Alternative Futures Group Limited

Oak Lodge

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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location went down. We rated it as good because:

- The service provided safe care. The ward environment was 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 developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They 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 team 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. It was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- Patients told us that the 6 weekly meeting with the consultant Psychiatrist was not enough, especially if they had something they wanted to discuss.

- Patients told us that the frozen meals that the hospital provided (delivered frozen and then reheated as per the menu) were not good quality and there was not enough choice.

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	Good 	Our rating of this service went down. We rated it as Good because: • The service provided safe care. The ward environment was 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 developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They 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 team 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. It was well led and the governance processes ensured that ward procedures ran smoothly.

Summary of findings

However:

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Summary of findings

Contents

Summary of this inspection

Background to Oak Lodge

Oak Lodge is a single storey independent hospital, providing 12 rehabilitation beds for men and women with enduring mental illness. It is an inpatient community rehabilitation unit for adults of working age. The service accepts patients detained under the Mental Health Act (MHA).

Oak Lodge is part of the Alternative Futures Group Ltd and was inspected by the Care Quality Commission on 18 June 2018 where it was rated outstanding.

It is registered for the following regulated activities:

• Assessment and treatment under the Mental Health Act

• Treatment of disease disorder or injury.

These regulated activities permit the hospital to provide care and treatment to informal and detained patients.

At the time of this inspection, there was a registered manager in post. There was also a named controlled drugs accountable officer. This meant that there was a senior person in charge who checked that the hospital met the appropriate regulations and oversaw the arrangements for managing controlled drugs (drugs that require special storage with additional record keeping rules).

What people who use the service say

We spoke to 5 people who used the service. They told us they felt safe in the hospital. They commented that staff were kind and always took time to talk to them, showing a genuine interest in their wellbeing.

Two patients commented that they only met with the doctor 6 weekly and they felt this wasn't enough, in comparison to weekly meetings in their previous hospital. Two patients also told us that the frozen meals that the hospital provided (delivered frozen and then reheated as per the menu) were not good quality and there was not enough choice.

Patients felt that there were enough activities that took place and that staff kept their family and carers involved in their care and treatment. Activities were available 7 days per week.

How we carried out this inspection

The team that inspected the service comprised of 1 CQC inspector, 1 specialist advisor who was a rehabilitation nurse manager and 1 expert by experience. An expert by experience is someone who has experience of using mental health services.

We inspected this service as part of our ongoing mental health inspection programme. To get to the heart of patients' experience of care, we always ask the following five questions of every service and provider:

• Is it safe?

Summary of this inspection

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

Before visiting this location, we reviewed information we held about the service. We carried out an unannounced visit to this location on 28 November 2023.

During the inspection, the inspection team:

• Looked at the quality of the hospital environment

• Observed how staff were caring for patients

• Spoke with 5 patients who were using the service

• Spoke with 5 front line staff including nursing staff and support staff, the assistant psychologist, the mental health act and quality lead and the lead responsible clinician for the location

• Interviewed the registered manager and the clinical lead

• Looked at treatment records of 6 patients

• Carried out a specific check of the medication management in the hospital

• Looked at a range of policies, procedures, audits and other documents relating to the running of the service

• Observed a relaxation group and the patients' morning meeting.

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 SHOULD take to improve:

- The service should ensure that they review the 6 weekly ward round for patients in line with their comments.
- The service should consider the comments made by patients regarding the frozen meals and review the food in line with these.

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	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good

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

Is the service safe?

Good

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

Safe and clean care environments

The hospital was safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. There had been a fire risk assessment carried out in January 2023. This had identified some areas for improvement such as discarded cigarettes outside the hospital that could cause a risk of fire, some fire doors had gaps around them, and some fire doors needed replacing. We reviewed this during our visit against the action plan provided following the inspection. We were able to see that these issues had been rectified and saw completion reports from contractors.

Staff could observe patients in all parts of the wards. Where there were blind spots, parabolic mirrors were used to mitigate.

