Thames Brain Injury Unit

Quality Report

80-82 Blackheath Hill
London
SE10 8AD
Tel: 020 8692 4007
Website: www.huntercombe.com

Date of inspection visit: 27 to 28 October
Date of publication: 10/02/2017

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?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Requires improvement
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

Following the most recent inspection in May 2016, the overall rating for the service has remained as requires improvement. However, whilst there is still work to do, we have seen a number of improvements. There was a leadership team in place to progress these improvements.

The ratings for the key questions of whether the service is safe and effective remain as requires improvement. We have revised the rating of the key question of whether the service is caring from good to requires improvement. We have revised the rating of the key question of whether the service is responsive from requires improvement to good. We have revised the rating of the key question of whether the service is well-led from inadequate to good.

The reasons for these ratings are as follows:

- There has been an improvement in the completion of comprehensive care planning since the last inspection, but there was still work do be done to achieve this consistently.
- Medications were not stored appropriately and the monitoring of medication management was not effective. Not all medical equipment had been routinely serviced.
- The system for nursing and rehabilitation assistant staff to learn from incidents had been updated, but was not fully embedded.
- Patient information was stored in several places meaning information could be misplaced or take staff unnecessary time to find. The system to sign off electronic notes was not effective.
- Some staff showed a limited understanding of the Mental Capacity Act 2005.
- Staff did not always consider the need to use a private space to discuss patient information. Female patients did not always have free access to the female lounge due to male patients using the room for activities and staff used the same space to facilitate meetings. The service managed this with a diary system but this meant access for female patients was occasionally disrupted.
- Male patients had to walk through female patient areas to enter or leave the ward.

However:

- The provider had taken effective action to address the requirement notices and warning notice we issued following our inspection in May 2016:
- During this inspection we found that the new hospital director and transformational change lead had introduced effective governance systems to address shortfalls and were successfully embedding them into the service. Training compliance rates and supervision levels were high and incidents were routinely reviewed in a timely way by senior staff. The activities programme had been extended to include the weekends and patients said there was plenty to do. The management team had addressed the complaints system to ensure complaints were handled effectively. Staff said there had been positive changes over the last few months and felt they could approach senior staff with concerns. Staff gave examples of actions that had been taken following feedback of their concerns.

Summary of findings

Contents

Requires improvement

The Thames Brain Injury Unit

Services we looked at
Services for people with acquired brain injury.

Summary of this inspection

Our inspection team

The team that inspected The Thames Brain Injury Unit consisted of three CQC inspectors and one specialist advisor who has a background in nursing patients with acquired brain injuries.

Why we carried out this inspection

We undertook this inspection to find out whether The Thames Brain Injury Unit had made improvements to their service since our last inspection in May 2016.

When we last inspected The Thames Brain Injury Unit in March 2016, we rated the service as **requires improvement** overall. We issued a warning notice saying the provider must ensure staff had completed their mandatory training and also told the provider it must make the following actions to improve:

- The provider must ensure that robust governance systems are in place so that the provider and manager have an oversight of the performance of the unit and so that gaps in quality such as low rates of supervision, medication errors, rates of mandatory training and incident reporting can be monitored.
- The provider must ensure that action taken following complaints is recorded and that learning from complaints and concerns are embedded in learning for all staff.
- The provider must ensure that restraint and seclusion is recorded and that safeguards specified in the Mental Health Act Code of Practice are followed.
- The provider must ensure that incidents are investigated within expected time limits and learning is identified so that appropriate action can be taken to manage risk in case of future occurrences.
- The provider must ensure that there are clear arrangements in place to manage the risks of ligatures and ligature anchor points in the service and that staff are aware of these.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment

Regulation 13 Safeguarding

service users from abuse and improper treatment

Regulation 16 Receiving and

acting on complaints

Regulation 17 Good governance

Regulation 18 Staffing

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?

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients

Summary of this inspection

- spoke with two patients who were using the service
- spoke with the hospital director and the interim transformational change lead
- spoke with seven other staff members including nurses, doctors, rehabilitation assistants and therapists
- observed two staff meetings
- looked at seven treatment records of patients
- looked at records of incidents
- carried out a specific check of the medication management on the ward
- looked at a range of policies, procedures and other documents relating to the running of the service

Information about Thames Brain Injury Unit

The Thames Brain Injury Unit is one of two units that form the Blackheath Brain Injury Rehabilitation Unit. It is registered to provide care and treatment for up to 17 people who have mental and/or physical health problems resulting from an acquired brain injury. It is part of the Huntercombe Group, a division of the Four Seasons Group. At the time of this inspection, 11 beds in the unit were occupied. The unit is a mixed gender unit.

