

# The Cloisters

## Quality Report

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

## Ratings

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

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

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

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

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

# Summary of findings

## Overall summary

We rated The Cloisters as good because:

- Wards were clean and well maintained and patients told us that they felt safe.
- There were enough suitably qualified and trained staff to provide care to a good standard.
- We found that patients' risk assessments and plans were robust, recovery focussed and person centred. The assessment of patients' needs and the planning of their care was thorough, individualised and had a focus on recovery. Staff considered the needs of patients at all times.
- There was evidence of best practice and that all staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice.
- Skilled staff delivered care and treatment. Throughout The Cloisters the multidisciplinary team was consistently and pro-actively involved in patient care and everyone's contribution was considered of equal value.
- The staff were kind, caring and motivated and we saw good, professional and respectful interactions between staff and patients during our inspection.
- We saw evidence of initiatives implemented to involve patients in their care and treatment. These included the 'recovery star' approach to care planning and regular ward briefings with all patients and staff. Patients told us that the staff at The Cloisters consistently asked them for feedback about the service and how improvements could be made. One patient was an appointed clinical governance representative and met regularly with other patients to receive feedback, which in turn was discussed with staff. The service was particularly responsive to listening to concerns or ideas made by patients and their relatives to improve services. We saw that staff took these ideas into account and used them when they could.
- The management of the beds at The Cloisters was effective.
- The service model optimised patients' recovery, comfort and dignity.
- There was a clear care pathway through the service into non hospital, community living. A mental health supported housing organisation was working with the provider to ensure that patients were appropriately placed and had a plan to leave the unit when clinically appropriate.
- All patients and staff told us that the quality and range of food offered was of a high standard.
- There was a varied, strong and recovery-orientated programme of therapeutic activities available every week.
- All staff had good morale and that they felt well supported and engaged with a visible and strong leadership team, which included both clinicians and managers. Staff were motivated to ensure the objectives of the organisation were achieved.
- Governance structures were clear, well documented, followed and reported accurately. These are controls for managers to assure themselves that the service is effective and being provided to a good standard. Managers and their team were fully committed to making positive changes. We saw that changes had been made to ensure that quality improvements were made, for example through the use of audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and we saw evidence that the service learnt from when things had gone wrong.

However:

- Emergency equipment in the reception area was not stored securely. Emergency equipment and medication was available in reception but not on the wards.
- Equipment such as weighing scales and blood pressure machines was not calibrated regularly.
- Two patients on self-medication programmes did not have an associated care plan.

# Summary of findings

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Good 

# The Cloisters

**Services we looked at**

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

# Summary of this inspection

## Background to The Cloisters

The Cloisters is long-stay/rehabilitation unit for working age adults experiencing mental ill health. It is run by Priory Secure Services Limited and is based in the community, as a standalone unit, in Newbury, Berkshire. The unit opened in June 2012 and was commissioned by the Berkshire clinical commissioning group. The unit opened taking 17 patients who had spent many decades living at the Prospect Park hospital. It has 24 beds in three wards. Birch ward on the ground floor has eight beds for men. Rowan ward on the first floor has 12 beds for men. Orchid ward on the first floor has four beds for women. The unit has a registered manager. There were 15 patients detained under the Mental Health Act at the time of our inspection

We have inspected the services provided at The Cloisters once in May 2013. At the time of the last inspection, The Cloisters was fully compliant with the essential standards inspected.

We last reviewed The Cloisters in July 2014 through our Mental Health Act monitoring visit.

Cloisters had an accountable officer and registered manager in post.

## Our inspection team

Team leader: Jackie Drury

The team that inspected the service included two CQC inspectors and one specialist advisor, a senior nurse. In addition a Mental Health Act reviewer visited on 22 October 2015.

## 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 these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all three of the wards, looked at the quality of the ward environment, and saw how staff were caring for patients
- spoke with 15 patients who were using the service
- attended one patient therapeutic activity group
- spoke with the ward manager and unit manager for The Cloisters
- spoke with 24 staff members, including a doctor, nurses, support workers, a psychologist, an occupational therapist, support time and recovery workers, ancillary staff and heads of department

# Summary of this inspection

- received feedback from two relatives
- spoke with two external health and social care professionals
- spoke with one external commissioner
- spoke with a visiting general practitioner
- interviewed the safeguarding lead
- interviewed the senior management team with responsibility for these services
- attended and observed one multidisciplinary clinical meetings
- looked at eight treatment records of patients, including 17 medication records
- carried out a detailed and specific check of the Mental Health Act
- looked at seven staff records
- looked at policies, procedures and other documents about the service.

