Willows Green Healthcare Limited

Willows Green Hospital

Inspection report

Nettleford Road
Whalley Range
Manchester
M16 8NJ
Tel: 07591142241
www.willowsgreenhealthcare.co.uk

Date of inspection visit: 27 and 28 June 2023
Date of publication: 01/12/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location improved. We rated it as requires improvement because:

- The provider had failed to provide a stable multi-disciplinary team and since the last inspection did not have a psychologist or occupational therapist in post. There was now a locum psychiatrist.
- A new electronic care record system was in place, but staff were not aware of the functionality that when searching for care plans, only those created within the date range requested were available, so they did not always see all the historic care plans when using the system.
- The provider was unable to provide copies of hospital induction training and observation competency checks for all staff. This meant we were not assured that staff had been inducted to their role.
- At the time of inspection, the service did not have an agreed safeguarding policy with the local safeguarding board.
- The provider had an occupational therapy kitchen however, it was not used as such and was used by staff for their own purposes.

However:

- After the last inspection extra members of nursing staff had been employed and only two agency nursing staff were used permanently.
- There was now limited use of bank or agency staff, as the provider had employed new health care assistants.
- The management team had been increased to include a deputy manager and a clinical lead nurse.
- All staff now received face to face safeguarding training.
- The ward environments were safe and clean.
- Managers ensured that staff received supervision.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to Willows Green Hospital

Willows Green Independent Hospital provides long term High Dependency Rehabilitation. The hospital opened in March 2022. Willows Green Hospital had two female patients.

We previously inspected the hospital in March 2023 and rated safe, effective, and well led as inadequate, caring as requires improvement and responsive as good. As a result, we issued Section 29 warning notice to the provider.

We carried out this latest inspection to follow up on the progress made following the previous inspection.

On this inspection the hospital still had four wards but three were closed and the two patients were both nursed on the same ward. The provider was not accepting new admissions at the time of the inspection.

Following the previous inspection, a new registered manager had been appointed.

The provider was registered to provide the following regulated activities:

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

What people who use the service say

We spoke to both patients and their carers. They had similar complaints as at the last inspection and continued to tell us they were not satisfied with the hospital. Carers felt that they were still not fully aware of all incidents and that communication could be better.

One patient raised a concern about another patient's noise levels, however the patient had been provided with a quieter environment.

Both carers felt the hospital did not communicate effectively and quickly with them but did feel that this was changing with the new management team in place.

How we carried out this inspection

We inspected this service to check progress made by the provider following our last inspection regarding the care and treatment of people using the service. We examined all five key questions and visited the hospital on one evening and the following day.

The team that inspected the service included two CQC inspectors and one specialist nurse who is a registered mental health nurse.

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for feedback or information about the service.

Summary of this inspection

During the inspection visit, the inspection team:

- Spoke with both patients who were using the service.
- Spoke with both carers of people who were using the service.
- Spoke with the manager.
- Spoke with 10 other staff members: including nurses, support workers, a chef, and the consultant psychiatrist.
- Spoke with two commissioners.
- Looked at both patient care and treatment records.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

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

Action the service MUST take to improve:

- The provider must ensure staff conducting observations have their training and competency checked to complete observations. (Regulation 12, (1)(2)(c)).
- The provider must ensure that its safeguarding policy is compatible with the standards of the local safeguarding board. (Regulations 13 (2)(4)(b)).
- The provider must ensure that staff receive an induction to Willows Green Hospital. (Regulations 18(1);17(1)(2)(a)).
- The provider must ensure that staff were aware of the functionality when searching for care plans within the computer systems. (Regulations 17(1)(2)(a)(b)(f)).
- The provider must ensure they have a full multi-disciplinary team in post (Regulation 18 (1))
- The provider must ensure that adequate support facilities and amenities are provided in the occupational therapy kitchen. (Regulation 15 (1) (c))
- The provider must ensure that it embeds and sustains the improvements it has made since the previous inspection. (Regulation 17 (1)(2)).

Action the service SHOULD take to improve:

- The service should ensure that information on display in patients' bedrooms is current including individual's plans and activities.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

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

Is the service safe?