The CQC has registered Thames Brain Injury Unit to carry out the following activities:-

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Accommodation for persons who require nursing or personal care.

The Thames Brain Injury Unit has been registered by the CQC since 2012.

There have been seven inspections carried out at the Thames Brain Injury Unit prior to this inspection. At the last inspection in May 2016, four regulatory breaches were identified and enforcement action was taken. We issued The Thames Brain Injury Unit with a warning notice with a compliance date of October 2016. An interim transformational change lead had been brought into the service to work on addressing the breaches identified in the warning notice. Previous to the May 2016 inspection, an inspection in November 2015, found there were no outstanding regulatory breaches.

The hospital director for the service had been in place for six months at the time of this inspection. We were informed during the inspection that the hospital director was in the process of applying to become the registered manager for the service.

What people who use the service say

Patients said staff were very friendly, interested in what they did, helpful and very caring. Staff explained things to them clearly and in a way they understood and would provide answers to any questions they had. Staff would help them out with day to day tasks where they needed it and found the signs used on the ward to remind them of things helpful. Patients said the environment was always clean and there was always an activity going on that they could choose to get involved in or not. Patients said the furniture was comfortable and the food was good with a nice variety offered. Patients were aware of how to make a complaint and would feel comfortable raising any concerns they had. Patients said they had received good treatment from staff. One patient said their worker was fantastic and the ward was excellent, they did not think of it as a hospital.

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?

Requires improvement 

We rated safe as requires improvement because:

- The service was unable to ensure that the clinic room was clean as there was no effective infection control system in place. Staff stored medication in boxes on the floor, which was unsafe practice. Staff could not effectively monitor medicines being delivered and removed from the ward. Not all medical equipment had been serviced routinely.
- The system for information about incidents and learning from these to be shared with the whole staff group, particularly nurses and rehabilitation assistant staff was not embedded.
- Male patients had to pass through female patient areas, including bedrooms and bathrooms, to enter and exit the ward, which could impact female patient dignity.

However:

- At the last inspection in May 2016, we found that the ward had conducted a ligature risk assessment but had not clearly documented how staff managed each risk. During this inspection we found detailed information about how staff managed each risk locally.
- At the last inspection we found gaps in monthly infection control and medicines auditing. During this inspection, we found staff completed ward infection control audits monthly and there was a lead for completing medicines audits. Infection control audits were not effective for the clinic room.
- At the last inspection, mandatory training was not being completed consistently across the staff team. During this inspection mandatory training rates were high.
- At the last inspection we found that staff did not always record or recognise episodes of restraint and seclusion appropriately. During this inspection, we found this was recognised and documented seclusion appropriately.
- At the last inspection we found that staff had not completed detailed risk assessments for each patient in a timely manner. During this inspection we found staff were doing this more consistently.
- At the last inspection we found that senior staff were not reviewing incidents in a timely way or discussing them

Summary of this inspection

consistently at clinical governance meetings. During this inspection, we found staff reviewed incidents within an appropriate timescale and they were discussed at clinical governance meetings.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- At the last inspection we found that staff did not complete care plans comprehensively. During this inspection, we found staff were doing this more regularly, although there were still improvements to make.
- Staff stored patient information in three separate places, which could cause confusion and delay in accessing information.
- Not all care notes were signed off by a registered practitioner in the electronic record system in a timely manner. The care records remained open and could be edited, which was not good practice.
- Some staff did not have a full understanding of the Mental Capacity Act (2005) and how to apply it.

However:

- At the last inspection we found that not all staff received regular supervision. During this inspection we found that supervision took place regularly in line with the provider's policy.
- At the last inspection we found that team meetings did not take place regularly. During this inspection we saw that the hospital director and the interim transformational change lead had introduced several staff meetings on a daily or weekly basis.

Are services caring?

Requires improvement

We rated caring as requires improvement because:

- Female patients did not have free access to the dedicated female lounge, as this was a multipurpose room and used by male patients as well.
- Nursing handovers took place in the corridor outside patient rooms. This meant that private patient information could be overheard by others which did not protect a patient's right to privacy.

However:

- Patients gave positive feedback about the staff and how they cared for patients.
- Staff recorded relative and carer views in patient notes.

Summary of this inspection

- Patients and relatives had opportunities to provide feedback about their care. All patients had access to an advocate who attended the ward regularly. The advocate also attended clinical governance meetings.

