Eden Supported Living Limited

Bestwood

Quality Report

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This report describes our judgement of the quality of care at this hospital. 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 hospital

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- The hospital had a key combination gate to the site and there were security on site to check the perimeter morning and night. There was a security policy and staff were aware of it and knew where keys were kept.
- The environment was generally clean and tidy and well maintained.
- All patients had risk assessments which were regularly reviewed and updated where needed.
- The doors to each apartment was a 'stable door'. The doors were split in two. The top half of the doors were open for all three patients.
- Staff sat outside the patient accommodation in areas called 'hubs. There were always two staff allocated to each patient while in the hospital. Patients were observed at all times to ensure their safety.
- The hospital had an infection control audit planned and we saw evidence of a cleaning schedule.
- Staff followed an infection and prevention workbook and used the Infection prevention society tool to reduce risks of infection.

Are services effective?

- There were skilled staff to deliver care and there was a multi-disciplinary team approach. The hospital had a range of professionals to support the patients. For example, an occupational therapist (OT) who worked with patients to meet their sensory needs and promote their engagement with staff.
- Plans to show staff how to support patients to reduce their anxiety and promote their communication were in place. This helped to reduce behaviour that could be viewed as 'challenging'.
- Care plans indicated that ongoing physical health assessments were completed and supported by appropriate clinical staff.
- Communication plans were developed to support patients' needs. However, when we requested to see communication plans for one patient, staff were unable to access it which may suggest they were not being used effectively.
- Communications and care plans were clinical, wordy and not patient led.
- Evidence suggested a clear governance structure supported by regular meetings, audits and reviews.

Summary of findings

- All staff received both clinical and management supervision. Staff received an induction, training programme and yearly updates.
- All staff were trained in positive behavioural support and senior staff continued to model positive behaviours to encourage skills improvements amongst staff.
- Staff were encouraged to engage in continuing professional development career progression.
- The hospital adhered to the Mental Health Act and evidenced that they were applying good practice in their understanding of the Mental Capacity Act.

Are services caring?

- All staff spoke with people with dignity and respect and appeared to be kind and caring.
- One relative told us that staff appeared to be kind caring and respectful in their conversations and interactions with patients.
- Positive behavioural support training was delivered by the speech and language therapist (SALT) and facilitated by the multidisciplinary team. This involved the SALT, OT, Psychologist and a qualified nurse.
- Where possible the hospital involved people in the care they received. A SALT worked with patients to promote their decision making. An advocate visited all patients once every week.
- A patient and carer involvement group was in the process of being set up.

Are services responsive?

- Two patients had recently been discharged. Another patient was being supported in their discharge from the hospital and working with the new supported living service.
- Two of the patients had made little progress in their recovery. Management told us that they were working with staff to improve this.
- Management acknowledged that 'stable doors' did not promote least restrictive and they were keen to open the back doors of each patients apartment and make better use of the outside space.
- Management told us they were developing some recreational space to encourage a more communal approach but continuing to maintain privacy.

Summary of findings

- The hospital had a range of policies promoting and encouraging recovery, for example, a holiday and outings policy. Staff gave us examples of how they helped to improve independent living skills, for example, using a fork or enjoying bath time.
- We found evidence in patients' files and staff meeting minutes that cultural needs were considered.
- We could not find any evidence recording the number of complaints or responses to them. We requested this information from the provider following our inspection.

Are services well-led?

- The staff were involved in the vision and management and were clear about the values of the organisation.
- The manager told us that they were developing a good governance programme and that they had identified 'governance champions' who would attend the governance meetings.
- The hospital had a wide range of policies relating to involvement of patients, workforce and leadership, finance, health, safety and risk and quality governance.
- The hospital had evidenced their governance meetings, all of which followed CQC guidance for providers.
- We saw the proposed leadership model and this was reflected within their recruitment campaign and training strategy.
- Staff said they felt supported at all times.
- The hospital had engaged with the staff group and staff felt more settled. For example, one staff member told us they were ready leave around six months ago; however they were now looking at career development within the service and were happy to stay.
- The service had made progress and actioned points outlined following the last CQC inspection. We saw this evidenced through planned documentation and implementation.

Summary of findings

Service	Rating	Why have we given this rating?