Requires Improvement

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. The ward consisted of a long corridor, off which were all the bedrooms and communal spaces such as lounge or dining area. Staff supported patients requests to access quieter areas of the ward for personal reasons, yet patients still had access to all areas of the ward environment. There was a double door halfway down the corridor which separated the patients' living spaces.

Staff could observe patients in all parts of the wards. Both patients were under constant 2:1 observation levels.

The ward complied with guidance and there was no mixed sex accommodation. All patients accommodated were female.

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

Staff had easy access to alarms and patients had easy access to nurse call systems. There were call buttons in the patient's bedrooms.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished, and fit for purpose. Staff followed infection control policy, including handwashing. Hand sanitiser was available on entry/exit to wards.

Staff made sure cleaning records were up-to-date and the premises were clean. The same cleaning staff were still in place after the last inspection. This meant that patients had consistency and that these staff understood the individual needs of the patients while cleaning the wards.

Staff followed infection control policy, including handwashing.

Seclusion room

There was not a seclusion room at the hospital.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. The most up to date British National Formulary was available in the clinic room, as were relevant guidance about medicine requirements. Medicine cupboards were not over-stocked and medicines were in date. Emergency drugs were available and within date. Oxygen and resuscitation equipment, including defibrillators, were all maintained and recently checked.

Staff checked, maintained, and cleaned equipment. The clinic room was clean, tidy, and equipment requiring calibration had stickers to show when it was last checked. Sharps boxes were all in date, and not overly full.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. The service staffed the ward with one nurse and six health care assistants on day and night shifts, with one of the healthcare assistants (HCA) being a senior HCA. There were sufficient female staff to meet the needs of the patients. Staffing recruitment had improved with the recruitment of two full time registered nurses now in post (as opposed to one at the last inspection). In addition, two agency nurses were covering nights on long term contracts.

The service had low and reducing vacancy rates. The service had 28 full time healthcare assistants in post.

The service had low and / or reducing rates of bank and agency nurses. Between January 2023 to March 2023 the provider had covered 369 shifts with bank or agency staff. Between April to June 2023 the provider had covered 73 shifts with bank or agency staff. This was a reduction of 294 shifts.

Managers had significantly reduced the number of bank and agency staff and had processes in place to ensure new bank and agency staff had a full induction and understood the service before starting their shift.

The service had low turnover rates. The service had reduced the number of bank and agency staff through the recruitment over time of 28 new full time staff.

Managers supported staff who needed time off for ill health.

Levels of sickness were low and there was no long-term sickness.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. We reviewed six weeks of rotas and managers had maintained a ratio of one nurse and six healthcare assistants on each shift and maintained the minimum safe staffing levels.

The ward manager could adjust staffing levels according to the needs of the patients. Managers told us they could bring in extra staff if they felt it was necessary. For example, if staff were absent from could easily access replacement agency staff.

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

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients told us sometimes leave was delayed while they waited for the vehicle to return but no leave had been cancelled as a result of staff shortages.

The service had enough staff on each shift to carry out any physical interventions safely. All staff had attended an accredited course in supporting people where there is restricted movement including restraint and safe holding.

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

Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency. Since the last inspection the full-time psychiatrist had been replaced by a locum psychiatrist who attended one day a week. The locum psychiatrist was also available to provide advice or attend the hospital if required outside of their weekly attendance**.** The out of hours and on call cover for the service was provided by the locum who could attend within 30 minutes.

Managers could call locums when they needed additional medical cover and managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Overall mandatory training was 87% at the time of the inspection.

The mandatory training programme was comprehensive and met the needs of patients and staff. 91% of staff had completed online autism training and 85% had completed Oliver McGowan training. The service provided this training because the service accommodated patients who had a dual diagnosis, including learning disabilities and autism in addition to their mental health needs.

Managers monitored mandatory training and alerted staff when they needed to update their training. The hospital had a mandatory training dashboard which monitored compliance and training records.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed all the risk assessments and management plans. Risk assessments and

management plans were reviewed weekly or as patients' needs changed. Risks were reviewed in the ward daily safety huddle and followed up through the MDT meeting. Risk assessments were supplemented by positive behaviour support plans for patients who had a learning disability and autism. Risk assessment, management and positive behaviour support plans contained patients views about their care and treatment and how to support them is a crisis. We found they had improved since the last inspection and were comprehensive.