## What people who use the service say

We spoke with 15 patients and two of their relatives. All comments were very positive and highly complimentary about care provided at The Cloisters long stay/ rehabilitation unit. Patients said staff were very caring and kind towards them. All of the patients we spoke with felt actively involved in choosing and making decisions

about their care and treatment. Patients told us that the staff had the patients' best interests in mind and that they tried to equip patients well for life in the community. One patient said that there was a lot of love and care showed in The Cloisters, always.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- Wards were clean and well maintained and patients told us that they felt safe.
- There were enough suitably qualified and trained staff to provide care to a good standard.
- Arrangements were in place for staff to provide effective support for patients.
- Senior managers were flexible and responded well if the needs of patients' increased and additional staff were required.
- All staff had received training in safeguarding vulnerable adults and children.
- We found that patients' risk assessments and plans were recovery focussed and person centred.
- The service had clear mechanisms in place to report incidents and we saw that the service learnt from when things had gone wrong.

However:

- Emergency equipment in the reception area was not stored securely.
- Emergency equipment and medication whilst available in reception was not available on the wards. However, this was mitigated by the service ordering grab bags.
- Two patients on self-medication programmes did not have an associated care plan.

Good



### Are services effective?

We rated effective as good because:

- The assessment of patients' needs and the planning of their care was thorough, individualised and had a focus on recovery.
- There was evidence of best practice and that all staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice.
- Skilled staff delivered care and treatment. Throughout The Cloisters the multidisciplinary team was consistently and pro-actively involved in patient care.

Good



### Are services caring?

We rated caring as good because:

Good



# Summary of this inspection

- The staff were kind, caring and motivated and we saw good, professional and respectful interactions between staff and patients during our inspection.
- We saw evidence of initiatives implemented to involve patients in their care and treatment. These included the 'recovery star' approach to care planning and regular ward briefings with all patients and staff.
- Patients told us that the staff at The Cloisters consistently asked them for feedback about the service and how improvements could be made. One patient was an appointed clinical governance representative and met regularly with other patients to receive feedback, which in turn they discussed with staff.

## Are services responsive?

We rated responsive as good because:

- The management of the beds at The Cloisters was robust and effective.
- The service model optimised patients' recovery, comfort and dignity.
- There was a clear care pathway through the service into less restrictive community living. A mental health supported housing organisation was working with the provider to ensure that patients were appropriately placed and had a plan to leave the unit when clinically appropriate.
- The needs of patients were considered at all times by staff.
- All patients and staff told us that the quality and range of food offered was of a high standard.
- There was a varied, strong and recovery orientated programme of therapeutic activities available, every week that incorporated the 'well-being star', a modified version of the Recovery star model.
- The service was particularly responsive to listening to concerns or ideas made by patients and their relatives to improve services. We saw that when staff were able to, these ideas were taken on board and implemented. For example, staff implemented patients' suggestion of organising a day trip.

**Good**



## Are services well-led?

We rated well-led as good because:

- All staff had good morale and said they felt well supported and engaged with a visible and strong leadership team, which included both clinicians and managers. Staff were motivated to ensure they achieved organisational objectives.

**Good**





# Summary of this inspection

- Governance structures were clear, well documented, adhered to and reported accurately. These are controls put in place so that managers can assure themselves that the service delivered is effective and delivered to a good standard.
- Managers and their team were fully committed to making positive changes. We saw that changes had been made to ensure improvements to quality were made, for example using audits.

# Detailed findings from this inspection

## Mental Health Act responsibilities






- Over ninety per cent of staff had received updated training on the Mental Health Act.
- Care record files were in order and easy to navigate. The Mental Health Act documentation was present and easily available on all the files we reviewed.
- We saw that there was active involvement of the independent mental health advocacy (IMHA) service.
- Copies of up-to-date section 17 leave forms were kept in a file accessible in the nurses' office. The forms were comprehensive, clearly detailing the levels, nature and conditions of leave.
- Assessments of patients' capacity to consent to treatment were available, at the point that T2 certificates were issued and reviewed. We found that both T2 and T3 certificates were reviewed in line with the provider's policy.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Over ninety per cent of staff had undertaken Mental Capacity Act (MCA) training. There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their patients.
- Where appropriate patients had a mental capacity assessment relating to care and treatment. There were no current DoLS applications.

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

Good 

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

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

Good 

### Safe and clean environment

- The building was three years old, on two floors and purpose built as a community based rehabilitation unit. The building presented some challenges for clear observation of the patients and staff managed this through individually risk assessed observation levels. A staff member was available at all times in the communal lounge areas on both floors.
- Staff told us that a yearly ligature risk assessment was undertaken and we saw that identified risks were mitigated by, for example, mirrors placed in blind spots and enhanced patient observation. Three bedrooms were available for patients deemed to be at risk of self-harm behaviour, which had ligature points such as taps and exposed pipework removed.
- The ground floor had eight male patients and the second floor had four female patients and 12 male patients. The female ward was separated from the male ward by a locked door. The patients had elected to have the door open during the day. The building complied fully with national guidance on mixed sex accommodation.
- A first aid kit and emergency resuscitation equipment including oxygen was available in the reception area of the building. Staff told us that this equipment had been in one of the clinic rooms. However, the provider was

advised by senior managers to have the equipment more readily available and moved it to the reception area. We discussed some risks with having the equipment, which included an oxygen cylinder, in an open area in reception. Managers told us that they planned to put the equipment in a cupboard so that it was readily and easily available however was stored in a safe place. There was no emergency equipment in the clinical rooms on each floor however the unit was small and the equipment could be taken to the ward areas within a short time period and therefore this did not present any risks of delayed arrival on the wards. During our inspection managers ordered 'grab bags', which contained emergency equipment to store in each of the clinical rooms, in addition to the emergency equipment in the reception area. They explained this was an extra assurance that emergency equipment was readily available in all areas of the unit. We saw audits that showed staff carried out a full resuscitation drill twice a year and checked all equipment monthly.

