Newton House

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated Newton House as good because:

- Newton House was clean and well maintained. Environmental risk assessments were in place and equipment was checked regularly.
- Systems were in place to monitor and manage patient risks. Assessments were carried out in a timely manner and regularly reviewed. Building ligature risk assessments were in place.
- Staff displayed a good understanding of their roles and responsibilities in relation to safeguarding. Staff completed training and safeguarding was embedded within practice
- Staff accessed mandatory and specialist training. Staff were appraised and supervised regularly. This meant that staff were appropriately skilled and supervised for their roles.
- There was a multidisciplinary approach to care and treatment. Patients were able to access a range of psychological therapies and activities.
- Patients received a physical health assessment and there was ongoing physical health care.
- Patients were treated with kindness dignity and respect. They were involved in their care and were able to give feedback on the service they received. There was a patients council which allowed patients to input into service development.
- There were fortnightly discharge and rehabilitation meetings. Patients were involved in discharge planning.
- There were governance systems in place to assure the quality of the service. Staff were engaged in audit and there was learning from adverse incidents and complaints.

However:

- The service had not implemented changes to policy and procedures in line with the Mental Health Act revised Code of Practice This meant that the service did not adhere to the revised Mental Health Act Code of Practice.
- Not all staff were trained in the revised Code of Practice.

Summary of findings

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Good

Newton House

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Summary of this inspection

Background to Newton House

Newton House was a 21 bed community locked rehabilitation hospital providing care and treatment for men of working age suffering from mental disorder and illnesses.

Newton House has been registered with the CQC since May 2014. They were registered to provide assessment or medical treatment for persons detained under the Mental Health Act 1983 and treatment of disease, disorder or injury. There was a registered manager in place. The registered manager also had the role of accountable officer.

Bedrooms were single occupancy and contained ensuite shower rooms. There was also a self-contained flat which included a lounge, kitchen and dining area, bedroom and shower room. A refurbishment programme was in progress for the bedrooms. There was a main lounge, a conservatory, dining room, rehabilitation kitchen, meeting room and a computer room. There was an enclosed garden area, which contained two smoking shelters.

There have been no comprehensive inspections carried out at Newton House.

Newton House had been subject to a Mental Health Act review visit on 30 November 2015. A provider action statement was produced following the visit. The actions identified within it had been implemented at the time of our inspection.

Our inspection team

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the environment and observed how staff were caring for patients
- spoke with two patients who were using the service and wanted to talk to us
- attended a patient community meeting
- spoke with the registered manager
- spoke with nine other staff members; psychiatrist, nurses, occupational therapist, psychologist, social worker, healthcare assistants and cleaning staff
- spoke with an independent advocate
- attended and observed a ward round

Summary of this inspection

- looked at six care and treatment records of patients
- carried out a specific check of the medication management and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to two patients and attended the daily community meeting. Feedback we received was good. Patients felt staff were caring and supportive. Results of patient experience surveys were positive and reflected satisfaction with the service patients were receiving.

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?

Good

We rated safe as **good** because:

- The building was clean and well maintained.
- Environmental and health and safety assessments had been completed. Action plans were in place. Clinical and non-clinical equipment was checked regularly.
- There were enough staff to support care and treatment. Leave and activities were rarely cancelled due to staff shortages.
- Patient risk assessments were comprehensive and carried out in a timely manner. Assessments were updated regularly. This meant that patient risks were being managed.
- Staff compliance with mandatory training was high.
- Staff were aware of incident reporting procedures. Staff received debriefs and feedback on outcomes.
- Staff had a good awareness of safeguarding. Policies and training were in place to support this.

Are services effective?

Requires improvement

We rated effective as **requires improvement** because:

- The service had not implemented changes to policy and procedures in line with the Mental Health Act revised Code of Practice. This meant that the service did not adhere to the revised Mental Health Act Code of Practice.
- Not all staff were trained in the revised Code of Practice

However:

- Patients were given a comprehensive assessment in a timely manner.
- There was ongoing monitoring of physical health care. A physical health panel reviewed patients every eight weeks and there were good links with local GP and healthcare services.
- Patient's progress and care plans were reviewed regularly in multidisciplinary ward rounds.
- There was good access to psychology and a range of therapies available.
- Staff received regular supervision and annual appraisals. There was access to specialist training.

Are services caring?