Staff used a recognised risk assessment tool. Risk assessments were still completed in a paper format and the hospital used the Salford Tool for Assessment of Risk (STAR). The hospital had a combination of paper risk records and electronic daily notes and care records. We identified a potential risk to staff not having historic information about patient risk because they were unaware of the functionality of the patient record system regarding access to care plans. It was possible for staff to look at a period of care, for example two weeks, but not see all current care plans unless they had been updated in that period.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff could explain the risks presented by each patient. Staff were able to explain how they would mitigate specific risks, such as by the risk assessment of items allowed onto the ward.

Staff identified and responded to any changes in risks to, or posed by, patients. The provider was still using voice controlled electrical items to eliminate the need for remotes or batteries and one patient's incidents had reduced and discharge planning had commenced.

Staff could observe patients in all areas of the ward. Each patient was observed 2:1 by a female health care assistant closest to the patient's door with a male colleague out of sight of the patient but close enough to support both patient and staff if required.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff conducted searches only, when necessary, in response to risk of patients having contraband items.

Use of restrictive interventions

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Staff completed a restrictive practice assessment for each patient covering the use of metal cutlery, ceramic dining plates, glass cups and use of kettle, section 17 leave, money, other contraband items, possession of mobile phone and observation levels.

Where individual restrictions were in place, these were reviewed by the team supporting the patient.

There was a restrictive practice audit which was reviewed monthly by the senior management team.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. We saw where individual restrictions were in place, these were reviewed by the team supporting the patient through the least restrictive interventions and by continually assessing the patient to avoid the use of more restrictive or physical and medical interventions. Staff could explain using de-escalation techniques and we saw these described in incident reports. However, there had been incidents of restraint. There had been 12 restraints from 1 April 2023 to 5 July 2023, none were prone.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

We examined reports of restraint and managers now completed investigations into incidents. We noted managers completed investigations in a timelier way than at the last inspection.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff were aware of least restrictive practices and applied blanket restrictions on patients' freedom only when this was clinically justified. The provider restricted some items on the ward, but many items were individually risk assessed.

The hospital as a policy, did not use intramuscular tranquilisation.

There was no seclusion.

There was no long-term segregation.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. On this inspection all staff, including agency staff, completed the same face to face course. All health care assistants were level two trained, nurses were level three and the registered manager level four trained.

Staff kept up-to-date with their safeguarding training. The provider had maintained a 100% training record for all staff.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff discussed any incidents in the previous 24-hours at daily safety huddles to ensure all safeguarding concerns were captured. Staff knew how to make a safeguarding referral and who to inform if they had concerns but they did not always do this promptly. On our last inspection, we were aware of incidents that had not been reported to safeguarding in a timely manner. On this inspection a new system of recording, investigating and governance had been implemented. All incidents could now be accessed by the whole senior management team which allowed scrutiny and prompt reporting. This had resulted in incidents being reported in a timelier way.

Staff followed clear procedures to keep children visiting the ward safe. A specific visiting room was available to book for visits with children which was separate from the ward.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Managers took part in serious case reviews and made changes based on the outcomes. Managers now had in place suitable practices to ensure they investigated new cases promptly. All managers could see the information within the new computer system and were able to monitor investigations. We saw that more information about investigations and safeguarding referrals were in the senior management meeting minutes.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Patient notes were comprehensive, and all staff could access them easily. The providers new computer system meant the only paper records were risk assessments. These were kept in a large lever arch file in the nurse's office.

All staff had access to the computer system.

However, when using the system, it became evident that if searching within a date range for example April to June the system only presented care plans written within that period. This meant that staff using the system could inadvertently not see a care plan that had been created before that timeframe. This included care plans around keeping patients safe. Managers were unaware that the date range selected for daily notes affected which care plans were available to see.

