

Broomhill

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Overall summary

We rated Broomhill as good because:

- Patients reported feeling safe on the wards.
- Six of the seven wards were clean, tidy, and well maintained.
- Staff demonstrated the provider's visions and values in their behaviours.
- We observed staff to be passionate and motivated to meet the patients' care needs.
- Staff demonstrated a good understanding of patients' individual needs, including care plans, levels of observations and risks.
- Staff completed assessments for all patients following admission.
- The Mental Health Act administrators had good oversight of the service and provided support to the wards.
- Shift to shift handovers were taking place daily.
- Senior managers had good oversight of the wards and clinical governance. There was a robust process in place to drive up standards and compliance.
- Staff consistently reported that managers were supportive and would listen to concerns.
- Staff morale was good and teams were striving to provide good care and treatment to patients. Managers were responsive in making improvements.

However:

- The management of medication, specifically stock control was not robust across all wards. Not all medical equipment was in date or checked regularly.
- Ligature risk assessments did not cover the hospital communal areas. The ward assessments were not robust.
- Not all staff had personal alarms and there were areas across all wards where there was no immediate access to an alarm point.
- The service employed four health care assistants that were under the age of 18 and legally a child. There were no additional risk assessments, support, or supervision in place for these staff.
- Overall, compliance with mandatory training was poor at 51% between April and November 2017. Not all staff received regular supervision and compliance for appraisal was low.
- Capacity assessments were present but not always detailed; they did not document rationale for decision making.
- Care plans were not always holistic or recovery focused. They did not routinely capture the patient's views or identify strengths.
- Some staff did not receive feedback from investigations or were aware of lessons learnt across the service.
- Regular ward team meetings were not taking place and attendance at the service wide staff meeting was low.

Summary of findings

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Good 

Broomhill

Services we looked at

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

Summary of this inspection

Background to Broomhill

Broomhill provides care, treatment, and support to individuals with mental health concerns. It provides 95 beds across seven wards:

- Althorp ward provides 14 beds for men with dual diagnosis. This is an open ward.
- Holdenby ward provides 14 beds for women with generic mental health concerns. This is an open ward.
- Kelmarsh ward provides 14 beds for men requiring slow stream rehabilitation. This is a locked ward.
- Lamport ward provides 10 beds for men with neurological concerns. This is a locked ward.
- Cottesbrooke ward provides 14 beds for men requiring slow stream rehabilitation. This is an open ward.
- Spencer ward provides 14 beds for men with organic / memory concerns. This is an open ward.
- Manor ward provides 15 beds for men requiring continuing care. This is an open ward.

The Care Quality Commission last inspected Broomhill in March 2016. At this time there was one ward at this location; Manor ward. Overall, it was rated as requires improvement, with caring and responsive rated as good. Following this inspection the provider was told to take the following action to improve:

- The provider must ensure environmental and ligature risks are assessed, mitigated, and managed.
- The provider must ensure that learning from incidents or complaints is fed back to the staff.
- The provider must ensure there are sufficient staff to ensure that patient's needs are met and that there are sufficient breaks available for qualified staff at weekends and at night.
- The provider must review its medical on call arrangements to ensure the safety and welfare of both patients and staff.
- The provider must ensure that patients receive psychology and social work support.

- The provider must ensure that staff have access to emergency drugs and equipment in case of emergency.
- The provider must ensure staff have access to regular supervision and appraisals and undertake required mandatory training.
- The provider must review the process of medication prescribing being undertaken by the local general practitioner and not the responsible clinician.
- The provider must ensure that Mental Health Act paperwork have the correct details for the patient recorded on them.
- The provider must ensure staff have a full understanding of the Mental Health Act and the Mental Capacity Act.
- The provider must consider the use of clinical audit and recognised outcome tools to measure patient progress.
- The provider must ensure there is effective governance and that they robustly manage potential risks to the service.

Althorp, Holdenby, Kelmarsh, Lamport, Cottesbrooke and Spencer wards were located in a new purpose built building that opened in September 2016. Manor ward was in the original building that was previously a small hotel.

At the time of inspection there was 79 patients receiving care and treatment across the seven wards.

There was a registered manager in post.

Broomhill is registered to carry out the following regulated services:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Act

Our inspection team

Team leader: Deborah Holder

The team that inspected Broomhill comprised of one inspection manager, four inspectors, and two nurse specialist professional advisers.

Summary of this inspection

The team would like to thank all those who met and spoke to inspectors during the inspection.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information, and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all seven wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 19 patients who were using the service
- spoke with 44 staff members including the senior managers, the registered manager and managers or acting managers for each of the wards, doctors, nurses, occupational therapist, and psychologists
- spoke with two carers
- collected feedback from 16 patients using comment cards
- looked at 43 care and treatment records of patients
- carried out a specific check of the medication management on seven wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to 19 patients currently receiving care within the service. Patients were generally positive about their care and treatment. Most patients felt involved in their care plans and told us that staff were caring and respectful. Patients told us that staff were available to meet their needs and offered activities.

