policies and procedures to reflect the revised MHA code of practice. There were 10 patients detained under the MHA. During this inspection, we carried out a specific Mental Health Act monitoring visit.
- The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the MHA and the Code of Practice. The legal paperwork met the requirements for detention under the MHA. However, in the files we reviewed, we were unable to locate the Approved Mental Health Professional (AMHP) reports. It was not clear how the service carried out scrutiny of medical recommendations.
- Consent to treatment and capacity forms were appropriately completed and attached to the prescription charts of all detained patients. Consent to treatment was obtained from patients in line with MHA requirements and was documented on the T2 forms accompanying prescription charts. T2 authorisations are completed by the responsible clinician for patients who have capacity and agree to take medication. We saw that three T3 forms had been completed for patients who lacked the capacity to consent to continued treatment under the MHA and were kept in care records and with prescription charts. A T3 is provided by a second opinion appointed doctor (SOAD) when a person who lacks the capacity to consent to medication remains on medication after the first three months of detention. It is also used when a person who has capacity does not agree to take medication after the first three months. Where there were concerns that patients may not have capacity to consent to treatment a SOAD had been consulted and attended the hospital to discuss the patients care and treatment.
- Patients were aware of the section they were detained on and their rights. Furthermore, we saw patients were provided with an explanation of their rights on a regular basis and their level of understanding was recorded. However, where a patient required an easy read leaflet on patient rights, the leaflet omitted key information regarding how to appeal, complaints, nearest relative rights and advocacy.
- Information on the rights of people who were detained was displayed and independent mental health advocacy services were readily available to support patients. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed.
- Asist provided the Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) to the hospital. We saw posters and leaflets promoting the advocacy service in the staff and patient areas. Referrals to the advocacy are made by staff or patients could self-refer. Patients we spoke to were aware of the advocacy service.
- Staff knew how to contact the MHA administrator for advice when needed. Audits were carried out twice a year to check that the MHA was being applied correctly.

Good practice in applying the Mental Capacity Act (MCA)

- Training records indicated that at the time of inspection 96% of staff had received training in the MCA. Staff demonstrated an understanding of MCA and could apply the five statutory principles.
- The hospital had not made any Deprivation of Liberty Safeguards (DoLS) applications in the last three years.
- Patients' capacity to consent was recorded. These were done on a decision specific basis concerning significant decisions
- Patients were supported to make decisions where appropriate. When patients lacked the capacity, decisions were made in their best interest, recognising the importance of their wishes, feelings, culture and history.
- Staff understood and where appropriate worked within the MCA definition of restraint.
- Staff were aware of the policy on MCA and DoLS and knew how to contact the Mental Health Act administrator for advice when needed.
- There were arrangements in place to monitor adherence to the MCA.

Long stay/rehabilitation mental health wards for working age adults

Good

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

Good

Kindness, dignity, respect and support

- Staff interacted with patients in a relaxed, kind and respectful way. Staff showed positive engagement and willingness to support patients. It was clear from our interviews with staff that they knew and understood the individual needs of their patients.
- We saw staff were friendly towards patients and engaged with them in all of the areas of the hospital. Some patients were complimentary about the support they received from the staff and felt staff provided the help they needed. However, one patient commented that some staff did not interact with patients in meaningful activity and just concentrated on watching the television.
- The majority of family carers we spoke with were positive about the approach of staff stating that patients felt relaxed with them. They felt their relatives were safe. One carer highlighted this was the best unit compared to previous placements. Care was personalised and a clear discharge plan had been given.
- We observed an oral hygiene facilitated by the occupational therapy assistant. Two patients attended, all patients were encouraged to attend. We saw that staff treated patients with dignity and respect and provided practical and emotional support. The interactions we observed demonstrated that staff had developed a good rapport with patients and understood their individual needs.
- Stakeholder feedback including representatives from community teams and commissioners was mostly positive. Stakeholders reported that the environment was clean and safe and that staff were responsive and open to communication.
- Staff from all disciplines were patient focussed including housekeeping staff who were invited to attend morning handovers and training where appropriate.

