John Munroe Hospital Limited

John Munroe Hospital - Rudyard

Quality Report

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Date of inspection visit: 23rd to 24th February 2015
Date of publication: 04/08/2015

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-117086853	John Munroe Hospital	Horton/ Mixed 10 Male & 6 Female/ Long stay/rehabilitation	ST13 8RU
1-117086853	John Munroe Hospital	Rudyard Unit / Male / Older People	ST13 8RU
1-117086853	John Munroe Hospital	Larches / Male / Long stay / rehabilitation	ST13 8RU
1-117086853	John Munroe Hospital	High Ash / Long Stay / Rehabilitation	ST13 8RU
1-117086853	John Munroe Hospital	Kipling / Long Stay / Rehabilitation	ST13 8RU

This report describes our judgement of the quality of care provided within this core service by John Munroe Hospital. Where relevant we provide detail of each location or area of service visited.

Summary of findings

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by John Munroe Hospital and these are brought together to inform our overall judgement of John Munroe Hospital.

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

- There were potential ligatures around the hospital but there were no up to date ligature audit that identified those risks and produced an action to plan to remove or how to reduce those risks to people living in the hospital.
- Emergency equipment and medical devices were not regularly checked across the hospital to ensure that they were in working order for use in emergencies.
- Wards experienced short staffing sometimes which impacted on patients been able to access escorted leave. The hospital had recognised this and was actively trying to recruit new staff.
- There were individualised risk assessments with care plans that were updated regularly to reflect people's changing needs.
- People's physical health was monitored and well managed across the hospital.
- Staff was up to date with their statutory and mandatory training
- Staff did not regularly receive supervision to support them in their daily practice
- There were no formal mental capacity assessments to explain how patient's capacity had been assessed.
- Patients were treated with dignity and respect by staff.
- The hospital regularly checked the views of people using the service.
- Admissions and discharges were well planned with the involvement of families, carers, and care coordinators.
- Patients were cared for in comfortable and well-furnished surroundings.
- Collaborative multi-disciplinary teams were involved in the care and treatment of patients in the wards and hospital.
- Information on how to complain was displayed around the hospital but informal complaints were not logged by the wards.
- Whilst staff could not articulate the hospitals visions and values they could describe the objectives of their wards and how they contributed to achieving them.
- Staff said they felt supported by the hospital managers and each other.
- The hospital had development plans to improve risk assessments and care planning

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

- The layout of some of the wards made observation difficult for staff. Mirrors were not installed in areas where observation was restricted.
- There were potential ligatures throughout the wards. We did not see current or up to date ligature audits for all the ward areas. Patient's accessed areas with ligature risks unsupervised although we were told those risks were mitigated through observation and supervision.
- Emergency equipment and medical devices were not regularly checked to ensure they were in good working order to be able to use in an emergency.
- Wards were sometimes short staffed and had to cover 1-1 observation for up to two hours at a time with limited opportunities to take their breaks.
- Patients were cared for in clean wards with good furnishings.
- The managers were recruiting to vacancies across the hospital and had changed the shift systems to benefit staff whilst maintaining their current salaries.
- All restraints were recorded on the incident recording system and these were regularly monitored and reviewed after each incident.

Are services effective?

- All new patients had individualised risk assessment and care plans that were regularly reviewed and updated to reflect people's changing needs.
- Patients had access to a GP who regularly visited the hospital to ensure that people's physical health was regularly monitored.
- Patients were treated with therapies that were supported by known best practice guidelines such as NICE.
- The wards did not actively participate in audits to monitor the effectiveness of the treatment given to patients.
- Staff received training to ensure their practice was up to date however they did not receive regular supervision where they could review their practice.
- There was good collaborative MDT meetings where patients care was discussed in depth and all information shared amongst the team and ward staff.
- Patients were regularly informed of their rights but staffs were unable to show that they had a good understanding of the MHA.

Summary of findings

- There were no formal mental capacity assessments that explained how capacity had been assessed.

Are services caring?

- Staff were caring, respectful to patients and worked hard to engage them with their care plans.
- Patients praised staff about the support they received and said that staff treated them with respect and dignity.
- Every patient was given a welcome booklet that explained about John Munroe hospital and what to expect whilst staying there.
- Patients were involved in the formulation of their care plans and where patients wanted relatives and carers were also involved.
- The hospital regularly checked the quality of the services received by people living at the hospital through questionnaires and regular community meetings.

Are services responsive to people's needs?