Are services responsive?

Good

We rated responsive as good because:

- The service had addressed the issues that had caused us to rate responsive as requires improvement following the May 2016 inspection.
- At the last inspection some patients said the therapy programme was limited and did not cover the weekends. At this inspection we found that the programme had been extended to include the weekends and patients said there was plenty to do.
- At the last inspection we found the complaints system in place was not effectively handling and responding to complaints. During this inspection, we saw this had been addressed by the management team.

Are services well-led?

Good

We rated well-led as good because:

- The service had addressed the issues that had caused us to rate well-led as inadequate following the May 2016 inspection.
- At the last inspection we found that the service did not have an effective governance systems in place which resulted in significant shortfalls in the provision of the service. During this inspection we found that the new hospital director and transformational change lead had introduced effective governance systems to address these shortfalls and were successfully embedding them into the service.
- The hospital director had introduced weekly staff engagement meetings in order to provide staff with a space to discuss changes and gather staff comments, ideas and concerns to build team moral.
- Staff said there had been positive changes over the last few months and felt they could approach senior staff with concerns. Staff gave examples of actions that had been taken following feedback of their concerns.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

- Training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was mandatory and 92% of staff had received this.
- Records showed consistent and complete records of assessments in relation to DoLS. However, we could not find consistent recording of capacity assessments carried out by other staff in relation to patient decisions in other areas.
- Staff showed a mixed understanding of the MCA. For example, some staff could not clearly describe when they would consider if a capacity assessment was needed.
- Records showed staff referred patients to independent mental capacity advocates (IMHA) where appropriate.

Requires improvement

Services for people with acquired brain injury

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

Are services for people with acquired brain injury safe?

Requires improvement

Safe and clean environment

- At the last inspection we found that staff had conducted a ligature risk assessment for the ward environment, although it was not clear how staff would manage each risk. During this inspection we found that information on risk management had been formally documented. Staff had carried out a ligature risk assessment four weeks before the inspection. The document highlighted that staff required training in responding to a ligature emergency, which the hospital director said was booked for one month after the inspection. Health and safety meeting minutes from seven days before the inspection demonstrated discussion of ligature points as an item on the agenda.
- At the last inspection we found gaps in monthly infection control auditing. During this inspection we saw these monthly audits were being carried out. Where items were marked incomplete there was a narrative to explain this and a summary of actions to address this. Actions were completed or referenced in the following month's audit.
- Infection control audits did not include detailed information about how the clinic room was cleaned. Staff were responsible for completing a weekly clinic room audit which included several questions about the cleanliness of the room, but did not outline the specific cleaning tasks required.In the 22 weeks between the last inspection and this inspection, there were eight weeks when there was no record of staff completing this audit. Day to day, staff said it was the responsibility of domestic staff to clean the room, but there was no detailed plan for them to follow. We found that the clinic room was not tidy or clean. We fed back our concerns about the cleanliness of the room to the hospital director at the time. They took action and provided a checklist of clinic room tasks, including cleaning, that would be introduced for night staff.
- During this inspection we saw that staff did not store medication appropriately and the systems to ensure medicines were managed safely was not effective. This increased the risk of medicines going missing and not being accounted for. There was a large amount of medication on the clinic room floor in accessible boxes. Two of three containers used to dispose of medicines were unlocked and all three containers were full. This was fed back to the hospital director on the day of the inspection. On the second day of the inspection the medicines had been stored appropriately and staff had cleaned the clinic room. Staff provided feedback that on the first day of inspection they had received a delivery of medicines that was awaiting checking and storing by nursing staff who were attending to patients. These staff carried out these tasks as soon as they were able.
- Staff recorded the temperature of the clinic room and medicines fridge daily to ensure medicines were safe to be given to patients.
- In the clinic room an inhaler machine had a label indicating it had not been serviced since April 2015. This meant it may not be working effectively to provide safe care to patients.

Requires improvement

Services for people with acquired brain injury

- The layout of the ward meant there were breaches in same sex accommodation requirements and impacted on privacy and dignity of female patients. The ward had one entrance, which meant all staff, visitors and patients entered and left the ward along the female bedroom corridor. Female patients did not have ensuite bedrooms, so needed to leave their bedrooms to walk across the corridor to access a bathroom. We observed that female bedroom doors were open throughout the day and could be seen into by people walking through the corridor. We saw male patients walking through this corridor to reach the entrance to the ward and also a lounge for a planned activity. At one point one male patient waited here for up to 15 minutes for a staff member to take them on leave.
- A female lounge was at the end of the corridor of female patient bedrooms and next to the entrance to the unit. Staff said the female lounge was sometimes used for team meetings and during the inspection we saw male patients using the pool table in the room.

