

# Milestones Hospital

## 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

### 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.

### Overall summary

The Milestones hospital provides support and treatment, with a rehabilitation focus, for up to 18 women with complex and challenging mental health disorders.

We rated Milestones hospital requires improvement because;

- Whilst the hospital described itself as a rehabilitation hospital, the type of patients the hospital admitted included those with other mental health conditions such as personality disorder or autistic spectrum disorder. Some patients were acutely unwell and

required more intense support from staff than this type of service would usually offer. The service did not have a clear admissions policy therefore there was a large variety of patient needs for staff to meet.

- The service had not mitigated all risks presented to patients and staff by the ward environment. We found blind spots and ligature anchor points in the ward environment which staff did not know how to manage.
- The service did not deploy enough staff with the right skills and experience to manage the level of risk and the rehabilitation needs of all patients using the service. Staff we spoke with felt stress associated with being short of staff.

# Summary of findings

- Staff had not received sufficient training, supervision or appraisal to do their job safely and effectively. Only 59% of staff overall had completed mandatory training and low numbers of staff had training in essential areas such as ligature training, electronic records training, intermediate life support training, the Mental Health Act and fire training. Only, thirty-five percent of staff had received an appraisal and 50% had received regular clinical supervision.
- Staff did not always provide a recovery focussed rehabilitation service to all patients and the service did not measure outcomes for the treatments they offered. Staff focussed on managing the mental health conditions of some patients that they deemed high risk, so these patients were not offered a full rehabilitation based service.
- Patients could not make their own hot drinks and snacks, they were dependent on staff to do this outside of certain times. Staff locked the kitchen for most of the day because they felt some patients were too high risk to be able to access the kitchen unsupervised. The provider addressed this immediately following the inspection.
- Managers did not respond to complaints in a timely manner. Two patients told us they had made complaints and had needed to ask staff for a response. We reviewed three complaints and found two complaints where responses had taken a month or more.
- Not all staff felt engaged in decisions about the service. Some did not feel listened to by managers when they raised concerns and the service's whistleblowing policy did not make it clear who to speak to if staff felt uncomfortable raising concerns to the registered manager.

- The provider did not have appropriate oversight of mandatory training, appraisal, supervision, and policies and procedures.

However;

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity and understood their individual needs. Staff supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning, individual risk assessments and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- 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 non clinical reasons.
- The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- Staff supported patients with activities outside the service, such as work, education and family relationships.
- The service were aware of the needs of patients with a protected characteristic. Staff helped patients with communication, advocacy, and cultural and spiritual support.

# Summary of findings

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### Summary of this inspection

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Requires improvement 

# Milestones Hospital

## Services we looked at

Long stay / rehabilitation wards for working age adults

# Summary of this inspection

## Background to Milestones Hospital

The Atarrah Project Limited is the registered provider for Milestones Hospital. Based in Catfield, Norfolk, the Milestones hospital provides support and treatment, with a rehabilitation focus, for up to 18 women with complex and challenging mental health disorders.

Milestones Hospital accepts those who are detained under the Mental Health Act.

At the time of the inspection, there were 13 women receiving care and treatment at the hospital.

The service is comprised of two elements:

- Magnolia House is a 10 bed service that provides rehabilitation for women with mental health disorders.
- The Mews consists of eight bespoke single person apartments that provide a more independent living environment.

Milestones hospital is registered with CQC to carry out the following regulated activities:

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

The provider had a registered manager and a controlled drugs accountable officer at the time of the inspection.

CQC last inspected Milestones hospital when it was located in Salhouse, Norfolk, on 14 February 2017 as part of our comprehensive inspection program. Following the inspection, CQC rated the service good overall.

At the time of the previous inspection, Milestones hospital had two sites; the Milestones hospital in Salhouse, and The Mews, located in Catfield. In July 2019 the service opened a new ward, Magnolia House, on the same site as the Mews, and closed the original site located in Salhouse. This inspection was the first CQC inspection of the new Magnolia House ward, and the Mews located on the combined site in Catfield.

## Our inspection team

The team that inspected the service comprised of two inspection managers, two CQC inspectors and a variety of specialists including a specialist adviser and an expert by experience with backgrounds in mental health rehabilitation services.

## 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.

During the inspection visit, the inspection team;

# Summary of this inspection

- visited both wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with three patients who were using the service and two carers of people who were using the service;
- spoke with the registered manager and one member of the senior management team;
- spoke with five other staff members; including doctors, nurses and support workers;
- looked at six care and treatment records of patients;
- carried out a specific check of the medicines management on two wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service

## What people who use the service say

As part of the inspection we spoke with three patients, two family members and reviewed the results of the provider's patient survey.

All patients said that staff were kind and caring; and treated them with dignity and respect.

Patients were positive about the food, but patients in Magnolia House felt that they should be given access to the kitchen at all times of day. Staff allowed patients to access the kitchen within certain times of day and assisted patients outside of these times.

Patients were positive about the care they received at the Mews, stating that it made them feel independent.

Patients were very complementary about the sport therapist service and said they had increased their fitness. Patients told us how staff and patients were using a couch to 5k running app to build their fitness together.

However, some patients said that the provider's responses to complaints were not timely and one said they did not receive a satisfactory response.

# 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;

- The service had not mitigated all risks presented by the ward environment. We found blind spots and ligature anchor points which staff did not know how to manage. Staff did not know the content of the environmental risk assessment.
- The service had high vacancies for nursing and support staff. The vacancy rates were over 50% for qualified nurses. However, shifts were covered by regular bank and agency nurses to fill vacancies and provide enhanced observations. The service had high turnover rates due to a recent change of location.
- On Magnolia House, managers had not accurately assessed the skills and experience of staff needed to manage the level of risk for each patient and the group of patients as a whole. Therefore, the ratio of registered nurses to nursing assistants was lower than was needed to deliver safe care. Staff we spoke with felt stress associated with staff shortages.
- Staff had not completed all their mandatory training. Fifty nine percent of staff had completed mandatory training. Compliance was low for some essential training topics needed to ensure patient safety on the ward, for example ligature training, and fire training. The provider had not trained staff in intermediate life support, an essential safety course.
- Staff could not easily find the information they needed from patient notes. Less than 50% of staff had been trained to use the electronic notes system.