- Managers told us that equipment such as weighing scales and the blood pressure machine were not regularly calibrated. They agreed that the equipment would need to be checked or replaced on a regular basis to ensure it was fit for purpose. Managers agreed to raise this with senior managers to agree a way forward. The impact this had on patients was low as the two pieces of equipment requiring calibration were newly purchased and working well.
- We saw staff following good infection control practice including hand washing.
- Both floors were visibly clean, with good furnishings and were well maintained.

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

Good 

- The unit had dedicated housekeeping staff. Cleaning records were complete and up to date. Cleaning schedules were available and followed.
- Environmental risk assessments were undertaken monthly and we saw evidence of work carried out as a result.
- Alarms were available in each room on the floors and all staff carried alarms. We were told by all staff that alarms were responded to quickly.

## Safe staffing

### Key Staffing Indicators

- There were 46 staff working at The Cloisters including ancillary staff. There were 10% staff vacancies. This equated to five registered nurse vacancies. Two nurses were in the process of being recruited. Over a three month period from June to August 2015 an average of 40 shifts were filled by temporary staff. One to three shifts each month were short by one staff member. All temporary staff were bank staff who in the main were familiar with the service. The providers own staff covered a large number of the available shifts. The sickness rate was 4.8% as of August 2015 and the staff turnover rate 28%. We looked at The Cloisters workforce action plan which laid out initiatives to recruit and retain staff. The high turnover had been identified as a high risk and was on the risk register for both The Cloisters and the Priory Group.
- All staff told us there were sufficient staff to delivery care to a good standard and we saw that there were sufficient staff on duty. Rowan and Orchid wards had one qualified nurse and two health care assistants working on each shift. Birch ward also had one qualified nurse and two health care assistants working on each shift. Night shifts were covered by two qualified nurses and three health care assistants across The Cloisters. The Cloisters ward manager, unit manager and clinical nurse specialist were working in addition to the minimum number of staff on each shift. We looked at the staffing rotas and saw that there were sufficient staff on each shift.
- Arrangements were in place, to provide effective support and processes to enable clinical staff to spend their time in direct contact with patients. This meant staff had time released to be able to prioritise the care and treatment of their patients.
- The Cloisters had a half time consultant psychiatrist and a weekly half day visit from a general practitioner (GP). Staff told us that they could always access a doctor if required, as both the psychiatrist and general practitioner were flexible and responsive to requests to attend the unit when required. Thornford Park, a nearby large Priory forensic mental health hospital provided psychiatric cover out of office hours, in an emergency and with holiday cover. The medical rota for Thornford Park specifically highlighted responsibility for attendance at The Cloisters both routinely, for holiday cover, out of hours and in an emergency. GPs were accessed out of hours, using the local GPs' process and emergency services were contacted via 999 for any medical emergency.
- The ward manager told us that senior managers were flexible and responded well if the needs of the patients' increased and additional staff were required. For example we saw that two patients had recently been discharged from the service and that extra staffing had been requested and agreed to, to support a successful discharge. For example the extra staff, (who knew the patients) took time to teach patients' local travel journeys and to be familiar with community facilities available such as shops, banks, libraries and leisure centres.
- The staff told us it was usually possible to escort patients on leave at the particular time they required. Patients told us that leave was rarely cancelled. Staff kept cancellations of escorted leave to an absolute minimum and recorded this.
- Patients told us they were offered and received a one-to-one session with a member of staff every day. We saw that this was the case as it was reported daily in the patients' daily records.

### Assessing and managing risk to patients and staff

- There was no seclusion room facility at The Cloisters. There were eight incidents of restraint, involving four patients, over a six month period preceding our inspection. We saw that those patients liable to require

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

Good 

restraint had a clear care plan describing this and the rationale behind this necessity. We looked at the records on restraint and saw that there were no incidents of prone restraints or rapid tranquilisation.

