St. Matthews Limited

Broomhill

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services caring?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this service stayed the same. We rated it as requires improvement because:

• Managers did not ensure safe environments for patients and staff. They had not identified a blind spot on Spencer Ward and all ligature points on Manor Ward. Staff were unable to access the emergency bag quickly on Spencer Ward as it was in a locked cupboard that was difficult to open.

• Managers did not ensure that staff had access to accurate and up to date ligature risk assessments. We saw an out of date ligature risk assessment in the office and risk assessments were inconsistent in relation to door hinges and door closure risks.

• Staff were not completing personalised care plans for all patients. Staff were copying and pasting information between care plans resulting in wrong names and genders. There was also inaccurate or missing information in care plans for section 17 leave.

However:

• The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

• Staff provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

• The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

• Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

• Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

• Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

• The service worked to a recognised model of mental health rehabilitation.

• The service provided a range of activities for patients to engage in.

• There was positive feedback from staff about induction, leadership and support.

Summary of findings

- Overall, the service had a positive culture and were keen to improve.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement 	Our rating of this service stayed the same. We rated it as requires improvement because: • Managers did not ensure safe environments for patients and staff. They had not identified a blind spot on Spencer Ward and all ligature points on Manor Ward. Staff were unable to access the emergency bag on Spencer Ward as it was in a locked cupboard that was difficult to open. • Managers did not ensure that staff had access to accurate and up to date ligature risk assessments. We saw an out of date ligature risk assessment in the office and risk assessments were inconsistent in relation to door hinges and door closure risks. • Staff were not completing personalised care plans for all patients. Staff were copying and pasting information between care plans resulting in wrong names and genders. There was also inaccurate or missing information in care plans for section 17 leave. However: • The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. • Staff provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided. • The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

Summary of findings

• Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
• Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
• Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
• The service worked to a recognised model of mental health rehabilitation.
• The service provided a range of activities for patients to engage in.
• There was positive feedback from staff about induction, leadership and support.
• Overall, the service had a positive culture and were keen to improve.

Summary of findings

Contents

Summary of this inspection

Background to Broomhill

Broomhill is an independent mental health hospital, which provides rehabilitation and acute care, treatment, and support to individuals with mental health concerns. Broomhill is part of the St. Matthews Healthcare Limited group, which consists of four care homes and four hospital locations in Northampton and Coventry. Broomhill has a registered manager.

Broomhill is based in a rural setting with access to the local town. Broomhill provides 99 beds across seven wards:

• Holdenby ward – acute mental health services for men - 14 beds.

• Cottesbrooke ward – specialist female rehabilitation ward - 14 beds.

• Althorp ward - female community rehabilitation ward - 14 beds.

• Kelmarsh ward – complex mental health high dependency service for men - 14 beds.

• Lamport ward - specialist Neuro-behavioural rehabilitation for men - 14 beds.

• Spencer ward – longer term complex care service for men - 14 beds.

• Manor ward – community rehabilitation care service for men - 15 beds.

The last comprehensive inspection of Broomhill took place in February 2020. The provider was rated inadequate overall and placed in special measures. We conducted 4 further inspections at Broomhill following our inspection in February 2020. Further to each inspection, a number of breaches of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014 were identified.

This was evidence of a history of failing to respond adequately to serious concerns raised by the Care Quality Commission. Following an assessment of the evidence, the Care Quality Commission issued a Notice of Proposal (13 August 2021), followed by a Notice of Decision (30 July 2021), to vary a condition of the provider's registration (to remove the location). The provider submitted an appeal against the proposal. In the interim, a stay of proceedings was requested and approved until Friday 19 November 2021 to allow for a further inspection to be undertaken.

The purpose of the 'stay of proceedings' was to enable the CQC to conduct a further inspection of Broomhill. This would enable the CQC to identify progress since our last inspection and determine if any of the breaches of regulation have now been addressed. As a result of this inspection, the appeal was upheld and enforcement action against the provider ceased. The main service provided by this hospital was long stay or rehabilitation mental health wards for working age adults.

