

# Fir Trees Independent Hospital

## Quality Report

Fir Trees Independent Hospital

Fir Tree Street

Springview

Lower Ince

Wigan

WN3 4TE

Tel: 01942 866010

Website: [www.alternativefuturesgroup.org.uk](http://www.alternativefuturesgroup.org.uk)

Date of inspection visit: 26 & 27 February 2018

Date of publication: 11/06/2018

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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

# Summary of findings

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

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

## Overall summary

We rated Fir Trees Independent Hospital as good because:

- All staff had received the training required to ensure the safety of patients. The training included basic life support and first aid training.
- There was a system in place to monitor when training needed refreshing and staff could not work a shift unless their training was up to date. Domestic staff had received break away training since the last inspection.
- Staff engaged in a number of audits which included physical health care plan audits, patient review audits and the introduction of a high dose antipsychotic audit.
- Patient care plans had been developed to become more person centred. The care plans included individual risk assessments, discharge planning and evidence of reviews taking place regularly at multidisciplinary team meetings involving named nurses, senior nurse practitioner, consultant psychiatrist, care coordinator, social worker, service user, family and advocacy.
- The service adhered to the Mental Health Act and Mental Health Capacity Act. Patients were informed of their rights and had access to advocacy services.
- The service complies with the Department of Health's guidance on the provision of same sex accommodation.


- The service was clean and tidy with maintained furnishings, fixtures and fittings including a fully equipped clinic room. Infection control procedures were being followed and cleaning chemicals were stored away correctly.
- Staff we spoke to felt supported. Staff appraisals and supervision had been carried out regularly.
- Patients felt able to give feedback about the service at regular community meetings.
- We observed positive interactions between staff and patients. There was a good governance structure in place and Alternative Futures Group had involved all staff from each service to provide feedback in order to establish new values.

However:

- There were no psychologists working into the service. We did not find any evidence of psychological interventions being provided to the patients as part of their rehabilitation and recovery care pathway.
- There was no evidence to show if patients had been given copies of their care plans or if they had refused a copy.
- Section 17 leave forms were not fully completed. The outcome of leave was not being recorded.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good 	See main body of the report.

---

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Fir Trees Independent Hospital	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

### Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	23
Areas for improvement	23
Action we have told the provider to take	24

Good 

# Location name here

**Services we looked at**

Long stay/rehabilitation mental health wards for working-age adults

# Summary of this inspection

## Background to Fir Trees Independent Hospital

Alternative Futures Group is the provider of Fir Trees Independent Hospital which provides rehabilitation for males and females detained under the Mental Health Act and informal patients. The service operates 24 hours a day, seven days a week and the estimated length of stay is from 12 months and two years.

The service is commissioned by a clinical commissioning group through a block bed contract.

Alternative Futures Group are registered with the Care Quality Commission to provide the following regulated activities at Fir Trees Independent Hospital:-

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

At the time of inspection, the service had a registered manager in post. The service also had a controlled drugs accountable officer.

The service has 14 beds based on the ground floor. Six of these are single bedrooms with an en-suite and the other eight are bed-sits which include an en-suite, kitchenette and dining area.

There is a communal dining area, a games room, kitchen, laundry room, gardens including an inner courtyard area, visiting room, a communal lounge and a female only lounge. There is a car park in the hospital grounds and the service is close to good transport links and local amenities.

The last comprehensive inspection of Fir Trees took place on 10 November 2015 and the overall rating was good. The last report stated what action the provider should take to improve. These were as follows:-

- ensure that staff use appropriate care plans to manage the care of all patients on high-dose medications
- ensure that staff complete physical health care plans for patients that focus on management of the condition as well as the medication used
- ensure that domestic staff are provided with breakaway training.

There were no compliance actions, requirement notices or enforcement action associated with the last inspection.

There was an unannounced Mental Health Act monitoring visit which took place on 24 October 2017 by a CQC Mental Health Act reviewer. Issues found during the visit have been addressed by the provider.

## Our inspection team

The team that inspected the service comprised of two CQC Inspectors, a mental health nurse, an occupational

therapist and an expert by experience. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

## Why we carried out this inspection

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

# Summary of this inspection

## 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 service.

During the inspection visit, the inspection team:

- toured the hospital
- spoke with four patients

- interviewed the registered manager and senior manager
- spoke with seven other staff members which included medical, nursing and occupational therapy staff, support workers and housekeeping staff
- attended and observed one multi-disciplinary meeting and a community meeting reviewed nine care and treatment records of patients
- reviewed nine prescription charts
- observed patient activities
- observed interactions between staff and patients
- looked at a range of policies, procedures and other documentation relating to the running of the service.