- There was a clear admission criteria set out for patients admitted to the hospital and all admissions were well planned.
- Each patient had a coordinated discharge plan that involved families and care coordinators.
- Patients experienced a stable stay at the hospital and any transfer between wards was always planned and coordinated.
- The ward environment was comfortable with rooms for people to watch television or quiet rooms that they could access when they wanted.
- Patients had individualised bedrooms that were in gender specific areas that they could personalise to their own taste.
- There were not enough visiting rooms on all the wards for families to use when visiting.
- There was good disabled access around the buildings and staff assisted patients who needed help to move around the wards.
- Information leaflets were accessible around the hospital however they were not in different languages for non-English readers.
- Information explaining how to complain was displayed around the hospital but the wards did not keep a log of informal complaints raised by either patients or relatives.

Summary of findings

Are services well-led?

- Staff did not have a clear understanding of the hospitals vision and values however they did demonstrate knowledge of their ward objectives and how they were to be achieved.
- There were good governance structures in place that managed quality and safety of people in the hospital. Information was collected and analysed by the managers of the hospital to identify trends and themes.
- Ward managers were able to raise their concerns with the hospital managers.
- The units were well led with good leadership across the hospital and staff told us that they felt well supported.
- Ward managers said they were supported to undertake training that equipped them to undertake their roles.
- The hospital had developed improvement plans to raise the quality of care planning and risk assessments.

Summary of findings

Information about the service

John Munroe Hospital is an independent mental health hospital providing care for up to 57 people who have enduring mental health needs. John Munroe Hospital, Rudyard provides treatment, nursing and care to people over the age of 18 whose complex mental health and challenging behaviours prevents them from receiving effective interventions in less restrictive settings. People who use the service may be detained for treatment under the Mental Health Act 1983.

Rudyard Ward offers an admission and assessment service for both men and women with challenging behaviour who may have a diagnosis of dementia and may have a forensic history. The ward has 14 beds in total. Adults and older people, aged 45 plus with a severe and enduring mental illness. Adults/Older people with organic brain damage either due to alcohol or other substance misuse or with early or late onset dementia.

Horton Ward offers an admission and assessment service for people with extremes of challenging behaviour with a diagnosis of functional mental illness or personality disorders. The service has 10 male beds and 6 female beds

The Larches is a male only, six bedded intermediate rehabilitation bungalow situated within the extensive hospital grounds, independent from the main hospital.

Kipling Ward offers an admission and assessment service for females with challenging behaviour who may have a diagnosis of functional mental illness or organically mediated conditions. The ward has 14 beds in total.

High Ash is a female only, seven bedded intermediate rehabilitation bungalow and is situated within the extensive hospital grounds, independent from the main hospital.

Our inspection team

Kenrick Jackson, Inspection Manager, Care Quality Commission

The team included a CQC Inspector; one Specialist Professional Advisor (SPA) and an expert by experience.

Why we carried out this inspection

We inspected this hospital as part of our comprehensive Wave 2 pilot of independent mental health hospitals 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 John Munroe Hospital reviewed information provided by the hospital at our request.

- We spoke to 5 relatives following the inspection.
- During the inspection visit, the inspection team:
- Visited five wards at the hospital's main site and looked at the quality of the ward environment and observed how staff were caring for patients
- Spoke with 15 patients who were using the service
- Spoke with the managers or acting managers for each of the wards

Summary of findings

- Spoke with 12 other staff members; including doctors, nurses, occupational therapists and administrative staff
- Interviewed the director with responsibility for these services
- Attended and observed lunchtime routines
- Reviewed 20 assessment and treatment records of a sample of people who used the service
- Reviewed a range of policies, procedures and other records relating to the running of this service.
- Observed staff interactions with young people
- Reviewed information we had asked the hospital to provide

We also:

- Looked at 25 treatment records of patients.
- Carried out a specific check of the medication management all five wards.
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the hospital.

What people who use the provider's services say

We spoke to patients during the inspection and we spoke to relatives/carers by telephone following the inspection.

We were told that staff were caring and treated patients with dignity and respect and that patients were listened to and received excellent care and treatment. One person we spoke to said, with regards to their relative's safety they were comfortable in the knowledge that they were safe and were very confident that neglect or abuse is not taking place.

Patients and families using the hospital were positive about the staff and the treatment that they receive there.

Areas for improvement

Action the provider MUST take to improve

- Ligature risk assessments in the hospital had not been recently completed, and there were risks identified in communal bathrooms, en-suite doors, taps, door handles and window handles. The hospital must carry out ligature assessments to identify the risks and remove and develop action plans to mitigate the risks.
- The provider must carry out checks regularly to ensure that equipment for use in treatment or emergency are in working order to use during emergencies.