On previous inspections we found incidents not recorded and/or risk assessments not updated following incidents. On this inspection we found that these had been recorded and cross referenced to ensure care plans and risk assessments were updated after incidents.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. The service had a paper system for prescribing and administering medicines. Staff stored and managed all medicines and prescribing documents safely. Pharmacy staff attended at regular intervals to ensure stock was managed appropriately and available when needed.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Pharmacists attended when required and were available to meet with patients to discuss and provide information around medicines. This included leaflets in easy read formats and different languages.

Staff completed medicines records accurately and kept them up-to-date. The medicine charts we reviewed were well maintained, with nothing of concern noted. We saw these reflected one patient's specialist Asthma treatment.

Staff stored and managed all medicines and prescribing documents safely. We saw evidence of the checks carried out by the community pharmacist, and clinic checks conducted during the inspection found that medicine was being stored properly, all were within date, and cupboards were not overstocked.

Staff learned from safety alerts and incidents to improve practice, so patients received their medicines safely.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Patients' medicine was monitored at review by the responsible clinician, as well as the community pharmacists who attended the service.

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute for Health and Care Excellence (NICE) guidance. On this inspection we saw physical health checks were completed.

Track record on safety

The service had a good track record on safety.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Reporting incidents and learning from when things go wrong.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The hospitals new computer system meant staff inputted incidents directly into the system therefore there was no longer a paper system which on previous inspection had been found to be inadequate. Since the last inspection the provider had introduced a new electronic record system which included the reporting of incidents. Staff were able to record electronically when an incident had occurred, managers now had live data of incidents and could review incidents and complete actions and incident outcomes electronically.

The introduction of this system meant that the service could provide incident reports on a standard template electronically to third parties such as social workers. This aided third parties to assess and triage incidents to potential safeguarding or care and treatment reviews. This also meant patients concerns after incidents were quickly addressed.

The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider was compliant with their obligations under duty of candour. We saw investigations where managers had spoken directly to the patients and resolved complaints quickly.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. At the last inspection we saw that incidents were not investigated in a timely manner. Families had told us they were given conflicting information. On this inspection we saw investigations were documented with managers in relation to who had done what to complete the enquiry or what actions were still outstanding. Families told us they felt communication was improving but changes had only been implemented following an increase in the number of senior managers. The deputy manager now had the responsibly to ensure all investigations were completed.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw that learning was passed to staff and staff could tell inspectors about incidents that had happened.

Staff met to discuss the feedback and look at improvements to patient care. There were daily patient focused meetings for the senior managers and nurses on duty.

There was evidence that changes had been made as a result of feedback. Staff now recorded observations records for one patient in a different room to ensure staff were not carrying pens or pencils that the patient would target to ingest.

Is the service effective?

Requires Improvement

Our rating of effective improved. We rated it as requires improvement.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Assessment of needs and planning of care

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

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Staff completed a pre-admission screening assessment document for both patients. Doctors completed an admission document which covered circumstance prior to admission, the patient's presentation, patient history, physical health, medication, and risks.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Care records showed that physical health assessments were on-going from admission, with weekly checks on weight, pulse, blood pressure and other aspects of physical healthcare. We saw within the physical health check they were individualised to reflect the different health needs of the patients. Staff were supporting one patient to obtain a healthier weight and there were plans in place to reduce the number of snacks they could have.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were now developed electronically which prevented staff from omitting certain information, if they entered an incident, they were prompted to update the care plan.

At the last inspection one patient had 17 and the other 12 care plans. These were now being reduced to five core care plans to help staff understand the needs of the patients more clearly.

Staff regularly reviewed and updated care plans when patients' needs changed. At the last inspection we found that care plans were not updated after incidents. However, on this inspection we found that they were now updated and when we checked incidents against care plans, we saw they were all updated following an incident.

Managers also completed a monthly audit of the care plans to ensure compliance.

Care plans were personalised, holistic and recovery-orientated. We saw that care plans reflected the different needs of patients. One patients' care plans reflected possible triggers around key dates of the year.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. However, there were not enough of the right qualified staff to provide a range of treatments and care for people based on national guidance and best practice. Lack of provision of a psychologist and occupational therapist meant that patients did not get the right support for them to recover their independence. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. We saw a variety of activities for patients to engage with. There was pet therapy and we saw this and one patient in particular clearly benefitted from this session. They became animated and talked with the dog's owner.