The last follow up inspection took place in November 2021 in response to enforcement action we had taken. We looked at specific key lines of enquiry in safe, caring and well led. We looked at sufficient evidence in these areas to rerate. The rating in these domains had improved from inadequate to requires improvement. Therefore, the hospital had moved out of special measures.

Summary of this inspection

What people who use the service say

We spoke with 5 patients who were receiving care across the hospital.

All of the 5 patients expressed that they felt safe at the hospital and the hospital was 'Nice and clean.'

4 patients told us that there were always staff about who were very helpful and there were a lot of therapeutic activities available.

1 patient told us that the 'Staff are always nice to you. I see they are nice to everyone' and that 'Everyday they ask how I am. They care about me.'

1 patient told us that no paperwork was given on admission.

Most patients told us they were involved in their care planning and staff supported them.

How we carried out this inspection

This was an unannounced focused inspection and looked at 3 key questions: safe, caring, and well-led further to concerns and an increase in number of notifications between July and August 2022 and a Mental Health Act review visit in October 2022.Our report does not include all the headings and information usually found in a comprehensive inspection report.

The inspection team consisted of 2 CQC inspectors on site and 1 off site for remote staff and carer interviews and 1 specialist advisor. Two wards Spencer and Manor wards were inspected.

The inspection team carried out the following activities during the inspection:

Spoke with 5 patients who were being cared for at Broomhill;

Observed staff's interaction with patients;

Observed a morning huddle meeting;

Interviewed 7 members of staff including nurses, health care assistants, a senior support worker, ward managers and the registered manager;

Reviewed the environment of the hospital and reviewed 2 tours of the ward;

Reviewed 5 patient care records which included physical health records;

Reviewed 16 medication charts;

Reviewed 7 incidents and 7 CCTV footage records;

Reviewed a range of documents and policies in relation to the running of the hospital.

Summary of this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

• The provider must ensure patients care plans are up to date, accurate and detail how individual patient risk is assessed and managed. (Regulation 9)

• The provider must ensure that decisions in relation to granting Section 17 leave are fully recorded in patients' records. (Regulation 9)

• The provider must ensure care plans are audited and accurate so that there are no errors of gender issues (Regulation 9).

• The provider must ensure that ligature risk assessments include mitigating actions for all ligature risks. (Regulation 12)

• The provider must ensure that staff have access to an up to date ligature risk assessment. (Regulation 12).

Action the service SHOULD take to improve:

• The provider should ensure that all emergency equipment is accessible and checked regularly (Regulation 15).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Not inspected	Requires Improvement	Not inspected	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Not inspected	Requires Improvement	Not inspected	Requires Improvement	Requires Improvement

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Safe	Requires Improvement
Caring	Requires Improvement
Well-led	Requires Improvement

Is the service safe?

Requires Improvement

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

Both wards were safe, clean, well furnished, well maintained and fit for purpose and well equipped however the emergency bag on Spencer ward was inaccessible.

Safety of the ward layout

Staff completed but did not regularly update risk assessments of both ward areas and remove or reduce any risks they identified. The risk assessment called the door hinges and door closures differently throughout the assessment. Staff would not know about the risks of the door closures as they were unassessed.

Staff on the ward did not have access to the most up to date ligature risk assessment for the ward. The copy on the ward was out of date, however, staff could access this electronically.

Staff could mostly observe patients in most parts of both wards. However, we identified a blind spot in one curved corridor on Spencer Ward. Staff did not know of this blind spot and how to mitigate the risk. The ward manager included this on the reporting system and registered manager told us a full ligature risk assessment was to be carried out by the end of January 2023.

The ward complied with guidance and there was no mixed sex accommodation.

There were potential ligature anchor points in the service on Manor Ward. Staff would not know about any potential ligature anchor points and to mitigate the risks to keep patients safe. We identified ligature points on door closures on Manor Ward. We informed the registered manager who confirmed a ligature risk assessment was to be completed by the end of January 2023.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Ward areas were clean, well maintained, well-furnished and fit for purpose. We found the wards to be clean and odour free. We saw patients' rooms were very clean and tidy on both wards and all other areas were well-maintained and clean.