Action the provider SHOULD take to improve

- The hospital should provide more information in patient and visitor areas about safeguarding and how to contact the safeguarding team.
- The hospital should ensure there are a range of activities for patients to participate in and to ensure more access to the community.
- Staff should be receiving regular supervision to ensure they are supported in carrying out their work.

John Munroe Hospital Limited

John Munroe Hospital - Rudyard

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Rudyard Unit	John Munroe Hospital
Larches	John Munroe Hospital
High Ash	John Munroe Hospital
Kipling	John Munroe Hospital
Horton	John Munroe Hospital

Mental Health Act responsibilities

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

All mental health act paperwork and consent to treatment forms were signed and up to date.

Staff would contact the Mental Health Act administrative team if they needed any specific guidance about their roles and responsibilities under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

The majority of staff told us they had not received training in the use of the MCA and DoLS. There were no formal mental capacity assessments that explained how capacity had been assessed. The capacity to consent assessments under MHA were not detailed enough. Two patients that were having their medication converted did not have formal capacity assessments that were followed by best interests meeting to give the medication covertly. Staff did not demonstrate a good understanding of MCA and DoLS. Most of the staff did not understand their responsibility in applying MCA and how the legislation applied to their work with patients.

Detailed findings

Staff we talked to did not demonstrate an awareness of the policy on MCA and DoLS that they could refer to. The provider told us that there is a mental health act policy folder that is located in all offices and clearly marked for staff to use.

The provider did not train all staff in MCA and DoLS to provide them with knowledge required in applying the legislation appropriately. Staff were not able to tell us who they could contact as the lead person on MCA. The use of the MCA was not monitored by the wards.

Our review of records and staff confirmed that audits were not taking place to monitor the use of the MCA.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

- The layout of some of the wards made observation difficult for staff. Mirrors were not installed in areas where observation was restricted.
- There were potential ligatures throughout the wards. We did not see current or up to date ligature audits for all the ward areas. Patient's accessed areas with ligature risks unsupervised although we were told those risks were mitigated through observation and supervision.
- Emergency equipment and medical devices were not regularly checked to ensure they were in good working order to be able to use in an emergency.
- Wards were sometimes short staffed and had to cover 1-1 observation for up to two hours at a time with limited opportunities to take their breaks.
- Patients were cared for in clean wards with good furnishings.
- The managers were recruiting to vacancies across the hospital and had changed the shift systems to benefit staff whilst maintaining their current salaries.
- All restraints were recorded on the incident recording system and these were regularly monitored and reviewed after each incident.

Our findings

Safe and clean environment

- The wards layout of Rudyard, Kipling and Horton had many corners, hidden separate areas and stairs which did not enable staff to observe most parts of the ward. Mirrors had not been installed in all areas where observation was restricted, even with mirrors installed the observations in some areas would remain difficult. The Larches and High Ash had a layout that enabled staff to observe most parts of the ward.
- Horton ward had male and female sleeping areas that were separate. There was a separate female-only lounge on the ward; these provided a safe space for women who preferred a women-only environment. Larches was a male only ward whilst High Ash and Kipling were female wards and Rudyard was for men and women.
- We noted a number of potential ligatures in bedroom and bathroom areas. The ligature risk assessment we saw in High Ash was last carried out in October 2011. The other wards could not provide us with any risk assessments. Rudyard, Horton and Kipling had some anti-ligature fixtures but potential ligatures remained in communal bathrooms, ensuite doors, taps, door handles and window handles. There was no detailed risk management plan or action plan as to how this risk was managed. The provider had not taken action to address some of the ligature risks identified, such as the changing of some taps, shower cubicle, window and door handles in patient bedrooms and other areas within the unit.
- The ward sisters told us that the risk was managed on an individual basis through supportive observations and they carried out assessment of risk for people at risk of suicide or self-harm before admission. Observation of practice and discussion with staff confirmed that some patients were accessing these potential high risk areas unsupervised. The communal bathrooms and toilets were not locked. Staff were not able to explain different methods used to manage risks in the bathrooms and toilets. There was no record of what or how decisions about ligature risk management in the ward environment had been made.
- Rudyard, Horton and Kipling wards shared one well-equipped physical examination room that had all emergency equipment such as automated external defibrillators and oxygen. However, it was not checked regularly to ensure it's in good working order so that it could be used well in an emergency. Other medical devices such as blood pressure machine, scales and thermometers were also not checked regularly. The Larches and High Ash did not have physical examination rooms. They shared one defibrillator which was not regularly checked and did not have other emergency resuscitation equipment such as oxygen and masks. The manager told us that they would get it from the main hospital if needed which could take some time to get there.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- There were no seclusion rooms on the wards.
- The unit areas were clean, with reasonable furnishings and were well maintained.
- Environmental risk assessments were carried out in areas such as health and safety, fire safety and infection control and prevention.
- There were safety alarm systems in place to call for help when needed from other staff on the wards. This helped to ensure the safety of patients and that of staff.

