

# The Willows

## Quality Report

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

### Ratings

#### Overall rating for this location

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



#### 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 The Willows as requires improvement because:

- There were issues with the reliability and safety of clinic room equipment and supplies including portable appliance testing, calibration of equipment and some supplies being out of date. The provider did not detect these issues through their own monitoring processes.
- There was a restrictive practice relating to patients having section 17 leave suspended if they did not request their medication on time.
- Patient records did not show carer involvement. We previously raised this issue during a Mental Health Act review of the hospital in August 2017. It remained an issue during our inspection.
- There were recording errors on patient capacity forms. The provider did not detect this issue through their own monitoring processes. Staff corrected the error when we raised it with them.
- Staff we spoke to were not confident in the rights and management of informal patients. This did not affect patient care since the hospital had never admitted an informal patient. However, the hospital could accept informal patients. The provider had a protocol for the management of informal patients.

- Not all patients had clear discharge plans.

However,

- The hospital provided safe care. The ward environment was safe and clean. The ward had enough staff. Staff assessed and managed risk well and managed medicines safely.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients in a mental health rehabilitation ward and in line with national best practice guidance.
- The ward team included or had access to a range of specialists required to meet the needs of patients on the ward. Managers ensured staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients in care decisions.

# Summary of findings

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Requires improvement 

# The Willows

## Services we looked at

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

# Summary of this inspection

## Background to The Willows

The Willows is an independent mental health hospital run by Priory Healthcare Group. It is in a rural location approximately nine miles outside the town of Newark. Partnerships in Care used to run the hospital, until they merged with Priory Healthcare Group in December 2016. The Willows is registered to provide assessment or medical treatment for persons detained under the Mental Health Act (1983) and treatment of disease, disorder and injury.

The Willows is a community rehabilitation unit. The patient group expected in this type of service have ongoing complex needs. The role of this type of unit is to facilitate recovery, offer psychosocial interventions and support patients to develop skills for independent living and community activities. The Willows can accommodate up to six female patients with a diagnosis of mental illness, personality disorder, or a combination of both. At the time of our inspection, there were five patients at The Willows. They were all detained under the Mental Health Act. Some patients had a criminal order, which means they receive treatment in hospital instead of going to prison. Ministry of Justice conditions apply to these patients.

The Willows registered with the Care Quality Commission on 29 December 2010. There have been four previous

inspections carried out at The Willows, the most recent of which was on 20 April 2016. Following this inspection, we rated the hospital 'good' in all five domains and there were no enforcement actions.

The Willows had a registered manager, who had been in post since June 2018. During the time of our inspection the registered manager was giving interim support to another service. The provider had therefore arranged for an interim hospital manager and director of clinical services to support The Willows. Since our previous inspection there have been four different hospital managers at The Willows. The hospital created a new ward manager post which they appointed to in July 2018.

Since our previous inspection there was a Mental Health Act review of the hospital in August 2017. Concerns included mental capacity assessments not always including details of information given to patients and section 17 leave forms not specifying the conditions of leave. During our inspection, we found evidence that the hospital had resolved both these issues. The Mental Health Act review also raised concerns about records not showing carer involvement. During our inspection we found that this was still an issue.

## Our inspection team

Our inspection team comprised one Care Quality Commission inspector, one assistant inspector and one specialist adviser, who was a nurse.

## Why we carried out this inspection

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

# 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 Willows and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- did a tour of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- carried out a specific check of the clinic room and medicines management

- spoke with four patients who were using the service
- spoke with the ward manager
- spoke with the interim hospital director
- spoke with the interim director of clinical services
- spoke with seven other staff members including a consultant, nurse, healthcare assistant, occupational therapist, occupational therapy technical instructor, assistant psychologist and social worker
- received feedback about the service from one care co-ordinator and one clinical commissioning group case manager
- observed one staff and patient morning meeting and one patient group session
- looked at four patient care and treatment records
- looked at four staff supervision records
- looked at clinical and environmental audits
- looked at staff and patient survey results
- 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 told us they were happy with their care and treatment at the hospital. They told us they felt safe there and that staff responded quickly to any concerns raised. Patients said staff were kind, respectful and caring. They told us they were involved in decisions about their care, discharge planning and had copies of their care plans. Patients told us staff supported them to keep in touch with and visit family and carers.

At the time of our inspection the hospital had not received the results of the carers feedback survey. We were unable to speak to any carers as part of our inspection.

# 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?

Our rating of safe stayed the same. We rated it as good because:

- The hospital was safe, clean, well furnished and fit for purpose. Staff had easy access to clinical information and it was easy for them to maintain clinical records. Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The hospital had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm. Staff assessed and managed risks to patients and themselves well and achieved balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery, in most instances. Staff followed best practice in anticipating, de-escalating and managing conflict. Staff understood how to protect patients from abuse and/or exploitation. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- The hospital had a good track record on safety. Staff recognised incidents and reported them. When things went wrong, staff apologised and gave patients honest information and suitable support.

However,

- The clinic room had out-of-date dressing packs, syringes and blood sample bottles. Staff responded immediately when we raised this during our inspection.
- Electrical equipment in the clinic room had not been portable appliance tested.
- The provider had not ensured they calibrated equipment in the clinic room in line with the hospital policy.