- We sampled eight electronic care records across all three wards, including some of those for patients detained under the Mental Health Act. The wards used a nationally recognised electronic care record system (Care notes), which included a risk assessment template and associated documentation. Staff carried out a comprehensive risk assessment for patients on their admission. Patients, where they had wanted to and had consented to, had been actively involved in the risk assessment process. We saw that reviews were undertaken during the six monthly full multidisciplinary care reviews and following any incidents or safeguarding concerns. Staff also used the national framework of the care programme approach to assist risk management processes.
- Staff kept blanket restrictions at The Cloisters to a minimum. Where patients were detained under the Mental Health Act and their individual risk assessments indicated they were not permitted access into or exit from the unit unless with staff escort and this applied to eight patients. 16 patients had free access to the locked door coded keypads. Staff supervised the main kitchen area on Birch ward at all times. When this was not possible the kitchen door was locked and the manager told us this was an infrequent occurrence. Patients on Birch ward also had access at all times to hot and cold drinks in a communal and fully accessible part of the ward. The kitchen areas in the other two wards were open at all times.
- Staff told us that, where they identified particular risks, they safely managed these by putting in place relevant measures. For example, the level and frequency of observations of patients by staff were increased. Individual risk assessments we reviewed took account of patients' previous risk history as well as their current mental state.
- Patients told us, without exception that they felt safe at The Cloisters.
- We spoke with staff about protecting their patients from abuse. All the staff we spoke with were able to describe what constitutes abuse and were confident in how to

escalate any concerns they had. All staff had received training in safeguarding vulnerable adults and children and were aware of the organisation's safeguarding policy. In the last year five safeguarding concerns were raised, all currently closed.

- We checked the management of medicines on all the wards and looked at 17 medication administration records (MARs). There were no errors. The medicines were stored securely on all the three wards we visited. Daily checks were made of room and refrigerator temperatures to ensure that the medicines remained suitable for use. We saw the records kept. All medicines needed were available. We looked at the ordering process and saw the process for giving patients their regular medicines and we heard from patients about the information they were given. A pharmacist visited The Cloisters every week and we saw evidence of the checks and interventions that they made during their visits. For example the pharmacist would attend care reviews when requested and speak to patients about to commence on self-medication programmes.
- Two patients told us they were on a self-medicating programme. We could not find care plans in the care records. Staff told us the provider's self-medication protocol was used and that this constituted a care plan. The self-medication protocol was available in the medication files in the clinic rooms. We spoke to the two patients who were self-medicating and they were familiar with the protocol and confident in managing their medication. Both patients spoke positively about the opportunity given to them to manage their own medication in preparation for discharge into independent community living.
- Staff gave patients information about medicines. Staff discussed medicines in a multidisciplinary care review. Staff discussed changes to the patients' medicines with them and provided leaflets with more information. We saw this happening during our inspection.
- Staff used clear protocols for patients to see children from their family. Each request was risk assessed thoroughly to ensure a visit was in the child's best interest. There was a meeting room available for visitors outside of the ward areas.

## Track record on safety

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

Good 

- The provider reported four serious incidents requiring investigation in the preceding 12 months, all were unexpected deaths, one incident at The Cloisters and three in the local general hospital. The provider carried out a thematic review into the four deaths which we looked at. All of the deaths were reportedly caused by natural causes. We saw that managers had reviewed and changed the processes to follow after a death on site following the review. This included advising staff and patients on the presence of and role of the police. In addition staff had learnt about the importance of being open and transparent with other patients, leading to staff briefings on the duty of candour. Guidance for staff on their role following a death in a general hospital was also revised. This included the potential necessity of those staff in attendance having to remain on site for a prolonged period of time.
- The senior management team circulated a weekly bulletin to the wards with incident summaries for each ward and emerging themes. There was a section detailing key lessons for learning in order to prevent reoccurrence of the incident. For example, we saw that work was under way to improve staff awareness of boundary setting, improved sharing of information and enabling patients' access to keys. During the meeting, managers discussed safety issues, which was in keeping with an open and transparent culture and their duty of candour.

## Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents on the provider's electronic based recording system. All incidents were reviewed by the clinical managers, at least twice weekly in the 'clinical huddle' meeting. Incidents were also forwarded automatically to the Priory group clinical governance department. Staff told senior managers within the organisation about incidents in a timely manner so that they could monitor the investigation and respond to these. The senior management team discussed all incidents and analysed recommendations from all serious incidents and reported these back weekly to the wards for discussion in team and service-wide meetings. Staff investigated all incidents to try to establish the root cause. We looked in detail at four incidents and tracked them back to the patients' care records. We saw in all cases that patients had received a de-brief session following the incidents to immediately address any lessons to be learnt.
- Staff told us that they received feedback from investigations in regular team meetings and that they learnt key themes and lessons and developed action plans if they needed to make changes. Staff said there was always a debrief session arranged after a serious incident, and that a facilitated, reflective session would take place to ensure, as well as learning lessons, that staff felt adequately supported.

**Are long stay/rehabilitation mental health wards for working-age adults effective?**  
(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- Staff assessed patients' needs and delivered care in line with the patients' individual care plans. All patients received a thorough physical health assessment, and staff identified and managed risks to physical health. In addition to a psychiatrist working as part of the multidisciplinary teams, general practitioners visited the unit regularly every week. A clinical nurse specialist was available on a full time basis and kept an overview of all patients' care plans with an identified risk associated with their physical health. All staff we spoke to were very confident in their ability to assess physical health care needs and provide robust care and treatment plans. The general practitioner and clinical nurse specialist told us that all patients received a complete physical health check every year as well as thematic reviews more frequently for physical health conditions such as diabetes and chronic obstructive pulmonary disease. We saw in the patients' care records that these checks had taken place.
- We looked at one patient's care plan developed for risks associated with self-harm behaviour and the potential risk of poor communication between professionals. The general practitioner and clinical nurse specialist told us that they had organised a professionals meeting to brief all the practice's doctors on the patient's care plans. The

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

Good 

joint working and clear communication between the general practitioners and staff at The Cloisters had led to a marked reduction in the patient's presentations at the surgery.