The ward was mixed sex but complied with guidance around mixed sex accommodation. The male bedrooms were on a separate part of the corridor to the female bedrooms. There was a female only lounge and bathroom.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. There were several potential ligature anchor points. However, these risks were mitigated by a robust preadmission assessment to ensure anybody who was at high risk of ligaturing was not admitted to the hospital. The hospital also had 2 bedrooms that were anti ligature, these were used for patients who may have a historical risk of ligaturing but not current. The hospital had added to their risk register that they did not have anti barricade doors, these had not been needed but it was something they planned to implement so they could manage a patient whose risks escalated whilst waiting for a more appropriate placement.

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

Long stay or rehabilitation mental health wards for working age adults

Good

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. The gardens were well kept and outdoor areas leading into the hospital were well maintained.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. There were handwashing signs on the ward.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. The clinic room contained emergency equipment, and this was checked daily. We saw that all checks had been completed on time.

Staff checked, maintained, and cleaned equipment. We were able to see evidence that the clinic room had been cleaned, in the form of clean stickers and a cleaning schedule which was complete and up to date.

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. There were no vacancies for qualified or unqualified staff at the time of our inspection.

The service had low and reducing rates of bank and agency nurses and nursing assistants. The hospital would only need to use bank staff if there was short notice sickness or observation levels increased significantly.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The hospital and provider had a bank of staff that were familiar with the service, this included staff already working at the service who would pick up extra shifts when needed.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had low turnover rates. Two staff had left in the 12 months prior to inspection. This was for career progression purposes.

Managers supported staff who needed time off for ill health.

Levels of sickness were low although they were slightly above the usual 1% rate as some staff in the service had recently been off with Covid 19.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. On a day shift there was 1 qualified nurse and 3 support staff and on a night shift there was 1 qualified nurse and 2 support staff. However, there was also a wider multi-disciplinary team that complemented the staffing levels including an occupational therapist and psychologist who visited the service.

The ward manager could adjust staffing levels according to the needs of the patients. This could be done when patient risk increased, for booked appointments and when escorted leave was required.

Patients had regular one- to-one sessions with their named nurse, and we saw documented evidence of these in patient notes.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely if required. However, this was not something that was used regularly at the hospital.

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency. There was a consultant psychiatrist who was contracted from the local NHS Trust to spent 1 day per at the hospital. During this time, they completed ward rounds for 3-4 patients and this was on a rotating plan, so all patients were seen every 6 weeks. There was also junior doctor cover and out of hours the on-call system for the local NHS Trust was utilised. If there was a physical health emergency, then 999 would be used.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. All training was above 85% and included learning disability training, which was a 2-day workshop.

The mandatory training programme was comprehensive and met the needs of patients and staff. It included immediate life support, basic life support, safeguarding up to level 3 for children and adults as well as: Prevent (how to support people susceptible to radicalisation), physical health training, de-escalation and restraint training and training on the mental health act.

Managers monitored mandatory training and alerted staff when they needed to update their training. There was a tracker used which showed when staff were coming up to their renewal date, this meant the managers had oversight of when training needed to be booked to remain in date.

Assessing and managing risk to patients and staff

Long stay or rehabilitation mental health wards for working age adults

Good

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. As a result, they used restraint only after attempts at de-escalation had failed. 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 the START risk assessment, and reviewed this regularly, including after any incident. We reviewed 6 patient records and found risk assessments to be of a high standard. They were detailed, thorough and reviewed regularly.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff knew the patients well and were able to explain to us what each patients' risks were and how they were managed.

Staff identified and responded to any changes in risks to, or posed by, patients. We saw during our review of records that the risk assessments were updated at regular intervals, where required. For example, after a change in risk, an incident or at specific intervals when reviews were carried out even when no change had occurred.