Good



### Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national

Good



# Summary of this inspection

guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.

- The ward team included or had access to specialists required to meet the needs of patients on the ward. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals and supervision. Managers provided an induction programme for new staff. Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005.

However,

- There were recording errors on mental capacity forms. The provider was not aware of these errors. However, staff took action when we raised this issue.
- Staff we spoke to were not confident about the rights and management of informal patients. This did not affect patient care since the hospital had never admitted an informal patient. However, the hospital was able to admit informal patients. The provider had a protocol for the management of informal patients.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Patients' views were incorporated, even when they differed from the clinical team's. Staff ensured that patients had easy access to independent advocates.

However,

**Good**



# Summary of this inspection

- Patient records did not show carer involvement. We found that this was an issue during a Mental Health Act review of the hospital in August 2017.

## Are services responsive?

Our rating of responsive went down. We rated it as requires improvement because:

- Patients had to request their medication by a specific time to get their section 17 leave. This was a restrictive practice and not in keeping with the Code of Practice guidance.
- Not all patient care plans included robust discharge plans.

However,

- The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The hospital had a room for patients to meet visitors in private.
- Staff supported patients to self-cater and patients could make hot drinks and snacks at any time. Staff helped patients with communication, advocacy and cultural and spiritual support.

**Requires improvement**



## Are services well-led?

Our rating of well-led went down. We rated it as requires improvement because:

- The hospital's governance systems were not robust. They did not identify the out of date materials in the clinic room, clinic room equipment calibration being overdue and equipment not being portable appliance tested. They also did not pick up the recording error in mental capacity assessment forms.
- There had been many staff changes in the senior leadership team. Staff, patients and external stakeholders told us senior leadership changes had created a period of instability and adjustment at the hospital.

However,

- Staff told us the hospital had an open, supportive culture and they felt able to raise concerns.
- Managers encouraged staff to give feedback on the service through meetings, surveys and forums.
- Staff had access to the information they needed to provide safe and effective care.

**Requires improvement**



# 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.

- All five patients at the hospital were detained under the Mental Health Act. Four of these patients had Ministry of Justice restrictions. Staff understood their roles and responsibilities under the Mental Health Act and the Mental Health Act Code of Practice.
- Mental Health Act training was mandatory. Between 30 June 2017 and 30 June 2018, 100% of staff had completed this training. Staff had access to administrative support and advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrator was. The administrator did Mental Health Act paperwork audits. Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice and knew how to access these. Patients had easy access to information about independent mental health advocacy. Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it.
- Staff ensured that patients could take their section 17 leave (permission for patients to leave hospital). Staff clearly documented conditions of section 17. Staff put pre-leave forms in the lounge for patients to complete saying what they were wearing and if they needed money or other items ahead of going on leave. Staff gave patients copies of their leave forms.
- Staff told us they had never admitted an informal patient (admitted to hospital voluntarily and not detained under the Mental Health Act). Staff we spoke to were not confident about the rights and management of informal patients and how they would support them. Since the hospital could admit informal patients, this was a concern. However, since they did not have any informal patients, it did not impact upon patient care. The provider had a protocol for the management of informal patients.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005. We looked at four capacity assessments. Three of them did not clearly record if the patients had capacity. They had contradictory information. They selected 'no' on the capacity form to show the patients did not have capacity, but then provided further clear detail which showed the patients did have capacity. This was a recording error, with staff mistakenly selecting 'no' instead of 'yes' on the form. Staff clearly wrote in their notes the patients had capacity and gave a strong rationale for this judgement. We raised this with the hospital director and responsible clinician. They took immediate action to correct the recording error. There was no impact on patient care and treatment because of this error. The hospital did not complete audits of Mental Capacity Act paperwork. This meant staff did not notice the error.
- Mental Capacity Act training was mandatory. Between 30 June 2017 and 30 June 2018, 100% of staff completed this training. The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty safeguards (to protect people without capacity to make decisions about their own care). Staff were aware of the policy and had easy access to it.
- Between 1 January 2017 and 30 June 2018, the hospital made no Deprivation of Liberty safeguards applications. Staff knew where to get advice regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards. This meant they could access support if they needed it.

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

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

Requires improvement



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

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

Good



### Safe and clean environment

#### Safety of the ward layout

- Staff carried out ligature risk assessments and monthly ligature audits. A ligature is something a patient could tie to hang themselves. The hospital had ligature cutters in a locked box outside patient bedrooms and all staff had a key to access this. All staff completed ligature cutter training. The multidisciplinary team regularly reviewed patient risk assessments. At the time of our inspection there were no patients considered at risk of tying a ligature. Staff told us measures they would use to reduce the risk if needed. This included restricted or monitored bedroom access, locking ensuite bathrooms and enhanced observations.
- There were no viewing panels in the doors of patient bedrooms. This meant staff had to enter patients' bedrooms to do observations while patients were asleep. Most patients had four observation checks over a 24-hour period, which included one check overnight. Given the observation checks were infrequent, staff entering their bedrooms to do checks had minimal impact on patients. Managers had included the installation of viewing panels in the site improvement plan.

