Partnerships in Care Limited

Mill Garth

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?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Mill Garth is a 21-bed locked rehabilitation and recovery service for men aged 18 years and over who have complex mental health issues.

Our rating of this location stayed the same. We rated it as good because:

The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. Staff knew about any risks to each patient, and there was an ethos of positive risk taking.

Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of interventions to help patients acquire independent living skills, such as psychological therapies, training and work opportunities, that were suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice.

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that staff received training, supervision and appraisal. Staff worked well as a multidisciplinary team and with external partners, such as care co-ordinators and other service providers.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and their families and carers in care decisions. Care plans were mainly written from the patient's point of view. Patients were involved in decisions about the service.

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. There were links with local businesses and college. Staff helped patients to stay in contact with their families and carers.

The service was well led, and the governance processes mainly ensured that ward procedures ran smoothly. Recent reviews of culture and engagement at the service had positive outcomes. Leaders were focused on continuous learning and improvement.

However:

Patients were unable to progress through the stages of self-medication as they did not have a lockable cabinet in their bedrooms.

Governance systems did not always identify when practice was not in keeping with the provider's policy.

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 	Rehabilitation and recovery service for men aged 18 years and over who have complex mental health issues.

Summary of findings

Contents

Summary of this inspection

Background to Mill Garth

Mill Garth is a 21-bed locked rehabilitation and recovery service for men aged 18 years and over who have complex mental health issues. Mill Garth registered with the Care Quality Commission in March 2016 and the service opened in December 2016. Following the successful merger of two providers in December 2016, Mill Garth now forms part of Priory Healthcare although it operates under Partnerships in Care.

Mill Garth is registered to provide 3 regulated activities:

Assessment or medical treatment for persons detained under the Mental Health Act

Diagnostic and screening procedures

Treatment of disease, disorder or injury

CQC completed a comprehensive inspection of Mill Garth in July 2017, concluding with an overall rating of good. Safe, effective, caring, responsive and well led were rated all as good and there were no breaches of regulation.

How we carried out this inspection

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

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

During the inspection visit, the inspection team:

• visited the ward at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;

• spoke with four people who were using the service and one carer of a person using the service;

• spoke with the hospital director and the ward manager;

Summary of this inspection

• spoke with five other staff members; including the hospital consultant who was the responsible clinician, the deputy ward manager, nurses, activities organiser, escort nurse and psychologist;

• looked at five care and treatment records of patients;

• carried out a specific check of the medication management; and

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

We spoke with four people who were using the service and one carer of a person using the service.

The carer was happy with the service their relative had received and felt they had been supported by staff themselves. They said they had raised one issue once and it had been resolved.

The people who used the service told us they felt safe on the ward. Three said they were involved in their own care. One said he had not seen a care plan. All said that staff were polite and respectful; for example, they always knocked before entering patients' rooms. However, one said that some agency and bank staff were not always very nice in the way they spoke to people. Patients had opportunities to raise concerns, and matters such as staff conduct were addressed through appropriate processes and procedures.

All but one person said there were not enough staff and that leave was sometimes cancelled because of that. However, records showed that leave was sometimes rearranged for clinical reasons, or if, for example, there was no driver available. One person said there were black and white staff on the ward but not enough Asian staff.

Two people said that the ward was comfortable and clean, but the decor was a little worn. They also thought there were activities they could take part in. They said they had been able to personalise their bedrooms. Two people did not comment.

Areas for improvement

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

Action the service MUST take to improve:

We told the service that it must take action to bring services into line with Regulation 10 (2)(b).

The service must ensure that all patients have a lockable cabinet in their bedrooms so that they can progress through the stages of self-medication. Regulation 10 (2)(b).

Action the service SHOULD take to improve:

The provider should ensure audit systems are able to identify when practice is not in keeping with the provider's policy so that they can take appropriate action to make improvements.

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	Requires Improvement	Good	Good	Good	Good
Overall	Good	Requires Improvement	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good

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

Are Long stay or rehabilitation mental health wards for working age adults safe?