However;

- Ward areas were well maintained, well furnished, fit for purpose and generally clean.
- The service had access to a fully equipped clinic room, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff had access to emergency personal alarms and patients had nurse call buttons to summon help.
- Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff knew about individual risks for each patient.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff reviewed patients' medicines regularly and provided specific advice to them about their medicines.

Requires improvement



# Summary of this inspection

- Staff knew what incidents to report and how to report them and the registered manager reviewed the data for trends. Staff reported serious incidents clearly and in line with the provider's policy.
- Staff received training on how to recognise and report abuse appropriate for their role. Staff received training in safeguarding children and vulnerable adults. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

## Are services effective?

We rated effective as requires improvement because;

- Staff did not offer recovery focussed care for some patients. Staff focussed on managing the behaviours of patients who they had assessed as unsuitable for rehabilitation, rather than helping them develop new skills for life.
- Whilst staff used outcome measures to rate patients' severity on admission, managers did not monitor the success of the service using these measures.
- Managers had not ensured staff received a regular appraisal. The overall appraisal rate for non-medical staff within this service was 35%. Managers did not ensure that they met the learning needs identified in appraisals.
- Managers did not ensure staff had regular, constructive, clinical supervision of their work, the clinical supervision rate for this service was 50%. Managers did not hold team supervision sessions regularly.
- Staff had not kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice. Only 59% of staff had completed training in the Mental Health Act.
- Multidisciplinary team meetings did not include members of the ward based nursing team.

However;

- Staff completed a comprehensive mental health and physical health assessment of each patient either on admission or soon after and developed a care plan in accordance with this assessment.
- Staff took part in clinical audits to ensure their compliance against the Mental Health Act, the Mental Capacity Act and medicines management policy.
- The service had access to a full range of specialists to meet the needs of the patients on the ward. This included doctors, nurses, support workers, psychologists, occupational therapists, a sport therapist and a complementary therapist.

**Requires improvement**





# Summary of this inspection

- Managers ensured that they recruited staff had the right qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.
- Staff had a good understanding of the Mental Capacity Act, they supported patients with capacity to make their own decisions. Staff had access to administrative support who offered advice to staff and audited to ensure their compliance with the Mental Capacity Act.

## Are services caring?

We rated caring as good because;

- Staff were discreet, respectful and responsive when caring for patients, they treated them with dignity and respect. Staff treated patient information confidentially and respected their privacy.
- Staff supported patients to understand and manage their own care, treatment or condition. They supported patients to access a wide range of services outside the hospital, such as work placements, mental health charities and spiritual support.
- Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff were able to give examples of the symptoms of abuse and the action they would take in the event they identified abuse.
- Staff introduced patients to the ward and the services as part of their admission and involved them in planning their care. Patients had access to an advocacy service.
- Patients could give feedback on the service and their treatment through several methods and staff supported them to do this.
- Staff informed and involved families and carers appropriately. Staff had invited family members to feed back about the service through a survey.

**Good**



## Are services responsive?

We rated responsive as good because;

- The provider ensured that the ward always had capacity for new admissions and that patients always had access to a bed when they returned from leave. Staff moved patients between wards only when this was in their best interests.
- Staff planned carefully for patients' discharges and worked well with other organisations to ensure that patients' discharges were smooth.
- Although the service had one recent delayed discharge, managers had worked closely with the patient's local team to attempt to find a suitable placement.

**Good**



# Summary of this inspection

- Each patient had their own bedroom, a place to safely store their personal possessions and access to a range of rooms to meet their needs. All patients had free access to an outside space, and many accessed the community for work, volunteering, religious services or visits.
- The service had a complementary therapist and an allocated room where they could administer treatments such as foot massages and aromatherapy. The service also had a sport therapist and all patients had access to a gymnasium with exercise equipment.
- Staff helped patients to stay in contact with families and carers and maintain relationships with others in the service.
- Patients produced an internal newsletter which included a getting to know you section for new staff and patients. The newsletter also helped patients to get to know each other better through sharing their interests and recent achievements with each other. We saw these newsletters included celebrations from patients overcoming difficulties and learning a new skill.
- The service could support and adjust for disabled people and those with communication needs or other specific needs. This included, if needed, those who spoke other languages.
- The service provided a variety of food to meet the dietary and cultural needs of individual patients. The service cooked meals according to individual needs. Some patients were able to do their own cooking and shopping.

However;

- Patients could not easily make their own hot drinks and snacks, they were dependent on staff to do this outside of certain times. Staff locked the kitchen most of the day, they said this was because some patients were too high risk to be able to access the kitchen unsupervised. The provider addressed this immediately following the inspection.
- Staff did not respond to all complaints in a timely manner. Two patients told us they had made complaints and had needed to ask staff for a response. Additionally, we reviewed three complaints and found one complaint which was nearly two months old and had received no acknowledgement or response, another had received an acknowledgement after one month.

## Are services well-led?

We rated well-led as requires improvement because;

- Whilst the hospital described itself as a rehabilitation hospital, some patients were acutely unwell and required more intense

**Requires improvement**



# Summary of this inspection

support from staff than would usually be offered by this type of service. The service did not have a clear admissions policy therefore there was a large variety of patient needs for staff to meet.

- Not all staff felt engaged in decisions about the service. Managers had not kept them informed of important decisions such as the hospital's strategy, and they felt pressure as a result of short staffing. Staff survey engagement results were lower than the national average and managers had not ensured staff could access the identified learning they had requested during appraisals.
- Some staff did not always feel that their concerns were listened to by managers. We found the whistleblowing policy was unclear on who to contact if staff did not feel comfortable raising concerns to hospital management.
- Staff were not aware of any work the provider was doing to promote Equality and Diversity in the workplace and for patients. We did not see evidence of any staff or patient networks.
- The provider did not have appropriate governance arrangements for ensuring they reviewed policies and procedures on time, hospital policies were overdue reviews.
- Staff did not make all required notifications to CQC. We discussed this with the provider at the time of the inspection and they sent some notifications retrospectively.