Staff made sure cleaning records were up-to-date and the premises were clean. The hospitals domestic team had enough supplies to be able to do their duties. We saw the hospital's housekeeping records were checked daily on both wards.

Staff followed infection control policy, including handwashing. Records showed 100% compliance in hand hygiene and infection control audits every month from August 2022 to January 2023 on both wards.

Clinic room and equipment

Clinic rooms were fully equipped. However, the emergency bag on Spencer ward was kept in a locked cupboard which was difficult to open. We were concerned that staff would not be able to access this quickly in an emergency. Whilst there had been no incidents of this nature, we notified the ward manager, the emergency bag was relocated to another cupboard and the faulty cupboard was reported to be fixed. Staff checked emergency drugs regularly.

Staff checked, maintained, and cleaned equipment. We saw updated records of clinical equipment cleaned and maintained on both wards. We saw both ward clinics were visibly clean and tidy.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe across the 2 wards. At the time of the inspection there were 2 ward managers, 1 agency nurse, 3 registered nurses and 11 health care support workers across both Spencer and Manor wards. There were also 2 activity lead workers on each ward. The provider ensured that there were enough registered nurses and health care support staff across both wards.

The service had reducing vacancy rates. The service had 10 new starters awaiting start dates, 4 Carers, 1 Assistant Psychologist, 1 Activity Coordinator, 2 Occupational Therapists and 2 OTTI`s (occupational therapy technical instructor).

The service had reducing rates of bank, agency nurses and nursing assistants. The provider's data showed there had been almost 20 percent reduction in nurse agency use from October 2022 to December 2022 on Manor ward and almost 3 per cent reduction on Spencer ward for the same period.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service used agency and bank staff who had worked on the ward for a considerable length of time. In order to ensure that staff were familiar to the service they block booked agency staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Staff told us the training for a new starter was really good as there was a mix of on-line training and face to face that has been really helpful. All bank and agency staff were trained and supervised as regular staff.

The service had low turnover rates. For 2022, the service had 55 leavers, resulting in a 28% turnover during the 2021 - 2022 financial year. This had significantly improved from 2021 when the turnover was 50.

Managers supported staff who needed time off for ill health. Sessions took place with staff on how to access the support. The service had an open-door policy, for example if there was a serious incident that affected or impacted staff, managers came onto the ward out of hours and offered support. The occupational health team were also there to support staff following illness or absence.

Levels of sickness were low. The sickness level had reduced across the hospital to 6.5% in the last 12 months. The group target was 5.5%, and the national average in healthcare was 5.6%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The provider gave evidence of the staff allocation for days and nights for both wards on the day of the inspection.

The ward manager could adjust staffing levels according to the needs of the patients. The ward managers could adjust staffing levels according to the needs of the patients across the 2 wards. The managers used agency staff where required to meet the needs of patients.

Patients had regular one- to-one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients and one carer told us there were no cancellations of activities.

The service had enough staff on each shift to carry out any physical interventions safely. A physical healthcare lead set up effective monitoring of all physical healthcare needs of patients.

Staff shared key information to keep patients safe when handing over their care to others. Staff met for handover twice a day at the end of each shift. There was a 'huddle meeting' twice daily 7 days a week to discuss risk and incidents. We attended a morning huddle meeting that was chaired well, and risk information was shared.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The responsible clinician (RC) and duty doctors supported the RC's to ensure there was enough medical cover. The RC was responsible for the overall care and treatment of the patients. The duty doctor could visit the ward and see patients directly as and when required.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The mandatory training rate across the hospital for permanent and block booked agency staff was 90% at the time of inspection.