Good

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

Environment and equipment

Safe and clean care environments

The ward was safe, clean well equipped, well furnished, well maintained and fit for purpose. There were communal rooms, activity areas, a gym, a dining area, kitchens and a café area. Patients could make drinks and snacks whenever they wanted. There were two additional quiet rooms and a visiting room. The furniture appeared comfortable, and most was in good condition although some furniture looked worn.

Patients had their own en-suite bedrooms and their own key. There were nurse call alarms in each room. Bathrooms were clean and tidy.

Safety of the ward layout

Due to the ward layout, staff did not have clear lines of sight throughout, but they mitigated risks with mirrors, observation, staff presence on the ward, and care planning and individual risk assessments. They carried out regular checks of the environment and there was an up-to-date environmental risk assessment that set out how risks were mitigated.

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

Staff used radios to communicate with each other around the ward and to call for assistance if there was an emergency. Patients had easy access to nurse call systems.

Long stay or rehabilitation mental health wards for working age adults

Good

Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

Cleanliness, infection control and hygiene

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

Cleaning records were up to date and the premises were clean.

Staff followed infection control policy, including handwashing.

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.

Nurse staffing

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The ward manager could adjust staffing levels according to the needs of the patients.

The ward used a staffing ladder to calculate the staffing levels required to safely staff the ward. Staffing was increased when required; for example, additional staff were brought in when patients needed escorts or higher levels of observation. The ward manager, occupational therapist, activity organiser and escort nurse were not included in the daily staffing level.

The service had low vacancy rates at 1.4% for registered nurses and 2.6% for health care support staff. Recruitment was an ongoing process, advertising both internally and externally.

Managers limited their use of bank and agency staff and requested staff who were familiar with the service. Staffing rotas showed that when agency staff were used, they were familiar with the service.

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

Staff turnover for the 12 months before this inspection was 44%. Managers monitored the reasons for staff leaving the service. Staff completed a leaving interview to enable managers to identify any recurring reasons for leaving. Some registered nurses had left due to relocating and some to take up different employment due to struggling to cope with the patient group. Monitoring had not identified any trend for health care support staff.

Long stay or rehabilitation mental health wards for working age adults

Good

Levels of sickness were 7%, including staff who had been off sick due to long COVID. Managers supported staff who needed time off for ill health.

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

In the six months before this inspection, no patients had their escorted leave or activities cancelled, even when the service was short staffed. Records showed that leave was only cancelled for clinical reasons.

The service had enough staff on each shift to carry out any physical interventions safely.

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

Medical staffing

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency.

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

Most staff had completed and kept up to date with their mandatory training. Overall staff attendance at training was above 65%; the provider set a target of 85% required attendance but not all staff had attended all the required training. Delays were due to staff sickness and training dates had been booked for those who still needed to complete some training.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and responding to patient risk

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 recognised tools. They had reviewed most risk assessments regularly, including after any incident.

Crisis support was included in 'keeping safe' care plans.

Long stay or rehabilitation mental health wards for working age adults

Good

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. There was an ethos of positive risk taking; for example, unescorted leave and discharges had increased in the six months before this inspection.

Staff identified and responded to any changes in risks to, or posed by, patients. However, one of the five risk assessments we reviewed had not been updated for three months before the inspection, although in the same three-month period there had been three incidents of aggression. This did not reflect the provider's guidance.

Staff could observe patients in most areas of the ward and they followed procedures to minimise risks where they could not easily observe patients.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff only carried out searches when there was a risk. If the need to search was not urgent, it was discussed at the patient's review meeting first.

Use of restrictive interventions

Levels of restrictive interventions were low.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

Reducing restrictive practice was discussed at daily morning meetings, community meetings, clinical governance meetings. Managers completed a restrictive practice audit and kept a log of restrictive practice log to monitor and review practice.

Measures relating to Covid-19 that were deemed to be restrictive were shared with staff and patients and reviewed in relation to government guidelines.