However;

- Senior leaders had the knowledge and experience to perform their roles and worked with new staff to develop the skills they needed. Leaders were visible in the service and approachable for patients and staff. However, senior leaders were new to the service and had not had time to implement and embed all the changes needed to provide the type of care they wished to.
- Managers dealt with poor staff performance when needed and staff sickness levels were low.
- The multidisciplinary team worked well together. All members of the staff team were positive about the working relationships within the team. However, we found that there was sometimes a disconnect between the multidisciplinary team and the management team.
- The provider recognised staff success. Each month, the provider selected a superstar of the month from the staff team. Managers also kept a kudos register where staff or patients could thank staff who had done something positive.

# Summary of this inspection

- Staff undertook or participated in local clinical audits. Such as medicines audits, Mental Health Act and Mental Capacity Act audits. Staff implemented recommendations from these audits.
- Senior managers maintained a risk register at hospital level. Whilst front line staff did not have direct access to this document, their concerns matched those on the register.
- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.
- Managers gave staff the time and support to consider opportunities for improvements and innovation, and this led to changes. Staff had trialled new patient information folders and new technology to support patients' care.

# Detailed findings from this inspection

## Mental Health Act responsibilities

Staff were aware of the requirements of the Mental Health Act however they had not kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice. At the time of the inspection, 59% of the workforce in this service had received training in the Mental Health Act.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff had access to a senior administrator who was well versed in the act and completed compliance audits six monthly. The service had policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice, however the provider had not reviewed these policies recently.

Patients had easy access to information about independent mental health advocacy, staff or patients could phone to arrange a visit when required.

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 their Responsible Clinician and/or the Ministry of Justice agreed it. Staff rarely cancelled or rescheduled this leave. Informal patients knew they could leave the ward freely.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to, stored copies of patients' detention papers and associated records correctly and included information about after-care services available in care plans for those patients who qualified for it under section 117 of the Mental Health Act.

## Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of inspection, only 59% of the workforce had received training on the Mental Capacity Act.

There were no Deprivation of Liberty Safeguards applications made in the last 12 months.

Staff had access to administrative support who offered advice and audited to ensure their compliance with the Mental Capacity Act. The provider had a Mental Capacity Act policy which was readily available to staff, however this policy was overdue for review by managers.

Staff supported patients with capacity to make their own decisions and assessed and recorded their capacity when creating their care plans.

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

Requires improvement



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

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

Requires improvement



### Safe and clean environment

Environmental risk assessments had been undertaken for both areas and captured the risks we observed. However, staff were not aware of the content of the environmental risk assessments and were not using the assessment on a day to day basis. Managers had not sufficiently mitigated all risks they had found including potential ligature anchor points and had not considered that some patients were at high risk of self harm or suicide.

Staff could not observe all parts of the ward environment. We found blind spots in the ward layout which the provider had not mitigated. Closed circuit television (CCTV) had been fitted but was not in use at the time of the initial inspection. The provider began to use CCTV to manage this following our inspection.

The wards housed female patients only, there was no mixed sex accommodation.

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

The provider had ensured that ward areas were well maintained, well furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. However, staff had not ensured that patients maintained proper food hygiene in their personal fridges, where we found out of date food.

Staff followed the infection control policy, including handwashing.

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Some staff were first aid trained. However, none of the staff had received any intermediate life support training. Resuscitation council guidance suggests that all staff who are undertaking rapid tranquilisation, restraint or seclusion should undertake intermediate life support training. Not all staff were aware of the location of the emergency bag at the time of the inspection. As this included staff who would need to use the resuscitation equipment in the event of an emergency, this presented a risk to patients.

Staff checked, maintained, and cleaned equipment used for emergencies and monitoring patients' physical health. We saw cleaning records and calibration records for all equipment used for monitoring patient's physical health.

### Safe staffing

On Magnolia House managers had not accurately assessed the skills and experience of staff needed to manage the level of risk for each patient and the group of patients as a whole. Therefore, the ratio of registered nurses to nursing assistants was lower than was needed to deliver safe care. The service has a history of admitting patients with other mental health conditions such as personality disorder and autistic spectrum disorder. As these patients were more likely to exhibit violence, aggression and self harm, they would need different care and treatment to those who were ready for rehabilitation. Managers of the service had not taken this into account when calculating the skill mix needed, and therefore some patients were not receiving the right interventions from staff.

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

Requires improvement



The service establishment was 9.8 whole time equivalent nurses and 14.6 whole time equivalent healthcare assistants.

The service had high vacancy rates. Between October 2019 and December 2019, the provider reported a vacancy rate of 50% for nurses and 35% for support staff. This was equivalent to four nurses and seven support staff. Managers were using creative ways to generate interest in their vacancies. For example, managers had held an event with student nurses from local universities to raise their awareness of the hospital. Senior managers had identified that the hospital had need of a ward manager to allow the hospital manager to focus on the wider hospital's needs and were in the process of recruiting.

The service had high rates of bank and agency nurses used to fill vacancies and provide enhanced observations. Between July 2019 and December 2019, the service used 218 shifts with agency staff and 203 shifts with bank staff to cover sickness, absence or vacancies for qualified nurses. In the month of February 2020 two shifts had run short staffed by one support worker. To reduce the risk to patients of staff not knowing the service, managers only used regular agency staff who knew the patients and had completed a full induction to the hospital prior to their first shift.

The service had high turnover rates. This service had 20 (53%) staff leavers between January 2019 and December 2019. Managers cited the recent move of the hospital to a new location as the reason for this.