Good

We rated caring as **good** because:

Summary of this inspection

- Patients were treated with kindness, dignity and respect. Staff we spoke with displayed a good understanding of their individual needs.
- Patients were involved in decisions about their care. Where appropriate carers and family members were also involved.
- Community meetings took place on a daily and monthly basis. This allowed patients to inform daily activities and provide their opinion on the service.
- Patients had advanced decisions in place. This meant that staff had a record of patients choices regarding their care if they lost capacity to make decisions in the future.

Are services responsive?

Good

We rated responsive as **good** because:

- There was active discharge planning. Discharge was discussed at a two weekly discharge and rehabilitation meeting. Patients were involved in the process. This meant that unnecessary delays relating to patients discharge were less likely.
- There was a programme of activities available both within the unit and the wider community.
- Patients were supported with their cultural, spiritual and religious needs.
- There was good management of complaints. Outcomes were feedback to staff.

Are services well-led?

Good

We rated well led as **good** because:

- Staff were engaged with the aims and values of the provider organisation. These were reflected in the unit's culture and practice.
- Senior managers within the unit were approachable and had an 'open door' policy.
- There were governance systems in place to assure the quality of the service and promote improvement.
- The unit manager had enough authority and administrative support to perform their role.
- Staff stated they felt supported in their role. They had access to regular team meetings and could make suggestions regarding the service.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Training on the Mental Health Act was not recorded as part of the mandatory training data set. However staff received training through induction and awareness sessions that had been delivered. Eight of the 10 staff we spoke to had undertaken training. However not all staff had received training on the updated code of practice. Copies of the new code and associated guidance documents were available for staff within the unit. However the provider's policies had not been updated to reflect the new code.

However, care was being delivered in line with the Mental Health Act. Patients had their rights under the Mental Health Act explained to them on admission and routinely thereafter. Consent to treatment and capacity requirements were adhered to when medication for mental disorder was given to detained patients. Copies of the legal certificates to authorise consent to treatment were attached to medication charts.

Administrative support and legal advice on the application of the Mental Health Act and the code of practice was available from a central Mental Health Act coordinator. Paperwork was up to date and stored appropriately. There were regular audits to ensure that the Mental Health Act was being applied correctly.

Patients had access to independent mental health advocacy service.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training on the Mental Capacity Act although the provider was seeking to offer updated training. Staff we spoke to demonstrated a good understanding of mental capacity and the guiding principles.

The service was applying the Mental Capacity Act to practice. Capacity assessments were in place where appropriate and reviewed regularly. There was evidence of patients being supported to make decisions and the involvement of family members and carers. Staff understood the Mental Capacity Act's definition of restraint.

Administrative support and legal advice on the rules of the Mental Capacity Act was available from a central Mental Health Act coordinator. There were regular audits to ensure that the Mental Capacity Act was being applied correctly.

There had been three Deprivation of Liberty safeguards applications made in the previous six months. The Deprivation of Liberty safeguards applications had all been for the same patient. This was due to Newton House's persistence in ensuring that the patient was not being unlawfully deprived of their liberty.

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

Newton House was housed over two floors in a standalone building. There were patient bedrooms located on both the ground and first floors. The layout of the unit meant that there were some blind spots and staff could not observe all parts of the ward. However staff were able to explain how this was managed by risk assessments they carried out and the use of observation. Patients were individually assessed prior to admission to determine their suitability for the environment. There was a visible staff presence on the ward and designated staff members responsible for carrying out observations. Convex mirrors were in place and closed circuit television was used in the patient corridor area. Staff did not routinely monitor this but recordings were taken and they could be accessed in the event of an incident. The service did not use seclusion and the building did not have a seclusion room.

The ward had a ligature risk assessment in place which was completed annually. The assessment was comprehensive and provided actions to manage or remove ligature risks which could be used by patients to cause serious self-harm. Staff were also able to increase observation levels if they felt it was appropriate to keep patients safe.

The unit only admitted male patients. Bedrooms were spacious and comfortable and all provided ensuite shower facilities.

There was a fully equipped clinic room which was clean and well maintained. Emergency equipment and medical devices were stored in the clinic room. All equipment was in date and fit for purpose. Checks on equipment were carried out regularly and recorded on monitoring sheets. There was a controlled drugs cabinet in place and medication was stored appropriately. Fridges used to store medication were checked daily.