## What people who use the service say

During the inspection of Fir Trees we spoke with four patients. They told us that the hospital was always clean and was comfortable and quiet.

Patients told us that the staff were friendly and polite and would knock on bedrooms doors before entering.

Patients told us they feel safe and supported and that there was always a staff member around for them.

Most patients we spoke with told us they had been involved in their care and had been involved in choosing where they would be moving to on discharge.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- Risk assessments had been carried out regularly to ensure the safety and wellbeing of patients and staff. The assessments included checking the environment.
- All staff had access to alarms and patients had nurse call alarms in their rooms
- There was a system in place to monitor staff training attendance. Staff were not able to work a shift unless they were up to date with mandatory training and since the last inspection domestic staff had received breakaway training.
- The service complied with the Department of Health's guidance on same sex accommodation provision.
- There was a fully equipped clinic room.
- Patients had been kept informed of changes happening within the hospital and they had been informed of their rights and the services available to them.
- Infection control procedures were adhered to by staff. Cleaning records were up to date, furnishings were well maintained, cleaning equipment was stored away securely and safely and patients told us the hospital was always clean.
- All staff had the training necessary to ensure the safety of the patients. This included basic life support and first aid training.

Good



### Are services effective?

We rated effective as requires improvement because:

- Psychological interventions were not routinely available to patients. There was no psychologist working into the service.
- Section 17 leave forms were not being fully completed.

However,

- Staff adhered to the Mental Health Act and Mental Capacity Act.
- Patient care plans were person centred, up to date and had been completed collaboratively with patients and staff.
- Patients had regular reviews through one to one sessions with their named nurse and at multidisciplinary meetings which included their named nurse, advocates, carers and family.
- Physical health assessments were carried out and audited regularly.
- Staff felt supported and received regular supervision and appraisals.

Requires improvement



# Summary of this inspection

- Staff carried out clinical audits including the introduction a high dose antipsychotic audit since the last inspection.

## Are services caring?

We rated caring as good because:

- We observed positive interactions between staff and patients.
- Patients told us they felt supported and could always find a staff member when needed.
- Staff understood the individual needs of patients
- Patients were informed of their rights and had been given information about services available to them such as advocacy.
- Patients were actively involved in care planning
- Patients were able to feedback about the service

Good



## Are services responsive?

We rated responsive as good because:

- Patients were involved in the development of discharge plans which were informative and included accommodation choices made by the patients.
- Discharge occurred on an appropriate day and time in the week.
- There were good facilities for patients. They had access to an outdoor space, a fully fitted kitchen, games room, laundry room and lounges.
- Patients were able to personalise their bedrooms.
- There was an occupational therapist at the service from Monday to Friday offering activities to patients. Activities were available for patients seven days a week.
- Patients were able make hot drinks and snacks when they wanted.
- Patients could make phone calls in private. A payphone was available but patients tended to use their own mobile phones.
- Patients had secure storage facilities.

Good



## Are services well-led?

We rated well-led as good because:

- The service had effective governance structures in place.
- There had been staff involvement in establishing the service new values.
- There was a monitoring system in place to ensure all staff training was kept up to date.
- Key performance indicators were used to gauge performance of the service.

Good



## Summary of this inspection

- Staff were supported to undertake further training and qualifications.

# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Prior to inspection, there had been an unannounced Mental Health Act monitoring visit which took place on 24 October 2017. The Mental Health Act Reviewer found the following:-

- Patients were very happy with the treatment and care they were receiving and that the environment was good and the bedrooms comfortable.
- Some patients had experienced delays in their discharge due to a lack of social workers being appointed when the patient was ready to move on.
- Section 17 leave forms were being completed fully to record the outcomes of leave.
- Medication errors found in three files that were looked at.
- Some care plans lacked individuality and were not user friendly.
- They found incomplete sets of detention documents (out of three that were sampled).
- Knives were being locked away and there was signage stating that energy drinks were not to be consumed on the premises.

During this inspection we found that the service had implemented the use of more person centred care plans which included completed section 17 leave forms, however, the forms required further information regarding the patients outcome of leave. The service manager told us that there were plans for staff to receive additional training for this.

There were no blanket restrictions as patients were being risk assessed individually.

There were still delays in discharge but this was out of the services control. The service manager advised that there had been talks with commissioners about the delays but they were still looking into a way forward.

The service had completed a Mental Health Act audit which showed that over the last year, most of the Mental Health Act documentation had been completed correctly and stored appropriately. Gaps were promptly followed up and completed.

Mental Health Act administration was carried out by an NHS trust and there was a Mental Health Act lead based at the service which staff could approach for advice and information when required.

Information regarding independent mental health advocacy services was available for patients.