Five patients told us that occasionally leave was cancelled due to staffing issues. Three patients told us

that activities were occasionally cancelled. Six patients disliked the food options available to them; they told us that there was limited choice and drinks and snacks were not available throughout the evening and night-time.

Patients told us that there was restricted access to the garden and set smoking times. Some patients told us that there were transport issues on leave and occasionally they had to wait for long periods to get back to the hospital.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- Ligature risk assessments had not been completed for the hospital communal areas. Ward ligature risk assessments were not robust.
- Not all staff had personal alarms and there were areas across all wards where there was no immediate access to an alarm point.
- Overall, compliance with mandatory training was low at 51% between April and November 2017.
- The process for checking medication was not robust.
- Staff did not maintain all areas of the Manor ward to a good standard.
- The service employed four health care assistants that were under the age of 18. There were no additional risk assessments, support, or supervision in place to support these staff.
- Managers shared lessons learned, but not all staff were aware of what they were.
- There were blanket restrictions in place for patients accessing fresh air.
- We found out of date medical equipment across the service.

However:

- The wards had sufficient staff to provide care and treatment to patients.
- Six of the seven wards were clean, tidy, and well maintained.
- All wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs across the service.
- Staff undertook a risk assessment with every patient upon admission.
- Cleaning records were up to date and demonstrated that staff regularly cleaned the environment.
- Patients reported feeling safe on the wards.
- Staff sickness was low at less than 1%.
- Overall, 81 % of staff had completed safeguarding adults training.
- There was a robust process in place for reporting and documenting incidents and all staff were aware of this.

Requires improvement



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- Staff completed comprehensive assessments for all patients following admission.
- There was a robust provision for the ongoing monitoring of physical health.
- There was assessment of nutrition and hydration and care plans were in place for specific patients.
- Managers addressed poor staff performance promptly.
- The provider carried out regular audits to ensure that the Mental Health Act was applied correctly.
- Staff demonstrated an understanding of the Mental Health Act and Mental Capacity Act.
- Capacity assessments were in place where required.

However:

- Capacity assessments did not always document the rational for decision-making.
- Not all staff received regular supervision and compliance with appraisal was low.

Are services caring?

We rated caring as good because:

- Patients reported that they were cared for and treated with respect.
- Staff were positive, supportive, and caring in their interactions with patient and patient's confirmed this.
- We observed staff to be passionate and motivated to meet the patients' care needs.
- Staff supported patients to develop and maintain social networks. Families could visit and attend reviews.
- Staff demonstrated a good understanding of patient's individual needs, including care plans, observation levels, and risks.
- Advocacy support was available to all patients.
- Advance decisions were in place where appropriate.

However:

- The quality of care plans varied across the service. Care plans were not always holistic or recovery focused and they did not routinely capture the patient's views or identify strengths.

Good



Are services responsive?

We rated responsive as good because:

- The wards were appropriate for the service being delivered with a range of equipment to support treatment and care.
- There were appropriate spaces for visiting within the service.

Good



Summary of this inspection

- There were activities across the week.
- There was a range of information leaflets available for patients.
- There was appropriate access to spiritual support.
- Patients had access to drinks and snacks throughout the day.
- Patients could personalise their bedrooms should they wish to.
- Patients knew how to complain and staff would support them with this. Each ward had comments boxes that patients could use.

However:

- Some patients were unhappy with the variety of meals available to them.
- There were limited rooms available for staff to have individual sessions with patients in confidential areas.
- Not all wards had direct access to an outdoor space. This limited opportunities to access fresh air.

Are services well-led?

We rated well-led as good because:

- Senior managers had good oversight of clinical governance and were monitoring issues on the risk register.
- Staff morale was high and staff were motivated and felt supported by managers.
- Staff described managers as visible and approachable.
- There were sufficient staffing in place to ensure that patients' needs were met.
- We found teams were cohesive and supportive of one another.

However:

- Compliance with mandatory training was low and not all staff had received the required training prior to working on the wards.
- Supervision and appraisal compliance was low; however, the provider had a plan in place to address this.
- Not all staff were aware of lessons learnt or received feedback from investigations.
- Regular staff team meetings were not taking place and attendance at the service wide staff meeting was low.
- Not all staff were aligned to a specific ward and this affected consistency of care.
- The provider did not follow their policy to monitor the fitness of directors of St Matthew's Healthcare Ltd