The involvement of people in the care they receive

- Patients confirmed that staff had shown them around the hospital on admission and introduced them to staff and others. Ballington House gave patients and relatives the opportunity to visit before an admission was agreed. However, one patient reported that they had been moved to Ballington House without any explanation on where they were going or any prior visits made.
- Our observation of practice, review of records and discussions with patients confirmed that patients were actively involved in their clinical reviews, care planning and risk assessments and were encouraged to express their views. Patients told us that they were encouraged to express their views. Patients told us that they were able to make changes to their care and treatment. Staff gave patients copies of their care plans if they wished.
- Staff encouraged patients to maintain and develop independence. For example, patients were encouraged to self-administer their medicines. Patients could make decisions on where and when they would like to go on leave. Patients were encouraged to make their own hot drinks and cook their own meals daily. Staff would support patients with their weekly food shopping. 87% of staff had received food hygiene training. Patients carried out their own laundry. As well as meaningful outcomes such as employment.
- Patients were encouraged to clean their apartments, this was individually care planned with staff assistance highlighting where and when required. We found a patient's bathroom that was dirty and grotty. We raised this with the management who assured that they had care planned the patients' responsibilities in relation to maintaining their living area clean. Staff assured that care plans reflected clearly, when staff would intervene and assist patients. The manager immediately addressed this. Their maintenance department concluded that this was down to the hard water that was dripping. An action plan was subsequently formulated for regular maintenance and staff to clean weekly.
- Asist advocacy services provided advice, support and advocacy services to the hospital. Staff knew how to access advocacy services for patients. Staff gave families, carers and patients leaflets that contained information about advocacy services. Patients told us that the advocate visited them once each week and attended the clinical review meetings.
- Staff encouraged patients' relatives and friends to be involved in care planning with the consent of patients.

Long stay/rehabilitation mental health wards for working age adults

Good

Family members' views were taken into account in care and treatment plans. Staff respected patient's choices in involving their family, where patients did not want their family involved this was clearly documented in their records.

- There were monthly patient community meetings where patients were able to raise any issues. Staff took minutes of these and the manager addressed any actions and fed back to patients in the next meeting.
- The manager and patients relatives and care coordinators told us they were five patients who had been involved the recruitment and interviewing of new staff. We saw evidence of this in staff meeting and community meeting minutes.
- Staff recorded patients' advance decisions in the care records where appropriate. These are decisions made by patients how they would like to be treated.

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

Good

Access and discharge

- The average bed occupancy was 100% over the last six months from September 2015 to March 2016. The hospital did not accept emergency or unplanned admissions.
- The majority of patients were out of area placements.
- Patients on leave could access their beds on return from section 17 leave. There was one patient on overnight leave on the day we visited.
- Ballington House worked closely with the care managers, commissioners and local authorities to ensure that patients who had been admitted were supported with their discharge plan. All patients had discharge plans in place that were discussed in their first care programme approach meeting since admission. Patients told us that they were aware of their discharge plans. Patients that were close to discharge knew where they were going and had visited their next placement. All discharges and transfers were discussed in the multi-disciplinary team meeting and were managed in a planned or co-ordinated way.
- Managers ensured that the right people were admitted to the hospital and discharged those assessed as inappropriate with the support of commissioners. If a patient required more intensive care that could no longer be safely managed within the hospital, the care manager and commissioners would be contacted to find a suitable placement.
- The average length of stay was approximately 18 months. One patient had been at the hospital for 30 months. At the time of our inspection, the hospital had one delayed discharge. The reason for the delay was the difficulty in finding a suitable bespoke placement for step down. The hospital manager told us they had future plans to extend their service and create a stepdown for patients.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a large conservatory that looked out over the garden was used for therapies and activities. These activities could be for individual patients or a group of patients. Equipment was available for art, music, or other activities. When not being used for activities patients could sit quietly, relax and watch TV. However, the conservatory was locked and patients had to ask staff for access. There was an occupational therapy kitchen. Patients had their own lounge and kitchen areas within their apartments.
- The independence of patients on was promoted. Patients were encouraged to prepare their own food either in their apartments or therapy kitchen.
- Patients had access to privacy if they wished to use the hospital phone and staff confirmed they would support them with this. Patients had mobile phones they could only use them in their apartments and not in the communal areas.
- Patients had access to the internet. The unit had a laptop that patients could use.
- There was access to well-maintained outdoor spaces equipped with benches. However, the door to the garden area was always locked and only opened by staff when patients requested to go out. Staff told us that patients could ask staff to open the door if they required access to the garden area.
- Patients were able to personalise their own bedrooms. Patients had their own televisions, radios, with posters, family pictures and other personal items. They could decorate the rooms to their own liking.