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had been trained in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of 'Support Essentials' (mandatory training provided by Alternative Futures Group).

The registered manager and staff told us they knew where to get advice and guidance regarding the Mental Capacity Act and Deprivation of Liberty Safeguards if required.

All patients had mental capacity assessments completed on admission and during patients' medication assessments if required. The forms were stored in the patients' medical records.

There were no patients subject to Deprivation of Liberty Safeguards at the time of our inspection.

## Overview of ratings






Our ratings for this location are:

# Detailed findings from this inspection

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

# Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

### Safe and clean environment

Fir Trees building is hexagon shaped with corridors circling an inner atrium. The male and female bedrooms were separated in compliance with the Department of Health's guidance on same sex accommodation. Patients did not have to pass through a living area occupied by the opposite sex. There was a female only lounge and two other mixed sex lounges where patients could socialise and take part in activities if they wanted to. Patients had access to a payphone located in the corridor but tended to use their personal mobile phones.

The clinic room was clean and tidy. One door led to a patient area and another was for the nursing staff. A window hatch linked the two rooms. Patients would enter the room individually. We found that the clinic room was well equipped, emergency equipment was present and had been checked regularly. However, a height chart was yet to be installed.

Five of the bedrooms we looked at were clean and tidy and had been personalised by the patients. All staff had personal alarms and each of the patient bedrooms had nurse call alarms, a medicines safe, personal shower and toilet and the furnishings were well maintained. The

patients all had keys to their room that they accessed when they wanted. Seven of the 14 rooms had cookers, fridges and kettles in them but the electric and water could not be isolated from outside these rooms.

There was an up to date fire evacuation plan on the back of each bedroom door and the service had recently completed a fire evacuation simulation. Fire Warden training had been provided to seven eligible staff and the training was 100% completed. At the start of each shift, the nurse in charge would allocate a fire warden to be on duty.

There was a communal kitchen and laundry room that could be accessed by patients at any time. The service had created a rota with patients wanting to use the laundry room so that it was fair and reduced the risk of anything going missing or lost.

Fir Trees had a smoking area located in the atrium, in the centre of the hospital, with benches, tables and a shelter. The service planned to go smoke free by April 2018 for staff and September 2018 for patients. Most of the staff had received smoking cessation training. Information regarding going smoke free was on the notice boards in the corridors and it was being discussed with patients at their one to one sessions with their named nurse.

A ligature audit had been completed recently which showed no high risks. The audit highlighted hazards and stated the current control measures and actions that were taken to implement additional control measures. A ligature point is anything that could be used to attach something to for the purpose of hanging or strangulation.

The layout of the ward meant that some bedrooms were in areas that could not be fully observed by staff. However,

# Long stay/rehabilitation mental health wards for working age adults

Good 

when this was raised with the registered manager, they advised that patients were risk assessed on admission and given rooms in accordance to their needs and an observation plan put in place if required.

Domestic staff we spoke to told us they were kept up to date with the patients' needs and requirements and they had all received training about storing and handling cleaning products and equipment. All domestic staff had access to personal protective equipment to help them carry out their roles safely and since the last inspection all domestic staff had received break away training.

Cleaning products and equipment were kept in a locked storage cupboard with warning signs along with the COSHH file and up to date cleaning schedules and infection control audit.

All of the patients we spoke with said that the domestic staff did a good job keeping the hospital clean.

The service had an infection prevention control lead on site and the staff adhered to infection control principles which included hand washing. Guidance on correct hand washing was located at hand wash sinks. An infection control audit had been carried out in January 2018. This was completed using the local public health audit format. Twelve areas were reviewed and the overall score was 88%.

Medicines management audits were completed monthly. This was undertaken by the medication management lead.

## Safe staffing

At the time of the inspection, Fir Trees had 23 substantive staff. Staffing establishment levels for whole time equivalent qualified nurses was six with one vacancy and establishment levels for nursing assistants were 14 with one vacancy. The service had a registered manager and senior nurse practitioner who provided leadership for the staff, covering seven days per week between them, working to the need of the service.

During the period September 2017 to December 2017, a total of 80 shifts were filled by bank staff to cover sickness, absence or vacancies and 33 were filled by agency staff.

During the day shift, staffing levels were two qualified nurses and two support workers and in the evenings, one qualified nurse and two support workers. An occupational therapist worked each day from Monday to Friday. A consultant psychiatrist attended the service twice a week.

They were also responsible for completing a physical examination of patients upon admission. The local GP would communicate results of the assessments with the consultant psychiatrist. We were told that communication with the GP was good.

The recruitment of agency staff was kept to a minimum but if needed, the registered manager would recruit agency staff that had worked at the service previously to aid consistency. Bank staff were used where possible as they had received the mandatory training.

