

Ashwood Court Nursing Unit




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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

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

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

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

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

Summary of findings

Overall summary

We rated Ashwood Court Nursing Unit as good because:

- The environment was safe, and where there were risks these were identified and managed. The service complied with guidance on mixed sex accommodation. All patients had their own bedroom, and there were designated corridors for men and women. The clinic room was clean and appropriately stocked. Medical devices and resuscitation equipment were readily available.
- The service did not use restrictive interventions such as restraint and seclusion. One-to-one observations and rapid tranquillisation were rarely used. Staff were aware of the safeguarding policy, and knew how to raise concerns. Incidents were reported and responded to appropriately.
- The service had enough staff with the right skills, training and experience. Patients received care and treatment from a multidisciplinary team of staff which included occupational therapy and psychology. All staff received supervision and appraisal.
- Medication was safely prescribed, administered, stored and managed by the service. All patients had an assessment of their needs, and care plans developed in response to identified needs. All patients had a physical examination on admission, and ongoing monitoring of their physical health. Staff used rating scales to monitor patient's progress.
- Patients were mostly positive about the care they received and the service that was provided. The service held weekly community meetings, where patients gave their opinions about the service, and raised their concerns. Patients had access to an advocacy service. Patients were involved in their care, and this was reflected in some of the care records.
- All patients had a key to their own room, and access to a phone, computer and wifi. Patients had access to

outdoor, space, and were encouraged to engage in activities inside and outside the unit. Food was prepared and cooked in the onsite kitchen. Patients could make hot and cold drinks when they wished.


- The Mental Health Act was implemented effectively. Staff were trained in the Mental Health Act and the Mental Capacity Act. They could access additional advice and support when required. There were systems for the implementation and monitoring of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The building was accessible to people using a wheelchair. The service had carried out care and treatment reviews for patients with a learning disability, in accordance with national guidance.
- There were governance structures in place. These ensured that key elements of the service were monitored, and areas for improvement identified and action taken. Regular audits were carried out, and the findings reviewed and implemented at both local and board level. Key performance indicators were used to monitor the service both inside the organisation, and by external bodies such as the clinical commissioning group.

However

- The quality of the care plans varied and they were not consistently person centred.
- There was no specific documentation in patient's records regarding the use of high dose antipsychotic therapy.
- New medical equipment had not been routinely checked in accordance with the manufacturer's instructions. Some of the disposable items in the clinic room were beyond their printed expiry date.

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 report.

Summary of findings

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Good 

Ashwood Court Nursing Unit

Services we looked at:

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

Summary of this inspection

Background to Ashwood Court Nursing Unit

Ashwood Court Nursing Unit is an independent hospital for people aged from 18 to 65 years. It is a community rehabilitation unit for people who require rehabilitation and support with a severe and enduring mental illness. It has ten beds, and can admit up to five men and five women. Patients may be admitted informally, or detained under the Mental Health Act.

Ashwood Court Nursing Unit is provided by Making Space. Making Space is a registered charity that provides services across the country. Ashwood Court Nursing Unit is adjacent to Ashwood Court – Unit 1 which is a residential home. Both units have the same registered manager, and share facilities such as catering and cleaning.

All ten beds in the unit are commissioned on behalf of the NHS by NHS Wigan Borough Clinical Commissioning Group.

The service is registered to provide the following regulated activities: assessment or medical treatment for persons detained under the Mental Health Act 1983; treatment of disease, disorder or injury; and diagnostic and screening procedures.

Ashwood Court Nursing Unit has been registered with the Care Quality Commission since 23 November 2010. There have been three inspections carried out at Ashwood Court. The last inspection was carried out on 26 May 2016. The service was found to be meeting the required standards at the time of that inspection.

Our inspection team

The team that inspected the service comprised two CQC inspectors and two mental health nurse specialist advisors.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients
- spoke with the registered manager
- spoke with six other staff from a variety of healthcare professions
- attended a multi-disciplinary meeting
- looked at six care and treatment records of patients
- looked at six prescription charts, and reviewed how medication was managed in the hospital

Summary of this inspection

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

What people who use the service say

We spoke with three of the six people who were patients at the Ashwood Court Nursing Unit at the time of our inspection.

Patients were generally positive about the service, and felt involved in their care. They felt safe in the hospital, and found staff supportive. The interactions we observed between staff and patients were friendly and respectful.

The care records we looked at reflected the needs and views of patients.

Making Space carried out an annual service user survey. The results of the most recent survey, carried out in March 2018, were not yet available. However, the results of the previous survey in 2017 were generally positive about the service.