- Care plans were personalised, holistic and recovery focused. All wards used the care programme approach as the overarching method for planning and evaluating care and treatment. Wards used a nationally recognised good practice recovery tool called the 'recovery star'. This process focussed on a patient's strengths and goals. Staff had fully implemented the approach. This enabled a consistent approach during assessment, implementation and evaluation of patient's care and treatment.
- Patients told us that they received a copy of their care plans, which they kept in a folder in their bedrooms. The folder also contained helpful information such as local bus timetables. Patients we spoke with told us that they were involved in the care planning process and that the plans were recovery focussed. We saw many examples of staff applying this individualised approach to patients. The clinical meetings we attended discussed the patients as individuals with unique needs. For example, staff told us about one patient who had refused a yearly physical health check. A care plan was developed to regularly offer this assessment at least monthly. We saw that the patient had received a capacity assessment and that they had agreed to a variety of investigations when offered the opportunity on a repeated basis. We heard another discussion in a clinical meeting where care plans to address budgeting needs were negotiated and agreed with the patient.
- General practitioners attended The Cloisters routinely on a weekly basis and provided physical health advice and consultancy for patients. Regular physical health checks were taking place for all of the patients on every ward.
- Occupational therapy assessment and outcome measures were in place for all patients.
- Staff assessed patients using the Health of the Nation Outcome Scales (HoNOS). These covered twelve health and social domains and enabled clinicians to build up a picture overtime of their patients' responses to interventions.
- Staff participated in clinical audits to monitor the effectiveness of services provided. We saw that all staff participated, at least weekly, in reflective practice sessions. They evaluated the effectiveness of their interventions. Audits carried out included the effectiveness of care and treatment for diabetes and chronic obstructive pulmonary disease and ensuring adherence to outcome measures through a review of care records.
- A twice weekly meeting called the 'clinical huddle' was held where discussion on clinical effectiveness, patient safety and patient experience were held. Representatives from all wards were at the meeting.

## **Skilled staff to deliver care**

## **Best practice in treatment and care**

- Staff used NICE guidance when prescribing medicines, in relation to options available for patients' care, their treatment and wellbeing and in assuring the highest standards of physical health care delivery.
- Patients had access to a good variety of psychological therapies either on a one to one basis or in a group setting, as part of their treatment and psychologists, occupational therapists, art therapists and support time and recovery workers were part of the multi-disciplinary team and were actively involved. We saw evidence of detailed psychological assessments and assessments of neuropsychological functioning.
- The staff on all of the wards came from various professional backgrounds, including medical, nursing, psychology and occupational therapy.
- The service had a comprehensive and thorough workforce plan, which described the workforce strategies required to ensure successful delivery of services in an effective way whilst maintaining the highest of standards of care.
- We looked at the Priory group recruitment and retention action plan, which showed us that an ongoing recruitment process had been introduced to ensure vacancy levels decreased. We noted initiatives such as international recruitment drives and open events, which were well attended. The retention strategy encouraged engagement with staff and listed several retention initiatives. These included staff forums, remuneration and benefits packages, staff social committee and training and development opportunities. The Cloisters



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

Good 

benefitted from this strategy as they joined a large and nearby Priory hospital recruitment fair to talk about their service and attract new staff to visit The Cloisters with a view to working there permanently.

- We looked at seven staff files and found them to be completed appropriately and to a good standard. All the appropriate pre-employment checks for staff had been completed. These included thorough identity checks, references and educational certificate checks, completion of health questionnaires and satisfactory disclosure and barring service clearance.
- Staff received appropriate training, supervision and professional development. More than 90% of all staff had updated mandatory training refresher courses recorded, throughout the year. We saw that staff were encouraged to attend additional training courses. For example all staff had received training on working with patients with a personality disorder.
- All staff we spoke to said they received individual and group supervision on a regular basis as well as an annual appraisal. Supervision was audited to ensure the experience was of a high quality. All staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the wards. We noted that 100% of all staff had received an appraisal, which is an excellent level of attainment. The revalidation of the medical staff was up to date.
- Senior managers told us they were not performance managing any staff for capability issues at the time of our inspection.

## Multidisciplinary and inter-agency team work

- Fully integrated and well-staffed multidisciplinary teams worked on the wards. Regular and fully inclusive team meetings took place. We observed a care review and found it to be highly effective, and saw the chair of the meeting involved the whole multidisciplinary team.
- Staff had space and time to feedback and add to discussions in meetings. We saw that everyone's contribution was valued equally.
- We observed interagency working taking place, with primary care as a particularly positive example. We also saw staff from The Cloisters worked well with a

voluntary supported housing organisation called Response to ensure patients were able to move into community living when assessed as clinically appropriate.