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

- At the time of inspection there were 55 patients detained under the Mental Health Act.
- Overall 61% of staff had received training on the Mental Health Act.
- The provider had a Mental Health Act policy in place which staff could refer to if needed.
- Staff on the wards informed patients of their rights, we saw copies of paperwork and documentation in case records. There was evidence of section 132 rights read on detention and at appropriate intervals thereafter.
- Doctors granted patients section 17 leave following assessment of risk. We saw that that forms were signed and in date. It was not always evident if patients had a copy of the form. Staff had not recorded and patients did not sign to say they had received a copy.
- Staff completed consent to treatment forms. Staff attached copies of paperwork to medication charts.
- Written information on the rights of detained patients was available across the wards and visible.
- Independent mental health advocacy services were available to support patients. Staff knew how to access and support patients to engage with the advocate. All wards displayed information on advocacy.
- The service carried out regular audits to ensure that the MHA was correctly applied and we saw evidence of follow up and correction when the Mental Health Act administrators identified issues. The administrator had oversight of the service.
- There were arrangements in place to monitoring adherence to the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall, 84% of staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training.
- There were 14 patients cared for under a Deprivation of Liberty authorisation at the time of inspection.
- The service had a Mental Capacity Act policy in place that staff were aware of and could refer to.
- Mental capacity assessments were present where required, however were not always detailed. There were two capacity assessments on Holdenby ward in relation to medication where the rationale for decision-making was not recorded. Staff had not documented if one patient had capacity or not. Staff had not signed or dated the assessments.
- We saw evidence of patients being supported to make decisions for themselves and where they were unable to, decisions were made in the patients' best interest.
- We interviewed staff and asked them about their knowledge of the Mental Capacity Act. They were able to describe an understanding of the practical application of the Mental Capacity Act and could provide basic examples of how they would transfer this knowledge to their practice on the wards.
- There were arrangements in place to monitoring adherence to the Mental Capacity Act and the administrator had oversight across the service.
- There was one informal patient in the service who lacked capacity to consent to admission and treatment, without a legal framework in place.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Requires improvement 

Safe and clean environment

- The layout of the wards allowed staff to observe some but not all areas of the wards. Managers told us they mitigated this risk with nursing observations. The service had no closed circuit television or mirrors to support observations. There were no viewing panels on bedroom doors to assist with observations when patients were in their rooms.
- All wards had up to date ligature risk assessments showing managers had identified ligature points. A ligature is a place to which patients intent on self-harm could tie something to harm themselves. These assessments did not cover all areas of the hospital, such as communal areas off the wards. The ligature risk assessments did not detail robust actions to be taken to reduce risk for all areas, for example, many had 'no action required'. Since inspection, the manager had reviewed Manor ward ligature risk assessment and told us they would take action to address issues raised on inspection.
- The wards complied with guidance on same-sex accommodation, as all were single sex wards.
- Each ward had a clinic room. Six of the seven clinic rooms were visibly clean, tidy and had enough space to prepare medications. The clinic on Manor ward was less organised and contained lots of paperwork and old policies. All wards had a first aid kit and a suction

machine in place. A resuscitation bag and defibrillation machine was kept in reception that staff checked regularly. Emergency drugs were stored securely on Kelmarsh ward clinic. A second defibrillation machine was located on Manor ward; this was last checked in September 2017. Staff had not calibrated the blood pressure machine on Manor ward and there was a bag labelled emergency equipment stored in the office that did not contain emergency equipment, which could cause confusion for staff in an emergency. Oxygen was located on Lamport ward and the hospital reception. The rapid tranquilisation guidance was not available on Althorp and Manor wards however, since inspection managers have rectified this.

- There were no seclusion facilities across the service. There had been no seclusions or segregation across the service.
- Althorp, Holdenby, Kelmarsh, Lamport, Cottesbrooke, and Spencer wards were located in a new purpose built building. These wards were clean, tidy, and well maintained. Furnishings and decorations were bright and welcoming and of a high standard. The Manor ward was less well maintained. There was damp noted in the bathrooms and on some of the walls. We found eight divan bed bases were not secure, and one headboard was broken. In some areas of the wards, the carpets smelt strongly of urine. These issues were raised on inspection and the registered manager took immediate action to address them. Since inspection, the registered manager has put a programme of works in place to make improvements.
- Staff adhered to infection control principles including handwashing. There were handwashing facilities across all wards and good hand hygiene was observed.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Equipment was generally well maintained, clean and checked when required. We noted the bath chair on Lamport ward did not swing over the bath.
- Cleaning records were up to date and demonstrated that staff regularly cleaned the wards. We saw a dedicated team of housekeepers working throughout the inspection.
- Weekly health and safety checks were not routinely taking place on Manor ward; there was only one check completed in 2017.
- Staff had access to personal response alarms on Lamport and Kelmarsh ward. Staff on Lamport ward told us that the alarm charger had gone missing and so they were unable to charge their alarms. The other wards had alarm points across the ward environments. There were areas across all wards where there were no immediate access to alarm points. We observed that it took six minutes for staff to respond to the alarm on Spencer ward during inspection. No alarm sounded on the ward. Staff told us that they had silenced the alarm, as some patients did not like the noise. These issues were raised on inspection which the manager addressed immediately, and has since arranged a full review of alarm positioning.
- To cover gaps in rotas managers offered permanent staff additional hours, then used bank and agency to ensure safe staffing. Between April and November 2017, agency staff covered 17% of registered nurse and 16 % of health care assistant shifts.
- In total, 12 shifts were not filled by bank or agency. Staff told us that when agency were used, they usually knew the wards. Managers used regular staff across all wards; many staff told us that they would like to be allocated to specific wards to ensure consistency of care to the patients.
- Staff sickness rate over the past seven months was less than 1%, which was low.
- Between January and November 2017, 25 staff left the service. Within the same period, 70 new staff joined the service.
- At the time of inspection, there were appropriate staff numbers on the wards and staff were engaged with patients. Patients confirmed that staff were available to them on the wards and that they felt safe.
- Managers told us that they were able to adjust staffing levels daily to take account of case mix and additional observations. If patients required nursing on 1:1 observations, then an additional health care assistant would be booked to cover this. Most staff and patients told us that staffing levels were safe. We observed that staff knew the patients they were working with.
- Qualified nurses were visible across all the wards and able to spend time with patients.
- Some staff and patients told us that leave was occasionally cancelled due to staffing issues. Both staff and patients told us there was not always sufficient staff on shift to drive the hospital transport.
- Staff were available to carry out physical interventions. We saw that routine physical health observations including, weight and blood pressure monitoring was taking place.
- There was medical cover across the day and night and a doctor was able to attend the wards quickly in an emergency or for an admission. We saw evidence in care records of doctors reviewing patients' physical health. Patients confirmed that their physical health needs were being met and specific illnesses such as diabetes were managed appropriately. The provider's physical health provision was robust; there was a General Practitioner that visited weekly. A registered general nurse oversaw physical health monitoring on a day-to-day basis.