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:

- The service had enough staff with the right skills, training and experience.
- The service complied with guidance on mixed sex accommodation. All patients had their own bedroom. There were designated corridors for men and women, that included bathrooms and toilets.
- The environment was safe, and where there were risks these were identified and managed. There were no unjustified blanket restrictions.
- The service did not use restrictive interventions such as restraint, rapid tranquillisation and seclusion. One-to-one observations were rarely used.
- Staff were aware of the safeguarding policy, and how to raise concerns.
- Medication was safely prescribed, administered, stored and managed by the service.
- Incidents were reported and responded to appropriately.
- Staff understood the duty of candour. The service ensured that there were clear policies about being open and transparent with patients
- The clinic room was clean and appropriately stocked. Medical devices and resuscitation equipment were readily available, and in most instances they were appropriately serviced and maintained.

However

- Some of the disposable items in the clinic room were beyond their printed expiry date.
- There was no specific documentation in patient's records regarding the use of high dose antipsychotic therapy.
- New medical equipment had not been routinely checked in accordance with the manufacturer's instructions.

Good



Are services effective?

We rated effective as good because:

- All patients had an assessment of their needs.
- All patients had a physical examination on admission, and ongoing monitoring of their physical health.
- Staff used rating scales to monitor patient's progress.

Good



Summary of this inspection

- Patients received care and treatment from a multidisciplinary team of staff which included occupational therapy and psychology.
- All staff received supervision and appraisal.
- The Mental Health Act was implemented effectively. Staff had access to support to administer the Act as required. Staff were trained in the Mental Health Act and the Mental Capacity Act. There were systems for the implementation and monitoring of the Mental Capacity Act and Deprivation of Liberty Safeguards, when necessary.
- Care records were stored securely and were accessible by staff.
- All patients had care plans developed in response to the assessments of their needs.

However

- The quality of the care plans varied and they were not consistently person centred.

Are services caring?

We rated caring as good because:

- Patients were mostly positive about the care they received and the service that was provided.
- Patients had access to an advocacy service.
- Patients had weekly community meetings. At these meetings they were given information about the service. They gave their opinions about the service, and raised their concerns about the service.
- Patients were involved in their care, and this was reflected in some of the care records.

However

- The care records were not consistently completed in a person-centred way.

Good



Are services responsive?

We rated responsive as good because:

- The service tracked the time taken from referral, and through the patient pathway. The service had a target for how long a patient would remain in the service, and monitored how this progressed.
- All patients were from the local area. There was no waiting list for the service.
- The building was accessible to people using a wheelchair.

Good



Summary of this inspection

- The service had carried out care and treatment reviews for patients with a learning disability, in accordance with national guidance.
- All patients had a key to their own room which they had personalised.
- Patients had access to a computer, and to the service's own wifi. Patients had access to the garden.
- Patients were supported to engage in activities inside and outside the unit.
- Food was prepared and cooked in the onsite kitchen. Patients could make drinks when they wished.
- The service had a process for receiving and responding to complaints.

Are services well-led?

We rated well led as good because:

- The registered manager had the necessary authority and support to carry out their role.
- There were governance structures in place. This ensured that key elements of the service were monitored, and areas for improvement identified and action taken.
- Key performance indicators were used to monitor the service both inside the organisation, and by external bodies such as the clinical commissioning group.
- Staff were positive about working in the service, and felt able to raise concerns.
- Regular audits were carried out, and the findings reviewed and implemented at both local and board level.
- The provider had been peer reviewed through the Royal College of Psychiatrists accreditation for inpatient rehabilitation units scheme.

Good



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.

At the time of our inspection, three patients were detained under the Mental Health Act. The necessary provisions of the Act had been implemented. This included explaining to people their rights under the Mental Health Act, enabling patients to appeal against their detention under the Act, and completion of the necessary consent to treatment forms with regards to medication.

Most staff were up to date with training about the Mental Health Act. Staff were aware of the service's policies about the Mental Health Act, and where to get advice when required.

The consultant psychiatrist was the responsible clinician for all patients at the service.

Patients had access to an independent Mental Health Act advocate.

Administration of the Mental Health Act was provided centrally. This included monitoring of the Act, and reminding clinical staff when action was required. For example, if a detention was due to end, or a patient's consent to treatment required review.

The Mental Health Act 'hospital managers' were a mixture of board trustees and associate hospital managers, who were appointed on a voluntary basis to sit as panel members. Most patients detained under the Mental Health Act have a right to appeal to the 'hospital managers to review their detention.

Mental Capacity Act and Deprivation of Liberty Safeguards

No Deprivation of Liberty Safeguards applications had been made in the six months prior to this inspection.

All staff had received training about the Mental Capacity Act, and most staff had received training about the Deprivation of Liberty Safeguards. Staff were aware of the

service's policies for the implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards. There were designated forms available if an application was required.