Staff followed procedures to minimise risks where they could not easily observe patients. There were parabolic mirrors situated around the hospital to mitigate blind spots.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low. In fact, the hospital did not use restraint at all and it had only been used in the last 12 months due to the placement of some patients who would not ordinarily reside in the service having to be moved in an emergency.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. We did not observe and were not told about any blanket restrictions being in place. There were banned items, but these were items that would be expected such as knives and illicit substances.

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.

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

There had been no use of seclusion or rapid tranquilisation in the 6 months prior to inspection. The service did not have a seclusion room. Long term segregation was not used at the service.

Safeguarding

Long stay or rehabilitation mental health wards for working age adults

Good

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. This included training up to level 3 and included children as well as adult safeguarding.

Staff kept up to date with their safeguarding training. Safeguarding training was part of the mandatory training which included duty of candour. Compliance for Lvel 1, 2 and 3 was at 100% at the time of our inspection. This was available to all staff and staff told us they would know what to do if they needed to raise a safeguarding alert.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. If possible, patients were encouraged to meet with children in the community rather than bringing them to the hospital. However, there was a quiet lounge that could be used if children visited the hospital.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. For example, staff could tell us about recent safeguarding concerns they had raised including financial abuse and physical abuse.

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.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

Records were stored securely either in a locked cabinet in a locked room or on a password protected electronic system.

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 reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Medicines were discussed in ward rounds; side effects were monitored, and changes discussed with the patient.

Staff completed medicines records accurately and kept them up to date. We reviewed medicine records as part of our inspection and found that these were correctly completed.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff stored and managed all medicines and prescribing documents safely. The medicines were all stored in a locked medicine trolley and/or in medicine cupboards in a locked clinic room. The nurse in charge had the key. There was also a spare set, in case of emergencies.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. The pharmacy service at the hospital completed medicines reconciliation when patients were admitted to the hospital to ensure medicines were prescribed correctly.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. This was reviewed as part of the monthly medicines management audit completed at the hospital, we reviewed the last 3 audits and found that patient's medication and when required medication was reviewed regularly.

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute for Health and Care Excellence (NICE) guidance using appropriate side effect rating scales when required.

Patients were encouraged and supported to manage their own medications when this was appropriate in their recovery. At the time of our inspection, all but 1 of the patients were on some form of self-medicating. This ranged from staff observing them taking their medications to patients who had a week's supply of medicines that staff checked had been taken. There was a policy in place to support patients managing their own medications and the stages of this were clearly set out for staff and patients to follow. We found this was managed well and that patients had successfully worked through the stages to dispense and store their own medicines securely.

Track record on safety

The service had a good track record on safety.

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. They were able to tell us examples of incidents they had reported and how they did this. Incidents were recorded on an electronic system.

The service had no never events.

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.

Managers debriefed and supported staff after any serious incident. There had been no recent serious incidents at the service.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. This was done in team meetings and in one-to-one supervision. Staff also had access to emails where information could be shared amongst the team.

There was evidence that changes had been made as a result of feedback.

Is the service effective?

Good

Our rating of effective went down. We rated it as Good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 6 patient records and found that thorough preadmission assessments had taken place, to decide if Oak Lodge was the correct place for the patient to reside and to reduce the risk of the patient having to move again. Staff attended the citywide rehabilitation meetings where referrals were discussed. Once the decision was made that Oak Lodge was the correct place, thorough assessments of the patients historical and current mental health needs were made.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. This included a full physical examination, blood tests and electro cardiogram. All patients were registered at the local GP surgery for their physical healthcare. There had historically been some issues getting patients registered in a timely manner, but this appeared to have improved in the months prior to the inspection.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when patients' needs changed.

We reviewed 6 patient records and found that care plans were personalised, holistic and recovery orientated. .

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff provided a range of care and treatment suitable for the patients in the service. There were 2 psychologists who were contracted to work with patients across all of the providers hospitals. These were not based on site, but both gave around 1.5 days to the services. Every patient was screened on admission by the psychology team and then the hospital would refer patients who required certain psychological interventions. The psychologists visited out of hours and at weekends to enable patients to continue with their rehabilitation work during the core hours. Both staff were trained in a range of therapies. At the time of our inspection, 2 patients at Oak Lodge were receiving therapy from the psychologist on a 1 to 1 basis.