- Staff carried alarms and patients had access to nurse call systems in their bedrooms. These linked to control panels in the hospital. It meant staff and patients could alert someone when they needed help.
- The hospital had fire doors fitted appropriately throughout. Fire doors to some communal areas had electronic retainers (to close them automatically if the fire alarm went off). Communal areas displayed the fire evacuation procedure and fire extinguishers were within their service date. Staff completed fire training. Staff wrote detailed personal emergency evacuation plans for patients. These informed staff of possible difficulties in helping individual patients evacuate in emergencies and how to reduce these risks.

#### Maintenance, cleanliness and infection control

- Patients kept the hospital clean on a rota basis. Staff checked that patients had done their cleaning duties and supported them as needed. This was in keeping with expected practice at a community rehabilitation unit. We saw that there was a patient 'job description' with a list of cleaning tasks for patients to complete. Patients told us this gave them responsibility and they felt it helped their rehabilitation. Staff locked the cupboard storing cleaning fluids and patients asked staff for access to it when they needed to. There were some infection control and hygiene tasks completed by night staff. They recorded when they had completed them.
- The hospital needed refurbishment. There was wear and tear damage to furniture and markings on the walls and carpets. We saw evidence that, before our inspection, staff had arranged the refurbishment of the hospital. This included painting the walls and replacing carpets and furniture. Staff told us patients had chosen the new decorations.

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

Requires improvement



## Seclusion room

- There was no seclusion room in the hospital. Staff did not seclude patients in other rooms.

## Clinic room and equipment

- The hospital had a fully equipped clinic room with accessible resuscitation equipment and emergency medication. We saw evidence from staff records that they checked these weekly. This meant staff could assure themselves they had the equipment they needed to respond in an emergency. Clinic room cleaning records were up-to-date and audited regularly. Staff recorded the room temperatures daily and the temperatures were within an acceptable range.
- We found out-of-date dressing packs, syringes and blood sample bottles in the clinic room. We raised this issue with staff during our inspection and they took immediate action to dispose of these items. This did not present an immediate clinical risk to patients. We found that the cupboards in the clinic room which had sharps in did not have locks on. However, we saw evidence that staff had ordered locks for the cupboards prior to our inspection and these were due to be fitted the week after our inspection. Patients only accessed the clinic room accompanied by staff. Staff always locked the room. Therefore, this did not present an immediate risk.
- The hospital policy was to calibrate equipment in the clinic room annually. Calibrate means checking to ensure readings are standardised and accurate. The hospital calibrated the equipment in August 2017. They intended to calibrate it again in August 2018 but this had not happened. The equipment had not been re-calibrated at the time of our inspection. This did not have an impact on patient care.
- Portable appliance testing on the clinic room fridge and extension lead were not up-to-date. This meant there was a risk the appliances were not safe. We found evidence that staff had tested other electrical equipment at the hospital, but this did not include the clinic room equipment.

## Safe staffing

### Nursing staff

- Managers calculated the number and grade of nurses and healthcare assistants needed using the provider's staffing tool. The ward manager could adjust staffing

levels to take account of case mix and escorted leave. This meant they had flexibility to request more staff to maintain the safety of the ward or support patients in the community.

- When necessary, managers contacted the provider's other hospitals to request extra staff support. They reported they could use bank or agency nursing staff to maintain safe staffing levels. Between 1 January 2018 and 30 September 2018, the hospital filled 28 shifts with agency staff and 22 shifts with bank staff to cover staff sickness, absence, vacancies, or enhanced observations of patients. There were no shifts where staffing levels were below the minimum needed. Between 1 January 2018 and 30 September 2018, the permanent staff sickness rate was 5.3%. This was higher than the NHS average of 4.8%.
- The hospital was recruiting an extra registered nurse. This would put their staffing levels over the minimum number they needed. There was one registered nurse and two healthcare assistants on day shifts and one registered nurse and one healthcare assistant on night shifts. Staff we spoke with said there was always a registered nurse present at the hospital. However, as there was only one registered nurse on shift this meant they could not leave the hospital site during their break unless a manager, who was also a registered nurse, was available on site.
- Staffing levels allowed patients to have regular one-to-one time with their named nurse. Patient told us their named nurse knew them well and listened to them. We saw evidence in care records and observed during our inspection that patients had regular one-to-one time with staff. There were sufficient staff to carry out observations and support patients safely. Staff and patients we spoke with told us the hospital was not short staffed and that staff shortages rarely resulted in cancelling escorted leave or ward activities. Patients told us if staff cancelled escorted leave they explained the reason to them.
- Bank staff completed the provider induction and mandatory training. Agency staff had an induction. The provider had an agency staff induction checklist which included orientation to the hospital and introduction to patients and staff they would be working with.

### Medical staff

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

Requires improvement



- There was one doctor based at the hospital one day a week. This doctor was the responsible clinician (a consultant who has overall responsibility for care and treatment of patients detained under the Mental Health Act). The provider employed the responsible clinician full time and they also covered another, larger hospital under the same provider. Staff could contact the responsible clinician by phone if they were not at The Willows when staff needed help. The provider had an out-of-hours consultant on-call rota covering seven days a week. There were six consultants included in this rota. When they were on-call consultants based themselves at another hospital under the same provider, which was a 35-minute drive from The Willows. This meant staff could always get support from a doctor when they needed it.
- Medical staff had an annual appraisal linked to their revalidation. A senior doctor with appropriate training appraised medical staff.