Levels of sickness were high at 11% between January 2019 and December 2019. However, sickness had improved since the move to the new hospital site.

Managers had not accurately calculated the number and grade of nurses and nursing assistants needed for each shift. During the day, one nurse and five support workers staffed Magnolia House. The Mews also had one nurse. Whilst this met national standards, qualified nurses relied on the hospital manager for break cover and may have to leave the ward if a nurse on the other ward needed support with medicines administration.

There was a high incidence of violence and aggression on Magnolia House; the number of qualified, skilled and experienced staff on the ward was not sufficient to meet the needs of patients and keep them safe. Incidents of self harm, violence and aggression were high and all staff we spoke with felt stress associated with staff shortages.

The service manager could adjust staffing numbers according to the needs of the patients. If patients needed additional staff due to their observation level managers brought in regular agency staff.

Patients had a regular named support worker and had one to one sessions with them.

Patients we spoke with said that staff never cancelled their escorted leave, even when the service was short staffed. However, evidence showed that staff sometimes cancelled activities from the occupational therapy activity schedule, the service did not provide the reason for this.

Staff shared key information to keep patients safe when handing over their care to others. They did this through daily handover meetings where they discussed changing levels of risk, recent incidents and plans for the day.

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The service had a full time lead consultant psychiatrist and three other psychiatrists who worked on an on-call rota system to ensure medical cover. The service had a GP who oversaw patients' physical healthcare.

Staff had not completed all their mandatory training. Staff compliance for mandatory and statutory training courses at the time of the inspection was 59%. Of the 30 training courses listed as mandatory, 21 were below the accepted target of 75%. Some essential topics had compliance below 50% including search training, ligature training, fire training and the electronic notes system. These training sessions were essential for keeping people safe on the wards. The provider told us that they were in the process of reviewing their training schedule which had impacted on training rates.

## Assessing and managing risk to patients and staff

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incidents. We reviewed six patient risk assessments and found all were present in the patient notes and kept up to date.

Staff knew about individual risks for each patient. Whilst staff were not aware of environmental risks presented to patients, they received information about each person's



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

Requires improvement



individual risks. Each patient had a personalised folder outside their room which contained information about them. Staff told us managers gave them time to read this information prior to working with the patient.

Staff identified and responded to any changes in risks to, or posed by, patients. We saw evidence that staff completed risk assessments following incidents and used them to develop care plans to keep patients safe.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff we spoke with understood that they should search patients based on risk. Staff completed care plans with patients prior to them leaving the hospital on leave. These care plans included the patient consenting to staff searching them on return.

This service had 53 incidences of restraint between July 2019 and December 2019, none of these were in the prone position. Staff knew how to work within the Mental Capacity Act definition of restraint and the provider's restrictive interventions reduction policy. The policy included de-escalation techniques such as diverting and prevention of challenging behaviours. Staff included methods of de-escalations in patients' 'this is me' folders. Staff knew patients' needs well enough to de-escalate any behaviours which might result in a restraint.

The provider used rapid tranquilisation only when necessary and checked patients' physical health after administration. Staff had recorded nine incidents which had required use of rapid tranquilisation, for at least three of these staff administered the medicine by injection. Staff had not recorded the route of administration on five incident reports, for one, staff administered the medicine orally. Patient records showed that staff had always attempted to complete physical health checks following rapid tranquilisation. If the patient refused, staff would ask again later.

The provider did not use seclusion or long-term segregation.

## Safeguarding

Staff received training on how to recognise and report abuse which was appropriate for their role. Staff received training in safeguarding children and vulnerable adults.

Over 70% of staff had completed both modules at level one. However, 1% of staff had completed level two training, managers had recognised this and had arranged training for the month following the inspection.

Staff we spoke with, could give clear examples of how to protect patients from harassment and discrimination.

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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was the safeguarding lead. The service had made six safeguarding referrals between January 2020 and March 2020, all of which concerned adults. The hospital manager held three monthly meetings with the police and local authority to discuss how to protect patients from harm.

Staff followed clear procedures to keep children visiting the ward safe. The wards had access to rooms where patients could meet children safely.

## Staff access to essential information

Staff could not access patient notes easily and just 20% of staff had completed training in the electronic notes system. The service used a combination of electronic and paper records all of which were up to date. Bank and agency staff had access to both systems, however, all staff could not always locate the information they needed on the system when we asked them to. They could ask another member of staff, the doctor, or the hospital manager to help them locate this information. However, this could create a delay in patient care.

Staff stored patient records securely in locked cabinets or on password protected computer systems.

## Medicines management

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff reviewed patients' medicines regularly and provided specific advice to them 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.



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

Requires improvement



The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. A pharmacist supported the service on a weekly basis and audited the medicines management on a monthly basis. The registered manager reviewed incidents involving medicines, and any staff involved received additional training and monitoring when appropriate.

Decision making processes were in place to ensure excessive and inappropriate use of medicines were not used to control people's behaviour. Staff routinely monitored side effects which patients might be experiencing and escalated any concerns to the doctor for review.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence guidance. Staff routinely monitored patients' physical health. Doctors had not prescribed any high dose antipsychotics for patients but intended to commence one patient on clozapine, an antipsychotic which requires additional health monitoring. We saw that staff had made plans for this and the provider was ensuring they gave staff appropriate training in the use of this medicine and that the local NHS trust would be monitoring the patient. When staff used rapid tranquilisation during a restraint, they monitored patients' vital signs in line with guidance.

## Track record on safety

Between July 2019 and December 2019 there were no serious incidents reported by this service. Staff had reported 182 incidents between 24 December 2019 and 24 March 2020, 93 of these incidents related to self-harm. The service rated incidents, level one to level five according to the severity of the risk and harm caused. The service had recorded no incidents which they had rated level 5 (severe) and six incidents which were level 4 (major), three of which related to self-harm, two to ward security and one was a safeguarding concern.

## Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them and were able to give examples of incidents they would report. We could see from the incidents we reviewed that

the provider had acted to protect patients from harm, had investigated incidents, and had shared information with staff at the service and local authority safeguarding teams where appropriate.

Staff reported incidents clearly and in line with the provider's policy. The registered manager had recently improved the system for reporting incidents and was using the data from this new system to locate trends. The manager had recently started to send a monthly newsletter to staff to help them to understand the most common types of incidents which had occurred. Staff received feedback from the investigation of incidents from within the service. Staff discussed this information at the recently implemented team meetings.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. We saw that incident reports included consideration of duty of candour requirements and that staff spoke to or wrote to patients when errors occurred.

Managers debriefed and supported staff after any serious incident. Staff were able to tell us about these debriefs, however managers did not minute the meetings, so it was not possible to tell what they had discussed in debriefs. Some staff we spoke with felt that managers did not listen to feedback given during these sessions.

There was evidence that staff made changes as a result of feedback. Managers were using information gathered to arrange training to help staff to support patients at risk. For example, managers had identified that there was a high incidence of headbanging and had acted to brief staff on actions they should take if patients were self harming through headbanging.

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

Requires improvement



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

(for example, treatment is effective)

Requires improvement



### Assessment of needs and planning of care

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We checked six patient care records, all of which showed that staff had made a thorough assessment of the patient on admission. Staff used this information to develop personalised care plans for the patient and staff stored information about the patient's care plan in a 'this is me' record at their bedside within easy reach of the staff and the patient.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff had physically examined all patients whose records we reviewed during the inspection, on admission.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Most patients' records we reviewed had an up to date care plan that was holistic, and recovery orientated. Staff told us they updated these care plans on a monthly basis. Three of the six records did not show evidence of previous reviews by staff but still contained the current information that was needed to care for the patients.

### Best practice in treatment and care

Staff provided a range of care and treatment suitable for some of the patients in the service. However, as the service has a history of admitting patients with other complex mental health conditions, some patients were acutely unwell, and staff were focussed on managing their risks rather than providing rehabilitation care. This meant that there were two groups of patients, those receiving rehabilitation treatment and those where staff focussed on reducing their risks. For those patients undertaking a rehabilitation programme the occupational therapy team

had designed a six weekly timetable which included mindfulness and wellbeing sessions, psychological interventions, community visits, complementary therapies and entertainment.

Staff delivered care in accordance with a person specific recovery star model. They encouraged patients through this, to develop skills and relationships they needed to live in the community.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. A GP held a fortnightly clinic at the hospital and managers had recently recruited a dual registered (mental and general health) nurse to spend three days per week supporting patients at the service.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service had a dedicated sport therapist who arranged walking and other physical activities, patients were very complementary about this service and said they had increased their fitness. Staff offered patients help with smoking cessation by referring them to the GP.

Staff used recognised rating scales to assess and record the severity of patients' conditions. Staff used the Model of Human Occupation Scoring Tool and the Recovery star model to assess patients when they were admitted to the service. Staff used this information with individual patients however, they did not audit this data generated by these outcomes to measure the success of their service throughout treatment and on discharge.

Staff used technology to support patients. Staff gave an example of how a patient used a safety tracking app on their phone to help service staff to locate them should they leave the hospital and need help when they were mentally unwell. Staff had obtained appropriate consent from the patient to do this.

Staff took part in clinical audits, such as audits of medicines management, Mental Health Act and Mental Capacity Act. Managers used results from these audits to make improvements.

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

Requires improvement



Staff did not participate in any benchmarking or networking with other services to identify improvements that they could make in their service. However, managers met with one external experienced professional to discuss improvements to the service.

## Skilled staff to deliver care

The service had access to a full range of specialists to meet the needs of the patients on the ward. This included doctors, nurses, support workers, psychologists, occupational therapists, a sport therapist and a complementary therapist.

Managers ensured they recruited staff who were qualified and experienced enough to meet the needs of the patients in their care, including bank and agency staff. Staff files showed evidence that the provider completed thorough recruitment checks and ensured that staff were appropriately registered. Managers sent a checklist to any agencies sending staff and required them to confirm that the staff who were attending the hospital were compliant with the necessary training.

Managers gave each new member of staff, including agency staff, a full induction to the service before they started work. The staff we spoke with were positive about their induction and told us this helped prepare them for work on the ward. Twenty percent of staff had completed the care certificate as part of their training. The care certificate is a nationally agreed programme of training which staff working in health and social care settings should have. The provider did not routinely offer this training to staff.

Managers had not ensured staff had a regular appraisal. In December 2019, the overall appraisal rate for non-medical staff within this service was 35%. Whilst the appraisals we reviewed during the inspection identified learning needs and development opportunities, they did not include actions for staff or managers to take in order to meet these needs. Staff identified that they had requested courses during their appraisals, but managers had not arranged them.

Managers did not ensure staff had regular, constructive clinical supervision of their work. Between July 2019 and December 2019, the clinical supervision rate for this service was 50%. Managers held team supervision sessions which gave staff an opportunity to reflect and learn from situations, however they did not hold sessions on a regular basis and did not include all staff.

Managers had recently implemented team meetings which they held on a monthly basis to discuss operational information about the service. Staff kept minutes of these meetings so that those who could not attend still received information.

Managers made sure staff received any specialist training for their role. Staff were attending training for autism awareness and Dialectical Behavioural Therapy as the provider had recognised that there was an increasing need for these skills in the service. However, some staff told us they had requested training during their appraisals, but managers had not arranged it.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers kept records of any performance management they had undertaken including poor performance and sickness. They set relevant measures of performance and ensured that staff met them.

## Multi-disciplinary and inter-agency team work

Multidisciplinary team meetings did not include all staff linked to patients' care. Staff held monthly multidisciplinary meetings, however, meeting minutes showed this did not include anyone from the ward based nursing team who were best placed to feed back about patients' progress.

