

Partnerships in Care (Beverley) Limited

Mayfield House

Inspection report

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

Ratings

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

Summary of findings

Overall summary

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

- The ward environments were safe and clean. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with regards to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Mayfield House did not always have a qualified member of staff available. Between the hours of 5pm and 7am and at the weekend the service operated an on-call rota for qualified staff. Mayfield house was on a list of locations requiring a qualified staff to attend as and when required.
- Patients did not have access to a nurse call alarm. The service discussed purchasing a nurse call alarm system, but it was not in place at the time of the inspection. Patients called nurses if they required assistance.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good 	Our rating of this service stayed the same. We rated it as good: see summary above for details.

Summary of findings

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Summary of this inspection

Background to Mayfield House

Mayfield House is a six bedded rehabilitation unit for patients that are recovering from mental illness. It is owned and operated by the Priory Group and forms part of a rehabilitation pathway that has been developed to provide step down facilities to patients at their 24 -bedded hospital. It is a unit specifically for women between the age of 18 and 65.

The unit has been open since 2014. It was last inspected in January 2020 and was rated good overall at that time. The unit provides community-based rehabilitation and promotes independent living.

The service is registered for the following regulated activities:

- Treatment of disease, disorder or injury

The building is a large house with six bedrooms, two lounge areas and a kitchen and dining area. There is also a small room set aside as a nursing office. On the top floor is a large room that doubles as a storage room and staff area. The only rooms that are locked are the nursing office and upstairs storeroom. Patients have keys to their own bedrooms, which they can lock if required. The unit has an open front door and patients are encouraged to come and go whenever they want. The door is locked at night for security reasons, but informal patients can leave at any time.

There is a registered manager shared between Mayfield House and another Priory hospital nearby.

The deputy ward manager is the only qualified nurse and is solely responsible for monitoring medication. The two services also share a psychiatrist and a psychologist who develop treatment and care plans and have regular input into the day-to-day care of the patient group. All other staff members are health care support workers who have undergone training to allow them to administer medication and take bloods.

At the time of the inspection we were informed by patients and staff of the forthcoming closure of Mayfield house. The service only had three patients since January 2021 and had not received any referrals in that time. All patients had been allocated assessed placements to move to when the unit closed on the 25th October 2021.

What people who use the service say

Patients were very complimentary about staff and spoke highly of them and the service. They stated staff could not do enough for them and it was the best place to come to when patients were ready to return to the community and practice independent living skills.

Patients were also disappointed that the unit was closing and felt although they were involved in decisions concerning their treatment and care that in this case they were not consulted.

How we carried out this inspection

The team that inspected the service consisted of one CQC inspector and inspection manager. One expert by experience conducting telephone interviews.

Summary of this inspection

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

The inspection was unannounced.

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

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

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

During the inspection visit, the inspection team:

Visited the unit,

looked at the quality of the environment and observed how staff were caring for patients;

spoke with two patients who were using the service;

spoke with the registered manager and deputy manager

spoke with three other staff members

looked at three care and treatment records of patients:

carried out a specific check of the medication management

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>.

Summary of this 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 service must provide a nurse call alarm system for patients.
- The service must always have a qualified member of staff on site.

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

Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Requires Improvement 

Our rating of safe went down. 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

Safe and clean care environments

All areas of the unit were clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff did not have access to alarms and patients did not have access to nurse call alarm systems.

Mayfield House did not have an alarm system. This meant patients had to call staff if they required any assistance. The manager of the unit explained that the service was planning to purchase a patient alarm call system, however this was not available prior to the closure of the unit.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified. There were ligature points across the unit that staff were aware of. Prior to admission patients were risk assessed and would have to be low risk and leading towards independent living to be considered for a place at the unit. All patients had individual risk assessments with care plans for identified areas of risk. Mayfield House had not had any incidents relating to tying ligatures.

Staff could not observe patients in all parts of the unit. As this was a stepdown unit the layout was that of a normal house to support and encourage independent living, therefore this was not required. The service also had a programme of activities that ensured staff knew where patients were.

The ward complied with guidance and there was no mixed sex accommodation. The unit was for females only.