## Mandatory training

- The hospital provided mandatory training in key skills to all staff and made sure everyone completed it. Between 30 June 2017 and 30 May 2018, the overall training compliance rate was 98%. Staff mandatory training included basic and immediate life support.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

- All four patient care records we looked at included clear risk assessments using a recognised risk assessment tool. Staff did a risk assessment of every patient on admission and updated it regularly, including after any incident. This meant risk assessments were working documents which reflected patient needs.
- Staff used a template at ward rounds which prompted them to update risk assessments. This created a reminder to staff to ensure that risk assessments were accurate.

### Management of patient risk

- All patients were individually risk assessed. Staff recognised and responded to changing risks to, or posed by, patients. Staff were aware of and dealt with any specific risk issues, such as falls or self-harm. This meant staff could manage individual patient risks and keep them safe. Staff assessed patients' risk and mental

state ahead of unescorted leave. Patients stayed in communal areas for one hour prior to going on leave as part of this assessment. This meant that staff could monitor their mental state before they left the hospital. Staff discussed this policy in a staff meeting and agreed it was useful for their risk assessment.

- Staff used a search randomiser when patients returned from unescorted leave. This involved all patients pressing a button at reception on return from leave which would randomly select whether staff gave them a pat down search. Staff told us they could also search patients if they had reasonable grounds to believe they were trying to bring restricted items into the hospital. Staff told us of an example where this had happened. After this incident staff updated the patient's risk assessment and searched them on return from leave for a period of time following the incident in agreement with the patient and multidisciplinary team.
- Patients told us they felt safe in the hospital and that violence or aggression were not issues at the hospital. Patients told us staff responded quickly and appropriately if there were disagreements between patients.
- There was a list of restricted items and a contraband cupboard which stored items patients could not keep in their rooms. Patients could request access to this from staff.

### Use of restrictive interventions

- Between 1 January 2018 and 30 June 2018, there were no reported episodes of seclusion, long-term segregation, rapid tranquilisation or restraint at the hospital. Staff told us they used daily patient meetings and psychology based communication techniques with patients to manage conflicts before they escalated.

### Safeguarding

- Staff had level three training in safeguarding adults and children and knew how to make a safeguarding alert. Staff could give examples of safeguarding concerns and knew how to report these. There was a social worker based at the hospital part time. They also covered another hospital under the same provider. Staff could contact the social worker via phone on days they were not at the hospital. Staff reported they contacted the social worker to raise safeguarding concerns and for advice.

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

Requires improvement



- Between 30 June 2017 and 5 October 2018 there was one safeguarding incident and one incident of patient injury. Staff recognised the seriousness of these incidents and took action to protect patients. Staff documented the incidents clearly in patients' notes. They raised incident reports through the provider reporting system and discussed them with the social worker.
- If patients wanted children to visit them at the hospital, the social worker assessed if this was safe.

## Staff access to essential information

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Patient records were electronic and there were enough computers for staff to be able to access them.

## Medicines management

- Staff followed best practice when storing, giving, and recording medication. Staff regularly reviewed the effects of medications on each patient's physical health. The hospital used an external pharmacy to supply and recall medication and to complete monthly medicines audits. The external pharmacist visited the hospital once a week. The audit tool used by the pharmacist was electronic and senior staff had access to the audit results. Staff completed weekly clinic room and medication management checks and records of these were up-to-date. Daily fridge temperatures were up-to-date and within an acceptable range. Staff completed audits of these records.
- We found that staff had ordered one item of prescribed medication for a patient and there had been a long delay in the pharmacy providing this. This meant that the patient did not receive their medication promptly. Staff contacted the pharmacy to follow this up and check when they would receive the medication. We discussed the delay in receiving the medication with the responsible clinician. Nursing staff kept the responsible clinician up dated about the issue. The impact on the patient was minimal.
- There was a clear three-stage policy for patients self-medicating. Staff responded appropriately to medication errors made by patients who were self-medicating. Patients told us they were confident asking their named nurse or the doctor if they had questions about their medication.

## Track record on safety

- Between 1 January 2018 and 30 June 2018, there were no serious incidents reported at the hospital. Staff knew about lower-impact incidents which happened at the hospital. They reported sharing information with staff who were not present during the incidents. This meant staff were aware of issues and could support patients appropriately.

## Reporting incidents and learning from when things go wrong

- Staff completed a team incident review process following incidents. Staff told us they discussed incidents in reflective practice and multidisciplinary meetings. Staff shared learning from incidents at monthly local service development meetings and in quarterly newsletters. We saw bulletins displayed in staff areas sharing learning from incidents which occurred at the provider's other hospitals.
- Staff knew what incidents to report and how to report them. All staff had access to the electronic incident reporting system. The director of clinical services reviewed incident reports daily. This meant staff could escalate incidents when they occurred and make senior staff aware of them. Staff understood the duty of candour and gave an example of when they had applied this following an incident. Staff told us they felt supported and had debriefing after incidents.