The provider carried out an annual audit of the use of the Mental Capacity Act and Deprivation of Liberty Safeguards. This was last carried out in March 2018, and there were no actions for Ashwood Court Nursing Unit.






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	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

Ligature risk assessments were reviewed every three months. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. The most recent ligature assessment was carried out on 3 April 2018. The service was not deemed to have a high level of risk. Where areas of the ward presented potential risks, these were managed or mitigated against. Some areas of the ward were not easy to observe, so hyperbolic mirrors were in place to address this.

Patients used the kitchen under the supervision of staff. The rehabilitation kitchen had a fire blanket and extinguisher.

Patients who had been assessed as being at high risk of self-harm or harm to others were not admitted to the unit. Patient bedrooms had some anti-ligature fittings. However, they also reflected that the patients were in the unit as part of a rehabilitation and recovery programme, and contained some free-standing furniture and patients' own belongings.

The unit complied with the Department of Health and Social Care's guidance on same-sex accommodation. All ten bedrooms were single, but did not have ensuite bathrooms. There were designated corridors for male and female bedrooms, with their own shared bathrooms and toilets. There was a female-only lounge. However, there

was an adjoining conservatory, used by all patients, that could only be accessed through the garden, or internally through the female lounge. The rehabilitation kitchen was only accessible through the male corridor. However, access to the kitchen was key coded, so any patients using the kitchen were accompanied by staff.

The clinic room was clean and tidy. There were appropriate facilities for handwashing and the safe disposal of waste including clinical waste and sharps. Clinical fridge temperatures were routinely checked and were within the correct range. There was no examination couch in the clinic room. Staff told us that if a physical examination required the patient to be laying down, this would be carried out in the patient's bedroom or at the GP surgery.

The service had a defibrillator, suction machine, oxygen, and a 'grab bag' containing basic resuscitation equipment for use in a medical emergency. All items were routinely checked and maintained. However, we found that although the contents of the grab bag were checked, some items were out of date. These were a suction tube with an expiry date 2016, and a surgical mask with an expiry date in 2017. All other items were in date. Up to March 2018, 94% of staff had completed first aid training and defibrillator training.

There was a pre-filled injection 'pen' for use in the event of a severe allergic reaction. It was rarely used, and an annual audit of its usage was carried out.

Medical equipment was maintained and calibrated. This included a blood pressure machine, pulse oximeter and thermometer. However, there was a new blood glucose monitoring machine that had not been tested. Staff told us that this did not need testing because it was new. However, the manufacturer's instructions stated that it should be

Long stay/rehabilitation mental health wards for working age adults

Good 

tested. We raised this with the provider, who said they would test the machine. At the time of our inspection there were no patients who required blood glucose monitoring, so the machine had yet to be used.

The provider carried out the necessary checks and maintenance to ensure the building was safe. A monthly environmental risk audit was carried out. External companies carried out health and safety audits, fire audits and fire testing, and water checks and temperatures. Maintenance and repairs were carried out by staff employed by Making Space.

The local council last carried out a food hygiene inspection on 31 May 2017. It rated the unit at the top rating of five. There were systems in place for the routine checking of food and cleanliness within the kitchen and catering area. The sample of records we reviewed were completed satisfactorily.

A nurse call system was installed in patients' bedrooms, and around the unit so that patients and staff could call for support if required.

Safe staffing

Ashwood Court Nursing Unit had 19 staff and one part time vacancy for a qualified nurse. In the year to 1 May 2018 one member of staff had left. The sickness rate was 1.9% over the last year. This was lower than the NHS average, which is typically between four and six percent.

Staff worked long days and night shifts. The usual staffing levels were one registered mental health nurse and two healthcare support workers in the day, and one registered mental health nurse and two healthcare support workers at night. Extra staff were provided when required, such as to cover patients who required one-to-one observation, escorted trips, and multidisciplinary team meetings.

Staff told us that there were usually enough staff working in the unit. The service used bank staff and occasionally agency staff. In the three month period up to 1 May 2018 the service had used 28 bank staff and two agency staff. There had been no shifts that had been left unfilled. Patients' leave or activities were not cancelled because there were not enough staff to carry them out.

All permanent and bank staff received an induction, and had access to the provider's e-learning system. Agency staff received an induction from a healthcare worker on the

shift. If the agency staff was a qualified nurse, they arrived fifteen minutes before their shift and received an induction from the qualified nurse before they received further information from a healthcare support worker.

All staff had the necessary checks carried out before they started working at Ashwood Court. This included police checks and references. All nurses working in the services were registered with the Nursing and Midwifery Council.