The mandatory training programme was comprehensive and met the needs of patients and staff. This also included specialist 3 days of full training for Prevention and Management of Violence and Aggression Policy (PAMOVA), where staff were given training on how to avoid a crisis stage to help minimise the number of aggressive incidents that may be present on the wards.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff we spoke to confirmed they were up to date with their mandatory training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff reviewed the risks following any incidents or changes as and when required.

Staff used a recognised risk assessment tool. Risk could also be reviewed anytime and changed by the multidisciplinary teams (MDT).

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. We observed 5 care records that included how risks to each patient would be managed including using enhanced observations or distraction techniques.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff updated risk assessments after incidents and incident numbers were recorded in daily clinical summaries. For example, if patients' risk had increased for self-harming behaviours, then staff may restrict access to specific items for a set period of time to keep the patient safe, or increased staff interactions to distract and support the patients.

Staff could observe patients in all areas of the wards and followed procedures to minimise risks where they could not easily observe patients. This included convex mirrors to manage blind spots. There was 1 blind spot that was identified at the time of the inspection, the ward manager reported included this on their systems and a full ligature risk assessment was to be carried out by the end of January 2023.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. If there were health or safety concerns staff could carry out a room search with the patients consent. Staff told us they could carry out a room search at any time if there was a concern for their safety or others. This would be discussed with the ward manager.

Use of restrictive interventions

Levels of restrictive interventions were low.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Verbal de-escalation was used first if a patient is in crisis and if that didn't work, medication would be offered. Staff told us that patients usually respond to verbal deescalation. Staff told us they could also direct a patient to a safe space for low stimulation area to help calm them down. Service users would respond better to familiar staff faces.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Restraint was used as a last resort but not if in crisis.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. If rapid tranquilisation is used, staff would carry out observations of patients and record these effectively. Debriefs would also be carried out with both staff and patients.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. All registered staff receive level 3 safeguarding training. Staff could access both face to face and online training and the provider had a safeguarding lead, who supported staff on the wards.

Staff kept up to date with their safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff told us that culture is very important and staff should be aware of the types of abuse and how this can be kept to a minimum. This was acted upon immediately. Staff have dignity training and safeguarding training to help easily identify any form of abuse.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff told us they were very confident and experienced in recognising and managing verbal and physical aggression.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. This was included as part of their safeguarding training.

Managers took part in serious case reviews and made changes based on the outcomes. Staff on the wards knew how to recognise the signs of abuse, raise safeguarding referrals and who to inform if they had concerns. The service had a safeguarding lead. Monthly reports were generated which enabled managers to review cases, trends and themes. Managers discussed these in staff meetings to share learning.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic however these were not always accurate.

Patient notes were comprehensive and all staff could access them easily. Records were stored securely, electronically and there were also printed copies of care plans. Most staff had easy access to care notes, this would include agency and bank staff.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Although the service used a combination of electronic and paper records, staff did not always make sure they were up-to-date and complete. There were concerns of the accuracy of the care plans and data held of patients referring to mixed names and gender references. There was also inaccurate or missing information in care plans for section 17 leave.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Staff told us these were stored electronically and easily accessible when required and moving between teams.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff regularly checked medicines and discussed any changes to prescribed medicines for patients with the ward doctor.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff discussed and reviewed medicines at multidisciplinary team meetings and during ward rounds on a weekly basis.

Staff completed medicines records accurately and kept them up to date. We looked at 16 medicine records and found no errors in recording of the administration of medicines.

Staff stored and managed all medicines and prescribing documents safely. The pharmacist performed medicines reconciliations for all new patients. This was stored and recorded safely and audited for all patients weekly.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. This included guidance on medicines management from the National Institute for Health and Care Excellence. We found evidence of this in patient records on both wards.

Staff learned from safety alerts and incidents to improve practice. The service kept all medical safety alerts in a folder in the clinic room for staff to refer to.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. As required medication was kept to a minimum. Medicines were reviewed weekly by the multidisciplinary team.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Staff had completed regular physical health observations, carried out blood tests and undertook cardiograms as and when necessary.