## 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 four patient care records. We saw staff completed comprehensive mental and physical health assessments of patients promptly at, or soon after, admission. Staff developed recovery-orientated care plans that met the needs found during assessment. Staff told us how they supported patients at risk of falls, including completing a falls assessment and making

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

Requires improvement 

onward referrals to external agencies. However, of the four patient care records we looked at, only two had discharge plans, with a further one having notes about discharge which staff had not copied into the care plan.

- Staff involved patients in care planning and risk assessment. Three of the four care plans we looked at showed clear patient involvement. The other care plan documented the patient had chosen not to be involved. Staff wrote care plans from the perspective of patients, with many of them written in the first person to reflect the patient voice. Care plans were personalised, holistic and recovery-oriented. Staff encouraged patients to complete patient care planning and ward round preparation sheets. These asked patients how they had progressed towards their recovery goals from the last meeting and what their aims for the next review were. It also encouraged patients to think about what skills they had developed since the last meeting and any changes they wanted to make to their care plans. Care plans included rehabilitation-focused information for example about supporting patients into voluntary work, areas for independent living skills development and self-medicating where appropriate.

## Best practice in treatment and care

- Staff offered a range of care and treatment interventions suitable for the patient group. These were interventions recommended by, and delivered in line with, guidance from the National Institute for Health and Care Excellence. Care plans had a section linking them to National Institute for Health and Care Excellence guidance. They also referenced the provider's policies. All patients had access to psychological therapies and occupational therapy to support their rehabilitation. Staff reviewed psychology provision at the hospital in September 2018 in response to low patient attendance. As a result, they made changes to the psychology service. This involved completing an initial assessment with new patients, offering further input where required and accepting staff referrals for input thereafter. Psychology staff also ran monthly patient drop-ins. These allowed patients to take ownership over accessing psychology as part of their recovery. Staff tailored occupational therapy input to patients' rehabilitation needs and included independent living skills development, mental health self-management and community integration.

- Staff ensured patients had good access to physical healthcare, including access to specialists when needed. All patients registered with a local GP. Staff told us they had good working relationships with the GP surgery. Patient care records showed good communication between hospital staff and physical healthcare providers. Staff included patients' physical health care needs in care plans. Staff completed monthly physical healthcare audits. Action plans were in place and staff followed these up if there had been omissions. Staff supported patients to live healthier lives. There was pictorial and written information on healthy eating, avoiding infections and smoking cessation displayed in communal areas.
- We saw evidence that patients had copies of their care plans which they could store securely in their bedrooms. This meant patients were well informed about their care and could access their care plan whenever they wanted to.
- Staff used rating tools to ensure treatment was effective. These included Health of the Nation Outcome Scales, Model of Human Occupation Screening Tool and Occupational Self-Assessment.

## Skilled staff to deliver care

- Staff had the right skills, experience and knowledge to meet the needs of the patient group. The hospital staff team included the full range of specialists needed to meet the needs of patients at the hospital. This included nurses, healthcare assistants, a doctor, an occupational therapist, occupational therapy technical instructor, a psychologist and social worker as well as an externally employed pharmacist and independent advocate. Managers ensured staff had access to monthly team meetings. We reviewed staff meeting minutes and saw that staff had a range of clinical and non-clinical discussions. Staff had agreed actions to overcome issues raised in the meetings.
- Managers provided new staff with appropriate induction. This included healthcare assistants completing the care certificate. The percentages of healthcare assistants who had completed the care certificate was 71.4%. Managers were aware of staff who had not completed their certificate and made plans to support these staff. Between 30 June 2017 and 30 June 2018, the percentage of staff that had an appraisal was 100%. In the same period, there were no staff suspended or working under supervision.

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

Requires improvement 

- Managers provided staff with supervision (meetings to discuss case management, to reflect on and learn from practice and for personal support and professional development) and appraisal of their work performance. Staff also had psychology-led fortnightly reflective practice sessions. Between 1 July 2017 and 30 June 2018, the percentage of staff who received supervision was 91%. We looked at supervision records for four staff. Of the four records we looked at one supervisee had not signed their supervision form. Staff used a standard form for supervision with headings to prompt discussion on reflections, things which had gone well, safeguarding and complaints.

## Multidisciplinary and inter-agency team work

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. Staff held weekly multidisciplinary meetings which they told us were effective. Staff told us they felt the multidisciplinary team understood each other's roles and respected each other. The hospital shared their multidisciplinary team with one of the provider's other hospitals. Staff told us they found this positive for building working relationships, sharing resources and ensuring the hospital was not isolated.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- All five patients at the hospital were detained under the Mental Health Act. Four of these patients had Ministry of Justice restrictions. Staff understood their roles and responsibilities under the Mental Health Act and the Mental Health Act Code of Practice.
- Mental Health Act training was mandatory. Between 30 June 2017 and 30 June 2018, 100% of staff had completed this training. Staff had access to administrative support and advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrator was. The administrator did Mental Health Act paperwork audits. Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice and knew how to access these. Patients had easy access to information about independent mental health

advocacy. Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it.