However, since the last inspection there had been no psychological provision, The occupational therapist was on maternity leave and this left just the occupational therapy assistant to provide prescribed activities. The provider was therefore unable to deliver care in line with best practice and national guidance. We were told that patients rarely used the activity room, which was just outside the ward, and activities now took place within the ward. We saw staff engaging in activities such as games with patients.

Staff identified patients' physical health needs and recorded them in their care plans. Nurses were using standardised tools to carry out an assessment of patients to understand their physical health needs.

We saw from records that patients received a full medical within 24 hours of admission. This included, pulse, pulse oximetry, respiration, weight BMI, temperature, blood screening and ECG.

Staff made sure patients had access to physical health care, including specialists as required. Staff registered patients with a local doctor's surgery, dentist and optician and we saw that they had accessed these services.

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. Patients were encouraged to take part in physical activity and the chef was able to provide specialist meals to reflect the choices of the patients.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used the Liverpool University Neuroleptic Side-Effect Rating Scale (LUNSERS) to monitor medication-induced side effects. They also used Salford Tool for Assessment of Risk, a mental capacity assessment tool, Health of the Nation Outcome Scale (HoNOS) and the recovery star.

Staff used technology to support patients. Both patients had access to laptops and phones and families were invited to use meeting platforms to join in meetings about the patients care.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives. Local audits took place such as audits of clinic room fridge temperatures and infection control.

Managers used results from audits to make improvements. We saw that managers were beginning to make changes from the audits they carried out for example reducing the number of care plans to make it easier for staff.

Skilled staff to deliver care.

The ward team did not include the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide appropriate care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service did not have a full range of specialists to meet the needs of the patients on the ward. At the last inspection there had been a psychiatrist, specialty doctor, psychologist, and an assistant occupational therapist. On this inspection we found there was no psychologist support and the occupational therapist was on maternity leave. There was also a locum psychiatrist and no specialty doctor.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Managers gave each new member of staff a full induction to the service before they started work. We asked to see the induction records for the hospital and observation competency check for new staff. The provider was unable to provide the records for five members of staff. Therefore, we were unable to satisfy ourselves that staff had been properly inducted into Willows Green and trained in observation.

Managers supported staff through regular, constructive appraisals of their work. All staff told us they received regular clinical and managerial supervision at least monthly. 97% of all staff had received monthly appraisals and 100% of staff supervision.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. The locum psychiatrist received clinical supervision outside of the provider.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. The provider had ensured staff had taken autism training and Oliver McGowan training.

Managers recognised poor performance, could identify the reasons, and dealt with these. Managers had taken the decision to replace all agency staff, who had worked for a sister company of the provider, with full time staff. They told us the reason for this was so they could ensure quality and deal more quickly with poor performance.

Multi-disciplinary and interagency team work

Patients did not have access to the full range of professionals to meet their needs. Staff from different disciplines worked together as a team to benefit patients. They had effective working relationships with staff from services providing care following a patient's discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Those involved in the patient's care both internal and external to the service were invited to attend as well as the patients themselves. We saw carers, family members and commissioners dialled into the meetings.

However, since the last inspection, there were vacancies within the multidisciplinary team. There was no psychology provision, the occupational therapist was on maternity leave and the psychiatrist was now a locum.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Daily handover sheets were more consistent in their content than on the last inspection. We saw incidents not only recorded electronically but also within the daily observation sheets and daily handovers.

The provider had effective working relationships with external teams and organisations.

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

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

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Only one staff member out of 35 (2.86%) were overdue to complete their training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The service had a Mental Health Act administrator, that staff knew, who was easily accessible and provided support.

The service had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Patients told us they spoke to the advocate regularly and their details were clearly displayed, and they attended meetings when required to support the patient.

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. Assessments were in place to record a patient's capacity to consent to treatment.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Discussions around section 17 leave were recorded with the multi-disciplinary meeting minutes. Both patients enjoyed leave and had been on numerous excursions. We observed patients leaving the hospital on a regular basis to visit local shops or amenities.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw evidence in records that they had been consulted appropriately.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. The Mental Health Act administrator made sure the service applied the Mental Health Act correctly by completing audits and sharing the findings.