Staff were starting to implement the 'safewards' model, led by the occupational therapy team and ward managers. The 'safewards' model is an organisational approach developed to improve safety in inpatient wards by reducing conflict, such as aggression, self-harm and absconding, and containment, such as coerced medication, special observations and restraint, events. It focuses on soft words, reassurance, de-escalation, positive words and key aspects concerning positive behaviour support plans, such as which behaviours are rated as red, amber or green, why they might happen, what might help and how to respond.

Staff received training on positive behaviour support and they minimised their use of restrictive interventions. They made every attempt to avoid using restraint by using de-escalation techniques and they restrained patients only when these failed and when necessary to keep the patient or others safe. There was guidance available for staff when using rapid tranquilisation.

In the 12 months before this inspection there were seven incidents of physical restraint, and in the 12 months before that there were 18. None of the restraints were in the prone position and the restraints related to one patient.

In the 12 months before this inspection, there were no incidents of rapid tranquilisation and in the 12 months before that there were two. Both related to the same patient and were due to a deterioration in presentation. The patient was subsequently transferred to a psychiatric intensive care unit.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff followed best practice and the Mental Health Act when restricting patients' freedoms to keep them and others safe. They applied blanket restrictions only when justified.

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

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role.

All staff were up to date with their safeguarding training.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Safeguarding was discussed at the daily morning meeting, the weekly business meeting and monthly clinical governance meeting. We reviewed records that showed how safeguarding incidents had been investigated and addressed by the service.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They described instances of safeguarding incidents and the processes they followed.

Managers took part in serious case reviews and made changes based on the outcomes.

Records

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.

Patient notes were comprehensive and all staff could access them easily. Records were stored securely on an electronic system that was password protected.

Medicines

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 when safely prescribing, administering, recording and storing medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. All patients had a regular four-weekly review meeting with the multi-disciplinary team.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence guidance. Physical health monitoring was carried out and recorded in accordance with national guidance for patients prescribed antipsychotic medicines.

Incidents

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. Staff described what types of incidents they reported, including patient incidents, falls, staffing levels and medicines compliance. They reviewed incidents at the morning meetings and considered how to address them.

Staff reported serious incidents clearly and in line with the provider's policy. Managers shared information about serious incidents and learning in team meetings.

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 things went wrong.

Managers debriefed and supported staff after any serious incident. Patients who had been involved in incidents also received a debrief and support. Staff also considered the potential impact on other patients on the ward.

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

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

Staff met to discuss the feedback and look at improvements to patient care.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers shared learning with their staff about never events that happened elsewhere.

Are Long stay or rehabilitation mental health wards for working age adults effective?

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Evidence-based care and treatment

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission and during the first few weeks. 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. Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The records we reviewed included all relevant information.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. They regularly reviewed and updated care plans when patients' needs changed. Care plans were personalised, holistic and recovery orientated. They included goal setting, and there was evidence of collaboration with other organisations and health professionals. The patient's voice was clear in most of the records we reviewed. However, one record was not written with the patient in mind and the patient's voice was not evident. This did not reflect the provider's guidance.

Six patients were self-medicating as part of their pathway towards recovery and discharge; however, they did not have a lockable cabinet in their bedrooms where they could store their medicines safely. This meant they could not progress to the next stage of self-medication where they could manage their medicines independently. Four patients had reached this stage but were unable to progress.

Managers told us that they were planning to address this so that patients could move to the next stage of self-medication.

In the 12 months before this inspection, the lack of secure cabinets in patients' bedrooms had not delayed discharge.

If a patient who was self-medicating utilised overnight leave they could take medicines with them that they dispensed independently.

Best practice in treatment and care

Long stay or rehabilitation mental health wards for working age adults

Good

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.

