Elm Park

Quality Report

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Date of inspection visit: 28 March 2017
Date of publication: 31/05/2017

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated Elm Park as good because:

- The provider had safe staffing levels. We checked the duty rotas and saw that the provider was maintaining appropriate numbers of staff on all shifts.
- Staff undertook a risk assessment of patients upon admission. Staff reviewed these and updated them regularly during patients review meetings or following an incident.
- The provider had good medication management procedures in place. All the medication was stored appropriately, in locked cupboards within the clinic room. We reviewed the medication administration records for all patients and found that staff completed these correctly.
- Staff completed comprehensive assessments of patients upon admission. Staff used the information gathered during the assessment is to formulate a care plan.
- Staff completed physical health examination of patients upon admission. The provider arranged admissions on the days when the GP and the physical health care nurse were in attendance.
- Staff received regular supervision and annual appraisals. Staffs compliance with supervision was 96% and compliance with appraisals was 93%.
- We observed staff to be kind and caring towards patients and they treated them with dignity and respect. Staff were responsive to patient's needs.
- Patients, their families, and carers were involved in and participated in the planning of their care. We reviewed five care records which showed that staff discussed care plans and they recorded patient's views within these. Staff shared these with families and carers.
- The provider had a full activity programme. The occupational therapy team managed activities Monday to Friday and the nursing team provided some activities during the weekends.
- Patients told us the food was of good quality and there was choice. The provider was able to offer a range of food choices to suit patient's different needs, such as dietary requirements of religious needs.
- The provider had good complaints procedures in place. Managers investigated complaints and they shared any lessons learnt with staff.
- Staff were able spend their time on direct care activities. We observed that staff spent the majority of their time engaging, interacting, and supporting patients to meet their needs.
- The provider had systems in place to monitor mandatory training and staff supervision and appraisals. The provider used a dashboard system on the computer that would highlight when staffs training, supervision and appraisals were due.

However:

- The décor in some areas of the ward was in a poor state of repair. In the lobby area there was peeling paint on the walls. There was peeling paint, rotten skirting boards, and a hole in the vinyl flooring in the toilet by the dining room.
- The provider had not mitigated all blind spots with the use of mirrors. One patient's bedroom did not have clear lines of sight when staff used the observation window in the door.
- Staff knowledge of the Mental Health Act code of practice was limited, especially with regards to seclusion. Staff were restraining patients in the quiet room but were not documenting this as an incident of seclusion.
- Senior staff could not explain what key performance indicators they were using to monitor performance.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Services for people with acquired brain injury	Good 	

Summary of findings

Contents

Good

Elm Park

Services we looked at:
Services for people with acquired brain injury;

Summary of this inspection

Background to Elm Park

Elm Park is a specialist neuro-rehabilitation service for treating and discharging people with complex neurological needs following a traumatic or acquired brain injury. Elm Park provides individual treatment programmes for men with complex behaviour issues, and those with a forensic history including patient's detained under the Mental Health Act or voluntary residents. Elm Park has 17 beds.

The registered manager was Denise O'Brien.

Elm Park provides the following regulated activities:

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

We last inspected Elm Park on 10 November 2015.

Following this inspection, the provider was told they must;

- The provider must ensure that supervision for nursing staff is provided regularly to support staff with their role.
- The provider must ensure there is a robust protocol for medical cover out of hours and when the responsible clinician is unavailable.
- The provider must ensure that treatment plans made 'in best interest' have a record of capacity assessments, and include involvement from family and advocates.
- The provider must ensure that patients are not subject to blanket restrictions in accordance with the Mental Health Act Code of Practice.
- The provider must ensure that informal patients are free to leave the hospital at will and are aware of processes in place to promote their liberty, in line with the Mental Health Act Code of Practice. Staff must have clear guidelines to support patients.
- The provider must ensure that, where there are delays in accessing best interest assessments for patients requiring renewal of their deprivation of liberty safeguard authorisations, there are clear care plans in place to support staff. The provider should evidence that, under such circumstances, patients are aware of their rights and are appropriately supported.

Following the inspection in November 2015 the provider told they should;

- The provider should ensure that patient risk assessments are up to date.
- The provider should ensure for patients detained under the Mental Health Act 1983 that staff should assess capacity to consent to treatment at first administration of medication. This should be documented and reviewed when renewal of detention is being considered.
- The provider should ensure that when considering protection plans, capacity assessments are undertaken detailing whether patients have understood the safeguarding process.
- The provider should ensure that care plans evidence patient involvement or detail how patients were supported with the process.