The unit was clean and well maintained. Cleaning schedules were in place and being adhered to. Domestic staff told us they felt supported in their role. Controls of substances hazardous to health folders were in place and hazardous substances were stored in locked cupboards. Staff adhered to infection control principles and hand gels were available throughout the unit. An infection control audit had been completed in July 2015. The audit showed 96% compliance (190 out of 197 standards). Issues identified were minor and were being addressed. For example although hand wash was available at all sinks they were not all single use cartridges.

There were environmental risk assessments in place. These were comprehensive and reviewed regularly. The unit had a health and safety plan in place. The hospital had completed a partial refurbishment which had been overseen by the risk and patient safety officer. Patients had been regularly updated about the refurbishment and had been given regular opportunities to ask questions or raise concerns. A full fire risk assessment was in place and identified actions had been completed.

Staff had access to personal alarms. Panels on the wall allowed staff to identify the location of any alarm that had been activated. Regular checks were carried out on the alarm system and there was a programme of maintenance in place. There was controlled access to the unit for visitors.

Long stay/rehabilitation mental health wards for working age adults

Good

Safe staffing

The following staffing data was provided by the unit;

Establishment levels: qualified nurses (WTE): nine

Establishment levels: nursing assistant (WTE): 16

Number of vacancies: qualified nurses (WTE): one

Number of vacancies: nursing assistant (WTE): 0

The ward did not use agency staff. There was a bank cohort comprised of permanent staff with experience of the service. This ensured that when bank staff were used there were familiar with the service and continuity of care was protected. There had been 141 shifts filled by bank staff to cover sickness, absence or vacancies in the three month period prior to the inspection. There were 15 shifts that had not been filled by bank staff during this period.

The unit provided information regarding sickness and turnover vacancies for April 2015 to October 2015. The total percentage of staff of sick was around 2.4 % and this figure included one full time staff member on long term sick. This was lower than the average sickness absence rate for the NHS in England, which is currently around 4%. Total percentage of vacancies overall were at 3% for this period.

Staffing levels during day time comprised of two qualified nurses and five support staff. Night time staffing levels were two nurses and three support workers. Staffing levels on the unit were identified using NHS guidance. The unit management was able to adjust staffing levels in response to patient's needs' and activity on the ward.

Staffing rotas we reviewed showed that actual staffing levels matched established levels. None of the staff or patients that we spoke to raised concerns over the level or availability of staff. A qualified nurse was on duty at all times. There was a strong staff presence on the unit and patients were able to access 1:1 support.

Escorted leave and ward activities were rarely cancelled. Patients who had been granted leave that required a staff escort had this facilitated. Care records showed that leave was being utilised routinely with the specified number of staff escorts. Patients told us they had not had planned leave cancelled.

There was medical cover provided by a consultant psychiatrist during the week. Out of hours cover was provided by a rota of six doctors. The consultants on the rota were based off site but were able to attend or provide advice when required. Staff did not raise any concerns over access to medical input.

A programme of mandatory training was available to staff. This included both online and class room sessions. Compliance was monitored by management and staff were alerted when they were due to attend training. Overall compliance was 98%. There was no course where compliance fell below this level.

Assessing and managing risk to patients and staff

Newton House did not use seclusion. Restraint was used as a last resort when de-escalation techniques had not been successful. There had been five reported incidents of restraint during May and November 2015. These involved three different patients. The service had a policy of supine only restraint. Of the three patients one had been turned on their side to allow for intra muscular rapid tranquilisation to be administered.

Staff undertook risk assessments on admission. These were updated regularly and in response to any change in the patients' circumstances. Assessments were reflected in patients care plans. Risk assessments were comprehensive and utilised the START risk model (short term assessment of risk and treatability). Identified risks were assessed using a traffic light system that clearly identified the risks with the highest being red, with amber as medium and green as the lowest risk level. Individual patient risks were discussed each morning during a multi-disciplinary meeting. These assessments and discussions fed into decisions around factors such as observation levels and room allocation.

Pre-admission assessments were completed by a multidisciplinary team. Seventy-two hour care plans were put in place on admission. We reviewed six patient risk assessments and management plans. These were updated regularly and in response to any change in patients' circumstances. Assessments were reflected in patients care plans. Staff completed a Historical clinical risk management 20 tool as part of their risk assessment. The Historical clinical risk management tool 20 was a 20 item checklist used to assess the risk of future violent behaviour. It captured relevant past, present and future considerations to determine an individual's treatment plan.