The consultant psychiatrist was contracted from an NHS trust. They were onsite for two sessions per week, which included the multidisciplinary team meeting, and by telephone/email outside these times. Emergency or out of hours support was provided by duty psychiatrists from a local NHS hospital. Staff told us that this was rarely used, but was responsive when needed. All patients were registered with a local GP, who provided for their physical healthcare needs.

Staff were up to date with most of their mandatory training. A new e-learning system had been implemented in the month prior to the inspection. Training was monitored and implemented through this system.

Assessing and managing risk to patients and staff

The service did not routinely use restrictive interventions such as restraint, rapid tranquilisation or seclusion. Staff received training in managing conflict, de-escalation, and breakaway, but did not physically restrain patients. There were no seclusion facilities, and seclusion was not used in the unit. Staff told us that patients who were likely to require restraint or seclusion, would not be admitted to the unit. Staff told us that one-to-one observations of patients may be used in the unit, but this was not a regular occurrence, and had not happened in the last year.

Staff were aware of the action to take if a patient wished to leave. They were aware that this was different for informal and detained patients, but would take appropriate action as the person was a vulnerable adult. Staff told us that they would talk with the person to try and persuade them to stay, but they would not physically stop them from leaving. Staff told us that if a patient's mental state was deteriorating the service would contact the patient's keyworker or consultant, to try and address this as soon as possible. There had been no assaults on staff.

There were no unjustified blanket restrictions in the service. The service did not allow drugs and alcohol to be

Long stay/rehabilitation mental health wards for working age adults

Good 

consumed in the unit, and had a zero-tolerance approach to violence and aggression. Smoking was not allowed inside, but patients could smoke in the garden. The manager told us that the garden was locked from midnight to 6am for security reasons. Restrictions were placed on individual patients either because of personal risk assessment, or because they were subject to Ministry of Justice restrictions. All patients had an up to date risk assessment, and care plans that reflected this.

There had been one safeguarding notification in the year up to 30 April 2018. This had been investigated and followed up appropriately. This included a referral to the local authority safeguarding team and the commissioners of the service. Up to March 2018, all 18 eligible staff had completed safeguarding training. Staff were aware of the safeguarding policy, and how to raise concerns. The manager told us that most patients did not have non-adult children who visited, but this would be facilitated if required.

Medication was safely stored and managed. Medication was provided through the GP and a community pharmacy. Routine medication was ordered and delivered each month. Medication changes during the month were prescribed by the consultant psychiatrist or GP, and dispensed by the local pharmacy. Patients who were prescribed clozaril, an antipsychotic drug which requires additional monitoring, had this carried out through an NHS trust. Medication was routinely audited by nursing staff, quarterly by a pharmacy technician, and annually by a Making Space pharmacist. The most recent quarterly medication audit was carried out in April 2018. There were no significant concerns, and minor actions had been addressed.

Up to March 2018, 5 of 7 eligible staff (71%) had completed medication training, and 6 of 7 eligible staff (86%) had completed medication competency for managers training. The manager told us that the two nurses who had not completed the training were booked onto the next course.

Making Space had an accountable officer for monitoring controlled drugs. There was a controlled drug cupboard, and a controlled drug book for recording when controlled drugs were prescribed.

We reviewed the medication charts for all six patients. Overall, these were completed correctly, contained the necessary information, and had been reviewed when

necessary. There were some relatively minor prescribing errors, such as not including the date of the prescription and not specifying the full name of a medication that came in different forms. These were raised with the manager, who said they would have these amended. On five of the charts antipsychotic medication was prescribed within British National Formulary limits. There was one patient who was prescribed two antipsychotics which combined took them above the British National Formulary maximum. When this occurs, it should be clearly documented on the prescription chart that the patient is on high dose antipsychotic therapy, and additional monitoring should be carried out. This had not been recorded on the prescription chart or in the records. The service routinely carried out monitoring of each patient's physical health. As such, the patient had received the necessary monitoring, and the findings were within acceptable limits. However, it was not clear that consideration had been taken that the patient was on high dose antipsychotic therapy.

Track record on safety

Ashwood Court Nursing Unit had one serious incident in the year prior to this inspection. This related to an allegation against a member of staff which was unsubstantiated. The allegation was responded to and investigated appropriately. This included discussion with the people involved, and other relevant organisations such as the local authority safeguarding team and the commissioners of the service.

Reporting incidents and learning from when things go wrong

Incidents were reported and responded to appropriately. Making Space had an electronic system for recording and monitoring incidents. Staff knew how to report incidents and used an electronic form to do so. The forms required staff to enter key information such as the category, whether it was a serious untoward incident, and whether it needed to be submitted to external agencies such as local authority safeguarding or the Care Quality Commission. We reviewed a sample of incident records, and these were completed correctly.