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

Ward teams had effective working relationships with external teams and organisations. Managers held three monthly meetings with the local authority and the police to discuss incidents and safeguarding concerns. Staff invited the patient's care co-ordinator to review meetings and worked closely with the patient's home team when planning their discharge.

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

Staff were aware of the requirements of the Mental Health Act however they had not kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice. At the time of the inspection, 59% of the workforce in this service had received training in the Mental Health Act.

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

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

Requires improvement



access to a senior administrator who was well versed in the act. 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. However, these policies had been overdue a review by management since August 2019.

Patients had easy access to information about independent mental health advocacy, staff or patients could phone to arrange a visit when required.

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. This leave was rarely cancelled or rescheduled.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

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

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. Meetings to review these plans included the patient's care co-ordinator, the multidisciplinary team from the hospital and any other professionals who were appropriate to continue that patient's care.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits every six months.

## Good practice in applying the MCA

At the time of the inspection, only 59% of the workforce in the service had received training in the Mental Capacity Act.

There were no Deprivation of Liberty Safeguards applications made in the previous 12 months.

Staff had access to administrative support who offered advice to staff and audited to ensure their compliance with

the Mental Capacity Act. The provider had a Mental Capacity Act policy which was readily available to staff, however this policy had been overdue a review by managers since August 2019.

Staff supported patients with capacity to make their own decisions and assessed and recorded their capacity when creating their care plans.

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

Good



### Kindness, privacy, dignity, respect, compassion and support

Staff were discreet, respectful, and responsive when caring for patients. All patients we spoke with said that staff were kind and respectful. The provider's patient survey showed that 89% of patients believed that staff always treated them with dignity and respect.

Staff gave patients help, emotional support and advice when they needed it. Each patient had an allocated support worker who they could speak to and the staff we observed caring for patients during the inspection, knew them well.

Staff supported patients to understand and manage their own care, treatment or condition. Staff supported patients to create a 'This is me' folder. The information contained in this folder included information patients and staff needed to manage each person's care. Staff included patients in reviews about their care.

Staff directed patients to other services and supported them to access those services if they needed help. Patients had access to a wide range of activities outside the service such as work placements, education, voluntary work and spiritual support.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff were able to give examples of the symptoms of abuse and the action they would take in the event they identified abuse.

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

Requires improvement



Staff followed policy to keep patient information confidential. Patient records were stored in locked cupboards or electronically on password protected computer systems.

## Involvement in care

Staff introduced patients to the ward and the services as part of their admission. Staff showed each patient around the ward and gave them information about the routine. When staff moved patients to the Mews, they worked with patients to develop a set of skills they needed to ensure they settled in well. The service's patient survey showed that most patients felt that staff gave them enough information about the service.

Staff involved patients in decisions about their care and gave them access to their care plans and risk assessments. All patients we spoke with said they were involved in the planning of their care and their risk assessment on admission to some degree. Staff invited patients to their care reviews. Patients were involved in developing their 'this is me' plan however, we found some written care plans did not include a strong patient voice.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Patients created a newsletter each month which included a feedback slip which they could tear off and hand directly to the hospital director. Staff encouraged patients to attend community meetings where they could raise concerns and share ideas. Managers gathered information about patient satisfaction from the patient survey and fed this back to staff.

Staff made sure patients could access advocacy services. Staff or patients could phone to arrange a visit from the advocate.

Staff informed and involved families and carers appropriately. All family members we spoke with said that staff shared information about their relative's care by phone and when they visited the service. They were involved where appropriate in risk assessments and care planning for their relative. Staff had invited family members to feed back about the service through a survey and managers fed information from this back to staff.

Carers said staff had offered them a carer's assessment.

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

Good



## Access and discharge

The service provided information regarding average bed occupancy for both wards in this service between July 2019 and December 2019. Magnolia House reported average bed occupancy at 85% and the Mews at 25%. This meant that there was always a bed available should a patient need it.

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

Staff moved patients between wards only when there were clear clinical reasons, or it was in the best interest of the patient. For example, positive risk taking to move patients from Magnolia House to a less restrictive environment in the Mews.

Patients stayed in the service an average of 665 days, this figure included patients who had moved between the old Milestones Hospital site and Magnolia House and the Mews and is similar to figures from other services of its kind nationally. Managers did not actively review the length of stay data for patients as treatment was designed in a person centred way. Patients stayed in the service as long as they needed and were able to step down to a more independent placement in the Mews when they were ready to live more independently.

Staff planned carefully for patients' discharges. All patient records reviewed had discharge plans. When patients were coming close to discharge staff invited staff from patients' local area team to review meetings, to ensure that all those involved were aware of plans. If patients were transferring to a new service, staff would attend the new service with the patient to help them settle in. When patients were being admitted the hospital offered them an opportunity to visit the service ahead of admission.

For patients transferring to the hospital's independent living environment, The Mews, staff would complete an internal assessment tool to highlight risk, share clinical information to staff and discuss patient goals.



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

Requires improvement



For some patients the provider had ensured that commissioners had agreed access to acute services should they require more intensive treatment.

The service had one delayed discharge in the past year, this was because of difficulty finding a suitable placement. Managers had worked closely with the patient's local team to attempt to find a suitable placement.

## **The facilities promote recovery, comfort, dignity and confidentiality**

Each patient had their own bedroom, which they could personalise. We saw several examples where patients had added posters and pictures to their walls, had their own bedding, or sensory items.

Patients had a secure place to store personal possessions. Every bedroom had a locker for valuables and patients could lock their bedroom with their own key.

Staff used a full range of rooms and equipment to support treatment and care. Magnolia House had rooms for staff to meet patients, conduct activities and conduct examinations. The Mews could use spaces on Magnolia House or within the nearby administration block.

The service had quiet areas and a room where patients could meet with visitors in private. There was a low stimulation room on the ward where patients could go if they felt anxious or agitated. The complementary therapist had an allocated room where they could administer treatments such as foot massages and aromatherapy. All patients had access to a gymnasium with exercise equipment. Patients who lived on the Mews could access the gymnasium without needing to pass through the Magnolia House ward environment where they might feel uncomfortable.