## Adherence to the MHA and the MHA Code of Practice

- Out of 24 patients, 15 patients were detained under the mental Health Act
- Over ninety per cent of staff had received updated training on the Mental Health Act.
- Care record files were in order and easy to navigate. The Mental Health Act 1983 documentation was present and available on all the files. There were no approved mental health professional (AMHP) reports for the patients who had been admitted to the ward prior to our last review in July 2014. We reviewed the notes of two patients who had been admitted subsequently to this date and found one patient had no AMHP report. We did not find evidence of attempts to obtain this report.
- There was evidence in most files to show that patients were regularly informed of their rights under section 132. In one file we were unable to find evidence that the patient was informed of his rights promptly after transfer to the unit. In another file we found that the patient was intermittently unwilling to engage with the discussion about his rights. We saw a date was recorded to make a further attempt to discuss these with him.
- We saw that there was active involvement of the independent mental health advocacy (IMHA) service and that information about the service was advertised in the front lobby of the unit and on each of the wards.
- We saw that patients were encouraged to contact the CQC if they chose to about issues relating to the MHA. This was contained in the information folders of all patients detained under the MHA.
- There was an electronic system of reminders to ensure compliance with the Mental Health Act. The Mental Health Act administrator monitored requirements and compliance with the Act and Code of Practice, daily. Six monthly audits were carried out on accuracy of T2 and T3 consent certificates, medication charts and section 17 leave documentation.



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

Good 

- There was evidence of timely managers' hearings at the point of patients' section renewals. These were undertaken prior to, or very shortly, after the patient's section renewal date.
- Copies of up-to-date section 17 leave forms were kept in a file accessible in the nurses' office. The forms were comprehensive, clearly detailing the levels, nature and conditions of leave. We saw evidence that these were regularly reviewed and updated. We saw good recording of who had been given copies of the section 17 leave forms. Copies of the section 17 leave forms were uploaded on the electronic patient record.
- Assessments of patients' capacity to consent to treatment were available, at the point that T2 certificates were issued and reviewed. We found that both T2 and T3 certificates were reviewed in line with the provider's policy.

## Good practice in applying the MCA

- Over ninety per cent of staff had undertaken Mental Capacity Act training. There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their patients.
- Where appropriate patients had a mental capacity assessment relating to care and treatment. There were no current DoLS applications.

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

Good 

## Kindness, dignity, respect and support

- All of the patients we spoke with complimented staff providing the service throughout The Cloisters. One patient told us, "This place is full of love, staff treat us as well as their own families, how wonderful is that?" Professional, responsive and respectful staff supported patients consistently.
- Patients we spoke with told us that staff were busy however were generally available for them. One patient commented that staff did have a lot of written work to carry out in the office. We saw that staff spent time with

patients on and off the wards. Patients commented on the compassion and care shown to them by staff. Patients told us that staff were consistently respectful towards them. For example, several patients we spoke with told us that staff would always knock on their bedroom doors and wait for a response before entering. All of the patients said the staff could not do anymore to meet their needs and they worked hard and had patients' best interests and welfare always as their priority.

- Staff showed patience and gave encouragement when supporting patients. We observed this consistently throughout the inspection.
- Despite the complex, and, at times challenging needs of the patients using the service, the atmosphere throughout The Cloisters was very calm and relaxed. We saw staff were particularly calm and not rushed in their work so their time with patients was meaningful. Staff were able to spend time individually with patients, talking and listening to them. We did not hear any staff, on any of the wards ask a patient to wait for anything, after approaching staff.
- During our inspection, we saw a lot of positive interaction between staff and patients on the wards. Staff spoke to patients in a friendly, professional and respectful manner and responded promptly to any requests made for assistance or time.
- All staff we spoke with had a very in-depth knowledge about their patients including their likes, dislikes and preferences. They were able to describe these to us confidently, for example, preferred routines for patients.
- We received many commendations by patients about individual staff throughout The Cloisters. Comments about them included them being particularly kind and perceptive.

## The involvement of people in the care they receive

- Staff told us confidently about their approach to patients and the model of care practiced across The Cloisters. They spoke about enabling patients to be as independent as possible in order to work towards living in the community in a less restrictive and non-clinical environment. We saw that staff were non-judgemental towards their patients and empowered them to encourage their involvement.