Safe staffing

- The provider had estimated the number and grades of nurses required. Spencer, Manor, Althorp, Cottesbrooke, and Holdenby wards worked to one staff to every three patients during the day, Lamport and Kelmarsh wards worked to one staff to every two patients during the day. This reduced to one staff to every four patients at night. The occupational therapy staff were counted within the ward staff numbers. Managers based staffing levels on occupancy levels. Staff reviewed and adjusted these according to patient need.
- At the time of inspection, there were 25 registered nurses and 93 support workers in post. There were nine registered nurse and 12 support worker vacancies, which equated to a 15 % vacancy rate.
- The service employed four health care assistants that were under the age of 18. There were no additional risk assessments, support, or supervision in place. We were not assured that managers had sufficiently considered the risks to these members of staff.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The overall compliance rate with mandatory training averaged at 51% between April and November 2017. There were two tiers to mandatory training. Staff completed tier 1 training prior to working on the wards. Compliance to tier 1 training averaged 48% between April and November 2017; this had increased to 76% for the month of December.
- Tier 1 training included fire safety awareness, health and safety, infection control, manual handling, safeguarding adults, food hygiene, Mental Capacity Act, and safeguarding children.
- There were seven additional training elements in tier 2. Compliance was low in the following areas, corporate induction 20%, prevention and management of violence and aggression 40% and the refresher at 22%, breakaway training 46%, Mental Health Act training 61%. The provider had taken steps to improve training compliance, we saw evidence of an increase in compliance across 2017, and additional training had been arranged for the near future. Training compliance was on the providers risk register and managers monitored this.
- Staff told us that informal patients could leave at will. We saw information on wards informing informal patients of their rights. Staff told us that some informal patients were supported on leave for safety reasons only.
- Policies and procedures were in place for the use of nursing observations. Patients were nursed on enhanced observation where indicated by risk. Staff were aware of high-risk areas and told us they would supervise patients in these areas. We observed that some patients had access to the hospital communal areas without supervision. The provider had not assessed these areas for ligature risks.
- Patients were searched on admission for any items that may present a risk. Some staff told us that they routinely searched patients on return from leave; other staff told us that this was risk assessed.
- Staff used restraint only after de-escalation had failed. All staff told us that restraint was the last resort and was avoided where possible. Only 40% of staff were trained in restraint, de-escalation, and distraction techniques.
- The use of rapid tranquilisation followed National Institute for Health and Care Excellence guidance. Manor and Althorp ward clinics did not contain rapid tranquilisation guidance. This was raised on inspection and was put in place immediately.
- Overall, 81% of staff were trained in safeguarding adults. Staff we spoke with could explain what a safeguarding incident was and how to raise an alert. All staff were familiar with the provider's electronic reporting system.
- We reviewed 39 prescription charts. Management of medication varied across the wards. On Lampport ward, we noted that patients came into the clinic room to receive medication. There was no alarm in the clinic room and staff did not wear personal alarms. Checks of medication were taking place with some but not all medication. We found that checks of controlled drugs were not accurate and daily checks were not always taking place. On Spencer ward, the medication checks did not reflect the medication present. Althorp ward contained controlled drugs for a patient that had been discharged. This was raised with the manager who took immediate action to dispose of them. Manor ward clinic had two oxygen cylinders in place, one was defective, and the other was not connected and ready for use. We found needles and nebulisers that were out of date. The covert medication policy for the service was out of date. All these issues were raised on inspection and have

Assessing and managing risk to patients and staff

- The provider had no seclusion facilities. No patients had been nursed in seclusion or segregation.
- Between April and October 2017 there were 42 incidents of restraint involving 22 patients. Holdenby ward accounted for 31% of all restraints. None of these restraints were in the prone position (face down).
- We reviewed 43 care and treatment records. All had risk assessments in place. Generally, risk assessments had been updated and reflected recent changes in risk. We found five care records where risk assessments were not robust or reflected current risk.
- Staff used the company's risk assessment tool to assess patient risk upon admission and then at regular intervals.
- Five wards were classed as open wards however, all had locked doors. Patients that we spoke to did not have keys. The service had set smoking times for patients that wished to smoke; some patients told us that if they missed these times they went without a cigarette. Not all wards had direct access to a garden area and so patients could not access fresh air without staff escort. One ward removed all sharp objects from all patients' upon admission. These were blanket restrictions.