Staff delivered care in line with best practice and national guidance. They provided a range of care and treatment suitable for the patients using the service, including psychological interventions, medicines, occupational therapies and training and work opportunities to help patients develop the skills needed for independent living. All staff participated in regular formulation sessions led by the psychologist. Team formulation is the process of facilitating a group of professionals to develop a shared understanding of a patient's issues, which then forms the basis of the multidisciplinary team's intervention plan. It also allows space for staff to understand and process their own feelings.

Staff made sure patients had access to physical health care, including specialists as required. They identified patients' physical health needs and recorded them in their care plans. The records we reviewed showed that patients' physical health needs were being addressed. Staff carried out regular physical health checks. They encouraged patients to attend GP surgeries for any physical health need. There was a registered general nurse who led on physical health care.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients had a 'keeping healthy' care plan that was based on their identified physical health needs.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The service was using the health of the nation outcome scales (HoNOS). This had been introduced recently. At the time of inspection all patients had a HoNOS as a means of measuring patient outcomes within their individual care notes.

The inspection team noted further plans to implement aa additional patient reported outcome measure that supports structured conversations between patients and staff, focused on patients' views of quality of life, their care needs and satisfaction with their treatment called DIALOG.

Staff used technology to support patients. They used an electronic care recording system and dashboards to monitor patients' health. Incidents were also recorded electronically.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. They used electronic dashboards to monitor quality. They monitored information about patients' care and treatment and outcomes, using nationally recognised assessment tools such as the model of human occupation screening tool and the health of the nation outcome scales.

Managers used results from audits to make improvements.

Competent staff

Skilled staff to deliver care

Long stay or rehabilitation mental health wards for working age adults

Good

The ward team included or had access to the full range of specialists required to meet patients' needs. 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.

The service had a range of specialists to meet the needs of the patients on the ward. The multidisciplinary team included mental health nurses, health care support workers, a general nurse, an occupational therapist, activities organiser and an escort nurse, a psychiatrist and a psychologist. The team had access to other specialists, such as a dietician.

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. Managers supported and encouraged staff to develop their skills.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through annual, constructive appraisals of their work.

Managers supported staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Standing agenda items included feedback from governance meetings, training and lessons learned.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Identified training needs were discussed in supervision.

Managers made sure staff received any specialist training for their role. Staff had access to a range of specialist training, including psychological therapies and training about autism, and they received protected time to complete training.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers described how they would make efforts to address poor performance in supervision before initiating the disciplinary process.

Multidisciplinary working

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 and engaged with them early on in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. All relevant staff were involved in assessing, planning and providing patients' care and treatment, including community care co-ordinators.

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

The team had effective working relationships with other teams in the organisation. Managers described sharing good practice with other of the provider's services.

Long stay or rehabilitation mental health wards for working age adults

Good

The team had effective working relationships with external teams and organisations. There were close links with care co-ordinators and commissioners to ensure patients' needs were met.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

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 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.

Staff requested an opinion from a second opinion appointed doctor when they needed to.

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

Informal patients knew that they could leave the ward freely. The service displayed posters to tell them this.

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

There were no patients who were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation or awaiting a DoLS assessment.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff supported patients to make decisions on their care for themselves. They understood the provider's 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 five principles.

There was a clear policy on the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

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. They assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. They understood that if patients were assessed as not having capacity, decisions should be made in the best interest of patients and taking account of 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.

Are Long stay or rehabilitation mental health wards for working age adults caring?

Good

Our rating of caring stayed the same. 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 understood and respected the individual needs of each patient. They were discreet, respectful, and responsive when they were caring for patients. They gave patients help, emotional support and advice when they needed it, and supported patients to understand and manage their own care treatment or condition. There were opportunities for patients to raise their concerns; for example, one-to-one meetings with their named nurse, community meetings, advocacy provision on the ward and the complaints process.

Staff directed patients to other services and supported them to access those services if they needed help; for example, patients had access to advocacy services. Patients were registered with a local GP and staff supported them to attend when they needed to. They also encouraged patients to use opticians and dentists in the community.