Safe staffing

- At the last inspection, records showed that mandatory training was not being completed consistently across the staff team. This included areas such adult safeguarding and the Mental Capacity Act 2005 (MCA), which was particularly relevant to the patient group. This meant that there was a risk that staff were not suitably trained to carry out the tasks which they were required to do. During this inspection we saw the new senior management team had introduced a system to record and deliver training across the staff group and mandatory training had been improved in all areas. The organisation offered 17 mandatory training courses and 14 had compliance rate of over 88%. The safeguarding vulnerable adults training rate was 90% and the child protection training rate was 91%. Where training was lower, there were training dates scheduled in for two weeks after the inspection. Staff said they were now receiving training.

Assessing and managing risk to patients and staff

- At the last inspection we found that staff did not always record or recognise episodes of restraint appropriately in an incident report. During this inspection we found this was no longer the case. Between the last inspection and this inspection, there were two incidents of restraint reported. Staff completed incidents reports appropriately for both.
- At the last inspection we found that staff did not always record or recognise episodes of seclusion appropriately. This meant that there was a risk that the protections afforded in the Mental Health Act Code of Practice may have not be been upheld. During this inspection, we found this was no longer the case. No formal seclusion had taken place since the last inspection, however staff had a clear understanding of their responsibilities and records did not demonstrate de-facto detention taking place.
- Medicines were supplied by an external company who delivered medicines every four weeks. At the last inspection, two members of staff told us that there had been difficulties in receiving regular deliveries, which meant that sometimes medicines did not arrive when needed.During this inspection we found staff still reported difficulties with the external company. Senior managers were aware of this and encouraged staff to report incidents of medicines being out of stock. We saw that staff had reported three incidents of this since the last inspection. Senior management had arranged a meeting with the external company one month after the inspection to address the difficulties in deliveries.
- We checked 11 patient prescription charts and they were updated with patients' current medicines and were completed appropriately.
- At the last inspection we found that there were gaps in medicines audits for the 12 months before the inspection. During this inspection, we saw an action plan that outlined this should be carried out monthly. Between the last inspection and the recent inspection we were able to see a record of this being completed once in the past five months.
- At the last inspection we found that staff had not completed detailed risk assessments for each patient in a timely manner. This meant that there was a risk that all staff may not have a good understanding of current patient risks and how to manage them.During this inspection we found this had improved. Staff completed initial risk assessments and follow up assessments in a timely manner.

Requires improvement

Services for people with acquired brain injury

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents using an online reporting system. At the last inspection we found staff did not review incidents in a timely way. During this inspection, staff reviewed incidents in an appropriate timescale. At the last inspection 251 incidents were 'overdue' for review, meaning that 20 days had passed since the incident occurred. Not reviewing an incident with the 20 days meant that there was a risk that learning and potential prevention of future incidents may not have taken place. During this inspection all incidents had been reviewed within 20 days.
- During the last inspection we found that staff did not discuss incidents consistently at monthly clinical governance meetings. During this inspection we saw this now took place. The service had introduced an agenda and visual reporting system to ensure this took place. The first meeting using this dashboard was planned for the month after this inspection.
- There was limited opportunity for ward staff to discuss and learn from incidents. Ward staff attended daily handovers, weekly clinical team meetings and staff engagement groups, however, minutes showed incidents were not regularly discussed. Nursing and rehabilitation assistants we spoke with said that the culture of reporting incidents was changing from being about blame to focussing on the learning from incidents. However, some said there was limited opportunity to get support after an incident or take part in learning from an incident.

Are services for people with acquired brain injury effective?