Long stay/rehabilitation mental health wards for working age adults

Good

- Each patient had an allocated locked cabinet where valuables could be secured. Patients had their own bedroom keys.
- There was a range of activities offered to patients. Each patient had an individual structured programme of activities. Patients were actively engaged in routine meaningful and purposeful activities that promoted their skills such as cooking, food shop, oral hygiene, laundry, budgeting, group fitness and voluntary employment.
- Patients also had leisure and recreational activities including at weekends and evenings such as, cinema, walking, dancing, needlecrafts, book club, DVDs, consoles and games were available. Patients told us that there was a variety of activities throughout the day and week. They were encouraged to make their own choices.

Meeting the needs of all people who use the service

- At the time of our inspection there were no patients requiring access to disabled facilities. The entrance to the building had adjustments for disabled access. There was one double apartment and a studio room downstairs all with ensuite facilities. These were suitable for patients with disabilities. There were no lift facilities.
- The hospital had information leaflets in English. Staff told us that leaflets in other languages could be made available when needed.
- Staff provided patients and their families with information leaflets, which were specific to the service. Staff displayed and gave patients relevant information that was useful to them such as treatment guidelines, conditions, advocacy, patient's rights, how to make complaints and how to contact the Care Quality Commission (CQC).
- Information about awareness and concerns on safeguarding was not clearly displayed on patient friendly posters around the hospital. There was a small sign with safeguarding details, address and telephone number not fully informing the patients. This meant visitors and patients would not know what constituted to safeguarding or what to report.
- Interpreting services were available when required. These were obtained from external services. At the time of inspection, one patients' carer received a service from an interpreter.
- Patients had access and were supported to attend faith centres to meet their spiritual needs within the local community. The hospital had contact details for representatives from different faiths.
- There were a number staff qualified to drive the hospital car and the manager told us that they usually had a driver on each shift. Staff could also access taxis to take patients on leave.

Listening to and learning from concerns and complaints

- The hospital received six formal complaints and from April 2015 to May 2016. Five of the complaints were upheld. We could see from records that these were satisfied at a local level. No complaints were referred to the ombudsman. We viewed all complaints in detail and found that the hospital documented and investigated complaints thoroughly in accordance with their policy. We noted that two of these complaints were in reference to agency staff and the hospital had dealt with these appropriately.
- Patients knew how to raise concerns and make a complaint. Patients told us they felt they would be able to raise concerns should they have one and were confident that staff would listen to them. Patients could raise concerns with staff anytime or in their community meeting and this was effective. Patients received information on the complaints process as part of the admission procedure. Patients that raised concerns received feedback in verbal and written format.
- Staff told us they tried to resolve patients and families' concerns informally at the earliest opportunity. Records showed that staff responded appropriately to concerns raised by relatives and carers of patients and they received feedback. Staff we spoke with were aware of the complaints procedure and were able to explain this to us. They knew how to support patients and their families when needed.
- We were told that feedback from investigations into complaints would be given in multi-disciplinary team meetings, staff meetings, or supervision.

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

Long stay/rehabilitation mental health wards for working age adults

Good

Good

Vision and values

- The hospitals philosophy was on display in communal and staff areas, staff were familiar with it. Staff were clear on how they used their philosophy to influence the care they gave. The philosophy focused on empowerment, inclusion and patient outcomes.
- Staff were aware of who their senior managers in the organisation and confirmed that they visited the hospital. Some of these people were present during the inspection, staff told us that they did visit regularly. The chief executive of the service had visited the hospital on a number of occasions.