Incidents were reviewed locally by the manager, and any necessary actions taken. The incident forms were also analysed centrally to determine if there were any themes, and if any lessons learned needed to be implemented at

Long stay/rehabilitation mental health wards for working age adults

Good 

Ashwood Court Nursing Unit, or shared across the organisation. The recent incidents at the service were all relatively minor, and there were no significant patterns or themes.

Staff told us they had discussions after incidents. For example, if there were interpersonal issues with patients, staff reflected on the reasons for this, and how they could work with this in the future.

Duty of Candour

Health and care providers have a duty to be open and honest with patients and their families or carers when incidents occur, or when mistakes have been made. This is called the duty of candour, and includes offering an apology when things go wrong. Making Space had a policy on how it implemented the duty of candour. Staff had completed mandatory training on the duty of candour. When staff completed incident forms, they were required to state if the duty of candour was applicable. There had been no incidents within the 12 months prior to our inspection where staff had been required to formally implement the duty of candour.

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 care records for all six patients.

All patient referrals were discussed at the clinical commissioning group, before being sent to Ashwood Court. An assessment was carried out prior to admission by a qualified nurse and an occupational therapist, and this was presented at the multidisciplinary team meeting. The patient was invited to visit the service, and staff carried out a further assessment with them. The service considered the needs of the patient, and whether the service could meet these.

All patients had a physical health examination on admission, and ongoing physical healthcare during their stay. A senior healthcare support worker had gained

additional training and experience in physical healthcare, and led on this within the service. This included a pathway for physical healthcare. All patients were registered with a local GP.

After admission, a further assessment of the patient's needs which included risk was carried out. This was reviewed every six months, or when there had been a change. All patients had care plans developed in response to the assessments. Patients completed the 'recovery star', and this and their care plans were reviewed every three months.

The quality of the care plans varied. Some care plans were very detailed and person centred, and included the views of patient. Others took account of the person's needs, but were less detailed, and did not clearly include the views of the patient. Patient's views were included in other parts of the records. For example, the recovery star was used. There was evidence of patient involvement in all the records, but this was not consistent in all the documents. Of the six records we looked at, two did not have care plans that consistently included the patient's views, two others did not have holistic care plans, and four did not have recovery orientated goals. Three patients had been given a copy of their care plan, one patient had refused, and it was not clear if the remaining two patients had their care plan or not.

Staff told us they were trialling a new approach with patients called 'My Week'. This was a weekly review between a patient and their named nurse, that reflected on what had happened during the week, what the patient thought about this, and plans for the following week.

Patients records, such as assessments and care plans, were written on a computer and stored on a shared drive. However, there was no electronic care records system, so the information was printed off and stored in a paper file which was the primary record. Paper records were stored in the staff office, and the computer system could only be accessed by staff.

Best practice in treatment and care

Patients were prescribed medication in accordance with National Institute for Health and Care Excellence guidelines. Making Space's audit schedule included routine audits of compliance with National Institute for Health and Care Excellence guidelines for schizophrenia, depression,

Long stay/rehabilitation mental health wards for working age adults

Good 

and bipolar affective disorder. Patients who took clozaril (an antipsychotic medication that required additional monitoring) attended a clozaril clinic at an NHS hospital where they were monitored and received the medication.

Patients had their physical healthcare needs met. All patients were registered with a local GP, and attended the GP surgery for appointments. All patients had their physical observations monitored by staff each month. Patients could access routine and specialist healthcare when required through the GP surgery.

A psychologist was employed for six hours per week. All patients had a psychology assessment, and some patients had regular sessions with the psychologist. The manager told us that the patients who weren't seeing the psychologist may have already received psychological treatment elsewhere, or did not want to use the service.

The recovery star is a nationally recognised tool, that patients and staff can use to monitor a patient's recovery. A patient, and a member of staff, can mark on the 'star' where they think they are in various areas of their life. Staff used recognised rating scales to assess and record the severity of patients' symptoms, and the outcomes of treatment. This included the Health of the Nation Outcome Scales. Other ratings scales and tools that were used to monitor patient's progress included the CORE-10 (a short screening tool used to quickly review a patient or to monitor progress between sessions), the Generalised Anxiety Disorder-7 scale, the Patient Health Questionnaire-9 tool for monitoring the severity of depression, and the Model of Human Occupation Screening tool.

Training in working with people with a learning disability and a mental health illness was not mandatory, but had been completed by 10 out of 18 staff (56%). The service did not use the 'green light toolkit' which is a voluntary self-audit tool to demonstrate how a service is meeting the needs of people with a learning disability or autism. The manager told us that they had been working with the clinical commissioning group, and assisted in the care and treatment review assessments of patients in the service who had a learning disability and a mental illness.