Patients could make phone calls in private. Most patients had their own mobile phones.

The service had an outside space that patients could access easily, staff kept the door unlocked, and patients could access this space at will. Staff also ensured that patients could access outside spaces as part of activities such as walking groups.

The service had recently purchased a pair of pygmy goats at the request of the patients using the service. Although the goats had not arrived at the service yet, patient newsletters showed that patients were excited for their arrival and were planning their activities around this event.

At the inspection patients could not make their own hot drinks and snacks, they were dependent on staff to do this outside of certain times. Staff kept the kitchen door locked most of the day, they said this was because some patients were too high risk to be able to access the kitchen unsupervised. The provider addressed this issue immediately.

The service offered a variety of good quality food. The service had a cook who was able to cater to all dietary needs. Most patients we spoke with said the food was of good quality. Most patients (77%) were positive about the food in the hospital in the provider's patient survey.

## **Patients' engagement with the wider community**

Patients had access to opportunities for education and work, and staff supported patients to access them. Patients in the service had part time jobs, voluntary roles and accessed the local community on a weekly basis. The six weekly activity plans arranged by the occupational therapy team included walks to the community and community access further afield by car. Staff were supporting another patient to go to college.

Staff helped patients to stay in contact with families and carers. Both patients and their families fed back that staff supported them to keep in contact. Staff shared information with family members and encouraged them to visit patients frequently.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Staff held a morning meeting with patients where they could raise concerns and request changes to the daily activity schedule. Staff used this time to support patients to maintain effective relationships with each other and discuss how they were feeling. Patients could participate in weekly visits to the local community.

Patients produced an internal newsletter which included a 'getting to know you' section for new staff and patients. The newsletter also helped patients to get to know each other

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

Requires improvement



better through sharing their interests and recent achievements with each other. We saw these newsletters included celebrations from patients overcoming difficulties and learning a new skill.

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

The service supported and made adjustments for disabled people and those with communication needs or other specific needs. Both wards had ground floor accommodation and wet rooms so that those with physical disabilities could access services.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Patients' 'this is me' records contained information about their specific care, staff presented this information in a way that each individual patient could understand. For example, one patient's folder was written in an easy read format.

The service had access to information leaflets and interpreters for those who spoke other languages. At the time of the inspection, there were no patients in the service who spoke languages other than English, however managers could request information should they need to.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. The service cooked meals according to individual needs. Patients on the Mews were able to do their own cooking and shopping.

Patients had access to spiritual, religious and cultural support. Patients had access to several places of worship in the community for religious services.

## Listening to and learning from concerns and complaints

Patients, relatives and carers knew how to complain or raise concerns. All patients we spoke with said they knew how to make a complaint and the service clearly displayed information about how to raise a concern in patient areas. The provider's patient survey showed that all patients knew how to complain.

Staff did not respond to complaints in a timely manner. Two patients told us they had made complaints and had needed to ask staff for a response. We reviewed three complaints and found one complaint from January 2020

which was nearly two months old which had not received a response, another had received a response after one month. This is not in line with the providers complaints policy.

This service received 11 complaints between February 2019 to December 2019. Three of these were upheld, three were partially upheld and five were not upheld. The provider had not had any complaints referred to the Ombudsman. Staff protected patients who raised concerns or complaints from discrimination and harassment, and patients knew how to raise concerns if someone was experiencing discrimination.

Staff knew how to acknowledge complaints. Managers shared feedback from complaints with staff and used learning to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. This service received 8 compliments between February 2019 to January 2020. Many of these compliments related to staff and the care they provided patients. Patients were exceptionally positive about the sport therapist and the improvements in their physical health.

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

Requires improvement



### Leadership

Senior leaders had the skills and experience they needed to perform their roles or worked with new staff to develop the skills. As the registered manager of the service was new to service management, the senior leadership team had identified they needed additional support and development. The hospital director actively mentored the service manager, who was very positive about the support. However, managers did not have a clear patient admission policy in place which led to a large variety of patient needs. Patient needs on the wards were a mix between those needing rehabilitation care and those who were acutely unwell.

Senior leaders were new to the service and had not had time to implement and embed all the changes needed to provide the type of care they wished to.

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

Requires improvement



Leaders were visible in the service and approachable for patients and staff. Staff we spoke with said they were able to speak directly to the senior management team and said that members of the team frequently visited the ward. Patients knew the senior management team and we observed that managers were responsive to patients when they approached them.

## Vision and strategy

The senior management team had a strategy for the service, but they did not fully engage with frontline staff in the design of this strategy. Staff did not feel they had the opportunity to contribute to this strategy and were not aware of the content.

Whilst the hospital described itself as a rehabilitation hospital, some patients were acutely unwell and required more intense support from staff than would usually be offered by this type of service. Staff were not aware of the rationale for the type of patients the hospital was accepting. Therefore, there was an impression from some staff that this was financially motivated. We investigated this and found no evidence to support this claim.

The management team were aware of the areas that required improvement at the service such as staff recruitment, information access and policy development and had begun to address these issues.

## Culture

The staff survey in March 2019 had found that 80% of staff felt disengaged. Managers told us that this had been mainly due to the impending move of the service to the new hospital. The management team told us that there had been a restrictive culture at the service. The team were working hard to address this however this had also impacted on morale.

At the inspection some staff we spoke with felt that managers did not always listen to them when they raised concerns however most acknowledged that morale had slightly improved.

Staff felt able to raise concerns without fear of retribution. However, staff did not always feel that their concerns were listened to by managers. We found the whistleblowing policy was unclear in who to contact should staff not feel comfortable raising concerns to the hospital management team.

Managers dealt with poor staff performance when needed. We saw evidence from staff supervision records and other meetings where managers had reviewed staff performance, set goals and were measuring the staff member's performance against these goals on a regular basis. Staff sickness levels had been high but were improving.