There were no informal patients.

Good practice in applying the Mental Capacity Act

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

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. We saw several assessments around patient capacity, these included money, and dietary choices.

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

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff confirmed these were available for them on the hospital's intranet.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Consent to treatment and a patient's capacity were clearly recorded in all patient records.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture, and history. Capacity decisions were discussed in the weekly multi-disciplinary teams meeting.

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

Is the service caring?

Good

Our rating of caring improved. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. On this inspection there was a large number of new health care assistants now working on the wards. When we spoke with patients, we asked if they knew the names of staff conducting 2:1 observation. On each occasion they did and one patient had given her carers nick names. They were clearly communicating with each other and knew each other well.

Since our previous inspections the ratio of male to female HCA's had improved so patients had more choice in the gender of staff providing support to them.

We examined a book used by one patient to communicate with staff. We saw in the book that staff were attempting to engage the patient in daily activities.

Staff gave patients help, emotional support and advice when they needed it. As with the previous inspection, patients told us that some staff were good but some staff did not engage. However, we did see staff engaging with patients more and saw patients in the common room, which we had not seen before.

Staff did not always support patients to understand and manage their own care treatment or condition. At our last inspection we raised concerns that patients were not developing skills by using a suitable occupational therapy kitchen. On this inspection patients were not using the occupational therapy kitchen and we found staff had put personal items and food in that kitchen.

Staff directed patients to other services and supported them to access those services if they needed help. Patients accessed GP services, dentists, and opticians.

Patients said staff treated them well and behaved kindly. On the last inspection we found that staff who had been complained about and were being investigated were still working on the ward causing distress to the patients. On this inspection we did not find staff inappropriately working on the ward. Patients told us that they felt staff had improved and were more approachable. Families told us they were unsure if anything had changed under the new manager.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff understood and respected the individual needs of each patient. At the last inspection we found that staff did not understand why they were observing patients. Information about the patient with those observing was often conflicting. We had also found that constantly changing bank/agency staff meant staff were not fully briefed on the individual needs of the patient.

However, on this inspection we found the observations sheets contained accurate information which was constantly updated. Staff recorded information about their observations hourly and we saw these were not generic terms but actual descriptions as to what had happened in that hour. Staff did not carry pens or pencils to prevent incidents. There was a consistent team so each member of staff had worked together and with the patients previously so they could explain risk and also how to de-escalate if a patient looked like they were becoming unsettled. On this inspection staff could explain patients' needs and how to engage with them.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. They said that managers had an open-door policy and staff could go to them to share any concerns.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. **They ensured that patients had easy access to independent advocates.**

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. There had been no admissions since the first two patients.

Staff involved patients and gave them access to their care planning and risk assessments. The patient's voice was now more clearly reflected in the care plans and assessments.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Staff continue to support one patient who was selectively mute. They used the patient's preferred method of communication by writing in the patient's book.

Staff involved patients in decisions about the service, when appropriate. Community meeting minutes were available. However, patients were not involved in the selection of staff for example.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients gave daily feedback. This is a small hospital at the moment with two patients. They saw the senior management team several times a day.

Staff supported patients to make decisions on their care. Patients attended multi-disciplinary meetings where care plans were discussed with them. Staff encouraged patients to make decisions to improve their experience of the service, for example, decisions about noise levels impacting upon their privacy or health. Staff supported patients requests to access quieter areas of the ward for personal reasons, yet patients still had access to all areas of the ward environment.

Staff made sure patients could access advocacy services.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. Families had previously complained about the hospital and lack of communication. While still not convinced they were given all information as quickly as possible they did feel things were getting better.

Staff helped families to give feedback on the service. We saw that families attended multidisciplinary meetings either in person or online and were able to give their feedback.

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

Is the service responsive?

Good

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

Access and discharge

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

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. There were long term plans for the patients to be discharged into community care. One patient had more formal arrangements for discharge and was working actively to achieve that goal.