Our inspection team

Team leader: Lee Sears, hospital inspector.

The team that inspected the service comprised two, Care Quality Commission inspectors and an inspection manager. We also had a specialist advisor with experience of working with people with acquired brain injury.

Summary of this inspection

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- we visited the hospital and looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with three patients who were using the service;
- spoke with the registered manager of the hospital;
- spoke with 17 other staff members; including doctors, nurses, rehabilitation workers, occupational therapist, speech and language therapist, psychologist, social worker, administrators and kitchen staff;
- spoke with an independent advocate;
- attended and observed the early morning review meeting;
- collected feedback from three patients using comment cards;
- looked at five care and treatment records of patients;
- carried out a specific check of the medication management on the ward;
- looked at a range of policies, procedures and other documents relating to the running of the service;

What people who use the service say

- We spoke to three patients and three carers.
- Patients told us that staff were kind and caring and supported them to meet their needs.
- Patients told us that there was good activity programmes throughout the week.
- Carers told us staff treated their relatives with care and respect.
- Carers told us that staff communicated regularly if there was a change in needs.
- Carers told us they felt that they were involved in their relatives care.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We rated safe requires improvement because:

- Staff did not understand the Mental Health Act Code of Practice description of seclusion. Staff Occasionally used the quiet room to restrain and de-escalate patients but did not record this as seclusion.
- The provider had not mitigated all blind spots with the use of mirrors. One patient's bedroom did not have clear lines of sight when staff used the observation window in the door.
- The décor in some areas of the ward was in a poor state of repair. In the lobby area, there was peeling paint on the walls. There was peeling paint, rotten skirting boards, and a hole in the vinyl flooring in the toilet by the dining room.

However:

- Cleaning records were up to date and demonstrated that staff cleaned the wards on a regular basis.
- The provider had safe staffing levels. We checked the duty rotas and saw that the provider was maintaining appropriate number of staff on all shifts.
- Staff undertook a risk assessment of patients upon admission. Staff reviewed these and updated them regularly during patients' review meetings or following an incident.
- The provider had good medication management procedures in place. All the medication was stored appropriately. We reviewed the medication administration records for all patients and found that staff completed these correctly.
- Staff reported and recorded incidents appropriately. The manager investigated incidents and identified lessons learnt. These were shared with staff during handovers and team meetings.

Are services effective?

Good

We rated effective good because:

- Staff completed comprehensive assessments of patients upon admission. Staff used the information gathered during the assessment to formulate a care plan.
- Staff completed physical health examination of patients upon admission. The provider arranged admissions on days when the GP and the physical health care nurse in attendance.

Summary of this inspection

- Staff received regular supervision and annual appraisals. Staffs compliance with supervision was 96% and compliance with appraisals was 93%.
- Patients received psychological therapy as recommended by the National Institute for Health and Care Excellence. The psychologist ran a neuro-behavioural programme to support patients.
- There were effective handovers between the teams. The provider held an early morning review meeting every day to discuss patients. Staff also discussed any incidents or complaints during this meeting.

However:

- Staff knowledge of the Mental Health Act code of practice was limited, especially with regarding the use of seclusion.

Are services caring?

Good

We rated caring good because:

- We observed staff to be kind and caring towards patients and they treated them with dignity and respect. Staff were responsive to patient's needs.
- Patients were involved in and participated in the planning of their care. We reviewed five care records which showed that staff discussed care plans and they recorded patient's views within these.
- Families and carers were involved in patients' care. We spoke to three patients' families. All told us that staff would phone them to them to keep them informed of any changes in needs.
- Patients had access to advocacy. We spoke to the advocate who was on-site the day of inspection. They told us that they support patients in care reviews, care programme approach meetings, and Mental Health Act tribunals.

Are services responsive?

Good

We rated responsive good because:

- Staff planned patient's discharges so they happened at an appropriate time of day. Patients, their relatives and carers, and future care providers were involved in discharge planning.
- The provider had a range of rooms and equipment to support patients' care and treatment. This included a fully equipped clinic room, activity rooms, and a quiet room where patients could go and relax, or to have privacy when family were visiting.
- The provider had a full activity programme. The occupational therapy team managed activities Monday to Friday and the nursing team provided some activities during the weekends.