Track record on safety

The service had a good track record on safety. We reviewed 7 incidents and 7 CCTV footage videos in total. Managers investigated incidents well and staff received feedback from investigation of incidents, both internal and external to the service.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. There were clear systems in place and incidents were regularly reviewed by managers who cascaded lessons learnt to staff via team and clinical governance meetings, daily risk assessment meetings and by email to identify key themes.

Staff reported serious incidents clearly and in line with provider policy. Managers pro-actively promoted a no-blame culture of openness and transparency. Staff welcomed this and told us they were confident they could raise concerns and report incidents in line with the policies.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider had policies and procedures in place to support a culture of openness and transparency, and ensured all staff followed them.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Patients and their families were involved with investigations where appropriate. Staff met to discuss feedback, looked at improvements to patient care in the clinical governance meetings, patient safety meetings and learning alert bulletins.

Is the service caring?

Requires Improvement

Our rating of caring stayed the same. We rated it as requires improvement.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. Patients told us that staff were positive, caring and there were relaxed and respectful interactions between staff and patients.

Staff gave patients help, emotional support and advice when they needed it. Staff and patients were emotionally supported and given advice and debriefs when required.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Patients said staff treated them well and behaved kindly. All 5 patients we spoke with said the staff were kind and supportive.

Staff understood and respected the individual needs of each patient. We saw staff on patient observations, were attentive and engaged with the patient in a subtle manner. Patients were offered one to one time regularly to meet their needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff told us they were confident to raise any concerns as there was openness and transparency between managers and staff. Staff told us the registered manager was very good when listening to concerns raised.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. However, we till found there was inaccurate information with care plans section 17 leave and the gender and the names of patients. The service ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Staff told us they would introduce themselves, make patients feel comfortable and show them around the ward and their room. They would offer them a drink, introduce them to other patients and staff. Nurses would complete physical observations paperwork. Staff would provide them with information booklet about the ward and tell them about their rights.

Staff involved patients and gave them access to their care planning and risk assessments. However, they did not always ensure accuracy of detail in the care plans. Of the 5 care records examined, all 5 showed patient involvement. Staff offered all patients copies of their care plans. Care plans were not always individualised. 1 out of 5 care plans showed that section 17 leave had not been updated and another care plan had errors of the gender and name. This was addressed to the ward manager and registered manager at the time of the inspection who said the managers would sit with the nurses to develop their skills in ensuring care plans were person centred, rectify gender errors and to update all of them.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). The service provided easy read leaflets and posters for medication and treatment.

Staff involved patients in decisions about the service, when appropriate. Patients could give feedback about the service and their treatment in their daily meetings, weekly community meetings and during ward rounds.

Staff supported patients to make decisions on their care. Staff told us there were forms on the wards to provide feedback. There was also access to “I want great care” on the tablet to give feedback.

Staff made sure patients could access advocacy services. Patients told us they had access to advocacy ‘We saw posters in all of the ward areas. The nurses on the wards also act as advocates and share printable information sheets.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Family members or carers were encouraged to contact the hospital for a general update, or to voice any queries or concerns. Staff respected the privacy of patients and ensured they had permission to share information to callers. A carer told us the staff would keep them informed even without asking for an update.

Staff helped families to give feedback on the service. A carer told us that staff encouraged them to feedback about the service and that they felt engaged with the care of their relative.

Staff gave carers information on how to find the carer's assessment. Staff directed them to the resources available online via the relevant local authority.

Is the service well-led?

Requires Improvement

Our rating of well-led stayed the same. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Staff told us the senior leadership team were very open, knowledgeable, available and supportive to express any concerns or listen to. There were always a lot of opportunities to develop within the organisation at different grades and the senior management team were very supportive of this. The senior management team were supported to complete the leadership and management, continuous professional development programme to help meet the values of the service.