Skilled staff to deliver care

Patients received care and treatment from a multidisciplinary team of staff. This included medical staff, nursing and healthcare support workers, occupational

therapy and psychology. The consultant psychiatrist specialised in mental health rehabilitation. There was pharmacy input to the service, but this was limited and did not include routine discussion of patients or providing information to patients.

All professional clinical staff were up to date with revalidation and registration requirements.

Staff were supervised and had had an appraisal. The target was for staff to have supervision at least every three months. In the year to May 2018 all staff had received this. Up to March 2018 all staff had had an appraisal.

Staff had completed additional training, including short courses such as phlebotomy. One member of staff had been trained in 'assessment of motor and process skills', and another was training to be a non-medical prescriber. Some staff had received additional training in physical healthcare.

Multi-disciplinary and inter-agency team work

A multidisciplinary team meeting took place each week, and patients were seen in the meeting at least once a month.

A nursing handover took place at the beginning and end of shift. The registered nurse in charge completed a written handover, which was emailed to all staff who were coming onto the shift. This included a summary of each patient, and any key issues that had occurred or were carried over into the following shift. All permanent staff had access to email.

The service had effective working relationships with organisations outside the service. This included the community mental health teams, the GP surgery, social services and the clinical commissioning group. All patients were registered with a local GP, and accessed community services through this such as physiotherapy or dietetics.

Adherence to the MHA and the MHA Code of Practice

There were three patients detained under the Mental Health Act. We reviewed the records of all three patients. All patients had their rights under the Mental Health Act explained to them, and there was a place on the form for the patient to sign and say they understood. Appeals against detention under the Mental Health Act had taken place when required. Section 17 leave forms and consent to treatment documentation was completed as necessary.

Long stay/rehabilitation mental health wards for working age adults

Good 

We found one example where a patient had consented to take medication and a consent form had been completed. However, the form was not attached or stored with the medication chart. Patients had access to an independent Mental Health Act advocate.

Up to March 2018, 89% of staff had completed Mental Health Act training. Staff knew how to access information about the Mental Health Act, which included contacting the central administrator for advice.

Section 17 leave forms were completed by the consultant psychiatrist. They were stored in the staff office with a recording sheet and log. This enabled staff to track the leave that patients had taken, and how much they had left. For example, if a patient had three hours leave, four times a week. Some patients had specific restrictions from the Ministry of Justice, and this information was stored with the leave documentation.

A mental health law manager was based at head office, and carried out the administration of the Mental Health Act for Ashwood Court Nursing Unit, and some of Making Space's other services. The mental health law manager monitored the implementation of the Act and sent reminders to staff if there were gaps or actions were due. This included re-explaining patients their rights under the Act, if a detention was due to end, or if a consent to treatment was due for review. Mental Health Act audits were carried out quarterly. The most recent audit was carried out in April 2018, and all the standards had been met.

Most patients detained under the Mental Health Act can appeal to the Mental Health Act Tribunal, or to the 'hospital managers' who are appointed by the provider. The 'hospital managers' were a mixture of board trustees and associate hospital managers, who were appointed on a voluntary basis to sit as panel members. The associate hospital managers were members of the hospital managers' committee, which was a subcommittee of the board.

The entrance to the unit was locked for security, but was unlockable by anyone from the inside. Informal patients were free to go out when they wished, but were asked to tell staff when they went out and when they expected to return, as part of the hospital's duty of care. When patients went out staff asked for permission to take a photo on a

digital camera. If they refused, staff wrote down a description instead. The photo was deleted when the person returned. Patients were signed in and out of the unit by staff.

Good practice in applying the MCA

Patients were assessed for whether they had the capacity to consent or agree to decisions. When patients were found not to have capacity to make a decision, the patient was still involved in the discussion. The forms for recording capacity covered the necessary areas, such as if the patient had capacity to understand, weigh up and retain information.

No Deprivation of Liberty Safeguards applications had been made in the six months prior to this inspection. Patients had access to an independent Mental Capacity Act advocate, if one was required. The provider carried out an annual audit of the use of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This had last been carried out in March 2018. There were no actions for Ashwood Court Nursing Unit. There was a Deprivation of Liberty Safeguards assessment form, but the manager told us this had not been required to be used in the hospital.

Up to March 2018, 83% of staff had completed Deprivation of Liberty Safeguards training, and all staff had completed training about the Mental Capacity Act. The registered manager worked across two locations: Ashwood Court Nursing Unit and the adjoining nursing home. The manager told us that most of her own, and staff's, experience of the Mental Capacity Act and Deprivation of Liberty Safeguards was from the nursing home. The manager demonstrated a good working knowledge of the legislation, which included making decisions in a person's best interests.