Staff delivered care in line with best practice and national guidance. (from relevant bodies e.g. NICE)

Staff identified patients' physical health needs and recorded them in their care plans. We were able to see staff using the National early warning National Early Warning Score 2 (NEWS2) to identify when patients physical health was deteriorating. We also saw drop-in sessions around diabetes and weight loss as well as healthy eating. We were able to see where patients had physical health issues, these were discussed as part of the multidisciplinary meeting and appropriate referrals made where necessary, for example to the diabetic nurse.

Staff made sure patients had access to physical health care, including specialists as required. We saw evidence of patients being supported with weight loss, diabetes and smoking cessation groups.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. The service supported patients to understand about healthy choices when choosing and cooking food and supported patients to cook for themselves using healthy ingredients. Patients who required a special diet for religious purposes or those that needed a specialised diet were able to be accommodated. Examples of diets that could be accommodated were gluten free, kosher, halal and vegan.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service ran a host of health promotion groups, these included healthy eating, smoking cessation, weight management and diabetes awareness groups.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Each member of staff had a lead role in a different area, for example, community engagement, medication and the Mental Health Act. They then carried out the monthly audits for that area and reported back to the manager and clinical lead on any improvements needed, any actions taken and any outstanding issues.

Managers used results from audits to make improvements.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had access to a full range of specialists to meet the needs of the patients on the ward. Although there was not a psychologist on site, each patient was referred to the psychologist for the provider on admission and then assessments were carried out to understand what psychology input would benefit that patient.

Several of the nurses were trained in cognitive behavioural therapy and nurse led therapies were offered at Oak Lodge. These included psychosocial education, anger & anxiety management, emotional regulations, medication education, wellness recovery action plans, relapse prevention, CBT skills enhancement and family educational work

The occupational therapist offered daily living skills enhancements, targeted 1-1 occupational therapy sessions, community engagement, creative activities, gardening group, educational and vocational programmes, mindfulness, anxiety management and a recovery group.

There were also good links with the local drug and alcohol service that several of the patients attended regularly.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. There was a range of staff who worked at the service, this included nurses, doctors, junior doctors, support workers, an occupational therapist and a psychologist (based off site).

Managers gave each new member of staff a full induction to the service before they started work. Although bank and agency staff were rarely used, there was always an experienced member of staff on shift to guide new staff in their role. There was an induction checklist for new starters and agency staff.

Managers supported staff through regular supervision and constructive appraisals of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. We reviewed the minutes of the last 3 team meetings, we were able to see a set agenda which included safeguarding, staffing, polices and audits. Staff who attended had shared thoughts and ideas and the minutes were emailed out to staff that could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. There was a wide range of training available on the Alternative Futures Group training page. This included specialist training for different mental health conditions such as depression and anxiety, hearing voices and learning disabilities.

Managers made sure staff received any specialist training for their role. This included cognitive behavioural therapy training.

Managers recognised poor performance, could identify the reasons and dealt with these. The managers felt they were well supported by the providers human resources department when required to formally manage performance.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff held regular multidisciplinary meetings to discuss patients and improve their care. We did not observe a multidisciplinary meeting as part of our inspection, but we spoke to both patients and staff about how these worked. Some patients felt that 6 weekly meetings were too far apart from each other and would have preferred more regular meetings with their consultant. We fed this back at the end of our inspection to the hospital manager.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation. There were other mental health rehabilitation hospitals within the organisation, and they shared ideas about good practice and care.