Bestwood

Detailed findings

Services we looked at

<Delete services if not inspected> Urgent and emergency services; Medical care; Surgery; Critical care; Maternity; Services for children and young people; End of life care; Outpatients and diagnostic imaging; Termination of pregnancy; Acute wards for adults of working age and psychiatric intensive care units; Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults; Child and adolescent mental health wards; Wards for older people with mental health problems; Wards for people with learning disabilities or autism; Community-based mental health services for adults of working age; Mental health crisis services and health-based places of safety; Specialist eating disorders services; Perinatal services; Specialist community mental health services for children and young people; Community-based mental health services for older people; Community mental health services for people with learning disabilities or autism; Services for people with acquired brain injury; IAPT services; Specialist psychological therapy services; Services for people with psychosexual disorders; Outpatient services (for people of all ages); Substance misuse services; Substance misuse/ detoxification; ECT clinics; Psychosurgery services; Tier 3 personality disorder services; Liaison psychiatry services;

Detailed findings

Contents

Background to Bestwood

Bestwood is an independent hospital for people who are detained under the Mental Health Act. The location provides a locked rehabilitation service and people live in their own self-contained apartments with their own gardens. Up to six men or women can be accommodated at the location. Specialist nursing care is available and provided at the service. There were three patients living at the service at this inspection.

Our inspection team

Our inspection team included two CQC Inspectors, one specialist advisor and one expert by experience.

How we carried out this inspection

Before the inspection visit, we looked at the previous report and information we held about this provider.

During the inspection visit, the inspection team:

- looked at the quality of the hospital environment and observed how staff were caring for patients
- observed three patients who were using the service
- spoke with the interim manager and two service managers for the unit
- spoke with six other staff members; including a consultant psychiatrist, qualified nurses, support workers and a speech and language therapist
- spoke to one patient's relative over the telephone
- spoke to an advocate who attends the hospital weekly
- we observed each patient's apartment, gardens, communal and nursing/staff areas.
- looked at two patient's records

We also:

- carried out a specific check of the medication management on the unit.

We looked at a range of policies, procedures and other documents relating to the running of the service.

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?

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Are services safe?

Our findings

Safe and clean environment

- The hospital had a key combination gate to the site.
- Security on site checked the perimeter morning and night.
- Staff were aware of the security policy and where keys were kept.
- Visitors' policy was in place and staff were aware of this.
- The environment was generally clean and tidy.
- There was a cleaning schedule, a staff workbook for infection prevention and control and Infection Prevention Society tool.
- Staff were seen cleaning the rooms of two of the patients.
- The doors to each apartment was a 'stable door'. The doors were split in two. The top half of the doors were open for all three patients.
- All apartments had secure, private gardens and all were well kept and individualised as directed where possible by the patient.
- Each patient had a small shed for storing domestic cleaning products safely.
- One relative told us they had no concerns regarding cleanliness and safety.
- The hospital had a full time maintenance service.
- An infection control audit was planned for 5 August 2015.

Safe staffing

- The service were currently well staffed as a result of a self-imposed admissions embargo, however the manager told us that there was one occasion in the last month that they were short staffed by one nurse.
- Two qualified members of staff were on site at all times and all patients had a two to one staffing ratio.
- Four staff told us that leave and activities were never cancelled as a result of too few staff.
- Staff were present with patients at all times.
- A relative told us that there has been a huge turnover of staff within the last 10 months and the hospital confirmed that there had been a number of staff changes in recent months.

Assessing and managing risk to patients and staff

- Four staff told us that all patients had a risk assessment on admission and reviews took place. This was referenced in patient files.
- All staff told us they received safeguarding training and supervision.
- All patients were under constant supervision and were supported by two members of staff at all times.
- One staff member told us they had received training on restraint, breakaway training, standing and seated holds. This helped to ensure that staff had the skills they needed to safely support patients if they were anxious or at risk of harming others.
- All staff told us they felt safe and alarms were responded to in a timely manner.

Track record on safety

- The provider received a requirement notice for a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment at the last inspection. We found at this inspection that the provider had taken the appropriate action to meet this to ensure the safety of patients.

Reporting incidents and learning from when things go wrong

- The hospital had an electronic reporting system for incidents.
- Staff knew the reporting system for incidents.
- Staff had a debrief as a team following incidents.
- We saw evidence in meeting minutes of lessons learned and staff were happy to raise issues during these meetings.

Are services effective?

Our findings

Assessment of needs and planning of care

- Staff told us they discussed activities with patients on a daily basis and two files evidenced this. However, there was little evidence to support engagement of meaningful occupation and activities.
- Communication and care plans were clinical, wordy and not patient led.
- Each patient had a weekly MDT meeting.
- The hospital had employed an Occupational Therapist (OT) and we saw evidence of assessment and planning. The aim of the OT is to provide a plan of structured therapeutic activities and to work alongside staff to implement.
- Plans to show staff how to support patients to reduce their anxiety and promote their communication were in place. This was felt by staff to reduce any potential challenging behaviours.
- The OT and senior staff told us they would continue to model good practice behaviours to other staff.