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

Good 

- Patients received a comprehensive handbook on admission to the wards. The handbook welcomed patients and gave detailed information. This included information about health needs, the multidisciplinary team, care and treatment options, medication and physical health needs, arrangements for health records, the recovery star and care plans. We found the handbook helped to orientate patients to the service and patients we spoke to had received a copy and commented on it positively.
- There was evidence of patient involvement in the care records we looked at and all patients had a copy of their care plans in a folder in their bedrooms. Staffs' approach was person centred, highly individualised and recovery orientated. We also saw that all patients reviewed their care plan at least once every two weeks with the multidisciplinary care team and at least once each month with a member of the ward nursing team.
- Local advocacy services were advertised widely. A visiting mental health advocate told us how responsive and patient centred the staff were.
- Staff discussed patients' views and wishes with them. During our inspection, we saw this happen in the multidisciplinary care review meeting we attended.
- Patients could get involved through a number of initiatives. We saw that the service had a patient representative and that this was well advertised. The representative encouraged patients to seek support and to be involved in their individual care and treatment planning and also in the wider service delivery. We saw that the head chef met with patients throughout The Cloisters to elicit feedback about the quality of the services and to hear feedback and suggestions for improvement from patients and ward staff.
- Total bed occupancy for The Cloisters ranged from the lowest 67% on Rowan ward, 89% on Orchid ward through to 98% on Birch ward from February to the end of July 2015.
- Berkshire commissioners brokered all referrals into The Cloisters and admissions came from local acute or low secure wards. In June 2012 the unit opened with 17 patients, all who had come from Prospect Park Hospital where they had lived for many years, most over 30 years and one or two patients for over 50 years. At the time of our inspection five patients from the original cohort had moved into supported accommodation, one patient was working towards independent living with some support and one patient, not of the original cohort, who had been in medium and low secure provision for 16 years, was preparing to move into supported living. A further two patients had also been discharged into more independent community living. This means that 30% of patients have been successfully discharged into supported accommodation in the community since June 2012.
- Representatives from the multidisciplinary team assessed potential patients prior to admission and they told us that they were given sufficient time to complete the assessment.
- A specialist mental health supported housing organisation, called Response had been commissioned by Berkshire clinical commissioning group to review all patients with the Cloister's staff to establish whether they were appropriately placed. Response had published a summary report with an action plan to suggest further action to enable more patients to potentially move into more independent supported accommodation in the community.
- Patients spoke to us about their discharge plans and told us how staff were helping them to achieve these plans. Examples given included how staff have gone out into the local community with patients learning about public transport routes and local community facilities available to support them with living successfully and meaningfully in their own home.

**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 facilities promote recovery, comfort, dignity and confidentiality

- The unit had a variety of rooms for patients to use including quiet lounges and a designated women's

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

Good 

lounge on Orchid ward. Women had sole use of this lounge and were also invited to use the lounge in the male area of the ward. Patients had asked for this arrangement which was agreed by staff.

- When physical examinations were required the patients' bedrooms were used. All bedrooms were en suite.
- The larger group rooms were somewhat restricted in space however we saw that local community facilities were used which was in keeping with the recovery model and assisted patients to integrate into the local community.
- Patients were able to make private phone calls and had access to their own pre-paid mobile phones. A communal phone was available but was not in a private room. Staff told us if patients needed to make a private phone call they could use the office cordless phone for this purpose.
- The unit had access to gardens with seating areas. Part of the garden had been developed into an allotment where patients produced their own vegetables.
- We sampled the food available to patients and found it was presented to and tasted of a very high standard. All patients without exception commented on the high quality of the food provided. We saw that the head chef was in daily discussion with patients, seeking feedback on the quality and range of food available. We saw menus which changed regularly and were informed by patient choice. There were choices of three meals, twice each day and all choices were photographed and widely advertised. One of the three meals offered was always a 'healthy' option. Residents were able to have drinks and snacks throughout the day. A number of patients had self-catering care plans to equip them with the skills needed to move out of The Cloisters into less restrictive accommodation in the community. The chef and occupational therapist told us that a six week therapeutic group was about to commence teaching patients how to self-cater, practice good food hygiene and budget skills. The Cloisters were awarded a food hygiene rating of five out of five (very good) by West Berkshire local authority in 2014. One patient said, "The food here is better than at any of the best hotels."

- Patients' bedrooms were personalised, with for example their photos and personal items on show. Patients had their own bedroom keys and they could access their bedrooms at any time. Patients were able to securely store all of their possessions in their bedrooms.
- There was an activity and therapy programme running Monday to Friday. There were dedicated activity staff and we saw staff engaging with additional activities such as escorted trips into the local community. At the weekends, staff arranged ad hoc activities with patients. Activities and groups were therapeutic and recovery focussed and included skills based shopping, cookery and baking, art therapy, wellbeing, gardening, astronomy, attending local rugby matches, organised trips and recovery groups. Occupational therapy staff told us that all groups were risk assessed and we looked at these. Patients invited us to join an art group in a local community facility and we did this. The session was relaxed and conducive to good communication and quality time spent between patients and staff. In addition patients attend gym off site at the local rugby club and the provider supported and facilitated two annual holidays for patients to Blue Stone Holiday Park in West Wales. One patient has been supported in attending a one day county cricket match and national events.
- Information was made available of all courses available at Newbury College. A patient told us that they had been encouraged to book music tuition and that they had successfully completed six exams and passed with distinction. Another patient had attended a maths and English course at the college.