Long stay or rehabilitation mental health wards for working age adults

Good 

Maintenance, cleanliness and infection control

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

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

Staff followed infection control policy, including handwashing. On entry to the unit hand gel was available for all visitors to the premises. Visitors were asked to complete documentation relating to COVID – 19 testing and vaccination. Visitors who were unable to show evidence of a recent COVID – 19 test were issued with a testing kit of which the outcome was documented.

Seclusion room (if present)

Mayfield House did not have a seclusion room and did not use seclusion.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment. There were no clean stickers used by the service. Mayfield House had a small clinic room. It was clean and tidy with locked cupboards containing patient's medication. Staff checked and recorded fridge and room temperatures daily. We reviewed checklists and there was consistent signing to confirm checks carried out.

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

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The staffing levels at Mayfield house consisted of two health care assistants during the day and two health care assistants during the night. A qualified nurse or manager was on site Monday to Friday 9 to 5pm. The qualified nurse monitored medication and ensured clinical needs were met. However, from 5pm to 7am and at the weekend a qualified member of staff was not always onsite. The manager explained that the service had an on-call rota for qualified staff who would be allocated to attend locations as and when required throughout the day or night. Mayfield house was one of the locations on the list. This meant that tasks that could only be completed by a qualified member of staff could be delayed and cause delays for patients.

The ward manager could adjust staffing levels according to the needs of the patients.

If bank staff were required, staff who were familiar with the unit and had worked there before or staff who worked at other Priory Group sites were used to cover shifts.

Patients had regular one- to-one sessions with their named nurse. Both nursing staff and patients confirmed that one to one time was carried out and never cancelled. Patients said they had one to one daily and once a week with their key workers. Those sessions were recorded in patient's daily records This had been particularly important in the last week as patients were concerned about the closure of the unit and used this time to discuss it.

Long stay or rehabilitation mental health wards for working age adults

Good 

As part of the recovery programme patients had full access to the community and therefore did not require escorted leave.

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

Staff captured information concerning the patient hand over electronically, they used computers to view all information which was password protected.

Medical staff

Medical cover supplied through the local NHS trust facilities were available for patients to use. Staff supported patients to register with local GP practices and therefore patients received medical cover for non-urgent cases from the GP. In an emergency staff would dial 999 for the emergency services.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. At the time of the inspection staff training was at 97% completion. The manager explained that they were not 100% due to staff being away on a period of leave. The mandatory training programme was comprehensive and met the needs of patients and staff. The mandatory training consisted of fire safety, infection control, safeguarding and others. Managers monitored mandatory training and alerted staff when they needed to update their training.

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 / arrival, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed three sets of care records, that were personalised and covered all areas of risk pertaining to the patient. Staff completed risk assessments prior to and during admission and regularly updated them.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff regularly reviewed patient records at the beginning of their shift. Staff identified and responded to any changes in risks to, or posed by, patients. Staff said when patients went out on leave if they observed that they were at risk due to their current mood they would delay the leave and review it later in the day to ensure they were safe to leave the unit.

Use of restrictive interventions

Levels of restrictive interventions were low, and staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. As the unit was designed to support patients back into the community there were limited restrictions in place. Any restrictions that were in place followed a clear rationale as with those restricted by sections within the Mental Health Act and documented in patient records.

Long stay or rehabilitation mental health wards for working age adults

Good 

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.

Staff kept up-to-date with their safeguarding training, they received safeguarding level two as part of their mandatory training.

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

Staff followed clear procedures to keep children visiting the ward safe. Visits were encouraged to take place in the community this included visits with children.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke to showed good awareness and understanding of identifying safeguarding concerns and how and who to report it to. We were given examples of safeguarding they had identified and reported and felt confident in doing this.

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.

Patient notes were comprehensive, and all staff could access them easily. All patient records were kept electronically and therefore stored securely as access to the system was password protected. The service had enough computers for staff to use to access patient information.

Medicines management

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Mayfield House followed good medicines management procedures. The unit had a small clinic room, it was clean, tidy with locked cupboards containing patient medication, all medication we checked was in date.