Summary of this inspection

- The provider had a range of accessible information on local services, patient rights, and how to make complaints. Staff gave patients an information pack containing this information. We saw evidence of these in patients' bedrooms.
- Patients told us the food was of good quality and there was choice. The provider was able to offer a range of food choices to suit patients' different needs, such as dietary requirements of religious needs.
- The provider had an effective complaints procedure in place. Managers investigated complaints and they shared any lessons learnt with staff.

However;

- There were some restrictions on access to outdoor spaces. Staff told us this was to encourage patients to engage therapeutic programme.

Are services well-led?

Good

We rated well-led as good because:

- Staff were aware of the organisation's visions and values. Staff told us how values such as valuing people, caring safely, integrity, and working together underpinned the work they did. We observed staff's behaviour reflected the provider's values.
- The provider had systems in place to monitor mandatory training and staff supervision and appraisals. The provider used a dashboard system on the computer that would highlight when staff's training, supervision and appraisals were due.
- Staff reported there was high morale and job satisfaction. Staff told us there was good team working and mutual support.
- Staff were open, honest and transparent and explained to patients if things went wrong. We reviewed incident forms, which showed staff explained to patients when something had gone wrong.

However:

- Senior staff could not explain what key performance indicators they were using to monitor hospital performance.
- Staff did not know who the senior management within the organisation were. The hospital had recently been taken over by new provider. However, staff told us that they did not know who the new management team were.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- There were six patients detained under the Mental Health Act.
- Staff compliance with Mental Health Act training was 100%.
- We reviewed patients' care records and saw that staff informed them their rights on a monthly basis.
- Staff completed The Mental Health Act 1983 paper documentation correctly including Section 17 leave forms.
- Second opinion appointed doctors had assessed patients' ability to consent to treatment where appropriate and completed the necessary documentation.
- The provider had accessible copies of original Mental Health Act paperwork. A Mental Health Act administrator carried out regular audits to ensure that legal documentation was correct.
- The provider ensured that photographs of the patients in the care records were on their medicine administration records as required by the Mental Health Act Code of Practice.
- Patients had access to independent mental health advocates.

However;

- Staff did not comply with the Mental Health Act code of practice guidance on the use of seclusion. Staff would occasionally restraint patients in the quiet room and prevented them from leaving. This contravened the Mental Health Act code of practice, which states in Chapter 26 paragraph 103 that seclusion is the supervised confinement of the patient, away from other patients, in an area from which the patient is prevented from leaving.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff compliance with Mental Capacity Act training was 100%.
- Staff completed Mental Capacity Act assessments. Staff completed these on a decision specific basis. When patients lacked capacity to make decisions for themselves, staff held best interest decision meetings. These included all relevant people involved in the patient's care.
- There were four patients subject to Deprivation of Liberty Safeguards. Staff had appropriately completed all the applications.
- Staff demonstrated good knowledge on the Mental Capacity Act. They were able to describe how they would assess a patient's capacity.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for people with acquired brain injury	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Good

Services for people with acquired brain injury

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

Are services for people with acquired brain injury safe?

Requires improvement

Safe and clean environment

- There were blind spots within some areas of the hospital. The hospital was an old building with long corridors. This did not always allow clear lines of sight. There were some mirrors to mitigate the risks of the blind-spots. However, the provider had not mitigated all blind-spots with mirrors. In bedroom four, staff would not be able to observe the whole room by looking through the observation window in the door as the room was L shaped. Staff told us that they would enter the room to check the patient rather than use the observation window. We reviewed the patient's risk assessment and they were not a risk of ligatures.
- There were ligature points throughout the hospital. These included the pagoda in the garden, the paper towel dispensers, soap dispensers, and hand dryers. The provider had completed a ligature risk assessment which included all identified risks. Each patient had a ligature risk assessment as part of their general risk assessment with an action plan as to how staff would mitigate these risks. This included increasing patient observations should they present is a risk of ligature.
- The ward was an all-male environment so there were no issues regarding the Department of Health's guidelines on mixed sex accommodation.
- The provider had a fully equipped clinic room with accessible resuscitation equipment. An emergency grab bag contained oxygen and a defibrillator and was easily accessible for staff. Staff completed regular audits of emergency equipment. We checked these audits, which were up to date. Equipment was well maintained and cleaned regularly. We saw stickers on equipment, with dates as to when the provider last had them serviced.
- The provider did not have a seclusion room.
- Some areas of the ward were clean and tidy. However, in some areas, such as the lobby area by the staff office, there was peeling paint on the walls. The toilet off of the dining room also had peeling paint, a hole in the floor vinyl, and rotting skirting boards. The provider had a plan for future renovations within the hospital. We reviewed this and found that the provider planned to redecorate the lobby area at the end of April 2017. However, the provider should have completed the toilet by 17 March 2017.
- Staff adhered to, infection control practices. We saw staff washing hands following care activities.
- Cleaning records were up to date. Cleaning staff cleaned the hospital environment on a daily basis. Cleaning staff would close off areas of the ward whilst they were cleaning to prevent patients access to substances hazardous to health.
- Patients had access to a nurse call system. These were available in the bedrooms as well as the bathrooms and toilets.