- Staff ensured that patients could take their section 17 leave (permission for patients to leave hospital). Staff clearly documented conditions of section 17. Staff put pre-leave forms in the lounge for patients to complete saying what they were wearing and if they needed money or other items ahead of going on leave. Staff gave patients copies of their leave forms.
- Staff told us they had never had an informal patient (admitted to hospital voluntarily and not detained under the Mental Health Act). Staff we spoke to were not confident about the rights and management of informal patients and how they would support them. Since the hospital could admit informal patients, this was a concern. However, since they did not have any informal patients, it did not impact upon patient care.

## Good practice in applying the Mental Capacity Act

- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005. We looked at four capacity assessments. Three of them did not clearly record if the patients had capacity. They had contradictory information. They selected 'no' on the capacity form to show the patients did not have capacity, but then provided further clear detail which showed the patients did have capacity. This was a recording error, with staff mistakenly selecting 'no' instead of 'yes' on the form. Staff clearly wrote in their notes the patients had capacity and gave a strong rationale for this judgement. We raised this with the hospital director and responsible clinician. They took immediate action to correct the recording error. There was no impact on patient care and treatment because of this error. The hospital did not complete audits of Mental Capacity Act paperwork. This meant staff did not notice the error.
- Mental Capacity Act training was mandatory. Between 30 June 2017 and 30 June 2018, 100% of staff completed this training. The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty safeguards (to protect people without capacity to make decisions about their own care). Staff were aware of the policy and had easy access to it.
- Between 1 January 2017 and 30 June 2018, the hospital made no Deprivation of Liberty safeguards applications.

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

Requires improvement 

Staff knew where to get advice regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards. This meant they could access support if they needed it.

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

Good



### Kindness, dignity, respect and support

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs. We saw that staff attitudes and behaviours when interacting with patients were discreet and responsive. Patients told us staff listened, understood their needs well and were caring. Staff provided patients with help, emotional support and advice when they needed it.
- Staff supported patients to understand and manage their care, treatment and condition. Staff we spoke to understood the individual needs of patients, including their personal, social and health needs. Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences. Patients told us they felt able to raise concerns with staff and felt confident that staff would help them to resolve concerns.
- There was a notice board near the entrance of the hospital with staff photos and brief information about their hobbies, likes and dislikes and favourite quotes. This helped patients and visitors know who staff were.

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

#### Involvement of patients

- Staff communicated with patients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties. We saw an example of a patient communication checklist which staff and a patient had developed together. This meant the patient had a tool to share with other staff to explain how they wanted them to communicate.

- Staff enabled patients to give feedback on the service they received. All five patients completed a patient experience survey. Themes from this survey were patients' named nurse not always being on shift for their Care Programme Approach meetings and patients not knowing who their external care coordinator was. Managers wrote an action plan to resolve issues patients raised in the survey. Patients had daily morning meetings and community meetings where they could discuss issues with staff. Staff made minutes of community meetings accessible by displaying them in the lounge. Patients' attendance at meetings was good. Patients were not involved in staff recruitment.
- We saw that in the communal lounge there was a suggestions box and a compliments box. Staff and patients told us they discussed the items put into these boxes at patient community meetings. This made it easier for patients to give anonymous feedback.
- Staff ensured that patients could access advocacy services. An independent advocate visited the unit weekly and met with patients. There was information displayed on patient notice boards with the advocate's photograph and contact details. This meant patients could contact the advocate without needing staff support.
- There was a schedule displayed on the wall in a communal area which showed patients when their individual care programme approach and multidisciplinary team meetings were. This meant patients could prepare for their meetings.

#### Involvement of families and carers

- Staff enabled families and carers to give feedback on the hospital using surveys. At the time of our inspection, staff had not received the results of the carers feedback survey.
- Patient records did not show carer involvement. We raised this as an issue during a Care Quality Commission Mental Health Act review at the hospital in August 2017. Prior to our inspection the provider told us they were planning to implement a families and carers questionnaire ahead of patient care programme approach meetings but the hospital had not implemented this at the time of our inspection.

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

Requires improvement 

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

Requires improvement 

## Access and discharge

### Bed management

- Between 1 January 2018 and 30 June 2018, the average bed occupancy was 67%. This meant the hospital had space to accept new referrals. Since our previous inspection four patients had been discharged. The average length of stay for the discharged patients was 2.6 years. The expected average length of stay at inpatient community rehabilitation units is one to two years. Staff and external stakeholders told us Ministry of Justice restrictions made finding a suitable discharge location for some patients difficult and this caused longer length of stays. At the time of our inspection there were three patients who had been at the hospital for more than two years, they all had Ministry of Justice restrictions.
- Staff used the admission process to inform and orient patients to the hospital. This meant patients received support to settle into the hospital after admission. The hospital had no catchment area and accepted patient referrals nationally.

### Discharge and transfers of care

- Between 1 January 2016 and 30 June 2018, there were no reported delayed discharges from the hospital. Of the four patient care plans we looked at, two had recovery-orientated discharge plans. A further one had care programme approach notes about discharge but staff had not added this into the patient care plan at the time of our inspection. Expected practice in community rehabilitation units is that discharge planning starts within three months of admission. The one remaining patient who we did not see any discharge notes for had been at The Willows less than three months at the time of our inspection. Supported accommodation is the expected discharge location for patients in community rehabilitation units. Since our last inspection the

hospital had discharged three patients to supported accommodation or supported care within a residential setting. One patient transferred to an acute admissions ward for a higher level of care.