Long stay/rehabilitation mental health wards for working age adults

Good

There were three informal patients at the hospital during our visit. The hospital was a locked rehabilitation unit. Informal patients were able to leave the building but needed to ask a staff member. Notices were in place to advise informal patients of their right to leave.

There was a policy in place to support the use of observation. The policy laid out different levels of observation and included guidance on the appropriate use of each level. The policy also included the roles and responsibilities of staff when conducting observations. The hospital had a safety and security staff worker identified on every shift. These staff periodically checked where patients were in the building and if they were safe. Observations of patients were implemented where patient risk determined this and was used for a minimal amount of time to keep patients safe.

All staff received safeguarding training as part of their mandatory training programme. At the time of the inspection 98% of staff were compliant with training. Staff displayed a sound knowledge of safeguarding procedures and understood their responsibilities in raising alerts and concerns. There were safeguarding policies in place to support staff in this regard. The unit had good relationships with local safeguarding teams and authorities.

We looked at seven medicines charts and medicines related records. The medicines charts were up-to-date and clearly presented to show the treatment people had received. Where required, the relevant legal authorities for treatment were in place and monitored by nursing staff. The consultant psychiatrist prescribed medicines for peoples' mental health. A specialist mental health pharmacist at the point of dispensing reviewed all prescription charts. Additionally, patients had the opportunity to discuss their medicines with a specialist mental health pharmacist, who visited the hospital every two months to complete medication reviews with the consultant. The hospital also had access to specialist medicines information and advice seven days a week until 10pm at night.

There were however some blanket restrictions in place. Patients had access to mobile phones in the bedroom areas. However, they were not allowed to use them in communal or recreational patient areas. Patient's had access to the fenced garden areas at particular times throughout the day which was limited to times with staff supervised access. Information we reviewed showed that patients had been consulted about the opening of the garden area.

Track record on safety

The service had reported 15 serious incidents requiring investigation between 02 October 2014 and 21 October 2015. The incidents related to alleged staff assault, patient to patient violence and aggression, allegation of historical abuse reported to the police and medication errors. Investigations into these incidents had been completed and where applicable recommendations had been actioned.

Reporting incidents and learning from when things go wrong

The service had systems in place for reporting and reviewing adverse incidents. There was an electronic reporting system in place and staff knew how to access this. Submitted incidents were reviewed by management of the service and senior staff within the organisation to ensure appropriate actions had been taken.

An incident trends report was produced monthly. Incidents were discussed within multi-disciplinary team meetings and at monthly governance meetings.

Staff received feedback from the investigation of incidents. We saw minutes of meetings which confirmed this was taking place. We also saw evidence that changes had been made following adverse incidents. This included the replacement of the garden fence.

Staff we spoke to showed an awareness of duty of candour and the providers procedures.

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

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

Patients received an initial assessment on admission. The full assessment process included a risk assessment,

nursing and medical assessments, psychological assessments and assessment for occupational therapy. We reviewed six care records during the inspection. Assessments were in place and completed in all of the patient files that we looked at. Assessment information was reflected in patients care plans.

Physical examinations had been undertaken and there was ongoing management of physical health needs where required. The service had a physical health panel that met every eight weeks to review individual patients.

Care plans captured patient's personal, social, mental health, physical health and rehabilitation needs. They were recovery focused and developed with the involvement of patients, and where applicable family and carers. Care plans were reviewed regularly in multidisciplinary ward rounds.

Care records were in paper form. Records were stored securely in locked files. Staff told us that patient information was always easily accessible.

Best practice in treatment and care

Information on National Institute of Health and Care Excellence guidance and best practice was disseminated by the provider company. A file of relevant guidance was kept on site for staff to access. Patients within the service were cared for within the framework of the care programme approach. The care programme approach is a national approach which sets out how services should assess, plan, coordinate and review patients with mental illness and complex needs.

There was a psychology service within the unit. Patients could access a range of psychological therapies as part of their treatment. These included cognitive behavioural therapy and mindfulness. Sessions were delivered in both 1:1 and group formats. The psychology service produced reports that were submitted to the multidisciplinary ward rounds and they attended care programme approach reviews.