Ward teams had effective working relationships with external teams and organisations. This included the local NHS Trust and the community mental health teams that sat within it.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Training in the Mental Health Act was mandatory and was 100% complete at the time of our inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. This was provided by the local mental health trust, and they would check all paperwork and also send reminders when any detentions were due for renewal or a tribunal.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Patients could access the local advocacy service. We were able to see evidence in patient records where the advocacy service had supported patients. There were also posters around the building with the contact details and name of the advocate.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. We saw that all patients except 1 had current section 17 leave. This was often for several hours, and most patients had unescorted leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. We saw a sign at the front door to explain this to patients.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the 5 principles. Training was at 100% compliance. We spoke to staff about the Mental Capacity Act, they were knowledgeable, told us they completed training and were able to give examples of how capacity was assessed when required.

There was 1 Deprivation of Liberty Safeguards applications made in the last 12 months.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. We were able to see the policy was accessible via the intranet page and staff knew where to find this when required.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

Is the service caring?

Long stay or rehabilitation mental health wards for working age adults

Good

Good

Our rating of caring went down. We rated it as Good.

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. We spoke to 5 patients and all of them told us that staff were kind and caring. They told us staff understood them and took time to speak to them.

Staff gave patients help, emotional support and advice when they needed it. We observed staff interactions with patients throughout the day of our inspection. We were able to see staff treated patients with kindness and respect, knew them well and supported patients who were feeling upset or anxious.

Staff supported patients to understand and manage their own care treatment or condition. We saw good evidence of patient involvement in care plans, we could see where patients had described their goals and wishes for the future and staff had included these in care plans.

Staff directed patients to other services and supported them to access those services if they needed help. There was a designated staff member for issues such as finances and housing. That person knew the contact details for those services and would help patients to access support when required.

Patients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

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. They 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. On admission patients were given a welcome booklet which told them all about the hospital, this included days the doctor visited, meal arrangements and laundry arrangements. The staff had all completed an all about me video which was shown on a loop on televisions around the hospital. This included likes and dislikes of the staff and a little about themselves.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff involved patients and gave them access to their care planning and risk assessments.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). For example, using language interpreters and British Sign Language interpreters. We were told this was not currently required at the hospital but was available easily when requested via the intranet.

Staff involved patients in decisions about the service, when appropriate. We were able to see the minutes of patient meetings and we observed 1 during our inspection. Patients were asked for their opinions on furniture and decor as well as being involved in interviewing potential new staff members (forming questions or taking part in the interview).

Patients could give feedback on the service and their treatment and staff supported them to do this. There were suggestion boxes around the hospital, as well as regular patient meetings.

Staff supported patients to make decisions on their care.

Staff made sure patients could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. We spoke to 2 carers on the day of our inspection, and they gave positive feedback about the hospital. They told us staff supported them as well as their loved one and the support they had received was vital to being able to support the patient.

Staff helped families to give feedback on the service. This was done by way of a post discharge survey but also informal feedback was taken when carers visited and sent cards fo thanks.

Staff gave carers information on how to find the carer's assessment.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as Good.

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay was usually around 12 months. Delayed discharges generally related to a lack of housing in the community to accommodate the specialist needs of the patients. However, there had been 12 discharges in the last 12 months from Oak Lodge.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had no out-of-area placements. All patients were placed at the hospital from the local area, usually from the local NHS Trust acute wards.

Managers and staff worked to make sure they did not discharge patients before they were ready. This was discussed with the multidisciplinary team including the patients care coordinator. When a patient was nearing discharge, plans were put in place to ensure the they understood what options were available to them and visits to potential tenancies were arranged.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient. If a patient became unwell and needed to be moved to a ward with higher support levels, this would be arranged with the local NHS Trust and a bed identified.

Staff did not move or discharge patients at night or very early in the morning.

There was a psychiatric intensive care unit at the local NHS Trust.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed and took action to reduce them.

Patients did not have to stay in hospital when they were well enough to leave.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. The team reported good relationships with the local community mental health teams and that they were in attendance at meetings relating to their patients.

Staff supported patients when they were referred or transferred between services. There was a group for previous patients where they could come back to the service for an informal chat with staff. There was also a success story board to celebrate patients who had completed their rehab at the hospital. There was also a kindness tree with supportive messages from past patients.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise. We saw patients had their own photographs, blankets and decorations in their rooms. Patients had their own key and were able to enter the bedrooms whenever they wished.