Fir Trees had a process in place for out of hours on call assistance. During the evenings and weekends, there was an on-call system for a psychiatrist but if there was a medical emergency, the emergency services would be called.

A new electronic system was being used by the registered manager to allocate staff to shifts and monitor sickness and annual leave. The system linked in with other services provided by Alternative Futures Group. This allowed the registered manager to roster staff from the other services if staffing levels were low and there were extra staff at another service. This helped the service to reduce the need to use agency staff and ensured that the staff they would roster were up to date with mandatory training.

The system did not allow for any staff to be allocated to a shift if they were not up to date with their mandatory training. The registered manager was able to make sure that there was a sufficient mix of male and female staff allocated per shift and when patients had one to one sessions, the registered manager could make sure that their named nurse was put onto a specific shift.

The service manager told us that all staff had received therapeutic management of violence and aggression training. If a member of staff failed to complete or refresh their mandatory training, they were suspended from working until the training was completed.

Most patients said they could always find a staff member when they needed one, they knew who their named nurse was and leave from the hospital was never cancelled.

All staff had completed the 'support essentials' training which was the mandatory training programme provided by Alternative Futures Group. The support essentials training included first aid training, basic life support training and

# Long stay/rehabilitation mental health wards for working age adults

Good 

automated external defibrillator awareness. Staff were sent on support essentials refresher course every two years. In addition, all nursing roles had access to a three day accredited first aid course.

There was a compliance rate of 81% for therapeutic management of violence and aggression training, which all staff were required to complete.

The registered manager monitored staff training compliance and would book in refresher or additional training when staff needed it.

The domestic staff received a handover of risk related information and they had received breakaway training which they had not at the previous inspection.

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

Staff completed individual risk assessments for patients upon admission and routinely reviewed every four weeks at multidisciplinary meetings unless required sooner.

To help monitor and identify risk, all staff followed an observation policy and an environmental risk assessment which was logged in the services safety file.

The service provided advice and support on risk reduction strategies for the patients and supported access to appropriate services on discharge. Patients were encouraged to engage in the planning of their care and treatment plans, including management of risk. Staff used a recovery star tool to help gain an understanding of what the patient's own perspective was in relation to their needs and risks. This gave staff and the patient a platform to work from. We saw the recovery star being used in patient reviews to establish any changes that needed to be made to the patients' care and risk plans.

There had been no use of restraint in the last six months. There had been no use of seclusion or rapid tranquilisation in the six months prior to inspection. The service did not have a seclusion room. Long term segregation was not used at the service.

There had been two safeguarding concerns raised between January 2017 and December 2017. These were dealt with in accordance with the provider's safeguarding procedures.

Safeguarding training was part of the mandatory training which included duty of candour. This was available to all staff and staff told us they would know what to do if they needed to raise a safeguarding alert.

We found that the service had appropriate processes in place that would guide staff when dealing with incidents. Senior management chaired a safeguarding forum which reviewed all safeguarding events within their services. The forum linked in with other external providers and networks to ensure that national learning was being shared internally and externally.

## **Track record on safety**

At the time of the inspection, there had been no serious or untoward incidents.

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

Staff followed the Alternative Futures Group protocol by making sure that complaints were responded to within three working days with a full investigation carried out within 28 days. The service used an electronic system to manage and monitor complaints. These would be input on the system as a diary event or a significant event. Information provided by the service informed us that it was the responsibility of the staff to record and report all significant events that occurred. Staff were required to report incidents to their line manager or on-call by the end of their shift. Staff told us that they knew what should be reported and how to do it.

Lessons learned from incidents were shared at multidisciplinary team meetings and commissioners were informed and depending on the nature of the incident, Care Quality Commission would be informed. All staff would be given a briefing after an incident.

Alternative Futures Group had an Incident Management Review Committee that reviewed all serious and untoward incidents across the services they provide. They developed an action plan that outlined the key learning points identified and communicated this across the services. They also linked in with other providers and networks to ensure best practice and shared learning.

## **Duty of Candour**

The service had a 'Standards of Business Conduct' policy to help give staff guidance about what action to take following a notifiable event, including the need to be open and honest about what had gone wrong. The policy also gave guidance on what Duty of Candour arrangements

# Long stay/rehabilitation mental health wards for working age adults

Good 

were in place within the service. Duty of Candour was included in the mandatory safeguarding training. At the time of the inspection, there had been no notifiable events reported under Duty of Candour at the service.

Patients had been given a Duty of Candour information leaflet, explaining what the regulation meant to them. Staff we spoke to told us that they understood what Duty of Candour was as it was part of their support essentials mandatory training.