- The external care coordinator and commissioner we spoke to told us they were working alongside the hospital to find alternative placements for their patients as part of stepping down their care. We saw evidence that staff considered patients' home town and family location when planning discharge. Patients told us they were involved in planning their discharge. This meant patients could be involved in discussions about their longer-term care and support. Staff told us the multidisciplinary team had face to face meetings with patients before discharge. Staff told us they ensured an external mental health team were in place prior to patient discharges so they knew who would be providing care after the patient left hospital.
- Of the four patient records we looked at, one had detailed information about how staff could support the patient in a crisis. This was not present in the other three records we looked at. This meant that staff may not offer a consistent and effective approach to supporting patients in crisis in accordance to patients' wishes.

### Facilities that promote recovery, comfort, dignity and confidentiality

- All patient bedrooms had ensuite bathrooms. This helped patients to maintain dignity and privacy. Patients could personalise bedrooms and bring in personal belongings. This promoted recovery and comfort. Patients had somewhere secure to store their possessions. Patients could lock their bedroom. Staff and patients held bedroom keys. This was individually risk assessed for each patient. This helped maintain confidentiality.
- Patients had access to the internet. Patients had their own mobile phones. This was individually risk assessed. Patients told us this allowed them to keep in touch with family and friends. Patients had access to outside space including well maintained gardens. Staff included year-round maintenance of the gardens in the hospital estates strategy. This meant patients could access fresh air in a pleasant environment on-site. Patients could access the back garden independently. Staff locked the front door of the hospital and patients had to request staff unlock it if they wanted to go out.

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

Requires improvement 

- Patients cooked for themselves and other patients on a rota basis. Patients wrote shopping lists and went to the supermarket to buy food for the hospital. Staff supported patients with these activities. This was in keeping with expected practice at a community rehabilitation unit. Staff and patients ate meals together but patients could eat at different times if they chose to. This promoted recovery and skill development. Patients could make hot drinks and snacks 24 hours a day. Patients told us healthy snacks such as fruit and yogurts were always available. Patients had space to store their own food items. Staff did not lock the kitchen but they locked the drawer holding knives, in line with their risk assessment. The staff member on security duty for the shift had the key for this. Patients could ask staff for access to the drawer if needed.
- Patients told us there were enough activities available at the hospital and these were available seven days a week. We saw there was a daily timetable of activities displayed in communal areas. We observed a patient group session. This was part of an in-house, six-week course to improve confidence in the community and promote recovery. Staff led the group and encouraged patient input. We saw caring and respectful interaction between staff and patients. Patients told us they enjoyed the groups and found them useful. Patients got certificates for attending and completed reflective accounts.
- The hospital had a room in which patients could meet visitors in private. This room was accessible either by walking through the main ward area or by a separate entrance through the garden of the hospital if needed.

## Patients' engagement with the wider community

- Staff ensured patients had access to education and work opportunities. Some patients volunteered for a charity in the local town. Patients accessed local community groups for leisure activities and exercise classes. There was information about activities provided by a local charity in the lounge. The hospital was on a bus route. Staff supported patients to travel by bus as part of their community skills development. The hospital also had staff registered as drivers who could take patients on community based visits where needed. Patients told us they felt part of the local community

and had good relationships with people in the community. Staff told us they organised an annual summer fair with patients which they invited carers and residents to.

- Staff supported patients to keep in contact with their families and carers. Staff included this in care plans. We saw evidence that staff supported patients to visit family who did not live in the local area. Patients gave positive feedback about staff being respectful and professional when escorting them on family visits. This meant patients could maintain relationships with people important to them.

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

- Patients who did not self-medicate were asked to request their medication from staff before 08:30am in the mornings. We saw from staff and patient meeting minutes that if patients did not do this or needed prompting, staff could withhold their section 17 leave for the day. This was to encourage patients to attend for their medication as part of their care and treatment. However, it was a blanket restriction. Blanket restrictions are rules that restrict a patient's liberty, which are routinely applied to patients without individual risk assessments to justify their application.
- The hospital was accessible for patients with restricted mobility, and had a downstairs bedroom. The hospital had a lift. Staff and patients told us that this had been out of service for a long time. Staff had arranged for an external company to try and fix it but this did not resolve the problem. This had an impact on patients who struggled walking up the stairs. It could also affect the hospital's ability to accept new referrals for patients with restricted mobility. Staff raised this issue at staff meeting and contacted the provider to request help.
- Staff ensured patients could obtain information on local services, patients' rights, safeguarding and how to complain. There was equality and diversity information displayed in patient areas. The hospital overtly welcomed lesbian, gay, bisexual and transgender patients. There were visible signs the service promoted lesbian, gay, bisexual and transgender inclusive practice. All staff had completed the provider's sexuality training.
- There was information on different religions and promoting anti-discriminatory practice in communal areas. The hospital did not have a multi faith room. Staff told us they supported patients to attend local spiritual

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

Requires improvement 

places. At the time of our inspection there were no patients with special dietary requirements or specific cultural or religious needs. There were no patients whose first language was not English. Since patients did the food shopping with staff support, they could buy specialist foods if needed. Staff knew how to arrange an interpreter if they needed to.