## Meeting the needs of all people who use the service

- The Cloisters had full disability access which included lift access and adapted toilet accessibility.
- Staff told us that information could be made available in different languages as required by patients using the services. Information was available on interpreters.
- Local faith representatives from different religions were available within the local area to come in and see patients as desired. Some patients attended a local church for services and also played music at the

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

Good 

services. The local chaplain was a regular visitor to The Cloisters and staff told us that he had assisted the service to host a memorial service for some patients who had died of natural causes the year before.

- There was a wide choice of food at The Cloisters which met the individual needs of all patients.

## Listening to and learning from concerns and complaints

- There were four complaints in the 12 months preceding the inspection. The provider upheld one of these, which showed us that the provider was fair and transparent when dealing with complaints.
- Copies of the complaints process were on display in all areas of The Cloisters and in the ward information handbooks. Patients we spoke with all knew how to make a complaint should they wish to do so. This included how to contact the CQC should the patients wish to do so.
- Staff confidently described the complaints process and how they would handle any complaints. Staff told us that they try to deal informally with concerns and to do this promptly in an attempt to provide a timely resolution to concerns. Informal complaints were tracked as well as formal complaints using the provider's electronic reporting system.
- Staff met regularly to discuss learning from complaints. This informed a programme of improvements and training, for example upholding privacy and dignity, maximising patient choice and briefing sessions for staff on dealing with complaints and the importance of duty of candour.

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

Good 

## Vision and values

- The provider's vision, values and strategies for the service were evident and on display throughout The Cloisters. Staff on the wards understood the vision and direction of the organisation. Staff at every level felt very

much a part of the service and were able to discuss the philosophy of the unit confidently. Staff told us that the purpose of the rehabilitation service was to empower and enable patients to have aspirations and hopes in a safe and supportive environment. Patients would be able to develop a meaningful and quality future outside of a hospital setting, living in the community.

- The wards' manager had daily contact with the unit manager and representatives of very senior management were regularly visiting. The senior management and clinical team were highly visible and staff said that they regularly visited the wards every day.
- Staff commented on the high quality support they received from ancillary services such as housekeeping, catering, human resources, maintenance and general administration. We attended the weekly meeting called the 'non-clinical huddle' where the heads of clinical care, housekeeping, catering, maintenance and the unit manager met to ensure the service was provided to the highest of standards.

## Good governance

- The unit manager showed us a series of clinical audits, human resource management data and data on incidents and complaints. The information was summarised and presented monthly in a key performance indicator dashboard. This meant that the management team were able to apply clear controls to ensure the effective running of the service.
- Managers carried out a monthly quality walk about where they assessed the environment, documentation, patient welfare and patient experience. We spoke to patients who told us that they were encouraged by staff to also participate in the quality walk about sessions to contribute towards improving many aspects of the service.
- The wards' manager told us they felt they had the autonomy and authority to make decisions about changes to the service. The manager commented that they felt very well supported.
- The unit manager showed us The Cloister risk register. Staff told us that they were able to submit items of risk

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

Good 

for inclusion on the risk register. We saw that the risk register had inclusions from all the heads of department which showed us risks were escalated appropriately from all areas of the service.

## Leadership, morale and staff engagement

- The most recent staff survey showed staff understood what was expected of them in their jobs, they felt supported by their line managers and felt they could safely raise concerns at work. They understood how their work helped to achieve the Cloister's service objectives. The response rate for the staff survey was good at 74% and overall 79% of all staff were satisfied working at The Cloisters.
- The Cloisters held regular team meetings and all staff described morale as good with their senior managers being highly visible, approachable and supportive. Topics recently covered included managing and learning from incidents, duty of candour, care planning and setting boundaries.
- Sickness and absence rates were at 4.8% as of August 2015.
- Staff said they felt very well supported in dealing with any concerns they had about any adverse behaviour from either fellow staff or patients.

- Staff were aware of the whistle blowing process. There was a policy, which the provider would follow for the investigation of concerns.
- Staff told us they felt this was a good place to work; they felt supported and valued by the management. They described the morale as being high despite the sometimes difficult situations they had to deal with.
- Staff were able to confidently describe the importance of transparency and honesty and their duty of candour.
- All of the staff we spoke with expressed their pride in the strong element of team working across The Cloisters.

## Commitment to quality improvement and innovation

- Staff participated in clinical audits to monitor the effectiveness of services provided. They evaluated the effectiveness of their interventions. Audits carried out included the effectiveness of care and treatment for diabetes and chronic obstructive pulmonary disease and ensuring adherence to outcome measures through a review of care records.
- Patients who had a high level of physical health need had engaged in discussions and interventions about their physical health for the first time ever. For a number of patients this engagement had happened for the first time in decades.

# Outstanding practice and areas for improvement

## Outstanding practice

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## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure the emergency equipment in the reception area is stored securely.
- The provider should ensure that equipment such as weighing scales and blood pressure machines are calibrated regularly.

- Patients on self-medication programmes should have an associated care plan.
- All patients should have an approved mental health professional report when admitted to the unit under a section of the Mental Health Act.