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

(for example, treatment is effective)

Requires improvement 

### Assessment of needs and planning of care

Patients had an assessment done on admission. This included a thorough assessment of their physical health such as body mass index, cardio-metabolic risk assessment, blood glucose, blood lipids and blood pressure, in order to help address any current health conditions. Staff would then put a care plan in place which included preventative measures to reduce reoccurrence of any conditions. Staff also had strategies in place for providing information and assistance with access to appropriate services on discharge from the hospital.

We saw that plans for the service to go smoke free had commenced. Patients had all been informed of the changes during sessions with their named nurses. Staff were being trained in smoking cessation prior to the service going smoke free later in the year.

Staff devised care plans that were linked to the patient's 'recovery star' to monitor progress in achieving goals in regard to physical health. The service was developing a diagnostic monitoring book which patients would use to record all physical health monitoring. Staff used the 'modified early warning score' tool to support patients.

We looked at five patient care and treatment files. The files included the following:-

- Patient profile
- Continuous assessment

- Assessment Recovery Star and plan
- Formulation and intervention
- Risk Management plan
- Care pathway review (which was a multidisciplinary patient review meeting involving patients, families and carers where applicable and one to one sessions with the patient)
- Third party involvement

We found that the care and treatment files were all up to date and improvements had been made to make the care plan more patient centred and recovery focused. Four of the five care plans we reviewed had been signed by the patient. The provider said this meant that patients had received or been offered and refused a copy of their care plan. However, there was no evidence within the record to provide assurance that patients had received a copy of their care plan.

The care and treatment files were available in paper format and electronically.

### Best practice in treatment and care

Patients did not have access to the full range of psychological therapies as recommended by the National Institute for Health and Care Excellence. Patients were not being routinely provided with psychological interventions as part of their care pathway.

Staff at the service used a physical health audit which included: -

- Modified Early Warning System which was a tool to help nurses monitor patients experiencing a decline in their health and improve the time it takes to receive treatment.
- Physical observations including bloods and an electrocardiogram
- Physical health care plans and their link to the health improvement plan
- One to one patient reviews (done every six weeks)
- Clinical reviews

Staff completed a medication audit (completed monthly), high dose antipsychotic audit, physical health monitoring matrix and audits of physical health care plans. The physical health care plan audits helped to highlight areas that were discussed at medication management group.

# Long stay/rehabilitation mental health wards for working age adults

Good 

A mental health pharmacist visited Fir Trees every six to eight weeks to audit the medication files. The pharmacist completed pharmacy intervention forms for the named nurses to action for their patients. The pharmacist was responsible for alerting issues with medication nationally.

The manager told us that a diagnostic monitoring booklet was being created and was to be trialled at Fir Trees with the aim being to improve how staff monitor patient outcomes.

Fir Trees did not have a policy that specifically related to the National Institute for Health and Care Excellence guidelines, however, they were in the process of reviewing their governance structure which would include the development or re-emergence of existing forums, such as:

- physical health & medication management
- practice development
- pathways
- safeguarding

The forums would have responsibility for relevant policy development, introduction of best practice, review and monitoring in order to support the organisation to work towards the National Institute for Health and Care Excellence guidelines.

The service manager and senior nurse practitioner meet monthly to discuss issues relating to good practice and how best to implement them. Staff had the opportunity to share ideas and best practice at team meetings which would then be shared with all Alternative Futures group services.

## **Skilled staff to deliver care**

There was no psychologist working within the service. This meant that patients did not have access to the full range of psychological therapies as recommended by the National Institute for Health and Care Excellence. Staff told us they could apply to commissioners to fund psychology input if needed, which meant that patients did not have routine access to psychological interventions. Staff told us they could link in with the local NHS provider for psychological intervention training.

The occupational therapist attended a monthly peer supervision session within the Alternative Futures Group and clinical supervision was completed every six weeks.

Clinical supervision was at 94% at the time of inspection due to staff sickness. During the 12 months prior to inspection all staff had received an appraisal.

All staff were subject to an induction programme when starting work. The induction included equality, diversity and inclusion training, Mental Health Act, Mental Capacity Act, safeguarding and management of violence and aggression. Completion of training was then monitored on the services electronic system.

We saw that poor staff performance was being addressed and managed when necessary.

All new unqualified support staff were required to undertake the care certificate on commencement of employment. On successful completion of their probationary period, support staff would have or be working towards a qualifications and credit framework level 2 in Health and Social Care.

Staff were supported to undertake further training and qualifications. Funding had been received for a staff member to complete a psychosocial interventions course which included one of the days to do clinical work with patients.

The clinical lead was completing an 'eye movement desensitisation reprocessing' course and the service had been offered deprivation of liberty safeguards, Mental Capacity Act and challenging behaviour training from the local authority.