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

Good 

Kindness, dignity, respect and support

We spoke with three patients, and looked at all six care records. The patients we spoke with were generally positive

Long stay/rehabilitation mental health wards for working age adults

Good 

about the care they received and the service that was provided. Patients told us they felt safe in the service, and were positive about the staff. The interactions we observed between patients and staff were friendly and respectful.

The involvement of people in the care they receive

Patients met with staff as part of the assessment process. When an admission was agreed, patients were encouraged to visit the service before they were formally admitted. All patients were given a welcome pack with information about the service.

Patients were involved in their care planning. The service used the recovery star. This is a simple and visual way for patients and staff to rate where they think the patient is on their recovery journey, and it also shows how they have progressed. The care records did show that patients were involved in their care, but this was not always consistent across all documents in all patients' records. Patients had, or were offered, copies of their care plans.

Patients had access to an independent Mental Health Act advocate, and to a general advocacy service. Information about the advocacy service, and other sources of information, were on display in the unit.

The manager told us that some patients had limited contact with their families. The service had tried carers groups in the past, but these were poorly attended. The manager told us that an annual survey was sent out to carers and professionals, but the response to this was low. Staff told us that they engaged with carers where possible, and were discussing how to improve this through a carers group or specific days for carers and families.

There was a weekly meeting for patients. This provided them with information about the service, and gave them the opportunity to give their views and raised their concerns. Topics included menus, activities, and any future changes to the service. During the meetings patients were also reminded about how to raise concerns and make complaints.

Making Space carried out an annual service user experience survey. The most recent survey was completed in March 2018. The overall findings of the service user survey were positive, and were on display.

Making Space had a co-production team that aimed to involve patients in quality audits. However, the manager acknowledged that there had been limited success in engaging patients at Ashwood Court Nursing Unit in this.

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

Good 

Access and discharge

The hospital was commissioned to provide services by NHS Wigan Borough Clinical Commissioning Group. All referrals were made through this arrangement, but staff assessed each of these patients to determine if the service could meet their needs. Discharge was considered at the referral and pre-admission stage, and continued throughout the patients stay. A tracker was completed for the clinical commissioning group, which included which stage each patient was at along the care pathway.

There were no national targets for this type of service for referral to assessment to onset of treatment times. The average number of days from referral to initial assessment was five. The average number of days from the initial assessment to onset of treatment was nine. The service did not have a waiting list.

The target length of stay at Ashwood Court Nursing Unit was up to two years. Shorter targets may be set individually for each patient. The average length of stay for inpatients at the time of our inspection was just under ten months. The average length of stay for patients discharged in the last twelve months was 942 days, which is just over two and a half years. The length of stay for the patient group at the time of our inspection ranged from one month to 16 months. At the time of our inspection there were six patients in the hospital, which left four vacancies. The average bed occupancy in the six months up to 9 May 2018 was 70%. There were no patients who were considered to have a delayed discharge. Patients who were ready for discharge but were within the two-year target, were not considered a delayed discharge.

Long stay/rehabilitation mental health wards for working age adults

Good 

All admissions and discharges were planned. The only exceptions to this, were if a patient's mental or physical health deteriorated and they required urgent admission to another hospital. Patient's beds were not used when they went on leave, and patients returned to their own bedroom.

The facilities promote recovery, comfort, dignity and confidentiality

All patients had their own bedroom. Patients had keys to their rooms, which they had personalised with their own belongings. Patients had access to a payphone and a computer, although these were situated in a public corridor. Most patients had their own mobile phones, and had access to the service's wifi. The service had an open lounge and dining area, where patients could make tea and coffee, and there was also some food with a microwave, sink and dishwasher. Patients accessed the rehabilitation kitchen with support from staff.

There were several noticeboards in the unit, which included a variety of information for patients. This included information about the local area, how to make a complaint, the advocacy services, and about the Care Quality Commission.

Food was prepared and cooked onsite in the main kitchen. The kitchen was shared between Ashwood Court Nursing Unit and the adjoining service. There was a four-week rolling menu. The main meal was in the evening, and included a vegetarian option. Patients could have alternatives to the main menu.

Patients had access to the garden, which was only locked at night. There was a conservatory that was used by patients for general use, groups and for individual sessions with staff.

Patients had access to activities every day. Activities took place within the unit, which included recovery focused activities such as cooking. Patients were encouraged and supported to go outside the unit, and this included educational, shopping, and leisure activities.

Meeting the needs of all people who use the service

Eighty-nine percent of staff had completed equality and diversity training.

The service was accessible to people who used a wheelchair.