Long stay/rehabilitation mental health wards for working age adults

Good 

since been addressed. Senior management told us that the service was currently in the process of identifying a pharmacy contract to ensure consistent practice and robust checks of medication.

- Staff stored medicine in accordance with the manufacturers' guidelines. Staff recorded medicines on prescription charts. Prescriptions were written in line with British National Formulary guidance and there were alerts in place for allergies. Staff recorded the temperature of the clinic room and refrigerator daily, to ensure that the temperature did not affect medication.
- There were procedures in place for children who visited the service. There was no dedicated child visiting room however; meeting rooms off the ward could be used.

Track record on safety

- There were two serious incidents requiring investigation in the last 12 months, one involved a death, the other was in relation to serious self-harm.
- The service responded appropriately and in a timely manner when responding to risks, incidents were reviewed and care plans updated to minimise repeated incidences. Staff were aware of serious incidents that had occurred but not all were aware of lessons learnt and changes to practice.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents on the provider's electronic reporting system. Managers reviewed all reported incidents. Managers told us that any actions were shared with staff, which reduced the risks of repeated incidents. Some staff confirmed this.
- Staff reported all incidents that should be reported. Staff could describe the safeguarding process, and immediate safeguards they could put in place to protect patients.
- Staff were open and transparent and explained to patients and carers when things went wrong. Staff were aware of duty of candour and the service promoted a culture of honesty.
- Managers told us that incidents were discussed at shift-to-shift handovers, team meetings, and supervision. Managers shared the lessons learnt across the service via monthly learning alerts. We saw evidence of this on the wards however not all staff were aware of

them. Staff told us they had received feedback and support following one serious incident. Most staff confirmed that de-briefs and support was provided following incidents.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed 43 care records. Staff completed comprehensive assessments for patients following admission.
- Care records showed that physical health examinations upon admission were completed and there was robust and ongoing monitoring of physical health. There was a service level agreement with a local GP practice who provided one session per week to review and monitor the physical health needs of all patients. This was extremely robust and comprehensive.
- Care plans were usually in place for specific physical health needs and were reviewed and updated regularly. Patients told us that their physical health needs were met.
- Care records across the service varied in quality. We reviewed five records on Holdenby ward. Three records contained conflicting information regarding the patient's legal status. One patient's covert medication care plan was not robust and did not list medication or how staff should dispense this.
- We reviewed five records on Manor ward and found three records did not contain patient specific care plans or up to date information. Allergies were not clearly documented on two records.
- We reviewed nine records on Althorp ward and found that not all were person centred.
- We reviewed five records on Kelmarsh ward and found two records did not contain up to date information, one patients care plans did not reflect the speech and language communication recommendations.

Long stay/rehabilitation mental health wards for working age adults

Good 

- We reviewed six records on Spencer ward and found that staff did not routinely document patient views, goals, and strengths. There was one patient where bed rails were used that had not been care planned.
- We review six records on Cottesbrooke ward and care plans were up to date and personalised.
- We reviewed seven care records on Lamport ward and found all of them to be individualised and recovery focused, and comprehensive.
- All information needed to deliver care was stored securely and available to staff. The service used a paper based records system.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication across the service. Antipsychotic medication was prescribed within the British National Formulary limits and monitoring was in place.
- Psychological therapies were available to assess and provide treatment to individual patients. The service employed a full time psychologist who was supported by psychology assistants. Examples of therapies offered included cognitive behavioural therapy, group therapy, and psycho-education.
- Occupational therapy was in place across the wards however, they were included in the ward staff numbers so their time was not protected for occupation therapy. We observed activities taking place across all the wards during the inspection process. Patients reported that they received the therapies and activities they needed.
- There was good access to physical healthcare. The General Practitioner visited weekly and a registered general nurse supported a day-to-day basis physical health care. Staff referred patients to specialist healthcare professionals as and when required.
- There was assessment of nutrition and hydration and care plans were in place for specific patients.
- The service used a variety of tools to capture outcome measures including health of the nation outcome score, the malnutrition universal screening tool, and physical health checks and intervention screening tool were in use for monitoring aspects of physical health.
- Staff participated in a variety of audits on medication and clinic room, nutrition, infection control, health and safety and compliance to the Mental Health Act.