We were told that two staff had also completed personality disorder training that had been provided by the local authority.

Controlled drugs witness training was being offered to staff in order for them to enhance the assessment and management of risk to patients and staff.

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

During the inspection, we found evidence of good quality multidisciplinary practice taking place. These meetings were attended by the patient, service manager, named nurse, senior nurse practitioner, consultant psychiatrist, care coordinator, social worker, family and advocacy. We observed good informative interactions at the multidisciplinary meeting we saw. The staff that attended

# Long stay/rehabilitation mental health wards for working age adults

Good 

were knowledgeable about the patients background and they discussed strategies and agreed further steps with the patient which included more engagement in activities that the occupational therapist provided.

There was evidence that regular reviews were taking place with patients and their care planning and through multidisciplinary meetings.

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

Eight staff were required to complete Mental Health Act training and seven staff had done so.

Fir Trees conducted monthly Mental Health Act audits of patients' files and included the following:-

- Section 17 Leave
- Consent to treatment
- Three month rule
- Second opinion
- Information provided to detained and informal patients
- Legal status (start and end dates) were recorded on the services electronic system

We had previously found during a Mental Health Act monitoring visit, that section 17 leave forms were not being completed fully on a selection of files reviewed. However, during our inspection, we found that the completion of section 17 forms had improved but there were still improvements required around the monitoring of leave documentation.

The audit showed that over the last year, there had been some minor errors identified in relation to the completion of Mental Health Act documentation. These errors had been rectified accordingly.

Each patient had a Mental Health Act folder which included the patient's medical notes. We found the patient files were comprehensive and contained all necessary documentation.

Patients told us that an independent mental health advocate would visit the service regularly and the patients had been informed of the advocacy services available to them through discussions at their reviews, leaflets on admission and posters in the corridors.

## Good practice in applying the MCA

Mental Capacity Act training was part of the mandatory training provided to staff at Fir Trees. At the time of inspection, 100% of staff had completed the training.

Staff told us they understood the Mental Capacity Act and deprivation of liberty safeguards and would know where to get information to refer to if needed.

In the six months prior to inspection, there had been no deprivation of liberty safeguarding applications and no one was currently subject to a deprivation of liberty safeguarding. Staff told us that they would know what to do if they needed to submit an application.

The consultant psychiatrist completed capacity assessments in relation to treatment on average every six weeks. We were told by the consultant psychiatrist that should a patient lack capacity, and then a decision would be made in their best interests.

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

Good 

## Kindness, dignity, respect and support

The staff appeared friendly and attentive and the patients told us that they felt well looked after, the care was good and that they felt listened to by the staff. We observed positive interactions between staff and patients which showed that the staff had an individual understanding of each patient.

Patients told us they felt safe and they felt supported. They told us that the hospital was clean.

We observed support being provided to patients with kindness, dignity and respect.

Patients told us that staff always knocked before entering their bedrooms.

We observed information about services and advice, including access to an independent mental health advocate, was available in patient welcome packs and communal notice boards. Staff photographs were placed near the entrance of the hospital for patients and visitors.

## The involvement of people in the care they receive

# Long stay/rehabilitation mental health wards for working age adults

Good 

The consultant psychiatrist told us that patients had been referred from hospital and patients were assessed pre admission to ensure that the service could provide the patient with the right level of care they needed. Patients could visit the service to see if they would want to be placed there as well as aiding orientation. The service has an agreement with commissioners that once a patient was referred, they would have an additional assessment done at Fir Trees with the consultant psychiatrist within 14 days.

Patients were given welcome packs on admission which included information about the hospital, what was available for them, their rights and how to complain. The packs included information about advocacy.

We attended a multidisciplinary meeting and saw patients were actively involved in discussions about their treatment and we observed them mutually agreeing the future steps they would take which in some cases included patient input on discharge.

The care files we looked at all evidenced involvement of patients, advocacy, carers and family (if applicable) and invites and attendance at multidisciplinary meetings. However, we could not find any evidence to show that patients had received copies of their care plans.

We attended a community meeting where the patients were able to feedback on the service and discuss ideas such new activities they wanted to do. The meetings were held weekly and we saw that changes had been made as an outcome to the meetings.

Patients were not currently able to assist with the recruitment of staff at the service but the service manager told us it would be something they would look at in the future.

A carers survey was completed in October 2017 which included feedback from friends and relatives of the patients that had used the service. The service manager told us that the results had been shared and that improvements would be worked on.

Patient community groups took place weekly but from the information provided to us, no negative feedback had been received. Patient feedback was part of the services annual quality assurance activity which was completed every 12 months and captured on the services electronic system.