Safe staffing

- The hospital had identified staffing levels for teams although were not using a recognised tool. Senior managers had developed an action plan for staffing and recruitment to address staffing vacancies. Figures showed that they were 20 members of clinical support staff short.
- Seven members of staff across the teams reported shortages of staffing and suitable skill mix particularly for clinical support workers. Staff reported that on some days they were so short staffed that they covered 1:1 observations for two hours and just rotated with very little opportunity to take a break.
- Staff told us that because of the amount of administrative tasks, qualified staff spend most of their time in the office completing those tasks meaning that they are not present in communal areas of the ward
- One member of staff reported that escorted leave or ward activities were often cancelled because of a shortage of staff and a lack of resources such transportation into town as the biggest issue.
- Return to work support plans were in place for individuals. Managers told us that they have changed the rota following a full consultation with staff so that people work 38 hours as opposed to 48 hours a week and this has seemed very popular with staff meaning that sickness levels were beginning to improve.
- The duty rotas showed us that bank and agency staff were used and some staff had moved across teams to give support.
- Senior managers told us that they had difficulties recruiting however that they were taking actions to recruit such as reducing the working hours and keeping staff on the same rate of pay.

Assessing and managing risk to patients and staff

- On admission every patient had an assessment of needs that took account of previous history, risk, social and health factors. It included the agreed risk assessments and a plan of care to manage any identified risks.
- There were risk assessments and risk management plans which identified how staff were to support each patient when they behaved in a way that could cause harm to themselves or others. Patients' needs were appropriately assessed and clearly identified their needs and these were regularly reviewed.
- There were procedural security measures and operational policies and procedures that were followed by staff to ensure safety of patients, visitors and staff. For example, doors were always locked, visitors were signing in and out through the reception with an air lock door and all staff had a safety alarm on them which was tested before given out. Ligature cutters were checked regularly.
- Restraint records were recorded on incident reporting system in detail and this was monitored and reviewed after each incident. From November 2014 to February 2015 Horton had 69, Kipling nine, Rudyard seven, High Ash seven and Larches zero incidents of restraint. The manager told us that prone position was only used to safely administer rapid tranquilisation for the shortest possible time.
- We observed practice where staff demonstrated very good skills in managing agitated patients in a safe manner by responding calmly and positively to using effective de-escalation techniques. All staff had been trained in the physical intervention method management of actual and potential of aggression (MAPA) used by the provider.
- The provider's rapid tranquillisation policy had been followed by staff that prescribed medicines to be given in an emergency and followed the NICE guidance. All when required medicines had an individual protocol to ensure that staff knew in what situations, when and how to give that medicine.
- There was information on the units to let informal patients know that they were able to leave the unit if they wanted to.
- Staff were clear on what to do if they had safeguarding concerns. Staff demonstrated that they knew how to identify and report any abuse to ensure that patients were safeguarded from harm. Staff told us that they

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

would report all safeguarding concerns to the deputy manager who would assess the initial stages and report to the local safeguarding team. However, there was no information that was easily accessible to inform staff and patients on how to report abuse.

- There were appropriate arrangements for the management of medicines. We reviewed the medicine administration records and the recording of administration was complete and correctly recorded as prescribed. Patients were provided with information about their medicines. Most patients we spoke with confirmed they had received information about medicines and knew what they were for. Medicines were supplied by an external community pharmacy. Monitoring of medicines was checked by the external pharmacist to ensure that medicines were managed safely. We found that good links were in place between the hospital and the community pharmacy. Staff also conducted their own weekly medication audit.
- Medicines were stored securely on the wards. Temperature records were kept of the medicines fridge and clinical room in which medicines were stored. However, the recording of temperatures were inconsistent, staff would go for about five days without recording temperatures. The thermometers used to monitor the temperatures did not capture the daily maximum and minimum. This meant that there was no solid evidence that medicines were stored appropriately to remain suitable for use.
- In high Ash three patients were self-administering their medication and this was stored safely in their locked safe. Risk assessments had been carried out for each patient and a self-monitoring form was in place. However, the risk assessments were not dated and reviews were not done to check whether patients were still safe to continue self-administering.
- For patients who were visited by children, this had been risk assessed to ensure it was in the child's best interest. A separate family room away from the ward was available.