Safe staffing

- The provider had an establishment of nine whole time equivalent nurses and 24 whole time equivalent rehabilitation workers. There were no vacancies for qualified nurses and two vacancies for full-time rehabilitation workers.
- The provider had a sickness rate over the past year of 1%.
- The staff turnover rate for the previous year was 14%.

Good

Services for people with acquired brain injury

- The provider had two nurses and six rehabilitation workers during day shifts, two nurses and three rehabilitation workers on night shifts. We checked the duty rotas and saw that the provider was maintaining appropriate numbers of staff on all shifts.
- The ward manager was able to adjust staffing levels to take into account daily activity levels. Staff told us that if patient observation levels were increased then the provider would supply extra staff to cover this need. We saw evidence that this happened regularly within the duty rotas.
- There was always staff present with in communal areas of the ward. Staff would spend time sitting and interacting with patients.
- There were appropriate numbers of staff to enable patients to have one-to-one time with their named nurse. Patients told us that they regularly had time with staff should they require it. The provider had a dashboard which they used to monitor patient one-to-one time with their named nurse.
- The provider never cancelled escorted leave or ward activities due to staffing issues. We spoke with patients who told us that staff never cancelled their leave.
- There was appropriate medical cover, including out of hours. The provider had an on-call rota for doctors who staff could contact should they need support out of hours. The on call doctor would cover the hospital as well as other local hospitals run by the provider.
- Staff were up to date with mandatory training. We reviewed the training matrix and saw that staff compliance with mandatory training over the past year was 95%. All bank staff were included in the provider's mandatory training.

Assessing and managing risk to patients and staff

- The provider had not recorded any incidents of seclusion or long-term segregation in the last six months.
- There had been 32 incidents of restraint in the last six months. These involved six different patients. There were no incidents of prone (facedown) restraint.
- Staff had undertaken a risk assessment of patients on admission. Staff had reviewed these and updated them regularly during patient's review meetings or following an incident. The provider used the short term assessment of risk and treatability risk assessment tool. This is a comprehensive risk assessment tool that covers a range of risks, including risk to self and others, risk of abuse, self-neglect, at risk of unauthorised leave.
- There were some blanket restrictions around smoking times for patients. The provider told us this was to help encourage patients to engage in the activities programme during the day. The provider had completed an audit of restrictive practice within the hospital. This highlighted the restrictions on smoking. This stated that the restriction on smoking was described in the unit expectations staff gave to patients on admission. However, the unit expectations document was due to be renewed. The provider restricted patients from going out for a cigarette after 20:30 at night.
- Informal patients were free to leave at will. There were two informal patients on the day of inspection. We spoke with one of the informal patients who said that if he wished to he could go out any time.
- The provider had policies and procedures for the use of observations. The provider used different levels of observations from general observations, intermittent checks, one-to-one within eyesight, and one-to-one within arm's reach. The provider also had a policy on searching patients. Staff searched patients prior to leaving the hospital and on return. Staff could also search patients' rooms if they had any concerns regarding the safety of patients.
- Staff only restrained patients after de-escalation had failed. Staff were trained in the management of violence and aggression. This training promoted the use of de-escalation, and only using physical restraints as a last resort.
- Staff did not understand the Mental Health Act Code of Practice description of seclusion. Chapter 26, Paragraph 103 of the code of practice described seclusion as the supervised confinement of the patient, away from other patients, in an area from which the patient is prevented from leaving. Staff told us that they used the quiet room if they had to restrain a patient. This room was equipped with special seats for use by staff to safely restraint patients sitting down. Staff did not document these episodes as seclusion.
- The provider had no incidences of the use of rapid tranquilisation within the past 12 months.