Skilled staff to deliver care

- Patients received care and treatment from a range of professionals including nurses, doctors, healthcare assistants, a psychologist, and occupational therapy. The service had access to a full time registered general nurse that oversaw the physical health care provision. There was collaborative working taking place across the wards.
- The service had a high number of new staff across the wards. We could not be assured that all staff had received the necessary training for their role.
- A corporate induction programme was in place for all permanent staff. However, only 20% of staff were compliant with this. The induction programme consisted of reading key documents and policies and shadowing on the wards. Most staff did not find this training robust or sufficient to meet their needs. A new induction programme was due to commence in the beginning of 2018.
- The supervision policy stated that staff should receive three monthly supervision as a minimum. Between April and November 2017, 67 % of clinical staff received supervision. This was significantly below the provider's target of 95%. We noted a gradual increase and for the month of December, compliance had reach 88%. We reviewed a sample of staff supervision documentation and found numerous duplicated records so were not assured that supervision was meaningful and individualised.
- Overall, 55% of staff had received an appraisal between July and November 2017. We noted that this had increased to 80% for the month of December.
- Three staff told us that they would like training in the Mental Health Act and Mental Capacity Act. Some staff told us additional and specialist training was available upon request.
- Managers addressed poor staff performance promptly. Managers told us of additional supervision, support and monitoring of staff where required. At the time of inspection there was one staff suspended pending investigation due to safeguarding concerns.
- Managers did not robustly assess or support the four members of staff that were under 18. Since inspection, managers have addressed this concern.

Multi-disciplinary and inter-agency team work

- The service held multidisciplinary meetings across the week. The consultant saw each patient every four weeks as a minimum.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff described supportive working relationships across the multidisciplinary team.
- Handovers were taking place twice a day on each ward across the service. Staff described these handovers as detailed and informative. There were no ward base staff meetings taking place across the service. Staff across the wards could attend a monthly general staff meeting. However, attendance was low.
- Managers reported effective working relationships with teams outside of the organisation, for example, with the local authority safeguarding team. Nursing staff invited community care coordinators and commissioners to multi-disciplinary discussions.

Adherence to the MHA and the MHA Code of Practice

- Staff completed appropriate Mental Health Act paperwork upon admission. We saw evidence of this in care records. The Mental Health Act administrator had oversight of the service.
- Staff told us that they would contact the Mental Health Act administrator if they needed any specific guidance.
- Leave forms were in place where required. Those we examined were signed and in date.
- Overall, 61% of staff had received training in the Mental Health Act. Not all staff understood the Mental Health Act and their responsibilities under The Act.
- Consent forms and current medication forms were kept together so staff could check patients' consent for medicines.
- Staff explained patients' their rights on admission and routinely thereafter. The Mental Health Act administrators monitored this daily.
- Administrative support and legal advice on implementation of the Mental Health Act and code of practice was available.
- Detention paperwork was filled out correctly, was up to date and stored appropriately.
- The provider carried out regular audits to ensure that the Mental Health Act was applied correctly.
- Patients had access to independent mental health advocacy services. There were posters on all wards providing information about this service.

Good practice in applying the MCA

- Overall, 84% of staff had received training in the Mental Capacity Act.

- The service had made nine Deprivation of Liberty Safeguards applications in the last six months, four on Spencer ward, three on Holdenby ward, one on Lamport, and one on Manor.
- We interviewed staff and asked them about their knowledge of the Mental Capacity Act. They were able to describe an understanding of the practical application of the Mental Capacity Act and could provide basic examples of how they would transfer this knowledge to their practice on the wards.
- The service had a Mental Capacity Act policy in place that staff were aware of and could refer to.
- For patients who might have impaired capacity, capacity was assessed on a decision-specific basis. We noted that capacity assessments were not always robust and the rationale for decision-making was not routinely documented. Two assessments did not indicate if the patient had capacity or not. We noted that different capacity paperwork was used across the service. There was one informal patient in the service who lacked capacity to consent to admission and treatment, without a legal framework in place. The provider had made the appropriate Deprivation of Liberty Safeguards application however, it had not been authorised. We discussed with the clinical director on inspection who took immediate action to remedy.
- Staff supported patients to make decisions where they were able to and when they lack capacity, best interest decisions with made by staff in conjunction with family.
- Staff knew where to get advice regarding the Mental Capacity Act within the organisation and there were arrangements in place to monitor adherence.

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

Good 

Kindness, dignity, respect and support

- We observed that staff were polite, respectful, and caring toward patients. Staff communicated appropriately with good rapport and humour, whilst maintaining professional boundaries.
- Patients confirmed that staff were respectful and that they felt safe on the wards.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Patients reported that staff were kind and caring and did their best to meet their needs. Patients praised staff and described them as friendly and approachable.
- Staff demonstrated a good understanding of patient's individual needs, including care plans, observation levels, and risks.

The involvement of people in the care they receive

- On admission, staff gave patients a formal greeting and showed them around the ward. Staff gave information about catering, activities, and treatment. Some patients confirmed this.
- Patient involvement in care plans and risk assessments varied across all the wards. On most wards care plans did not contain patient views or quotes. Patients' strengths were not routinely documented. Staff provided patients with a copy of their care plans and usually documented if patients refused.
- Patients had access to advocacy. There were posters displayed across the wards and patients were provided with leaflets upon admission.
- Family and carers were involved where appropriate to do so. One carer told us that they were involved from admission and through to discharge.
- Staff welcomed feedback both formal and informal from patients and carers. Weekly community meetings were held on the wards where patients could raise issues. The occupational therapy team held daily planning meetings with patients.
- Where appropriate there were advance decisions in place.