Track record on safety

- The provider shared with us their reports on serious untoward incidents that had happened within the past four months. Staff were able to evidence an understanding of what to report and how to report it
- Root cause analysis was carried out and action plans were developed to address the key issues from the investigation.
- There had been a number of changes recommended to ensure that lessons learnt resulted in changes in the practice. For example, the provider implemented changes to how they assessed risk and staff escort in CPA documents after an incident happened whilst a patient was on leave.
- At the time of the inspection we saw that changes had been made to improve safety standards through changes in practice and procedures. This was in response to learning from previous incidents.

Reporting incidents and learning from when things go wrong

- There was an effective way to report incidents, near misses and never events and staff knew how to report incidents. Staff were able to explain how learning from incidents was shared with staff.
- We discussed examples of recent incidents with staff. They told us how they had debriefings following incidents and how risk assessments and managements were amended. Most notably was how observations were adjusted in response to incidents.
- Staff showed a good awareness of individual patient risks and how these were managed.
- There was a decision making group which carried out investigations and root cause analysis and would come up with action plans for sharing and learning with staff.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

- All new patients had individualised risk assessment and care plans that were regularly reviewed and updated to reflect people's changing needs.
- Patients had access to a GP who regularly visited the hospital to ensure that people's physical health was regularly monitored.
- Patients were treated with therapies that were supported by known best practice guidelines such as NICE.
- The wards did not actively participate in audits to monitor the effectiveness of the treatment given to patients.
- Staff received training to ensure their practice was up to date however they did not receive regular supervision where they could review their practice.
- There was good collaborative MDT meetings where patients care was discussed in depth and all information shared amongst the team and ward staff.
- Patients were regularly informed of their rights but staff were unable to show that they had a good understanding of the MHA.
- There were no formal mental capacity assessments that explained how capacity had been assessed.

Our findings

Assessment of needs and planning of care

- There were wide-ranging assessments that had been completed when patients were admitted which covered all aspects of care as part of a full assessment. Individualised care plans and risk assessments were in place, regularly reviewed and updated to reflect discussions held within the MDT meetings.
- There was evidence of regular physical health checks and monitoring in records. There was good practice for monitoring blood glucose for patients with diabetes. Staff told us that physical health checks were carried out by a GP who visited every Tuesday. We spoke to the GP who told us that physical health was discussed and further assessment of these needs had been offered. Where physical health concerns were identified, patients were referred to specialist services and care plans were implemented to ensure that patients' needs were met.
- Patients had access to a GP, their physical health issues were monitored by the GP and physical health nurses who worked closely with the hospital.
- Care records within the wards were stored securely. However, the records were kept in different places and were difficult to know where particular records would be found and not readily available to staff when needed. Care records reviewed contained relevant information about care provided.

Best practice in treatment and care

- NICE guidelines were mostly followed in respect of medication prescribed and in delivering psychological therapies. However, there were a high number of patients on depot injections in Rudyard and Kipling wards. Our review of records and discussion with nurses confirmed that some of the patients were taking other medications orally and had no problems with non-adherence. In Horton ward seven patients were on a combination of two anti-psychotic medications which should be considered for truly treatment-resistant cases.
- Psychology clinics were held, which included cognitive behavioural therapy (CBT) and mindfulness. The needs patients presented with often identified the psychological therapies that best met their needs following an assessment by the psychologist. Patients spoke highly of the psychological treatment they received.
- Patients' physical health was checked and monitored and patients had access to a GP. All physical health checks were conducted by the GP and regularly discussed any issues with the consultant psychiatrist and the ward staff. Patients had access to specialists such as dentists, podiatrist, diabetic team and smoking cessation when needed. One patient highlighted difficulties in accessing the physiotherapist.
- The Health of the Nation Outcome Scales-Secure (HoNOS) was used as clinical outcome measure and this is recommended by National Service Framework for Mental Health (NSFMH). The scale aids the assessment process and can determine through its evaluation the progress of therapeutic intervention. However, this was not consistently carried out and reviewed.
- There was evidence that progress was monitored in MDT records and that team recorded data on progress towards agreed goals in each patient's notes.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Staff were not actively participating in clinical audits apart from medication audit. The wards lacked a robust program of measures to monitor the effectiveness of the service provided. The wards did not have a wide range of clinical audits that were carried out regularly and consistently.