Fir Trees told us they did not currently have a patient survey but they were planning to launch a patient survey during 2018.

The service manager told us that the executive team had recently visited and part of the visit focused on getting feedback from the patients. The feedback they received was positive. They also told us that patients were encouraged to give feedback during their one to one sessions with their named nurses.

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

Good 

## Access and discharge

At the time of inspection, there were eight patients in the service and the average length of stay was 12 months. Bed occupancy was 57%.

The service followed a referral process for allocation of social workers when patients were ready for discharge.

Patients files we looked at showed that patients had been involved in their discharge plans and patients we spoke to confirmed this. They told us they had chosen where they would like to live but knew the choices could not be guaranteed.

Discharge would happen at an appropriate time of day, at the beginning of the week but we found that there had been some delays with discharge due to patients not having a social worker allocated to them in the community. The service manager told us that discussions had been taking place with commissioners about this to agree on a way forward.

Commissioner meetings were held on a quarterly basis to ensure commissioner needs were being met and to update the commissioners on the progress of patients. The meetings were attended by the head commissioner, the modern matron, Fir Trees registered manager, the senior nurse practitioner, head of operations, the integrated pathway lead. The meetings were minuted.

# Long stay/rehabilitation mental health wards for working age adults

Good 

## The facilities promote recovery, comfort, dignity and confidentiality

Fir Trees had a female only lounge as well as a quiet room, games room, two communal lounges, dining area, fully equipped kitchen, an outdoor smoking area and a garden that they would use for gardening activities. The communal lounges and dining area were used for group activities.

Patients had personalised their bedrooms and each bedroom had secure storage for possessions as well as a secure safe for medication if the patient was self-medicating.

Patients were able to store food and make hot drinks and snacks when they wanted to in the communal kitchen.

We observed patients having visitors come to see them and the service had a quiet room and a room that was used for visits.

The service had a pay phone located on one of the corridors but patients tended to use their mobile phones instead.

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

Fir Trees had an occupational therapist based at the hospital from Monday to Friday each week. We observed an activities schedule was listed on the dining room wall. Activities included cooking, gardening, arts and community based activity.

Activities were planned either individually or as a group. The occupational therapist told us the activities were a work in progress as the ultimate aim was to have more emphasis on community activities to encourage integration and independence.

Patients were able to discuss different activity options weekly at community meetings using an interest checklist to help raise awareness of what activities patients were interested in. The service was able to make changes following the discussions. During occupational therapy sessions, patients were also supported in tailoring activities to suit their individual needs.

The service was a single storey building which provided access for patients with a physical disability. Adjustments had been made in a communal bathroom which had a hoist fitted.

The service provided the option of various formats and translation of written materials for patients. They included the translation of policies, safeguarding and leaflets about how to complain, were available in easy read format.

## Listening to and learning from concerns and complaints

During the 12 months prior to inspection, Fir Trees had received no complaints but had received five compliments.

There was a comments and complaints policy provided by Alternative Futures Group. The protocol was to ensure complaints were acknowledged within three working days and a full investigation carried out within 28 days. All comments and complaints would be logged electronically.

We saw that information leaflets were freely available to patients, families and carers on how to complain about the service they receive. There was also a comments book located in the reception area to encourage feedback from people who use or visit the service. Fir Trees used patient feedback as part of their annual quality assurance.

Patients we spoke to told us they would know how to complain and knew what the complaints procedure was.

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

Good 

## Vision and values

Alternative Futures Group launched their new values in December 2017. They told us their ambition was to have a healthy and engaged culture and be an employer of choice. To do this, they gathered input from all staff through listening events. They told us that their aim was to make their new values a visible presence by putting up posters, notices in meetings and phased new security badges and lanyards as well as using internal and external communication channels and social media to raise awareness. They also aimed to embed the new values in their policies and processes such as recruitment induction and training.

The new values that Alternative Futures Groups launched, were:-

# Long stay/rehabilitation mental health wards for working age adults

Good 

- We are one
- We succeed together with a shared purpose and vision. We inspire others, take pride in what we do and trust each other. We all have a part to play.
- Every person matters
- We are people focused and value skills, gifts and potential.
- We listen. How people think and feel matters; everyone has a voice.
- We make a positive difference
- We change lives. Our 'can do' attitude and passion enables people to be the best they can be.
- We raise the bar
- We learn from the past, are adaptive and excited by our future. We innovate and lead the way. We strive for best quality with least waste. Better never stops.
- We take ownership

We do the right thing, are solution focused and get results. We are responsible for our behaviour and hold each other to account.