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- At the last inspection we found the service did not have a consistent approach to care planning. Staff had not consistently completed comprehensive care plans that reflected patients' views. During this inspection we found there had been some improvement, although there were some examples of delays in completing care plans or identifying the need for one. Most patients had up to date care plans relating to individual needs and risks identified in their risk assessments. One care plan for one patient was overdue for review by 58 days. In another record, there was a gap of over 10 days between staff completing a risk assessment and care plans. This meant for this patient, staff did not have up to date information on how best to support them with their individual needs and risks. Management staff were working to an action plan to address concerns with care planning.
- Staff did not write all information in care plans clearly. For example, for one patient the notes stated that staff were to 'monitor' the patient's emails, which was not appropriate practice. When we spoke to staff they said this patient required help to write their emails, rather than staff monitoring their emails.
- Staff did not routinely record patient views in records. However, staff invited family and carers to review meetings and recorded their views in records. For one patient there was a clear record of their views about the outings they would prefer to have.
- At the last inspection we found staff did not update care plans to reflect incidents in a timely way. This meant staff did not have the most up to date information about patients' needs and behaviours in order to support them and prevent further incidents or potential harm. During this inspection we found this had improved, although this was still inconsistent. For example, in two of six patient records reviewed, staff had not updated individual risk assessments and care plans following incidents.
- Staff stored information about care in three separate places, which could mean staff have delays in finding and accessing the most up to date information.
- Staff had not confirmed all notes on the care record system. Confirming notes means a registered practitioner has signed off and closed the note for editing. This is good practice as it ensures a robust audit trail. Across 10 patient notes, we found 60 unconfirmed entries. Three care plans for three separate patients

were unconfirmed. Unconfirmed entries ranged from being entered two weeks to 16 months previously. There were two notices in the nursing office to remind staff to confirm notes.

Skilled staff to deliver care

- Since the last inspection management staff had ensured staff now received regular supervision. Records showed and staff told us they now received regular supervision which they found helpful. A few staff felt supervision would be even more effective if issues they brought up were addressed more quickly.
- The appraisal rate for non-clinical staff was 100%. For nurses and rehabilitation assistants it was 91%.
- At the last inspection we found that team meetings did not take place regularly. During this inspection we saw that the hospital director and the interim transformational change lead had introduced several staff meetings on a daily or weekly basis, however opportunities for nurses and rehabilitation assistants to discuss concerns, complaints and learning from incidents as a group remained limited.
- The daily morning meeting started three months before the inspection and the team lead and therapy staff from each ward attended to discuss the previous and upcoming day.

  Weekly staff engagement meetings were introduced in May 2016, one week after the hospital director started. These were introduced to build engagement, celebrate achievements, share changes and listen to staff comments, ideas and concerns. We observed one meeting during our inspection and saw that the hospital director gave feedback about ongoing service development and listened to feedback and concerns from staff about the service. Weekly clinical team meetings that took place on the ward. Minutes showed staff discussed each patient, which included their presentation, physical and mental health needs, patient and family views and contact from external referrers/ organisations.

Good practice in applying the MCA

- At the last inspection we found that six of 13 rehabilitation assistants and one nurse had not completed training specifically related to the Mental Capacity Act 2005 (MCA). During this inspection we found that 92% of all staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLS).
- The ward consultant was new to the service. They told us they assessed patient capacity in relation to DoLS and we saw records of this in patient notes where applicable. However, we could not find consistent recording of capacity assessments carried out by other staff in relation to patient decisions in other areas where staff stated a patient did not have capacity. In four care records staff noted that a patient lacked capacity to make a specific decision, but there was no record of a related capacity assessment in the notes.
- Staff showed a mixed understanding of the MCA. For example, not all staff could clearly describe a situation where capacity would be assessed and what type of treatment could be given under the MCA. Not all staff showed an understanding that capacity may fluctuate for individual patients over time and this would affect their ability to make decisions. Not all staff knew which patients on the ward were subject to DoLS.
- Staff knew who to speak to about referring a patient to an independent mental capacity advocate (IMCA). Care records showed these referrals took place.
- At the time of the inspection, three patients were subject to authorisation under the DoLS and six patients had been referred to the local authority where authorisation had been requested.

Are services for people with acquired brain injury caring?

Requires improvement

Kindness, dignity, respect and support

- Throughout the inspection we observed that staff were kind and supportive when interacting with patients.
- Patients said staff were all very helpful, friendly and caring. They said staff helped them with their daily activities, such as making their bed, and always said hello when they saw them. One patient said staff brought them magazines from the lounge to read as

Requires improvement

Services for people with acquired brain injury

they knew they liked this. Patients said they felt able to talk to staff. One patient said the care they had received was excellent and another said that staff were good at explaining things clearly.

- Staff did not always hold clinical discussions in private spaces. Handovers took place for each patient in the hallway outside of their bedroom. This meant there was a risk that private patient information could be overheard by other patients and visitors.