Skilled staff to deliver care

- The team consisted of nurses, consultant psychiatrists, psychologists, activities coordinators, OTs and support workers. Our observation of practice, review of records and discussion with staff and patients confirmed that they attended patients' review meetings. The social workers were external and were only invited to MDT meetings when required. The external pharmacist did not have direct input to the MDT meetings and was only responsible for medicines management.
- Staff received the training they needed and where updates were required, this was monitored by the training department. Records showed that most staff were up-to-date with statutory and mandatory training. We saw that all staff that were due for updates were booked to attend training. Bank and agency staff were provided with an induction period to ensure that they knew how to support patients safely.
- Most staff told us they did not receive supervision regularly, where they were able to review their practice and identify training and continuing development needs. However, staff told
- us that they were provided with training such as catheter care, eating disorders and personality disorder to meet the needs of patients they looked after. Ward sisters told us that there was inconsistency in staff supervision due to staffing. Some staff that had been at the hospital for over six months had had one supervision only.
- Staff told us that they received annual appraisals and records we looked at showed that staff received annual appraisals consistently.
- There were no staff team meetings taking place regularly. Staff felt team meetings gave them an opportunity to share information together. Only qualified staff had team meetings with the hospital manager.

Multi-disciplinary and inter-agency team work

- Records reviewed showed that each patient was discussed in depth and was effective in sharing of information about patients' care. There were discussions of changes in care plans, patients' presentation including physical health, therapies, activities and risk. MDT meetings were taking place regularly and consistently and discussed patients' needs in detail to ensure that all care aspects were addressed.
- We observed good collaborative working within the MDT following the care programme approach (CPA) frame work. Patients we spoke with confirmed they were supported by a number of different professionals including those from outside the hospital who attended their review meetings. The information was shared across different professionals involved in patients' care.
- There was evidence of working with others including internal and external partnership working, such as multi-disciplinary working with, GP, other hospitals, community mental health teams, other independent sector, NHS and local authority teams. Staff told us that they worked closely with the NHS mental health teams and social workers to coordinate care to support with discharges.

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

- Five staff told us that they had a brief introduction to the MHA during their induction but none of them were able demonstrate a good understanding.
- Staff knew how to contact the MHA office for advice when needed and said that the MHA team scrutinised the admission, renewal, and hearing papers.
- All patients had been informed of their rights in accordance with Section 132 of the Mental Health Act and provided with information regarding Independent Mental Health Advocacy Patients had their rights explained to them and routinely thereafter.

Good practice in applying the Mental Capacity Act

- The majority of staff told us they had not received training in the use of the MCA and DoLS. the provider told us that training in the form of an overview of mental health act and mental capacity act is provided for all new staff. There were no formal mental capacity assessments that explained how capacity had been assessed. The capacity to consent assessment under MHA was not detailed enough. Two patients that were having their medication converted did not have formal capacity assessments that were followed by best

interests meeting to give the medication covertly. Staff did not demonstrate a good understanding of MCA and DoLS. Most of the staff did not understand their responsibility in applying MCA and how the legislation applied to their work with patients.

- Staff were not aware of the policy on MCA and DoLS that they could refer to. The provider has a policy folder for mental health act, mental capacity act and depravation of liberty located in all ward offices.
- The provider did not train all staff in MCA and DoLS to provide them with knowledge required in applying the legislation appropriately. Staff were not able to tell us who they could contact as the lead person on MCA. The use of the MCA was not monitored by the wards.
- Our review of records and staff confirmed that audits were not taking place to monitor the use of the MCA.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

- Staff were caring, respectful to patients and worked hard to engage them with their care plans.
- Patients praised staff about the support they received and said that staff treated them with respect and dignity.
- Every patient was given a welcome booklet that explained about John Munroe hospital and what to expect whilst staying there.
- Patients were involved in the formulation of their care plans and where patients wanted relatives and carers were also involved.
- The hospital regularly checked the quality of the services received by people living at the hospital through questionnaires and regular community meetings.

Our findings

Kindness, dignity, respect and support

- We saw positive, kind and respectful behaviours from staff. They gave practical support when needed and worked well to engage patients positively. We saw staff engaging well, softly and effectively encouraging patients to follow their treatment and care plans. Staff showed a caring attitude and commitment to the patients they supported.
- Patients were complimentary about the support they received from the staff and felt they get the help they needed. Patients told us and we saw that they had been treated with respect and dignity and staff were kind.
- Staff showed a good understanding of the individual needs and were able to demonstrate how they were supporting patients with complex needs. Patients told us that staff knew them very well and supported them the way they wanted.