## Listening to and learning from concerns and complaints

- Patients told us they knew how to make a complaint or raise a concern. Between 30 June 2017 and 30 June 2018, the hospital received no formal complaints. Staff and patients told us that there was an open culture in the hospital and patients raised concerns as soon as they arose, which staff responded promptly to.

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

Requires improvement 

## Leadership

- The hospital senior leadership team had changed several times since our previous inspection. This included having four different hospital managers. The hospital director was appointed in July 2017. The hospital developed a new ward manager post, which they had filled in July 2018. Although senior leaders had the skills and professional experience to perform their roles, they were still developing their understanding of some aspects of the hospital during our inspection. Staff, patients and external stakeholders told us senior leadership changes had created a period of instability and adjustment.

## Vision and values

- Staff knew and understood the provider's vision and values and how they applied to their work. The provider's values were available to patients, family members, carers and other professionals on their main website.

## Culture

- Managers at the hospital promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us they felt positive about working at the hospital and proud of their team. Staff told us they felt the hospital had an open culture where they felt able to raise concerns without fear of retribution.
- Staff had access to a staff room with suitable furniture, a fridge and lockers where they could safely secure belongings.

## Governance

- Managers used the provider staffing tool which gave them a good oversight of staff needed and allowed them to manage vacancies. Staff understood the arrangements for working with other teams, both within the provider and externally, to meet the needs of the patients.
- Staff undertook local clinical and environmental audits. However, the audits did not pick up the out of date materials in the clinic room, clinic room equipment calibration being overdue and equipment not being portable appliance tested. The audits also did not pick up the recording error in mental capacity assessment forms.
- Managers checked staff compliance with training and supervision using an electronic dashboard. The dashboard had a red, amber, green system to highlight compliance and flag up when staff were nearly overdue for an activity. This allowed managers to maintain oversight of the running of the hospital and address issues.
- The provider had a risk register which listed the risks for all their hospitals within the region together. This allowed managers to be aware of regional risks and reduced the likelihood of the hospital being isolated.

## Leadership, morale and staff engagement

### Management of risk, issues and performance

- The provider had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Managers listed the remote location of the hospital as a potential risk. They mitigated against this with an on-call system for doctors, nurses and senior managers and by working closely with

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

Requires improvement 

other hospital under the same provider. For example, the hospital had joint clinical governance meetings with another hospital. Consultants from the provider's different hospitals had weekly meetings.

- At the time of our inspection, managers told us there were no staff at the hospital receiving performance management support.

## Information management

- The service used systems to collect data from wards and directorates that did not create too much extra work for frontline staff. This meant managers could get the information they needed without it taking staff time away from providing patient care. Staff had access to the equipment and information technology needed to do their work. Staff did not raise any concerns with the computer or telephone systems.
- The ward manager had access to information to support them with their management role. This included information on the key performance of the service, staffing and patient care. Information was in an accessible format, up-to-date, accurate and identified areas for improvement.

## Engagement

- Staff had access to up-to-date information about the work of the provider through the intranet, bulletins and joint meetings with another hospital under the same provider. This meant staff were well informed about updates to the service and provider.
- Patients had opportunities to give feedback on the service they received. Patients completed annual patient satisfaction surveys. We saw that staff had written a time-bound action plan to resolve issues patients raised in this survey and allocated each action

to staff to complete. Patients told us they felt able to give feedback in community meetings and daily morning meetings. Patients told us staff were responsive when they raised issues.

- Staff told us they found managers approachable and felt able to raise concerns with them. However, some staff said that the high turnover of managers had been disruptive. The hospital had a forum for staff to share feedback as well as a staff survey and employee engagement survey. Fifteen staff completed the employee engagement survey in July 2018. The results showed that 100% of staff who completed the survey felt their workload was manageable and that they had the resources they needed to do their jobs. Staff also said they were happy with the team at the hospital and felt their colleagues were supportive. However, other themes from the survey were that some staff did not feel they had enough recognition for their work or career development opportunities.

## Learning, continuous improvement and innovation

- The hospital took part in a psychology based accreditation scheme relevant to the service. This was the Association for Psychological Therapies scheme, Reinforce Appropriate (behaviour) Implode Disruptive (behaviour). Staff received training in the scheme and implemented learning from it at the hospital. Staff also received training in and implemented a positive behavioural support approach.
- The provider had an apprenticeship scheme and supported National Vocational Qualifications up to level five. The provider had a leadership and development programme for ward managers and charge nurses. At the time of our inspection the ward manager was waiting to complete this course.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider **MUST** review its practices around the suspension of section 17 leave if patients do not request their morning medication on time.
- The provider **MUST** review its governance monitoring systems to ensure it detects errors in recording capacity, portable appliance testing, calibration of equipment and checks expiry dates of clinical supplies.

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

- The provider **SHOULD** consider reviewing its carer engagement strategy to ensure it involves carers and families in patient care where possible

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The provider used restrictive practice around the suspension of section 17 leave if patients did not request their morning medication on time.**

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider's governance monitoring systems were not always effective in identifying errors in practice.**