Staff completed daily fridge and room temperature checks, there was consistent signing to confirm that checks had been completed.

All staff received specialist training to dispense medication including health care assistants this ensured that they had the knowledge required to complete this task. Staff told they received yearly updates and refresher training and managers also completed regular checks and reviews of their knowledge and procedures.

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

All patients had their medication in blister packs which are sealed compartments for medication.

Long stay or rehabilitation mental health wards for working age adults

Good 

Each patient had their own Medicine Administration Record (MAR) staff signed this documentation when they had administered patient medication.

Weekly medicines audits were completed by the unit manager to monitor and audit dispensing and administration of medicines. The Priory pharmacist completed monthly checks of the medicine's management.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff gave an example of an incident they reported to the unit manager. They explained the process in line with the organisations policies and procedures.

Staff reported serious incidents clearly and in line with trust policy.

The service had no never events at the unit.

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. Although there had been no incidents where duty of candour was required, staff were aware of how to be open and honest with patients and explaining to patients when something had gone wrong.

Managers debriefed and supported staff after any serious incident. A psychologist from the organisation would lead debriefs for both patients and staff following a serious incident.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff received feedback from investigations and lessons learnt through team meetings and supervision. Staff also received feedback and updates from the organisation electronically.

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

Good 

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

Assessment of needs and planning of care

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

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We checked three sets of patient care records, they were comprehensive assessments of patient care that staff reviewed regularly and updated.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We saw care plans that identified specific health care needs for individuals that required monitoring and ongoing care, including healthy eating. Mental health care needs were identified and individualised for each patient a care plan had been developed for area of identified risk.

Care plans were personalised, holistic and recovery orientated. In all the care plans we viewed there was clear patient participation present.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service.

Patients met weekly with psychologists who provided cognitive behavioural therapy (CBT) as well as dialectical behaviour therapy (DBT). This was in line with National Institute for Health and Care Excellence (NICE) guidance. Patients stated they received support with fatigue management and also support with arthritis.

Staff delivered care in line with best practice and national guidance. When administering prescribed medication, staff followed guidance from the National Institute for Health and Care Excellence (NICE) The priority group ensured that health care assistants were trained to administer medication. This was supervised and regularly audited by the unit manager and pharmacist.

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. Patients had access to physical health care including specialists including specialists through their GP practice. Patients who had additional specific health care needs were supported to access specialist care and treatment. This was identified in patients' records.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients managed their own dietary requirements as part of the independent nature of the unit. This was monitored by staff to ensure that patients ate a balanced diet.

Staff used recognised rating scales to assess and record the severity of patients' conditions treatment and outcomes, this included the recovery star.

Managers used results from audits to make improvements.

Long stay or rehabilitation mental health wards for working age adults

Good 

Skilled staff to deliver care

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

The service had (access to) a full range of mental health specialists to meet the needs of the patients. This included psychiatrists, occupational therapists, psychologists and community psychiatric nurses.

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

Managers made sure staff received any specialist training for their role.

All staff at Mayfield house were experienced and qualified in their roles. Health care assistants received specialist training in phlebotomy and the administration of medication.

Managers gave each new member of staff a full induction to the service before they started work. All staff received an appropriate induction, that included training such as restraint, life support and emergency first aid and autism awareness. Staff completed training in the care certificate or an equivalent.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. At the time of the inspection staff supervision and appraisal were at 97% completion rates.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Managers ensured staff could attend team meetings, those who were not on shift on the day of the meeting joined using one of the meeting conferencing applications.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The priority group had an academy providing training opportunities for those with the right qualifications to embark on a nursing career.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency teamwork

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff attended monthly multidisciplinary meetings. This involved professionals that were involved in the patients care and if appropriate invites were extended to staff and carers external to the service.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff attended handover meetings at the beginning and end of their shift to discuss relevant patient information. The information presented was captured electronically, therefore staff were able to securely review the handover as and when required during their shift.

Ward team had effective working relationships with other teams in the organisation. The manager of Mayfield house also managed another unit within the organisation and staff at Mayfield house developed good working relationships with the other units.