Patients had a secure place to store personal possessions. This was in a locked box in their bedroom.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff used a full range of rooms and equipment to support treatment and care. There was plenty of space at Oak Lodge for patients to be able to take part in therapy and activities. This included an occupational therapy kitchen, a computer room, meeting room, and outside space which was well maintained.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private. They also had access to their own mobile phones.

The service had an outside space that patients could access easily. This had a well-kept vegetable patch that was harvested each year. The patients used the vegetables in their cooking and the gardening group was well attended.

Patients could make their own hot drinks and snacks and were not dependent on staff.

The service no longer had a chef employed and used an outside catering company who delivered frozen meals for evening meal. There was a wide variety of choice available, including vegetarian and vegan, but several patients told us they did not feel the quality was good. We spoke to the senior leaders at the hospital, who told us they preferred patients where possible to be cooking their own meals (with support if required). At the time of the inspection only 1 patient was not cooking for themselves. There was group breakfast cooking on a regular basis and once a week staff and patients all cooked together. Patients were supported to plan and budget for meals as they would have to if living in their own accommodation. Recipes were planned at the start of the week and patients visited the supermarket to buy ingredients. There was also a monthly audit carried out of mealtimes and nutrition that included feedback on the meals and availability of nutritious food.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work and supported patients. The hospital had good links with local colleges and voluntary work opportunities, for example 1 patient was working in the local charity shop. The hospital had links with the local library who ran a "garden brew and chat" group and a "conservation cafe". There was also a weekly coffee morning at the local church. As well as MhIST, a mental health independent support team, local gyms and Bolton CVS (voluntary service).

The hospital had been working on improving their social activities in the local community and had made links and secured discounts with local services. This included crazy golf, swimming, local games arcade and snooker clubs.

There was also an occupational therapist who supported patients with their skills in cooking, using public transport and other activities of daily living.

Staff helped patients to stay in contact with families and carers. Patients all had their own mobile phones and could use these to contact their families. They also had access to the ward phone and could use the computer room to contact family if they needed to.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

Long stay or rehabilitation mental health wards for working age adults

Good

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The hospital was all on one level with no steps to enter the building. For patients requiring support with communication, there was access to a booking system for interpreters and British sign language interpreters.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There was a raft of information at the entrance to the hospital and around the hospital building. There were leaflets about different illnesses, medication, local support services and events.

The service had information leaflets available in languages spoken by the patients and local community. These were not out on the ward at the time of our inspection as nobody required them. However, a patient whose first language was not English was due to be admitted and the team were already preparing for their arrival by looking into interpreters who could come regularly, translating care plans and making leaflets available in the language that they spoke.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support. The patients were encouraged to access local religious services rather than them visiting the hospital, in keeping with a rehab approach. However, there was a plan in place to transform a room into a prayer room so there was access on siet if patients required this.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. Patients and carers we spoke to felt confident to raise concerns and complaints with the staff and leaders at the service. Although there had not been any formal complaints recently, patients had raised informal concerns in the patient meetings, and we were able to review the minutes of these to see how they were responded to and resolved. There was also a ‘we said, you did’ board up in the hospital.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. There had been no formal complaints in the 12 months prior to our inspection.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Long stay or rehabilitation mental health wards for working age adults

Good

The service used compliments to learn, celebrate success and improve the quality of care. There had been lots of informal compliments from families in the form of thank you cards to the service. We read some of these during our inspection and they contained some very kind comments about the service. There had been two formal compliments submitted from a student nurse and a care coordinator, complimenting the service on the quality of their risk assessments.

Is the service well-led?

Good

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

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.

The Registered Manager had worked at the service for many years and knew the service well. The staff team told us they felt well supported by the manger, clinical lead and more senior managers who visited the hospital on a regular basis. Senior leaders knew the service well and were approachable to both staff and patients as they were a regular presence at the hospital.