Best practice in treatment and care

- Three care records were examined during the inspection.
- Records showed that one patient had a physical health examination on admission. Care plans indicated on going physical health assessments were completed and supported by appropriate clinical staff.
- Communication plans were developed to support patients' needs. However when we requested to see communication plans for one patient, staff were unable to access it which could suggest they were not being used effectively.
- One patient's communication plan was easily accessible and understood by the staff.
- One patient received a visit from a cardiologist during the inspection and we found this indicated in the patient's file.
- Staff had daily meetings and handovers. All handovers involved security checks and alarm tests.
- Management told us that the MDT's were more focussed and the social worker was more involved in the MDT.
- Management told us they had requested one apartment to be used solely for other activities, for example psychotherapy to be delivered there to avoid meeting at the patient's accommodation.

Skilled staff to deliver care

- The service had a combination of qualified and unqualified staff available to patients including a multi-disciplinary team.
- Mini training and development audits were included in supervision, for example, safeguarding prompt to promote understanding.
- All staff received both clinical and management supervision.
- Staff received an induction, training programme and yearly updates.
- All staff were trained in positive behavioural support and senior staff continued to model positive behaviours to encourage skills improvements among staff.
- Staff were encouraged to engage in continuing professional development and internal career progression. For example, one staff told us they had applied for a senior post within the organisation.

Multi-disciplinary and inter-agency team work

- There was a multi-professional and multi-disciplinary team approach to the service.
- There was an independent IMHA service available and detained patients had direct access to this service.

Adherence to the MHA and the MHA Code of Practice

- Staff received training in MHA and MHA Code of Practice.

Good practice in applying the MCA

- Staff displayed a good understanding and knowledge of the Mental Capacity Act (MCA). For example, staff told us about least restrictive practice and gave practical experiences with patients.

Are services caring?

Our findings

Kindness, dignity, respect and support

- All staff spoke with people with dignity and respect and appeared to be kind and caring.
- One relative told us that staff appeared to be kind caring and respectful in their conversations and interactions with patients.
- The hospital used graded exposure programme with the aim to support patients in achieving small steps at their own pace.
- Positive behavioural support was delivered by the speech and language therapist (SALT) and facilitated by the multidisciplinary team. This would involve the SALT, Psychologist and a qualified nurse.
- Management told us the aim of the SALT was to guide communication, encourage receptiveness and expression. The SALT also supported staff to offer choice at appropriate levels.

The involvement of people in the care they receive

- An advocate visited all patients once every week.
- A speech and language therapist worked there once a week with patients to promote patient skills in decision making.
- A patient and carer involvement group was in the process of being set up.

Are services responsive?

Our findings

Access and discharge

- Two patients had recently been discharged.
- One patient was being supported in their discharge from the hospital and working with the new supported living service.
- Another patient had on going discharge planning.
- The hospital encouraged meaningful leave experiences for the patients.

The facilities promote recovery, comfort, dignity and confidentiality

·Two of the patients had made little progress in their recovery. Management told us that they were working with staff to improve this.

- Management acknowledged that 'stable doors' did not promote least restrictive practice and they were keen to open the back doors to each patient's apartment and make better use of the outside space.
- Management told us they were developing some recreational space to encourage a more communal approach but maintaining privacy.
- One patient went on leave while we were at the hospital.
- One patient used a local hydro pool.
- One patient recently visited Twycross Zoo.
- One patient had requested pet therapy and the hospital were looking in to it.

- The hospital had a range of policies promoting and encouraging recovery, for example, holiday and outings policy. Staff gave us examples of how they help to improve independent living skills, for example, using a fork or enjoying bath time.

Meeting the needs of all people who use the service

- There was evidence in patients files and staff meetings minutes that cultural needs were considered.
- We saw evidence in patient files and meeting minutes of capacity assessments.

Listening to and learning from concerns and complaints

- The hospital had responded to complaints and concerns from one family member, but the family member did not feel listened to. This was recorded in the patient's file.
- We could not find any evidence recording the number of complaints or responses to them. We requested this information from the provider following our inspection.

Are services well-led?

Our findings

Vision and values

- Staff were involved in the vision and management were clear about the values of the organisation.

Good governance

- Files were disorganised and new staff might find it difficult to source relevant information.
- The manager told us that they were developing a good governance programme and that they had identified 'champions' who would attend the governance meetings.
- The hospital had a wide range of policies relating the involvement of patients, workforce and leadership, finance, health, safety and risk and quality governance.
- The hospital had evidenced their governance meetings, all of which followed CQC guidance for providers.

Leadership, morale and staff engagement

- We saw the proposed leadership model and this was evidenced through their recruitment campaign and training strategy.
- Staff said they felt supported at all times.
- The hospital had engaged with the staff group and staff felt settled. For example, one staff member told us they were ready leave around 6 months ago, however they were now looking at career development within the service and were happy to stay.

Commitment to quality improvement and innovation

- Staff said they felt listened to and things that needed improvement had been implemented.
- The service had clearly made progress and actioned points outlined following last CQC inspection. We saw this evidenced through planned documentation and implementation.