Long stay or rehabilitation mental health wards for working age adults

Good

Most patients said staff treated them well and behaved kindly. However, one patient said that some agency and bank staff were not always very nice in the way they spoke to people. Patients had opportunities to raise their concerns and matters regarding staff conduct were managed through appropriate processes and procedures.

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.

Understanding and involvement of patients and those close to them

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.

Staff involved patients and gave them access to their care planning and risk assessments. The patients we spoke with said they felt involved in their care. All but one said they had copies of their care plans.

Staff made sure patients understood their care and treatment. The care plans we reviewed were mainly written from the patient's point of view. Patients' involvement in developing their own care plans was documented.

Staff involved patients in decisions about the service, when appropriate. Patients were involved in groups such as the patients' council and the outcomes and recovery group. The ward held fortnightly community meetings where patients could discuss the day-to-day running of the ward and broader hospital issues. Patients participated in monthly quality walk rounds with senior managers.

Patients could give feedback on the service and their treatment and staff supported them to do this. There were monthly surveys of patients' and carers' views, and action points were taken forward and addressed. For example, patients had highlighted a need to review menus. This was addressed via meetings with managers, patient representatives, a dietician and kitchen staff representatives.

Staff supported patients to make decisions about their care.

Staff made sure patients could access advocacy services. Patients had access to an advocate on a weekly basis, through visits on the ward, telephone contact or video link.

Patients also had access to an independent mental health advocate. Information was provided to each patient on admission and, if required, a referral would be completed by the admitting nurse.

Involvement of families and carers

Long stay or rehabilitation mental health wards for working age adults

Good

Staff supported, informed and involved families or carers appropriately.

Staff helped families to give feedback on the service.

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

Are Long stay or rehabilitation mental health wards for working age adults responsive?

Good

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

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

The service had no out-of-area placements but there were plans to admit patients from a wider area and managers were in discussions with commissioners.

Managers and staff worked to make sure they did not discharge patients before they were ready.

Moving on took place over a period of time for some patients so that they had time to adapt before they were discharged; others felt able to move straight on to their discharge placement. When patients went on leave, their bed was always available when they returned.

Patients were moved to other services only when there were clear clinical reasons or it was in the best interest of the patient.

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

Discharge and transfers of care

Managers monitored the number of delayed discharges. In the 12 months before this inspection, there were three delayed discharges due to difficulties identifying suitable supported accommodation. The service worked closely with the commissioners and care co-ordinators to find suitable accommodation.

Staff carefully planned patients' discharge and worked with care managers and co-ordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services. They developed discharge plans with each patient and there were meetings with care co-ordinators and the new care providers.

Long stay or rehabilitation mental health wards for working age adults

Good

The service followed national standards for transfer.

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. 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. Patients had keys to their bedrooms so they could store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private. Most patients also had mobile telephones of their own.

The service had an outside space with a seating area that patients could access easily. There were rabbits that patients looked after.

Patients could make their own hot drinks and snacks and were not dependent on staff. There was a drinks station where patients could make drinks, and a café area that was also used for activities such as movie nights and music nights.

The service offered a variety of good quality food.

Patients' engagement with the wider community

Staff made sure patients had access to opportunities for education and work, and supported patients. There were links with local businesses and college.

Staff helped patients to stay in contact with families and carers. 'Keeping connected' care plans supported patients in maintaining their links with the people close to them.

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

The service met the needs of all patients, including those with a protected characteristic. Staff helped patients with communication, access to 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. Staff understood that some patients needed more time to express themselves.

Staff made sure patients could access information on treatment, local services, their rights and how to complain.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had information leaflets available in languages spoken by the patients and local community. We saw these were available on the ward. Information could be produced in different formats if necessary. Managers made sure staff and patients could get help from interpreters or signers when needed.

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. There was a multi-faith room that patients could use whenever they wished.

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.

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. The complaints we reviewed showed that themes had been identified and addressed appropriately.

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

Managers and staff knew how to acknowledge complaints and they understood the complaints process. 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. Learning from issues raised was discussed at staff meetings. Staff also held patient liaison meetings where issues raised were discussed.