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

Good 

Access and discharge

- Average bed occupancy over the last six months was 83%. Lamport ward was significantly lower at 32%. However, this was a relatively new service and was gradually increasing its patient numbers.
- Average length of stay ranged from 238 days on Spencer ward to 19 days on Lamport ward.

- Staff planned all admissions and discharges to ensure that these occurred at an appropriate time of the day.
- There were three delayed discharges within in the last six months. These were due to difficulty in finding appropriate accommodation or alternative placements.
- The service accepted patients from all over the country. Patients always had a bed to return to following a period of leave.
- Patients were moved between wards only where it was clinically indicated and in the interest of the patient.
- Discharge planning started from admission. Staff and patients were thinking about the next steps in their care.

The facilities promote recovery, comfort, dignity and confidentiality

- Some wards did not have a range of rooms to support treatment, for example; quiet rooms or designated therapy rooms. Staff told us that it was difficult to find appropriate space for individual sessions. However, the hospital had two therapy kitchens, a cinema room, and a cafe. Patients had access to a lounge area with appropriate furniture, a TV, music and games.
- There were appropriate rooms for visiting across the service and meeting rooms for multi-disciplinary meetings in communal areas off the ward.
- Patients used their mobile phones following risk assessment. Some patients told us that access to a phone was linked to a risk system, which they considered restrictive.
- Not all wards had direct access to an enclosed outdoor space.
- Patients could choose meals from a daily menu. Not all patients were happy with the food options available to them. Other patients told us that they chief would accommodate specific requests and listened to feedback. One carer told us that the meals were not always in line with her relatives care plan for soft diet and preferred to bring food in.
- We saw that patients had access to drinks and snacks throughout the day. Patients confirmed this however; some patients told us that access was limited after 10 pm.
- Patients could personalise their bedrooms should they wish to and were able to store their possessions securely.
- There were activities across the week facilitated primarily by the occupational therapy team.

Long stay/rehabilitation mental health wards for working age adults

Good 

Meeting the needs of all people who use the service

- There was access for wheelchairs for those that required help with restricted mobility. There were two lifts available to staff and patients in the new building to assist those with mobility issues. There was a lift on Manor ward. Some areas of the hospital grounds were not accessible to those in wheelchairs due to the uneven ground and steps.
- There were a range of information leaflets available on services, patients' rights, how to complain, and advocacy. Staff used the walls and notice boards for displaying information.
- Staff had access to interpreters and translation services when required. Information could be requested in different languages if required.
- There was accessible information on treatments available. There was a large timetable of activities in place on all wards.
- The hospital catered for all dietary and religious requirements upon request.
- There was appropriate access to spiritual support. Some patients told us that they attended church frequently.

Listening to and learning from concerns and complaints

- The provider received seven complaints in last 12 months across the service. Three of these were on Althorp ward, two on Kelmarsh ward, one on Spencer ward, and one on Holdenby ward. Two of these were not upheld, three partially upheld, one upheld. One complaint was still being investigated. None were reported to the ombudsman.
- In the same period, the provider received 14 compliments.
- The majority of patients knew how to complain or raise concerns. Some patients reported that they did not have a need to complain however, were confident that if they had a need they would be listened to and the matter dealt with. Families confirmed that when they raised issues, concerns were addressed quickly. We noted comment boxes across all the wards that patients could use to raise issues. Staff told us that they supported patients to raise concerns.

- Staff and managers told us that complaints were responded to immediately and often informally. Managers maintained contact with carers in order to address any concerns swiftly. All staff we spoke with knew how to respond to a complaint.
- Not all staff received feedback from investigations or were aware of the lessons learnt process.

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

Good 

Vision and values

- The vision and the values of St Matthews Healthcare aimed to provide excellent mental health care and rehabilitation services, which supported people to work towards living a fulfilling life as part of the community. These were displayed in reception and on ward office notice boards. Managers and some senior staff were aware of the visions and values.
- Staff demonstrated the values in their behaviours. They were compassionate, honest and open in their communication. Staff we spoke with were passionate about helping patients and giving the best possible care.
- Ward teams were still developing and staff told us that they worked across more than one ward. Staff told us they would like to be allocated to a specific ward to work on so that they had consistent team working, and could ensure consistent care was provided to the patients.
- Staff knew who the senior managers were and told us that they were visible and visited the wards. Staff described improvements within the service within the last six months.