Patients had a physical health assessment on admission and there was ongoing monitoring of physical health needs. There was a physical health panel that met every eight weeks to review individual patients. The service had good links with local GP surgeries and we saw evidence of patients being referred to specialist services. These included podiatry, neurology and gastroenterology services.

The service used a range of outcome measures to assess and inform treatment for patients on an individual basis. These included the Health of the Nation Outcome Scales and the recovery star. The recovery star is a tool that enables patients to plan out their recovery and identify their objectives. It allows services to measure the effectiveness of the service they deliver by measuring progress against those objectives. Within psychology services the general anxiety disorder assessment and the patient health questionnaire were used. In addition the occupational therapy department completed the model of human occupation screening tool to monitor patient progress and outcomes.

Staff engaged in a range of clinical audits. This meant that the hospital was proactively monitoring, reviewing and improving the service to ensure that safe practices were undertaken. Audits undertaken including monthly audits of clinical files and completion of the mental health safety thermometer. There were additional audit programmes around compliance with mental health legislation and medicines management. The results of audits and any recommendations made were discussed within the services governance structure. The implementation of recommendations was also monitored through the governance structure.

Skilled staff to deliver care

A full range of professionals had input into care and treatment on the unit. These included nurses, support workers, doctors, psychologists, nurse therapists and occupational therapists. Domestic, administrative and maintenance staff also supported the unit. Staff were appropriately qualified for their post and senior staff were experienced within their roles.

Staff received an induction when starting their role. This included orientation to the unit, an introduction to the units policies and procedures and a programme of mandatory training. Staff underwent an annual appraisal and received supervision carried out in both 1:1 and group

formats. Data reviewed indicated that at the time of the inspection 97% of staff who had been in post for 12 months or more had received an appraisal. The supervision rate was 100%. Staff attended regular team meetings.

In addition to a programme of mandatory training there was additional specialist training available to staff. This included training on phlebotomy, advanced infection prevention and control and mentorship training. Staff had also undertaken or were scheduled to undertake courses under the national vocational qualifications scheme. One staff member had completed a mental health law degree. Applications for nurse prescribing training were also being developed.

There were policies in place to support managers when addressing poor staff performance and disciplinary issues. Assistance was available from a central human resources team.

Multidisciplinary and inter-agency team work

There was a weekly multidisciplinary ward round. These were well attended and all disciplines within the service contributed. Patients were invited to attend as well as carers, family members and advocates where appropriate. Effective reviews of patient care and progress were carried out and the care plan was agreed collaboratively with the patient. Handovers occurred twice daily in line with shift patterns. Handovers were used to provide staff coming on duty with an update on individual patients and the sharing of general information. In addition there were regular team and governance meetings that staff could attend. Minutes of these meetings were available for staff that were unable to attend.

There were effective working relationships within the staff team. Different professional groups worked collaboratively to assess patients and deliver care. Staff told us they had good relationships with local GPs, health services and safeguarding authorities. Staff maintained regular contact with care coordinators. Care coordinators were invited to attend ward rounds and care programme approach meetings. When they could not attend, notes of the meeting were sent to them. In addition contact was maintained through telephone and email. We saw evidence there were effective working relationships with teams outside of the organisation including with the local authority and funding partners.

Adherence to the MHA and the MHA Code of Practice

Training on the Mental Health Act was not recorded as part of the mandatory training data set. However staff received training through induction and awareness sessions that had been delivered. Eight of the 10 staff we spoke to had undertaken training. However not all staff had received training on the updated Code of Practice. Copies of the new code and associated guidance documents were available for staff within the unit. When we reviewed the Mental Health Act policies within the service we found that these had not been updated to reflect the new Code of Practice.

Patients had their rights under the Mental Health Act explained to them on admission and routinely thereafter. Patients we spoke to confirmed the staff supported them to understand their rights under the Mental Health Act and the Code of Practice and how it applied to their care and treatment. Consent to treatment and capacity requirements were adhered to when medication for mental disorder was given to detained patient. Copies of the legal certificates to authorise consent to treatment were attached to medication charts.