Good governance

- Staff had received mandatory training and specific training to support them working with the patients. At the time of the inspection, mandatory training was at 97%.
- Staff were appraised and supervised regularly. Appraisal and supervision rates were at 90% at the time of the inspection.
- The hospital had an established bank staff and blocked booked agency staff to fill any absences.
- Training had been put in place by the consultant psychiatrist to develop staff awareness of working with patients with personality disorder including, rehab pathway, psychosis, suicide and depression.
- The hospital had effective governance processes to manage quality and safety. Staff actively participated in clinical audit. We saw an audit schedule and a number of audits that had taken place.
- The quality and governance committee discussed the action to be taken following the green light toolkit audit. The committee reviewed and discussed areas ranging from staff attitudes and values, physical health, equalities and personalisation. There was an ongoing focus on quality.
- Records showed that incidents were being reported. All staff were able to describe what should be reported, to whom and the processes in place for doing so. We were able to review incident forms that had been completed and what outcomes had taken place as a result.
- Safeguarding, MHA and MCA procedures were followed and we saw that staff had a good understanding of application the principles in practice.
- The hospital manager had the autonomy to make decisions and to make changes where required to improve the effectiveness of the service. All staff we spoke to described a strong culture of leadership and openness from the registered manager and that they felt comfortable to approach them if they had concerns.
- We reviewed six staff records during our inspection and found one missing an updated disclosure barring service check requiring renewal January 2015. The manager addressed this immediately and took appropriate immediate action in line with their policy. The hospital subsequently reviewed and audited all employees' personal files and reported they were in line with their policy.
- The manager confirmed they could submit items to the risk register. They also said that, where they had concerns, they could raise them within their organisation. Where appropriate the concerns could be placed on the organisations risk register.

Leadership, morale and staff engagement

- The hospital had not conducted any staff surveys that were specific to Ballington House however last staff survey for Lighthouse group was in 2014. Staff were able to give feedback on the service and input into service development through their staff meetings.
- The sickness and absence rate in the 12 month period prior to inspection was 3%.
- There were no grievances being pursued, and there were no allegations of bullying or harassment from March 2015 to May 2016.
- The hospital manager told us that they were keen to promote an atmosphere of openness and fairness. They did this through ensuring that policies and processes were followed consistently. Staff told us that they felt supported by their manager and were offered the opportunities for clinical and professional development courses. They told us that the manager was accessible to staff, approachable and had an open door policy.
- Staff told us that they were aware of the organisation's whistleblowing policy and that they felt free to raise concerns and would be listened to without fear of victimisation. Staff were sure that any concerns they raised would be responded to appropriately.

Long stay/rehabilitation mental health wards for working age adults

Good

- Our observations and discussion with staff confirmed that the team was cohesive with good staff morale. Staff told us that they worked well as a team, supported each other and respected each other's views irrespective of their role or grade. They all spoke positively about their management team, roles and demonstrated dedication to providing high quality patient care.
- The manager discussed incidents with patients and their families. Patients told us that they were informed and given feedback about things that had gone wrong.
- A range of initiatives were in place to attract and retain staff such as, minimum living allowance being offered from 18 years, payment of the annual nursing and midwifery council registration and revalidation fees and an increase in nurses pay.

Commitment to quality improvement and innovation

- The hospital had a programme of audits that informed improvements in service delivery and practice. The manager reported the outcomes of audits and associated action plans to the organisations quality improvement lead.
- The hospital did not participate in any quality improvement programmes such as Accreditation for Inpatient Mental Health Services (AIMS) for inpatient rehabilitation units from the Royal College of Psychiatrists or involved in any research.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The hospital should provide and display patient friendly information about safeguarding in patient and visitor areas and details of how to contact the safeguarding team.
- The hospital should review blanket restrictions on the unit including access to the gardens and the conservatory. The hospital should ensure that these restrictions are personalised.
- The hospital should record use of 'as required' PRN medication used for the purposes of calming patients down as rapid tranquillisation. This is in line with the MHA Code of Practice and NICE Guidance.
- The hospital should ensure that there is a copy of the Approved Mental Health Professional report completed at the point of detention in patients' records.