The involvement of people in the care that they receive

- There was information and leaflets available to be given to patients as a welcome pack to explain and help them understand how the service worked and what to expect. This explained about further information available to patients and relatives. The managers and staff told us that the relatives and patients were offered a chance to visit and tour the wards before they were admitted.
- Patients spoken with told us that they were involved in their care reviews and were able to express their views. Records of MDT meetings showed that patients and their family members were involved in care planning and reviews and they were supported to make informed choices. Patients told us that they did not have copies of their care plans.
- Staff told us that patients' carers and family members were asked for their views in the assessment and care planning where appropriate. We saw recorded evidence from MDT reviews which captured what was discussed and jointly agreed. These showed that patients and their relatives were involved in decisions about the care they received.
- Staff were aware how to access advocacy services for patients and there was information on the wards available to patients about relevant local advocacy contacts. Patients told us that they were able to access advocacy services when needed.
- The provider used questionnaires to collect feedback from patients and their families on how they felt about the care provided. Community meetings were held regularly and patients' views were taken into account and acted upon. The staff told us that they had an open culture for people to feedback how they felt about the service provided.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

- There was a clear admission criteria set out for patients admitted to the hospital and all admissions were well planned.
- Each patient had a coordinated discharge plan that involved families and care coordinators.
- Patients experienced a stable stay at the hospital and any transfer between wards was always planned and coordinated.
- The ward environment was comfortable with rooms for people to watch television or quiet rooms that they could access when they wanted.
- Patients had individualised bedrooms that were in gender specific areas that they could personalise to their own taste.
- There were not enough visiting rooms on all the wards for families to use when visiting.
- There was good disabled access around the buildings and staff assisted patients who needed help to move around the wards.
- Information leaflets were accessible around the hospital however they were not in different languages for non-English readers.
- Information explaining how to complain was displayed around the hospital but the wards did not keep a log of informal complaints raised by either patients or relatives.

Our findings

Access and discharge

- Patients were admitted from all over United Kingdom and there was a clear admission criteria set out that was patients 18 plus for other wards and 45 plus for Rudyard ward, may be detained under the MHA. Patients should have severe and enduring mental illness or complex mental health and challenging behaviours. Any referrals received were assessed by at least two members of the MDT and then followed by an MDT meeting to ascertain if they could meet the needs of that particular patient.
- The average length of stay was two and half years. Patients would be likely to be admitted from other secure hospitals, but at times would be admitted from the community and aim to move towards rehabilitation wards or community and specialist care on discharge.
- All admissions to these wards were planned well ahead and they did not have any emergency admissions. The hospital worked closely with the placing case managers to ensure that patients who had been admitted were identified and helped through their discharge. Patients were discharged into rehabilitation or community setting. Patients could also step up the level of security should their circumstances change that they required a more suitable setting that could appropriately meet their needs.
- There were co-ordinated discharge plans and good links with the placing authority. The MDT involved patients and their families in the discharge planning. Reasons for not discharging a patient were clinical ones and delayed discharges were due to unavailability of a suitable placement to meet the needs of patients.
- Patients on leave were able to access their beds on return from leave.
- Patients experienced a stable stay on the same ward during their admission period. The manager told us that all transfers were discussed in the MDT meeting and were managed in a planned or co-ordinated way.

The facilities promote recovery, comfort, dignity and confidentiality

- The units were equipped to support treatment and care. There were rooms where patients could relax and watch TV or engage in therapeutic activities.
- All units did not have a room for patients to meet visitors. People visiting on the day of the inspection had to remain in the reception area because there was no room available for them to see their relative. Visitors are not allowed onto some units to view the bedrooms of their relatives. One visitor expressed concerns to us about this rule.
- The units had access to surrounding garden area, which included a smoking area. Patients told us they enjoyed going out into the grounds and we saw patients been escorted around the grounds by staff.
- All patients had access to hot drinks and snacks anytime they wanted.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- Each patient had an individual bedroom in a gender specific area with a solid door and were personalised to patients individual taste.
- There was a poor programme of activities for patients to participate in. We saw some activities provided by staff that engaged a small number of patients on wards. Patients told us that they did not have enough to do during the day and at weekends.

Meeting the needs of all people who use the service

- There were disabled access, toilets and lifts within the buildings. Patients who were unsteady on their feet were supported by staff to move around the buildings.
- There was information leaflets which were specific to the services provided however we did not see leaflets in different languages for non-English readers to have. Patients had access to relevant information which was useful to them such treatment guidelines, advocacy, patient's rights and how to make complaints.
- Staff respected patients' diversity and human rights. Attempts were made to meet people's individual needs including cultural, language and religious needs. Patients were able to access religious groups within the community.