The values run in line with their refreshed vision and mission statement. This was:-

Vision: A world where people control their lives

Mission: Together with our people and partners we will unlock skills, gifts and talents to support

everyone's right to choose and achieve their aspirations

Staff we spoke to told us they knew what the values, vision and mission statement were.

## Good governance

Staff told us that links between Fir Trees and the senior management structure at Alternative Futures Group were good and that all clinical leads from each service within Alternative Futures Group attended a clinical management meeting regularly. Information would be cascaded to staff through the employee intranet which alerted staff of any changes occurring including changes to policies.

The service used the people planner electronic system to monitor training, staffing levels and annual leave. Any areas that required attention were highlighted to the registered manager, such as, arranging mandatory training, refresher training or recruiting staff from over services within the Alternative Futures Group.

Information provided to us showed that Fir Trees had a new care governance structure which incorporated the governance arrangements for the delivery of care and support within Alternative Futures Group and was fed into by the following forums and committees:-

- Quality Improvement Committee
- Incident Management Review Committee
- Physical Health & Medications Forum
- Mental Capacity Act & Mental Health Act Forum
- Contemporary Practices Forum
- Innovation Hub & Social Care Lab
- Digital Care Management System Governance Group
- Practice Development Forum
- Pathway Development Forum
- Registered Managers Forum
- Advanced Practice Forum
- Safeguarding Committee
- Risk & Governance Forum
- Third Sector Safeguarding Leads Network

The care governance structure enabled the service to plan, coordinate, and monitor care quality improvement, safety, and new ideas in line with Alternative Futures Group strategy, standards and processes.

The service manager for Fir Trees met quarterly with commissioners to provide updates.

Managers used key performance Indicators to gauge performance and all staff we spoke to told us they have had regular supervision, appraisals and knew who the senior managers were.

We spoke with the head of quality and operations and were told that they covered four hospitals under Alternative Futures Group. Their role was to work regionally to deliver mandatory training and link in with colleges and universities to recruit student nurses. They told us that they had also supported staff to enrol on the following training courses:-

# Long stay/rehabilitation mental health wards for working age adults

Good 

- Psychosocial Mental Health Care – degree level for nurses and post graduate certificate for support staff who already had a degree
- Psychosocial Interventions for Psychosis – masters level

## Leadership, morale and staff engagement

Staff we spoke to told us they felt happy working at Fir Trees Hospital, it was a happy environment and the current service manager was the best they had worked with. They told us they felt supported and able to raise concerns without fear of victimisation.

Fir Trees had completed an employee engagement survey prior to inspection. This was undertaken annually to gain an understanding of what was important to their staff. The highest scoring results found that staff knew what was expected of them within their roles, they had high standards in their work and they knew where to get the information they needed to help them do their job.

The lowest scored were that staff didn't think they were paid fairly in comparison with people who work in similar services. They felt they did not know what was happening across the Alternative Futures Group and they did not know what was discussed at the employee partnership forum with managers.

Information received prior to inspection informed us that Fir Trees had worked with an external agency that had held presentation sessions with staff across the Alternative Futures Group to help staff understand the findings from the survey. This had been followed up with action planning sessions so that staff could agree actions that were important to them. We were told that the action plans would be reviewed regularly throughout 2018.

Staff sickness levels were at 4.3% and staff vacancies that were at 1% during the three months prior to inspection. The reporting function of the system allowed information to be extracted about commissioned versus delivered hours, staffing, sickness and annual leave. The service manager worked closely with the regional resource lead to establish a staff team above the minimum staffing establishment so there was additional staffing to reduce agency cover and to cover annual leave and sickness.

There had been a recent review in the organisation around the salary of staff nurses, which led to an increase in pay to attract nurses to the service.

## Commitment to quality improvement and innovation

Fir Trees were not involved with accreditation or peer review schemes such as the accreditation for inpatient mental health services. However, they informed us that they would be looking into this over the coming 12 months.

Alternative Futures Group had developed new pathway lead staff roles. This was to ensure patients received the right level of care within mutually agreed timescales. Physical health assessments were used to monitor progress. They would hold multidisciplinary meetings that included the patient, family and carers and work together to agree the patients care pathway.

We found that Fir Trees had shown commitment to quality improvement and innovation by introducing the new electronic staff management system called People Planner. This had helped to monitor and record staffing levels, training, sickness, annual leave and recruitment.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that patients have access to psychological interventions in line with guidance from the National Institute of Health and Care Excellence.

### Action the provider **SHOULD** take to improve

- The provider should ensure that patients receive a copy of their care plan and document when this has been done and when and when a patient refuses a copy.
- The provider should ensure section 17 forms are fully completed to incorporate the outcomes of leave.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>Patients did not routinely have access to psychological interventions as part of their treatment.</b>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.