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

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

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. All staff we spoke to had received training in the Mental Health Act and had good knowledge of the mental health Act guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The Priory Group provided administrative support for staff at Mayfield house concerning the Mental Health Act. They completed regular audits of the paperwork to ensure compliance.

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 had access to independent mental health advocates. This was provided by an external organisation who for continuity of care used the same member of staff to support the patients.

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

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

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

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.

Long stay or rehabilitation mental health wards for working age adults

Good 

All staff were up to date with training on the Mental Capacity Act. Staff we spoke with had a good understanding of the Mental Capacity Act and its five guiding principles.

There were no Deprivation of Liberty Safeguards applications made by Mayfield house in the last 12 months before the inspection and there were no Deprivation of Liberty Safeguards in place at the time of the inspection.

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

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. The manager provided advice and guidance concerning the Mental Capacity Act and Deprivation of Liberty Safeguards and wider support was available through the Priory Group.

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

Good 

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

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients.

Staff gave patients help, emotional support and advice when they needed it. All staff and patients at Mayfield house had recently been given notice that the unit would be closing. Patients informed us that they were disappointed about the closure and that staff had shown empathy towards them and were caring and supportive during this time. During the inspection we observed positive interactions between staff and patients, staff treated them with dignity and respect and were responsive to the patient's needs.

Patients said staff treated them well and behaved kindly.

We spoke with two patients who told us staff were very respectful and polite. Staff would shop for patients who were unwell and cook for them. Some staff would buy birthday or Christmas presents for patients.

Staff understood and respected the individual needs of each patient.

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

Staff followed policy to keep patient information confidential.

Long stay or rehabilitation mental health wards for working age adults

Good 

Involvement in care

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

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments. In the three patient records we reviewed we could see evidence of patient participation. Patients told us they had been involved in decisions about their care and staff gave them copies of their care plans.

Staff made sure patients understood their care and treatment, patients were offered care and treatment options such as ordering medication from the GP, keeping the medication safe and self-medicating.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients attended weekly community meetings at the unit. The minutes of the meeting were placed on the notice board for patients and staff to refer to at any time. Discussions included feedback on the service they were receiving, group outings and items required for the unit. Patients and carers were also invited to give individual feedback through questionnaires.

Staff made sure patients could access advocacy services. Patients could access advocacy services as and when required. An independent organisation offered weekly visits or attended at the request of the patient.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Where appropriate they were involved in care planning and discharge planning meetings with consent from the patient.

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

Good 

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

Access and discharge

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

Mayfield House is a six bedded rehabilitation unit for patients that are recovering from mental illness and forms part of a rehabilitation pathway with their 24 -bedded hospital. It is a

unit specifically for women between the age of 18 and 65.

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers made sure bed occupancy did not go above 85%. During the last six months prior to the inspection, Mayfield house had a bed occupancy of 50% and there had been no new admissions to the service.

The service had no out-of-area placements. As Mayfield house was a privately run unit it did not have a catchment area, this meant there were no out of area placements. The beds were individually commissioned.

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. Staff did not reallocate beds until patients were discharged which meant that beds were always available for patients returning from leave.

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

Discharge and transfers of care

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We saw clear discharge plans for each patient in the care records in collaboration with staff, the wider multidisciplinary team and the patients. Future placements were identified. As the unit was due to close, patients had been assigned interim placements prior to moving to their identified placements. This had been discussed within multidisciplinary team, but patients felt they had not been consulted on this decision.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise.

Patients had a secure place to store personal possessions. Patients could lock their bedroom doors and if required small valuable items could be stored in the safe in the nurse's office.

Staff used a full range of rooms and equipment to support treatment and care. The unit had a small amount of room such as a lounge and large kitchen. Staff encouraged patients to access the community as part of their recovery.

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

Patients could make phone calls in private. Patients had their own mobile phones which they could use in the privacy of their own bedrooms, as there were no restrictions placed upon them. Patients who did not have a mobile phone were able to use the office phone which was cordless and therefore could be used in the privacy their bedroom.

The service had an outside space that patients could access easily. Patients accessed a well-maintained garden as and when required.