The service used compliments to learn, celebrate success and improve the quality of care.

Are Long stay or rehabilitation mental health wards for working age adults 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. They were visible in the service and approachable for patients and staff.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers understood the issues and priorities for the service. The leadership team was committed to driving and supporting improvement. Some managers were new in post, and staff said developments were being made by the leadership team, such as developing better links with the local community.

They were committed to creating opportunities for staff to develop. Leadership training was available, and there were opportunities for staff to complete professional qualifications.

Vision and strategy

Staff understood the provider's vision and values and how they applied to the work of their team. They were clear about what they wanted the service to achieve.

Some staff were not able to articulate the provider's vision and values and how they applied to the work of their team. However, all staff were committed to providing a recovery focused service, with a holistic approach to develop an environment where patients were able to set realistic goals for successful recovery. There was an ethos of positive risk taking and promoting independence.

Culture

Some staff said they felt respected, supported and valued but others did not.

All said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear and some who had said they felt managers had heard what they had to say. Staff confirmed that they had not been aware of any bullying or harassment within the service. They said their views were listened to and respected.

Some staff stated that they did not feel respected. They said that there was a divide between staff and managers, and that senior staff were not visible. However, the ward manager and deputy were positioned within the ward area, and minutes of meetings held on the ward confirmed that senior managers had attended. Staff from the provider's regional team also visited the service, to engage staff and build positive cultures; for example, they had carried out reviews in relation to engagement and to closed culture at the hospital as part of the provider's quality objectives. These reviews of culture and engagement at the service had positive outcomes.

There were multiple forums where staff could engage and contribute both clinically and from a service development perspective, such as formulation meetings, staff meetings and opportunities to discuss divisional information. All of the senior management team had an open door policy.

There were opportunities for staff to raise their concerns; for example, one-to-one meetings with their line manager, staff meetings and human resource processes.

Governance

Our findings from the other key questions mainly demonstrated that governance processes operated effectively at team level and that performance and risks were managed well. However, some issues and risks had not been identified by the

governance systems. One risk assessment had not been updated for three months although there had been three incidences of aggression in the same period, and one care plan did not reflect the patient's voice. The provider should ensure audit systems are able to identify when practice is not in keeping with the provider's policy so that they can take appropriate action to make improvements.

Managing risks, 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 provider kept a register of risks. Managers used information from staff conversations to inform risk, as well as information from sources such as data collected, audit, quality walk rounds and complaints. Future risks such as staff vacancies were included, and action taken to address recruitment and retention.

Managing information

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

Managers used the information to support service activity and to adapt performance to bring about improvements.

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.

The service was working to build on its links with the local community, including local businesses, voluntary organisations and colleges, to improve support for patients. Managers were also developing links with external partners, such as the police, to support a shared understanding of patients' needs.

Recent reviews of engagement and culture included patients' views. Staff gathered patients views every month. They fed back points for action and patients were involved in addressing issues; for example, a need to review menus.

Managers took steps to ensure staff wellbeing, such as a dedicated staff area with newsletters and positive feedback, and they provided a number of opportunities for staff to engage and contribute, both clinically and from a service development perspective. They viewed staff wellbeing as an ongoing process, with reviews to maintain the meaningfulness, purpose and benefit of wellbeing activities to staff.

Learning, continuous improvement and innovation

The service used internal and external reviews effectively. Learning was shared and used to make improvements.

Leaders were focused on continuous learning and improvement. They were developing a systematic approach.

The service used learning from incidents, complaints, trends and the outcomes of reviews to make improvements, and learning was shared.

Long stay or rehabilitation mental health wards for working age adults

Good

The provider had introduced a career pathway for staff. They could use this to access training and develop their skills. There was funding available for registered nurses to complete their required continuing professional development.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Patients did not have a lockable cabinet in their bedrooms where they could store their medicines safely. This meant they were unable to progress to the next stage of self-medication where they could manage their medicines independently.