Listening to and learning from concerns and complaints

- Information on how to make a complaint was displayed on the boards around the hospital. Patients and relatives effectively raised concerns and those concerns were quickly resolved. One example was a relative complained about lack of communication. They now have regular updates from the consultant psychiatrist by email that they said kept them updated and involved.
- The manager told us, relatives and patients confirmed that they could approach staff anytime with their concerns and staff would try to resolve them informally and as quickly as possible. However, the wards did not maintain records of informal complaints raised by relatives and patients. The managers told us that sometimes complaints which were received verbally were not logged which means that some concerns may not lead to wider understanding of the services and how they are delivered.
- Staff were aware of the formal complaints process and knew how to support patients and their relatives to make a complaint following the hospitals complaints policy.
- Staff told us that any learning from complaints was shared with the staff team through the staff meetings. We looked at the minutes of those meetings and saw it evidenced that some issues raised led to changes in practice.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

- Staff did not have a clear understanding of the hospitals vision and values however they did demonstrate knowledge of their ward objectives and how they were to be achieved.
- There were good governance structures in place that managed quality and safety of people in the hospital. Information was collected and analysed by the managers of the hospital to identify trends and themes.
- Ward managers were able to raise their concerns with the hospital managers.
- The units were well led with good leadership across the hospital and staff told us that they felt well supported.
- Ward managers said they were supported to undertake training that equipped them to undertake their roles.
- The hospital had developed improvement plans to raise the quality of care planning and risk assessments.

Our findings

Vision and values

- All staff on the wards we spoke to did not have a clear understanding of the vision and values of the hospital.
- Staff spoken with demonstrated a good understanding of their ward objectives and how they could contribute to achieving those objectives. All of staff knew who their senior managers were and told us that they visited the ward to talk to wards staff and patients.

Good governance

- The hospital had governance processes in place to manage quality and safety. The managers used these methods to give information to the hospital board and to monitor and manage the hospital. The managers would attend governance meetings where aspects of quality and safety were discussed. The information was then discussed with staff and used to act on where there were gaps. For example, the high use of agency staff on wards and action to increase permanent staffing levels.
- Managers provided data on performance to the hospital consistently. All information provided was analysed by the governance board to identify trends, themes and measure against set targets. Performance indicators were discussed with the hospital manager and the governance committee every month. Where performance did not meet the expected standard action plans were put in place. However, we found that not all this information was easily accessible to managers on the units.
- The ward managers told us that at times they had pressure on time to do all aspects of work and they had to prioritise. They felt they were given the independence to manage the units. They also said that, where they had concerns, they could raise them with the hospital manager. Where appropriate the concerns could be placed on the hospitals risk register.

Leadership, morale and staff engagement

- We found the units to be well-led with good leadership across the hospital. The manager was available to the wards for the greater part of the week when care and treatment was provided. The managers were accessible to staff and provided staff with support. They had an open culture and willing to listen to new ideas from staff and patients in order to improve the service. Staff told us that the managers were very approachable, had an open door policy, and encouraged openness.
- Staff we spoke with told us they felt supported by the managers. We saw and staff confirmed that the teams worked well together however, staff morale was variable. Staff spoke positively about their role and demonstrated their commitment to providing safe high quality patient care.
- Sickness and absence rates were regularly monitored by the hospital managers. We saw that the hospital lost 857 hours in January 2015 due to sickness levels. Analysis we saw showed that some sick was due to staff recovering from operations and infections not connected to working at the hospital.
- Staff told us that they were aware of the trust's whistleblowing policy and that they felt free to raise concerns and that they would be listened to.
- The mangers felt supported by the hospital managers and had access to training in that helped them to develop within their role.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Commitment to quality improvement and innovation

- The hospital's managing director received regular reports on the quality of the services provided. Key events were reported and used to monitor and improve the hospital for example reporting on staffing issues, safeguarding, incidents, and complaints.
- Information was analysed and action taken to maintain and sustain quality services.
- The hospital had identified a number of next steps to improve the service. These largely related to specific objectives such as improving care plan review meetings, improving risk assessments and to ensure patient/carer involvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Ligature risk assessments had not been completed, and there were risks identified in communal bathrooms, en-suite doors, taps, door handles and window handles. The provider must carry out ligature assessments to identify the risks and remove and develop action plans to mitigate the risks.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must carry out checks regularly to ensure that equipment for use in emergencies are in working order.