The service had a contract with NHS Wigan Borough Clinical Commissioning Group to provide services to people from the Wigan area. Most of the local population (95%) were white British. At the time of our inspection there were no patients from black or minority ethnic groups using the service. The manager told us they could obtain information in different languages, and interpreters if this was required. Although food was prepared and cooked on site, they made or would bring in food for specific diets if this was required. As all admissions to the service were planned, this would be included as part of the assessment process.

Patients were supported with their religious and spiritual needs when required.

Care and treatment reviews had been carried out for patients with a learning disability, in accordance with national guidance. This was incorporated into the care programme approach process, which is a discharge planning framework. Making Space has an easy read version of information for patients who were detained under section 3 of the Mental Health Act. They were developing easy read versions of the information leaflets for other parts of the Mental Health Act.

Listening to and learning from concerns and complaints

The service had received one complaint in the year up to this inspection. This was investigated and responded to. The complaint was not upheld.

Patients knew how to raise their concerns. There was information on display about how to make a complaint. Patients could raise their concerns individually with staff, or through the weekly community meetings.

Staff were aware of the complaints policy. Information about how to manage complaints from patients, carers or other people was available on the service's website.

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

Good 

Vision and values

Long stay/rehabilitation mental health wards for working age adults

Good 

Making Space's stated vision was: "For every person with care and support needs to have access to personalised, outcome focused services that are delivered with dignity, respect and compassion and support them to enjoy an everyday life."

Making Space's stated values were: integrity, respect, collaboration, knowledge, and excellence.

The organisation's vision and values were included as part of the induction that all staff completed when they joined the service, and staff were aware of these. Our interviews with staff, demonstrated that staff upheld the values of the service.

Good governance

Ashwood Court Nursing Unit was provided by Making Space, and was part of its governance systems for monitoring and managing the service.

There were the necessary number of staff, who received training, supervision and appraisal. Information about incidents, complaints and audits was used locally, and shared corporately. Checks were routinely carried out to ensure that the nurses remained registered with the Nursing and Midwifery Council. Audits were carried out with standards for each area, and action plans implemented if these were not achieved. This included safeguarding, incidents, complaints, medication and the Mental Health Act. Information was fed up to the board, where it was reviewed by the executive team and the board of trustees.

Key performance indicators were used to monitor the progress of the organisation. This included quarterly reporting to the clinical commissioning group. This included information about staffing and audits, in addition to information about each patient's stage along the care pathway. The service had commissioning for quality and innovation framework targets, often called "CQUINs". For 2018-19 this included promoting good physical health and promoting independence.

The manager had administrative and managerial support. The manager told us they felt they had the authority to perform their role. The manager had access to the service's risk register. The manager could raise concerns for addition to the register, which the board managed.

Leadership, morale and staff engagement

The manager told us they felt supported, and had the necessary staff and resources to meet patients' needs. The central human resources team supported managers with recruitment and managing staff. For example, to manage sickness or disciplinary action. If there were a disciplinary issue at Ashwood Court Nursing Unit, a manager from another service would investigate it to maintain objectivity. Similarly, the manager at Ashwood Court Nursing Unit had carried out investigations at other services. The manager was responsible for managing parts of the budget, and received support from the finance department.

Staff were positive about working in the service, and found the managers approachable. The staff we spoke with said they were aware of the whistleblowing policy, and would feel able to raise any concerns. Making Space provided staff with access to an external counselling service if this was required.

The provider carried out an annual staff survey through an external organisation. The result of these were generally positive. However, the findings were for Making Space staff overall, and not specifically for staff at Ashwood Court Nursing Unit.

The service had previously achieved 'investors in people', a nationally recognised accreditation scheme for people management. This was due for renewal, and as part of this an external organisation had carried out several staff listening events to gain staff feedback.

Commitment to quality improvement and innovation

The Royal College of Psychiatrists supports a nationally recognised accreditation scheme for inpatient mental health services. Services are peer reviewed against a set of evidence based standards. Ashwood Court Nursing Unit was peer reviewed against the standards for inpatient rehabilitation units in October 2017, and intended to apply for accreditation in late 2018. The peer review identified some areas for improvement, which the service were reviewing or had already taken action against. This included improvements to the environment (blind spots, rehabilitation kitchen), developing links with carers, improving the welcome pack, and to consider the use of formal tools for reviewing care plans in multidisciplinary team meetings and risk assessments.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all resuscitation equipment is within its expiry date.
- The provider should ensure that medical equipment is checked and tested in accordance with the manufacturer's guidance.
- The provider should ensure that in the event of a patient being prescribed antipsychotic medication above British National Formulary limits this is clearly documented, and the patient receives the necessary health monitoring, in accordance with national guidance.
- The provider should ensure that care records are consistently person centred.