Administrative support and legal advice on the rules of the Mental Health Act and the Code of Practice was available from a central Mental Health Act coordinator. Detention paperwork was filled in correctly for all six patient records we checked. Paperwork was up to date and stored appropriately. There were regular audits to ensure that the Mental Health Act was being applied correctly. These included a monthly and bi-annual Mental Health Act audit and monthly audits of T2 and T3 forms. There was evidence of learning from these audits and action plans being implemented. A T2 form is used to confirm that a patient has capacity and consents to the medication they have been prescribed. Where a patient lacks capacity a T3 form is used to confirm that a second opinion appointed doctor has reviewed the patients medication and is in agreement with it.

Patients had access to the independent mental health advocacy service should this be needed. Staff were clear on how to support patients to access the services and information was displayed in the hospital. We spoke to an independent advocate during the inspection. They confirmed there were good links with the service and that they supported patients in tribunals and meetings at the patient's request.

Long stay/rehabilitation mental health wards for working age adults

Good

Newton House had a Mental Health Act review visit on 27 November 2015. A provider action statement was produced following the visit and actions had been taken to address the issues identified.

Good practice in applying the MCA

All staff had received training on the Mental Capacity Act although the provider was seeking to offer updated training. Staff we spoke to demonstrated a good understanding of mental capacity and the guiding principles.

The service was applying the Mental Capacity Act to practice. Capacity assessments were in place where appropriate and reviewed regularly. There was evidence of patients being supported to make decisions and the involvement of family members and carers. Staff understood the Mental Capacity Act's definition of restraint.

Administrative support and legal advice on the rules of the Mental Capacity Act was available from a central Mental Health Act coordinator. There were regular audits to ensure that the Mental Capacity Act was being applied correctly.

There had been three Deprivation Of Liberty safeguards applications made in the previous six months. The Deprivation of Liberty safeguards applications had all been for the same patient. This was due to Newton House's persistence in ensuring that the service user was not being unlawfully deprived of their liberty.

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

Good

Kindness, dignity, respect and support

We observed staff and patient interactions during a number of activity groups, patient meetings and patient reviews. Staff treated patients with dignity and respect and were responsive to patients' needs. Patients were relaxed and were seen to have a positive relationship with the staff team.

Staff understood the needs of patients. During the patient reviews, we observed that staff understood each patient's history and needs. In planning activities for the day, staff gave patients options of community activities that they could attend and encouraged patients to make their own decisions.

Patients told us most of the staff were approachable and the consultant psychiatrist listened to them about their previous medication regimes and side effects. One patient informed us this was the best place they had been in and the place had changed for the better. They said staff respected the patient's own space and felt the hospital was less intrusive and staff considered them as individuals. They spoke positively about the manager confirming the manager was approachable and had "bags of time and explained things well".

Staff were enthusiastic and had a good understanding of the care and complex treatment needs of patients. We observed staff working with patients to support them in completing activities and saw that staff praised the patients throughout the day and were positive and encouraging. They recognised when patients needed their own space and respected this.

The involvement of people in the care they receive

There was an admission process in place which helped inform and orientate patients to the service. Patients were encouraged to visit the service as part of the referral and assessment process. An information pack was available for patients.

Patients were actively involved in their treatment and participated in risk assessments and care planning assessments. We reviewed six care records which all demonstrated a level of patient involvement. Patients were invited and encouraged to attend their ward round reviews and other meetings. They were also able to discuss their medications with a specialist mental health pharmacist, who visited the hospital every two months to complete medication reviews with the consultant. Patients were offered copies of their care plans if they wanted one.

All patients had access to advocacy services and these were advertised within the unit. There was an independent mental health advocate who visited the service weekly. Patients and staff we spoke to knew how to access advocacy if required.

Long stay/rehabilitation mental health wards for working age adults

Good

Family and carers were involved where the patient wished them to be. Family members and carers were invited to attend ward rounds where appropriate. The service employed a social worker who also assisted patients to maintain family contact.

Patients were able to give feedback on the service they had received. A twice yearly patient feedback questionnaire was in place. The questionnaire included sections regarding clinical teams, staff within the hospital, care and treatment within the hospital, food available at the hospital, the hospital environment, family contact, advocacy services, cultural religious and spiritual needs and complaints. In the most recent survey 19 questionnaires had been given out and 10 completed questionnaires returned. Overall the response was positive. Results showed that 84% of responses rated satisfied or above and only 16% were dissatisfied.

Patients were able to get involved in decisions about their service and they had access to a patient's council. Patients had been consulted about their smoking times, which the patients had agreed to these and were displayed at the hospital. Daily community meetings were held with patients to plan the day's activities. Monthly community meetings were also held with patients to share views and ideas.