The involvement of people in the care they receive

- There was a variation in the recording of patients' involvement and participation in care planning, however, the views of family and carers were recorded well. For some patients there were records of whether their care plan had been shared with them, but this was not consistent. We saw that some patients had easy read copies of their care plans which included the names and photographs of therapy staff who were involved in their care. Patients said this was very helpful.
- Patients could access a notice board with information and contact details for an advocate. There was also information about how to make a complaint, which was available in an easy read version as well.
- Patients could attend a monthly meeting with the hospital director to provide any feedback about their care. The meeting was held in the early evening so that it could be open to family and carers as well. Staff kept minutes form these meetings and were able to show actions taken following feedback.

Are services for people with acquired brain injury responsive to people's needs?

(for example, to feedback?)

Good

The facilities promote recovery, comfort, dignity and confidentiality

- At the last inspection we found that an activity programme did not cover the weekend. During this inspection we found that the programme had been extended to include the weekends. Patients told us there were plenty of activities they could get involved in if they chose to and they didn't get bored.

Listening to and learning from concerns and complaints

- The system for handling and responding to complaints had improved since our last inspection. The hospital director and interim transformational change lead regularly sought and discussed patient feedback at meetings. No formal complaints had been made since the last inspection, but records showed actions that had been taken to address informal feedback from patients. In the staff engagement meeting we observed, staff discussed complaints as an agenda item. Patients said they were aware of how to make a complaint and knew about the patient engagement group where they could give feedback to the hospital director.

Are services for people with acquired brain injury well-led?

Good

Vision and values

- At the last inspection we found that there had been a number of changes in the management structure in the past 18 months prior to the inspection. Some members of staff told us that these changes had had an effect on their morale and that it had not always been clear who the management team were. This also impacted on staff engaging with and understanding the providers' visions and values. A new hospital director had been appointed in the week prior to the last inspection. During this inspection, staff were very positive about the hospital director who had now been in place for six months.

Good governance

- Since the last inspection the new senior leadership team had introduced more effective governance systems. These addressed significant shortfalls in the provision of the service identified at the last inspection. For example, gaps in training records and supervision and delays in reviewing incidents. Training and supervision rates had

improved and incidents and patient feedback was routinely reviewed within a set timeframe. The senior management team met regularly and had introduced clear agendas to meetings.

Leadership, morale and staff engagement

- At the last inspection some staff told us that morale in the service had been low for about six months. During this inspection most staff we spoke with, including agency staff that worked on the ward regularly, said the team worked well together and that they felt listened to my management staff. They said their colleagues were approachable, including the hospital director. There were several new members of staff who were positive about the support they received from the team and the care they observed towards patients. Staff members who had worked at the service for several years still had some concerns about the frequency of the previous changes in management. However, one member of staff said there had previously been a blame culture, but this was reducing over time. One staff member said the new head of therapy had also had positive impacts on the relationship between therapy staff and rehabilitation assistants in working more closely together. Staff said there had been positive changes over the last few months and felt they could approach senior staff with concerns.
- The hospital director had introduced weekly staff engagement meetings in order to provide staff with a space to discuss changes and gather staff ideas and concerns. Staff said they felt able to bring up any concerns in this meeting. The hospital director also introduced a suggestions box to gather staff feedback and there were examples of action being taken as a result of feedback gathered.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure there are systems in place to monitor safe storage and management of medicines.
- The provider must ensure all medical equipment is serviced regularly.
- The provider must ensure that there are effective systems in place for nursing and rehabilitation staff to learn from incidents.
- The provider must ensure that care plans are completed comprehensively and in a timely manner to reflect the need of patients in the service.
- The provider must ensure that clinical discussions are held in private and confidential settings.
- The provider must ensure same sex accommodation requirements are met.

Action the provider SHOULD take to improve

- The provider should ensure all care records are updated following incidents.
- The provider should ensure information about care is stored appropriately.
- The provider should ensure electronic records are confirmed in a timely way.
- The provider should ensure all staff have a thorough understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider had not ensured care met the needs of all patients.** **Male patients had to pass through female areas to reach the entrance to the ward.** **This was a breach of Regulation 9(1)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The provider had not ensured all patients were treated with dignity and respect.** **Confidential clinical discussions were discussed openly in corridors and were not held in private.** **This was a breach of Regulation 10(1)(2)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not ensured care and treatment was being provided in a safe way for service users.**

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	The system for the proper and safe management of medicines was not effective. Care plans were not updated to reflect current patient need. This was a breach of Regulation 12(1)(2)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider had not ensures all equipment used by the service was properly maintained. An inhaler machine had a label indicating it had not been serviced since April 2015. This was a breach of Regulation 15(1)(e)