Good governance

- Managers did not ensure that all staff received the training required for their roles. The overall compliance rate with mandatory training was low at 51% between April and November 2017. There were areas of training where compliance was significantly lower. Generally, staff that had completed the mandatory training did not feel it was sufficient for their role.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Overall, compliance for supervision was 67% between April and November 2017 although this had improved to 88% for December. We saw duplicated supervision records. We were not assured that supervision was personalised and addressed individual needs. Ward teams were still developing and staff worked across wards that meant it was difficult for managers to have oversight.
- Overall, 55% of staff had received an appraisal between July and November 2017. We saw evidence of improved compliance from November to 78%.
- The service employed four health care assistants that were under the age of 18. There were no additional risk assessments, support, or supervision in place.
- The registered manager was also the ward manager across the seven wards. Three deputy ward managers supported the registered manager role. The registered manager had good clinical oversight and understanding of the service. Leadership across the wards was still developing due to the service being so new and the three deputies were relatively new into post.
- There were sufficient numbers of staff to cover the shifts to ensure that patients were safe and their needs were met. Managers staffed shifts to the agreed safe level of nurses; they offered staff overtime and used agency staff to achieve this. Managers considered skill mix in additional to staffing numbers.
- We observed staff maximise shift-time on direct care activities as opposed to administrative tasks. Staff were engaged with patients and supporting them in daily activities. Patients confirmed that staff were always available.
- Clinical staff participated in a variety of audits on medication and clinic room, nutrition, infection control, health and safety and compliance to the Mental Health Act.
- Some but not all staff told us that they received feedback from incidents and complaints. Wards had not yet established staff meetings and whilst there was a monthly hospital wide general staff meeting, the majority of staff did not attend. The service had a process of sharing lessons learnt via an alert, which some staff were aware of. Some staff we spoke with could describe recent incidents and lessons shared across the service.
- Safeguarding, the Mental Health Act and Mental Capacity Act procedures were followed. However, documentation for some capacity assessments was not robust.
- The service used key performance indicators to gauge the performance of the team's compliance in key areas such as sickness, supervision, and training. Staff discussed these at clinical governance meetings.
- The registered manager reported sufficient authority to make decisions and adjust staffing levels when needed and felt supported by senior managers. Administration support was provided to the wards. All staff told us that they felt supported by managers and that senior managers were approachable.
- Managers had the ability to submit items to the providers' risk register. The senior management team reviewed and updated in clinical governance meetings.

Leadership, morale and staff engagement

- The service sought feedback from the staff via a staff survey. We saw one, which we were told, was recent, although it was not dated. A total of 67 surveys were sent out across all three-hospital sites within the organisation. Of these, 57 were returned. Senior managers had reviewed the survey, and an action plan was in place to address areas of dissatisfaction. This included, for example releasing new pay scales for staff.
- Sickness was low at less than 1% between April and November 2017.
- At the time of inspection, there were no reported cases of bullying and harassment.
- Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation. All staff reported that managers were supportive and approachable. Most staff felt that managers would listen and act on any concerns they raised.
- We observed supportive team working across the wards and the atmosphere appeared relaxed and encouraging. Staff told us that morale was good, staff were motivated. Most staff reported that they would like to be allocated to a specific ward. All staff we spoke with were positive and passionate about their role. They were proud of the work they carried out and the care that they provided to patients. We observed good relationships between staff and genuine respect and confidence in one another.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff said that there were opportunities for personal development and additional and specialist training could be requested.
- All staff described positive team working across the multi-disciplinary team.
- Staff felt they could be open and honest with management, other staff, and patients if something went wrong. Staff described management as supportive and approachable.
- Staff we spoke with described a supportive environment and felt a valued member of the team. Staff described improvements over the past six months in regards to support and developing the teams' cohesion.
- Ward teams were still developing and staff told us that they worked across more than one ward. Staff told us

they would like to be allocated to a specific ward to work on so that they had consistent team working, and could ensure consistent care was provided to the patients.

- Managers welcomed feedback from staff and staff confirmed that suggestions to improve care and treatment would be supported.
- The provider did not follow their policy to monitor the fitness of directors of St Matthew's Healthcare Ltd. We sampled three directors' files and found no evidence of relevant checks that were required under the regulation of fit and proper person.

Commitment to quality improvement and innovation

- The service did not participate in any accreditation or peer review schemes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all staff receive mandatory training.
- The provider must ensure that all staff receive supervision in line with their policy.
- The provider must ensure staff under the age of 18 have appropriate risk assessments and support in place.
- The provider must ensure that medications management is effective.
- The provider must ensure that medical equipment was in date or checked regularly.
- The provider must ensure that ligature risk assessments are in place and that these robustly mitigate against all risks across the entire site.
- The provider must ensure that all staff receive an appraisal annually

Action the provider **SHOULD** take to improve

- The provider should ensure that appropriate alarm systems are in place, available to staff and are tested routinely.
- The provider should ensure that capacity assessments record the rational for decision-making.
- The provider should ensure that care plans are holistic; recovery focused, and reflects patients' views and strengths.
- The provider should ensure they carry out regular fit and proper person checks for directors of the company, and hold on file, necessary documentation relating to this regulation.
- The provider should ensure that lessons learnt are disseminated and discussed with staff.
- The provider should ensure that they are no blanket restrictions in place.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA (RA) Regulations 2014 Safe care and treatment Health and Social Care Act 2008 Staffing • Not all staff had received supervision and appraisal on a regular basis. • The provider did not have robust risk assessment and support mechanisms in place for staff under the age of 18. • Not all staff received mandatory training. This was a breach of regulation 18(2 a).
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and Social Care Act 2008 Regulation 12: Safe care and treatment. • Not all environmental and ligature risks were assessed, mitigated and managed. • The provider did not ensure medication management was robust. • Not all medical equipment was in date or checked regularly. This was a breach of regulation12