Patients we spoke to told us that they had good relationships with the manager and clinical lead and felt they could approach them at any time. Staff told us that the managers were supportive and had an open-door policy.

Vision and strategy

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

The provider vision was "A world where amazing people do amazing things every day." The values were developed by staff who worked for the provider. Staff we spoke to understand the providers values and they underpinned supervision and appraisals for 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.

We spoke to 5 staff during our inspection. They told us that they felt supported by the senior leaders and the manager and clinical lead. They told us that career progression was embedded into the supervision and appraisal process and that if they raised areas they wished to improve, the organisation was proactive in ensuring these needs were met, so long as they also benefitted the service.

The Registered Manager had just started to embed a new supervision process that was value based. This was in its infancy, but it was clear to see how this would steer supervision in the direction of what was important to both the staff member and the organisation based on their values.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff felt able to raise concerns and ideas about the hospital. They told us they could approach any of the managers or more senior leaders and felt their concerns and ideas would be listened to and taken seriously. None of the staff feared any negative impact should they raise concerns. There were no reports of bullying or harassment at the hospital, staff we spoke with knew about the providers whistleblowing policy.

The service's staff sickness and absence rates were low and there were clear policies and procedures in place to address poor staff performance and keep people safe.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The hospital had systems in place to ensure regular monitoring of care and treatment. There was a clear and comprehensive audit plan with staff taking the lead in different areas and taking responsibility for their key area. We observed that a range of audits had been completed including care records, Mental Health Act, medicines and food and nutrition. Where the audits indicated that improvements could be made, we saw evidence that actions had been created to address this with a timescale attached. The audits were discussed at the quality assurance meetings and to feed up to commissioners and senior leaders to ensure the service was performing effectively.

Information fed up and down the service well and there was a clear governance structure which allowed staff to feed information into various meetings to monitor things such as risk and performance. Managers had access to the information they needed about their service's performance and could monitor this against other similar services. There were also quarterly governance meetings where managers and senior leaders could review risk and performance for the service.

Incidents were reviewed to identify themes and trends in order to understand what happened and why. In addition, any increase in particular incidents, for example falls or violent incidents were analysed so the managers could try to understand why this was happening and put actions in place to try and reduce them again.

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.

The service had a local risk register which fed into the provider risk register. The registered manager was able to add to the local risk register and feed this up to more senior staff who reviewed the provider risk register. The hospital had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Any incidents were reported, investigated, reviewed and escalated through the hospital's governance structure.

Information management

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

The care records we reviewed were completed in a timely way, accurate and protected patient confidentiality.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff made notifications to external bodies as needed. Patients were informed if their personal information was shared with external bodies and their consent was sought appropriately. Managers had access to dashboards so they could monitor performance of staff, for example an overview of training.

Engagement

Managers engaged actively with 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.

The service had patient, carer and staff survey forms that could be completed and submitted anonymously. Managers received the results of these surveys and used the results to consider any improvements or changes that were required. Managers shared themes from feedback and reflected on the survey results within team meetings.

Managers worked hard to engage with the local health and social care providers to ensure that the service was commissioned in a way to meet the needs of the service users they provided care for.

The hospital actively engaged with the local community by attending local groups, coffee mornings at local churches and local men in sheds groups.

Learning, continuous improvement and innovation

Oak Lodge had recently had their first audit in the process of gaining accreditation for inpatient mental health services (AIMS).

The hospital worked closely with the local universities and accepted students nurses and occupational therapy students.

They had been approached by the local university to take part in research around family therapy for Afro Caribbean families. The research was to test out therapies for families they had been specifically adapted to meet the needs to Afro Caribbean families.

A second research project the hospital was involved in was looking at physical relapse prevention indicators for people with a diagnosis of psychosis. This would build on previous research, to see how changes in behaviours and patterns might relate to someone's mental health getting worse. In the future it hoped, it might be possible to tell in advance when someone's mental health might be getting worse by looking at these changes using a wearable device, in order to offer extra support.