All members of the staff team were positive about the working relationships within the multidisciplinary team, we found no evidence that this team was experiencing difficulties working together. However, staff felt disengaged from the management team.

Staff appraisals included conversations about career development. Managers helped a support worker to undertake a degree in mental health, however, there was limited evidence of career development for most staff.

The provider did not have a clear focus on promotion of Equality and Diversity in the workplace and for patients. For example, we did not see evidence of any staff or patient networks and staff were unaware of any work the provider was doing to promote this topic. Seventy-five percent of staff had undertaken training in equality and diversity.

The provider recognised staff success. Each month, the provider selected a superstar of the month from the staff team. Managers also kept a 'kudos register' with thank you messages to staff from other staff or from patients which they could pass on. Categories included 'saved the day' and 'went the extra mile'.

## Governance

There was a clear framework of what staff must discuss at ward team meetings to ensure that they shared and discussed essential information, such as learning from incidents and complaints. However, managers had only recently implemented these team meetings and therefore it was not possible for CQC to review whether staff carried over or followed up actions in subsequent meetings.

The provider did not have appropriate governance arrangements for ensuring that they reviewed policies and procedures on time. The service had signed up to networks which helped them to ensure that policies and procedures were legally compliant, managers had not reviewed all hospital policies on time in August 2019. This meant that they had policies in circulation which they had written at a time when part of the hospital was located at a different



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

Requires improvement



site. In addition, the provider had not updated all service information since the move of the hospital from the previous site. This may cause confusion for patients and the public.

Staff undertook or participated in local clinical audits. Such as audits for medicines management, Mental Health Act and Mental Capacity Act. Staff implemented recommendations from these audits.

## Management of risk, issues and performance

Senior managers maintained a risk register. Staff's concerns matched those on the register. Managers had identified concerns around staffing, the recent move to Magnolia House and staff training and had put in place plans to manage these concerns. The senior management team regularly reviewed items on the risk register and prioritised risks according to severity. Action was being undertaken to address areas of risk.

## Information management

The service used systems to collect data from wards, for example to trend incidents and to measure staffing and rotas however, managers had not always used this information to drive improvement. Data which staff collected from the ward was not stored in an accessible format, was stored across several systems and reviewed by several different staff members. There was therefore, no oversight of the performance of the ward.

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

Information governance systems included confidentiality of patient records. Staff stored records appropriately in locked cupboards or password protected computer system. Staff who had access to records were appropriately trained in information governance.

Staff did not make all notifications to external bodies that they needed to. Managers had not sent all necessary notifications to CQC that they should have. We discussed this with the provider at the time of the inspection and they sent some notifications retrospectively.

## Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. Staff received newsletters and updates by email, patients received a monthly newsletter and staff kept carers up to day through face to face or telephone contact.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The provider conducted patient surveys which checked that patients knew their rights, the services the hospital offered were of good quality, and that staff were kind and responsive.

The provider conducted a staff survey through a national provider in March 2019 and matched the results for staff engagement levels against the national result of 17% engagement. Milestones hospital scored 13% in this survey. This was prior to the move of the hospital. Many of the concerns raised by staff were around lack of learning and development opportunities and appraisals. The service was planning to repeat the survey.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements. Managers gathered and shared information about complaints, complements and patient surveys through meetings and handovers.

## Learning, continuous improvement and innovation

Managers gave staff the time and support to consider opportunities for improvements and innovation and this led to changes. Staff had trialled new methods of working such as developing 'this is me folders' which contained information about patients and their needs in an accessible quick read format for staff and patients. Staff were trialling new technology with a patient; the patient had downloaded a location tracking application to help staff to locate them if they needed support when out in the community alone.

The service was not participating in national audits or accreditation schemes. The service was not participating in any national research.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that staff are aware of strategies for the management of ligature anchor points and blind spots. HSCA 2008 (Regulated Activities) Regulation: 12 (2) (d)
- The provider must ensure that staff are up to date with mandatory training and receive adequate supervision and appraisal. HSCA 2008 (Regulated Activities) Regulation: 18 (2) staffing
- The provider must ensure it provides staff with a means of raising concerns outside of formal management structures. HSCA 2008 (Regulated Activities) Regulation: 17 (2) (e)
- The provider should ensure it is clear about the care and treatment that it is able to safely and effectively provide and should only admit patients whose needs it can meet. Care Quality Commission (Registration) Regulations 2009, Regulation 12.

- The provider must comply with the Health and Social care act and submit all notifications required to the Care Quality Commission. Care Quality Commission (Registration) Regulations 2009, Regulation 18.

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

- The provider should review the skill mix between qualified and unqualified nursing staff to ensure it meets the needs of the patients that are now being admitted to the service.
- The provider should ensure that patients have easy access to drinks and snacks.
- The provider should ensure that they respond to complaints in a timely manner.

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<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Safe care and treatment</b><br>The provider had not ensured that staff were aware of all risks from blind spots and ligature anchor points in the ward environment.<br><b>This was a breach of regulation 12 (2) (d)</b> |
| Regulated activity  | Regulation  |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Good Governance</b><br>The provider had not ensured that staff understood how to raise a concern to outside of the management structure.<br><b>This was a breach of regulation 17 (2) (e)</b>                                    |
| Regulated activity  | Regulation  |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><b>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</b><br>The provider had not ensured that staff were up to date with essential mandatory training, appraisal and supervision.   |

This section is primarily information for the provider

## Requirement notices

**This was a breach of regulation 18 (2)**

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

### Regulation

Regulation 12 CQC (Registration) Regulations 2009  
Statement of purpose

**Regulation 12 Care Quality Commission (Registration) Regulations 2009 Statement of Purpose**

The provider had not ensured that it had a clear statement of purpose and admission criteria for the hospital.

**This was a breach of regulation 12 (2)**

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

**Regulation 18 Care Quality Commission (Registration) Regulations 2009 Notification of other incidents**

The provider had not informed Care Quality Commission of all appropriate incidents.

**This was a breach of regulation 18 (1)**