The service had no out-of-area placements. Both patients came from the North West of England.

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

When patients went on leave there was always a bed available when they returned. There had been no discharges since the hospital had opened.

Discharge and transfers of care

Managers had plans to monitor the number of patients whose discharge was delayed, however at the time of inspection there had been no delayed discharges.

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

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We saw that discharges had been discussed with commissioners.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy, and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and while patients could not make hot drinks and snacks at any time staff supplied them on request. The lack of an appropriate kitchen facility prevented staff supporting patients to self-cater.

Each patient had their own bedroom, which they could personalise. We saw examples of patient bedrooms containing personal items including pictures and patients told us staff supported them to make their rooms more homely.

Each bedroom was large with a large table and chairs at which they could do activities.

We saw each patient had a blackboard on the wall and staff wrote messages on the board about what was happening on the ward that day. On our inspection we saw that these boards had not been updated for several days.

Patients had a secure place to store personal possessions.

Staff did not use a full range of rooms and equipment to support treatment and care. There was a dedicated occupational therapy room outside the ward. We were told that patients rarely used this room but did activities in their bedrooms.

There was a small occupational therapy kitchen but patients were still not using it regularly and it contained staff property.

The service had quiet areas and a room where patients could meet with visitors in private. Visitors met patients outside the ward environment in a dedicated meeting room.

Patients could make phone calls in private. Patients had mobile phones and used them whenever they wished.

The service had an outside space that patients could access easily. Patients had access to a large, grassed area outside the ward.

Patients could not make their own hot drinks and snacks and were dependent on staff. This had been risk assessed against patients using hot drinks to assault staff and care plans to tackle obesity.

The service offered a variety of good quality food. There was a full-time chef who prepared fresh meals.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and community activities, and supported patients. Patients continued to go on excursions, these were linked to develop opportunities like shopping and other community activities.

Staff helped patients to stay in contact with families and carers. Families were in regular contact with the service and patients.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff encouraged patients to develop and maintain relationships within the wider community.

Meeting the needs of all people who use the service.

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. There was access to adapted bedrooms and bathrooms to support those with mobility needs. Staff told us that easy read information about medicine and some other topics were available and were printed off for patients when required.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There were notice boards and leaflet racks, which included a range of information. This included information about the ward, treatments, medicine, advocacy, and complaints.

The service had information leaflets available in languages spoken by the patients and local community. While neither patient required support with language through interpreters or signers the provider had arrangements to support new patients if required.

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

Patients had access to spiritual, religious, and cultural support. Patients told us that, if they wanted, they could access religious or cultural support. Staff told us this could be facilitated.

Listening to and learning from concerns and complaints

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

Patients, relatives, and carers knew how to complain or raise concerns. At the last inspection families told us they were concerned that complaints were not dealt with quickly and that information was often contradictory. On the last inspection we found that complaints were not investigated appropriately.

While families still expressed concerns about complaints being investigated, we found a new system had been implemented. The increase in the number of senior managers meant that there was now a dedicated lead to investigate complaints and we found complaints and investigations were being completed and a case tracker where actions were clearly recorded.

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

Staff understood the policy on complaints and knew how to handle them. We saw complaints being record on the new computer system by staff, and patients told us they often complained verbally which often resulted in a quick resolution.

Managers investigated complaints and identified themes. We saw that managers were now collating complaint data with other data such as incidents.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff protected patients who raised concerns or complaints from discrimination and harassment. At the last inspection patients were still nursed by staff they had complained about assaulting them. On this occasion no staff subject of an investigation were nursing patients.

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

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

Complaints were shared with staff at the daily morning meeting and in team meetings.

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

Is the service well-led?

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

The leadership team at the hospital had been increased since the last inspection. There was a new hospital manager and a new nurse clinical lead. They had been recruited from a national mental health provider and had a wide range of experience in the sector. The previous hospital manager at the last inspection was now the deputy manager.

The new leadership had begun to address issues identified at the last inspection. For example, a safeguarding policy was now with the safeguarding board for approval, and there was now a clear safeguarding investigation procedure.