Patients had advanced decisions in place and the social worker had assisted the patients in the completion of these. Advanced decisions allow a patient to detail their treatment preferences in the event that they lack capacity or are unable to communicate those decisions in the future.

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

Good

Access and discharge

The care programme approach model was used as a framework and timeline for planning and coordinating support and treatment. Patients were admitted from a range of different settings including secure units, prisons and other inpatient units.

Pathways to rehabilitation were clear and patients were assessed prior to admission to ensure they would be receiving the most appropriate care and treatment. The hospital had two primary care pathways. The fast stream pathway aimed to discharge patients into a less restrictive placement within two years. The slow stream pathway applied to patients where the anticipated length of stay was over two years. The hospital met with commissioners every two months to discuss care, treatment and discharge pathways. Discharge was discussed at a two weekly discharge and rehabilitation meeting at the hospital.

Discharge planning was collaborative and took into account individual needs, circumstances and ongoing care arrangements. Discharge planning was cooperatively planned with the patient and their care coordinators. Patients were discharged at an appropriate time and when all necessary care arrangements were in place. Patients were supported to move on and were encouraged to visit any appropriate placements prior to discharge.

The facilities promote recovery, comfort, dignity and confidentiality

The ward environment was clean and comfortable. Furniture and equipment was in a good condition. There was a range of facilities available to patients. Patients had access to a lounge, dining area, rehabilitation kitchen and an activities room which included computer access. An enclosed garden area and conservatory was also available.

There was good access to ward based activities as well as a range of activities outside of the unit for patients. Activities were available seven days a week. Patients were encouraged to complete an interests checklist with the occupational therapy department. This listed activities and interests patients wished to pursue and helped inform the occupational therapy programme. Patients were involved in planning their daily activities and had access to a daily and weekly activities timetable. Patients had been supported to attend college courses and to volunteer in the local community.

The unit had an onsite kitchen which prepared food each day. Patients told us that the quality of the food was very

Long stay/rehabilitation mental health wards for working age adults

Good

good. Menus were displayed in advance and a choice was available. The dining room area was spacious and patients could access snacks and drinks throughout the day. Staff supported patients to shop for and cook their own food to aid their recovery. Newton House was awarded a food hygiene rating of five (very good) by Blackpool Council in March 2015.

We saw that patients had access to polystyrene cups to make their drinks. We discussed this with patients and some told us this was for safety reasons. Most patients agreed that access to a ceramic cup would be more appropriate. This was discussed with the manager and arrangements were implemented to replace or provide an alternative to a polystyrene cup.

Internet access was available for patients although this was restricted to use in their bedroom areas. There were some restrictions implemented so that access to certain web sites was blocked. Patients were provided with this information prior to admission.

Rooms were available where patients could meet visitors although these rooms were limited and future upgrading and building work was planned to improve patient facilities.

All patients had access to a telephone, which was private. Patients could use their own mobile phones in their rooms. Staff encouraged patients to personalise their bedrooms and were actively involved in the decisions on the décor and future update plans.

Meeting the needs of all people who use the service

Parking facilities and ramps were provided to assist patients and staff who required disabled access. Patient bedrooms were located over two floors. At the time of the inspection there was not a lift in place. However, the installation of a lift was planned as part of an ongoing refurbishment. Patients with mobility issues were allocated bedrooms on the ground floor. Mobility issues were identified as part of the assessment process. There was access to assisted toilet and bathroom facilities.

There was good provision of information on treatment, local services and how to complain. This was available on the unit in leaflet and poster form. Patients were given an information pack which included information on staffing, treatment, involvement and advocacy. Staff had access to interpreting services for face to face and phone translation. Documentation and information leaflets could be translated when required.

Patient's spiritual and cultural needs were considered. A choice of food to meet the dietary requirements of religious and ethnic groups could be provided if required. Patients had access to a multi faith guide. Access to appropriate spiritual support was arranged for patients if needed and patients were supported to attend religious services in the local community.

Listening to and learning from concerns and complaints

There was an established complaints process in place and a policy to support this. The first step was to attempt to resolve the complaint informally. If this was not possible the complaint would be escalated to a formal complaint. A complaints database was used to detail complaints received and actions taken. Complaints were discussed and reviewed within the governance structure.