Staff told us since the new registered manager has been in post there had been good improvement to the service.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Staff told us the vision of the service was to be an outstanding care provider, promote and protect the patient and the values and putting you at the centre of everything the service did. Staff we spoke with were content to be working at Broomhill and felt supported by senior management.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff also knew about the 6p's and how to apply these in their work. These were People, Passion for Care, Pursue diversity, Progressive, Partnership and Positivity. Staff also used a specific ward philosophy or model of care that highlighted recovery called the rehabilitation model of care and a positive risk-taking approach of care.

Staff applied the vision and values of their work daily, for example patients were asked what activities they wanted to carry out from those available and they were fully supported. Patients told us they had a lot of choice of activity and staff treated them with kindness. We saw overall positive results from a patient safety questionnaire and patients we spoke to said they felt positive and had no issues with the service and staff.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff we spoke to said they felt proud to work for Broomhill and that it was a good place to work. Staff said they never felt so respected and valued as the senior management team were always there, involved on the ward and spoke to the patients.

Staff said the opinions of all staff were equally valued, whatever role they were in. Staff told us they could suggest ideas for improvement, and these would be supported by the senior management team. Staff knew how to raise concerns openly or anonymously where necessary.

Staff knew how to report issues of concern and there was information and posters accessible regarding bullying and harassment. There was also a freedom to speak up guardian who staff could speak with.

Governance

Our findings from the other key questions demonstrated that some governance processes did not operate effectively at team level.

However, performance and risk were managed well. The ligature audit, whilst complete did not identify or mitigate all ligature points within the service. Managers had not considered the risk in relation to the storage of the emergency bag on Spencer ward if the cupboard could not be opened easily.

There was no process in place to review and audit the accuracy of the care plans and data held of patients referring to mixed names and gender references and section 17 leave.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

The registered manager kept a hospital risk register which senior managers reviewed regularly and discussed. Appropriate action plans were in place to address all risks Staff knew they could highlight areas of concern to senior staff who would discuss with the registered manager. We saw minutes of meetings where risk was discussed, and necessary actions were taken.

The provider had contingency plans in place, in case of an emergency, the senior management team were aware of what to do in the event of an emergency.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

At the time of this inspection, most documentation was held electronically, and some were still on paper. Senior managers were working towards achieving a full electronic record across the hospital.

Staff we spoke with were aware of where to find information they needed. Staff ensured all patient documentation was held securely to maintain confidentiality. The provider made external notifications as and when required to do so, for example to the Local Authority, Care Quality Commission or to NHS providers.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Senior staff-maintained communications with relevant health and social care providers as and when needed to improve patient care. Staff could suggest anything in relation to improving safety and patient engagement.

Patients shared their feedback and experiences through regular community meetings; one to one meeting with key staff; through the advocacy service, or via the providers complaint process and via Patient Satisfaction Questionnaires and the Feedback Forms. The information would be evaluated and shared in Clinical Governance meetings. This allowed the management team to gain insight into the patient's thoughts and feelings of the Hospital and staff, highlighting areas where improvement may be required.

Families and carers could share any concerns of give feedback face to face, electronically or in writing. Where appropriate, family and carers were invited to attend multi-disciplinary meetings.

Learning, continuous improvement and innovation

Staff told us, patient involvement was first and foremost for the service as it would take on lots of recommendations from the patients and how their experience could be improved. Patient safety meetings took place fortnightly, looking at lessons learnt, and actions were implemented quickly.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff told us quality is a real driver. The whole team and everyone were to look at this equally and were supportive of each other. Clinical governance meetings helped and really supported in making changes and improvements. Staff said there was a potential to strive for the best.

The service used the Quality Network for Inpatient Working Age Mental Health Services (QNWA)

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Managers did not ensure safe environments for patients and staff. They had not identified a blind spot on Spencer Ward and all ligature points on Manor Ward. Managers did not ensure that staff had access to accurate and up to date ligature risk assessments. We saw an out of date ligature risk assessment in the office and risk assessments were inconsistent in relation to door hinges and door closure risks.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Staff were not completing personalised care plans for all patients. Staff were copying and pasting information between care plans resulting in wrong names and genders. There was also inaccurate or missing information in care plans for section 17 leave.