However, the clinical team had lost a number of key staff including of psychology provision and no occupational therapist due to maternity leave. The provider at the last inspection also had a full-time psychiatrist and specialty doctor, but now had a locum psychiatrist only.

Vision and strategy

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

The visions and values of the service were displayed around the ward. Staff we spoke to could tell us the visions and values and explain how they were followed to ensure all staff were working together.

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

All staff we spoke with said they felt supported and valued at the service, with both management and staff saying they felt the staff team were happy. Staff told us the role could be stressful, but that they were managed and supported by colleagues and senior staff.

There were no reports of bullying or harassment at the service, and all staff we spoke to knew how to use the whistleblowing process. All staff told us that they felt they could raise concerns to management about the service without fear of retribution.

At the last inspection we raised concerns that we were not reassured that managers were doing everything possible to prevent a closed culture developing. We had seen that staff did not follow instructions and night staff were mainly bank and agency staff. On this inspection we saw that nearly all staff were permanent members of staff, and night staff were now rotated on a shift system which prevented staff only working on one shift type with other staff members.

One health care assistant told us they had been involved in an incident where they had been assaulted by a patient. They told us that they realised this was not a personal attack but that the patient had assaulted them because they had struggled to regulate their behaviour. They had accepted the patient's apology after the incident and did not have a grievance with the patient.

Governance

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

Since the last inspection the clinical governance group agenda and minutes had been improved. There were now more than two people attending. There were now clearly identifiable actions and who was responsible for completing those actions.

Incidents were now subject to a report with lessons learnt identified within that report. These reports also analysed incidents, in June 2023 there has been 18 incidents but 14 were verbal only. These were now discussed by the group to improve their response to future incidents.

Staff undertook or participated in local clinical audits. However, audits did not always identify issues. For example, managers had been unable to provide all staffs hospital induction and competency observation records and were unaware that the computer system did not always show the user all the care plans in place for each patient.

Management of risk, issues, and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Managers discussed and monitored risk daily at morning handover meetings, and risk was regularly discussed at clinical governance meetings.

The STAR risk assessment for each patient, at the last inspection did not reflect an accurate record of the risks that the patient presented to themselves or others. However, on this inspection we found it up to date and updated after incidents.

The service had a local risk register to capture operational issues relevant to the location. The risk register recognised the absence of key staff within the clinical leadership team.

The service had plans for emergencies, for example, adverse weather or a flu outbreak. There were continuity plans in place for all service areas.

Information management

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

The service used systems to collect data which were not onerous for frontline staff.

Leaders had access to information that supported them to adapt and develop performance. They used the information gathered to generate improvement.

Since the last inspection the computer system had been improved to include care plans and incidents, and all staff had access to the system. This has removed failures to maintain records identified in previous inspections.

The provider also now had a central system for recording other incidents such as equipment failures or maintenance requests with the computer system. All managers could now see what maintenance issues were recorded and how they were being resolved.

Managers could use dashboards to evaluate information across the service and any issues.

Information governance systems included confidentiality of patients' records.

Engagement

Managers engaged actively other local health and social care providers. Managers from the service participated actively in the work of the local transforming care partnership.

The hospital was engaged with several partner organisations to develop and improve the service. This included weekly visits from commissioners and the local safeguarding board held regular meetings to discuss safeguarding incidents.

Learning, continuous improvement and innovation

The service included quality improvement information within its governance meeting structure.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider must ensure that its safeguarding policy is compatible with the standards of the local safeguarding board. (Regulations 13 (2)(4)(b)).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must ensure that staff were aware of the functionality when searching for care plans within the computer systems. (Regulations 17(1)(2)(a)(b)(f)). The provider must ensure that it embeds and sustains the improvements it has made since the previous inspection. (Regulation 17 (1)(2)).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider must ensure that adequate support facilities and amenities are provided in the occupational therapy kitchen. (Regulation 15 (1) (c))

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

The provider must ensure that staff receive an induction to Willows Green Hospital. (Regulations 18(1);17(1)(2)(a)).

The provider must ensure they have a full multi-disciplinary team in post (Regulation 18 (1))

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure staff conducting observations have their training and competency checked to complete observations. (Regulation 12, (1)(2)(c)).