Staff we spoke to were able to explain the complaints process and were aware of the units' policy. Information on how to complain was displayed within the unit and also included in the service user guide. There was good support from independent advocates who attended the unit weekly.

There had been 12 complaints recorded in the last 12 months. The complaints related to patient assault, noise, bullying and staff behaviour. Eight complaints were upheld or partially upheld. There were no complaints referred to the Ombudsman. We saw evidence that the service was responding to complaints and implementing actions where appropriate.

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

Good

Vision and values

Long stay/rehabilitation mental health wards for working age adults

Good

There was positive leadership at the unit and staff described shared vision and values. These were reflected in the practice and culture of the service. The aims and values of Newton House were on display in the unit and included in the service user guide. The aims were to:

- reduce and/or manage any risk
- stabilise and improve mental wellbeing
- develop skills and level of independence
- work on any index offences/offending behaviours
- work with individuals with respect and dignity
- foster hope

The values were to:

- support your personal recovery
- support individuals to work towards their personal goals
- promote and support people to be responsible for their own lives, especially when in crisis.

Senior managers within the organisation were known to staff and had attended the unit. Regional management were a regular presence. Managers carried out quality reviews at the unit.

Good governance

There were good governance processes in place within the unit. There were governance meetings held monthly on the unit which were attended by a range of staff. The governance structure was designed around four key 'streams'. These were safety, clinical audit and effectiveness, service user experience and human resources. Minutes of meetings were made available to staff and feedback was provided in team meetings.

The unit was linked into the governance processes of its parent company. There was a structure of local, regional and corporate governance forums. This provided a pathway for the unit to escalate concerns and for the company to disseminate information and learning.

There was a risk register in place that staff could access and input to. There were 16 items on the risk register. Each risk was allocated to one of the governance streams to manage. Risks had been assessed and controls, actions and monitoring arrangements were identified.

Staff were given an induction and a programme of mandatory training. There was access to specialist training identified through supervision and appraisal. Electronic systems were in place to monitor compliance with training requirements. Staff received an annual appraisal and regular supervision.

The unit manager had authority to increase staffing levels and adjust the skill mix on the unit. They were supported to do this by senior management. Actual staffing levels on shifts met the identified need.

Performance was monitored through the governance structure. There was a programme of audit in place to help assure quality. Staff were aware of the audits being undertaken and participated where appropriate. Results and recommendations from audits were fed back through the governance structure and in team meetings and supervision. The service was measured against commissioning for quality and innovation targets by different commissioning bodies.

Leadership, morale and staff engagement

The unit was well led. There was an open, honest and supportive culture. Staff were aware of the provider's whistleblowing policy and duty of candour procedures. Staff felt comfortable raising concerns or suggestions to management without fear of victimisation. There had been no incidents of bullying or harassment within the team. Staff and patients spoke highly of the unit manager and considered her to be open and approachable.

Staff morale was good. There was good team working and mutual support. Staff were positive about their jobs and the care they provided. The hospital had a low sickness rate of 3% omitting one staff member on long term sick. There was a 3% vacancy rate at the time of inspection. A staff survey had been completed in the previous 12 months. The results showed that 60% of staff had completed the survey. The survey covered 14 questions and 90% of questions had been responded to positively. Only 8.5% of respondents expressed dissatisfaction. An action plan was in place in response to the survey.

Staff could make suggestions regarding service development. There were regular team meetings and staff told us they were consulted about changes. There were opportunities for personal development and the provider supported access to outside training courses.

Commitment to quality improvement and innovation

Long stay/rehabilitation mental health wards for working age adults

Good

Newton House was not part of any national accreditation scheme at the time of the inspection. The service had taken the decision to postpone applying for the accreditation for inpatient mental health service scheme due to the ongoing refurbishment of the unit. The service was planning to review this following completion of the work.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The provider must ensure all relevant policies within the hospital are updated in line with annex B of the Mental Health Act Code of Practice.
- The provider must ensure that staff are trained in the Mental Health Act Code of Practice and amended hospital policies.

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should ensure that staff review the current blanket restrictions in place including access to the garden areas and the use of mobile phones.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not implemented changes to policy and procedures in line with the Mental Health Act revised Code of Practice. Not all staff were trained in the revised Code of Practice and not all policies and procedures had been updated. This was a breach of Regulation 17 (2) (a)