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients had access to hot drinks whenever they wanted, they had the use of a large kitchen and provided meals for themselves with the support of staff if required.

Long stay or rehabilitation mental health wards for working age adults

Good 

Patients' engagement with the wider community

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

Staff helped patients to stay in contact with families and carers. Patients said that there were not many visits to the unit by family, staff encouraged patients to use community resources to meet family and carers. Patients said they also maintained contact by phone and through video calls.

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.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. The unit had notice boards that displayed a range of information for patients, such as patient rights, complaints procedure, treatment options and local services.

The service had information leaflets available in languages spoken by the patients and local community. Information leaflets we saw were written in English but could be made available in other languages if required.

Managers made sure staff and patients could get help from interpreters or signers when needed. The Priory group had a contract with an agency that could provide both interpreters and signers.

Patients did their own shopping and therefore catered for themselves, there were no restrictions on what food they could prepare. Patients were aware of what their dietary intake should be with regards to any existing health issues and staff supported patients to think about healthy eating.

Patients had access to spiritual, religious and cultural support. Patients could access religious support in the community as and when required, patients told us they attended church every Sunday and go the help they needed.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Patients said they were aware of the complaints procedure and had no issues with voicing their concerns to staff. Recently patients had raised concerns with staff and with the Care Quality Commission concerning the announcement of the closure of Mayfield House. Staff had provided time and space for patients to voice their concerns as a collective and individually and provided feedback.

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

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Good 

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

Leadership

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

Staff knew their senior managers and said they were approachable and open to ideas from both staff and patients.

Managers were knowledgeable of both the service and the patients in the unit. Staff spoke highly of their managers and said they were visible at the unit attending two to three times a week and they were contactable.

Vision and strategy

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

Staff were aware of the organisation's visions and values, which included being supportive, striving for excellence and acting with integrity and they agreed with them.

Managers ensured team objectives were in line with the organisation's visions and values.

Culture

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

Recently the provider announced that Mayfield house would be closing within a month's time. Although staff were disappointed and concerned about their future employment, they continued to feel, respected, valued and supported. The service was in consultation with the staff concerning their options.

The Priory Group provided opportunities for staff to develop leadership skills and personal development. Staff had completed training relevant to their roles and explored options for career development through the appraisal process.

Staff stated they felt able to raise concerns without fear of victimisation and feel confident that managers would listen to them. They were aware of the whistle blowing process and would be confident to use it if they needed to.

Staff understood the duty of candour and said they would be honest and open when feeding back to patients if things went wrong.

Staff were able to provide feedback through team meetings and also through staff surveys.

Long stay or rehabilitation mental health wards for working age adults

Good 

Governance

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

Staff received mandatory training, which was 97% completed at the time of the inspection. Staff received regular supervision and appraisals the completion rate for both were 97%.

Mayfield house followed correct policies and procedures for the Mental Health Act, Mental Capacity Act, safeguarding, incident reporting and when administering and recording patient medication.

Staff participated in clinical audits and quality monitoring processes. Completed audits we viewed included ligature audits, infection control, food safety, health and safety and quality environment audits.

Managers completed a quality walk around to check, patient safety, environmental checks documentation, safeguarding and physical health.

Managers used key performance indicators to monitor quality and performance. Information was presented and feedback to staff and had informed improvements.

The unit manager had enough authority and administrative support to take on their roles and responsibilities.

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.

All staff had access to patient records including care plans risk assessments and risk management plans. Staff reviewed care plans regularly and when patients were accessing the community with regards to section 17 leave under the Mental Health Act.

Information management

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

We did not see any evidence of performance outcomes or involvement in local or national improvement activities.

All staff had access to the organisations shared drive and therefore were able to access information relating to their service and to the Priory Group services.

Learning, continuous improvement and innovation

We did not find any evidence of involvement in any national quality improvement programmes.

We did not find any examples of innovative working, practice or involvement in research.

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
Treatment of disease, disorder or injury	<div>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</div> <div>The service did not have a qualified member of staff on site at all times.</div> <div>Patients did not have access to a nurse call system.</div>