Good

Services for people with acquired brain injury

- Staff were trained in safeguarding and knew how to raise a safeguarding alert when appropriate. Staff compliance with safeguarding training was 94%. Staff we spoke with were aware of how to identify abuse and what actions they should take.
- There were robust medicines management procedures in place. All the medication was stored appropriately in locked cupboards within the clinic room. The nurse in charge kept the keys. Staff labelled all medication appropriately and used stickers which stated when they were opened. We reviewed the medication administration records for all patients and found that staff completed these correctly. One patient was self-administering medication. The medication administration records included an assessment of competency procedures in place. The provider used a local pharmacist for medication reconciliation. A pharmacist visited the ward once a week to check all medications. The provider had a pharmacy meeting on a monthly basis in which medical staff and the pharmacist met to discuss patient medication.
- Staff were aware of addressing issues such as falls or pressure ulcers. We reviewed care records and found that patients had a falls risk assessments and waterlow assessments which is a tool used to assess risk of pressure ulcers.

Track record on safety

- The provider had not recorded any serious untoward incidents over the past 12 months.
- The provider has introduced improvements in medicines management practices following their medicines management clinical audits. These included introducing the use of date open labels and updating the controlled drugs cupboard to meet the Nursing and Midwifery Council standards.

Reporting incidents and learning from when things go wrong

- Staff knew what they needed to report as an incident. The provider had an electronic recording system for incident reporting. All staff had access to this, including bank and agency staff. We reviewed the incident forms for the past three months. These showed that staff were reporting incidents appropriately.
- Staff were open and transparent and explained to patients when things had gone wrong. We found evidence in an incident form following a medication error, staff informed the patient of what had happened and staff contacted the GP who then examined the patient to check for any adverse reactions.
- Staff received feedback from incidents. Following incidents, the service manager would investigate and identified any lessons that need to be learned. They would then share this information during the early morning review meeting. The provider also held a monthly meeting where senior staff would look at all the incidents over the past month and the minutes of this meeting with then shared all staff.
- Staff were debriefed following incidents. Service manager would meet with staff following incidents and they would discuss how incidents were managed, what went well, what improvements could be made.

Are services for people with acquired brain injury effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed the care records of five patients. These showed that patients received a comprehensive assessment upon admission. Information gathered during the assessment was then used to formulate a risk assessment and care plan.
- Care records showed that patients had a physical examination upon admission. Records demonstrated that staff were monitoring patients' physical health on a regular basis.
- Patients had up to date, personalised, recovery orientated care plans. However, staff did not always write these in a format or in language that would be easy for patients to understand.
- Information needed to deliver care was stored securely and available to staff when they need. The provider used an electronic recording system to record patient information. The provider also had paper backup records for important documents such as care plans and risk assessments. The paper backup records were regularly updated when care plans or risk assessments were updated.

Good

Services for people with acquired brain injury

Best practice in treatment and care

- Staff followed guidelines from the National Institute for Health and Care Excellence guidelines for prescribing medication. We reviewed the medication policy which referred to the National Institute of Health and Care Excellence guidelines that the provider had used.
- The provider offered psychological therapies recommended by the National Institute for Health and Care Excellence. We interviewed the clinical psychologists. They led the neurobehavioral programme, and they introduced positive behaviour support.
- Patients had access to physical healthcare. The provider registered patients with the local GP. The GP would visit the hospital once a week to monitor all physical healthcare needs. The provider also had a registered general nurse that they shared with another local hospital run by the provider. The registered general nurse would attend the hospital once a week and oversee all physical healthcare needs and completed physical healthcare audits.
- Staff assessed patients' nutritional and hydration needs. However, one patient required soft diet. Information in the assessment was vague. It stated that the patient should have adequate food and fluids but did not say how much food and fluid would be adequate for that patient.
- The provider used a range of rating scales and outcome measures to monitor patients' progress. Staff used the Chessington occupational therapy neurological assessment battery. This is a specialist tool for patients with acquired brain injury that tests functional and perceptual dysfunction. Staff also completed Health of the Nation Outcome Scales to monitor patients' progress.
- Staff actively participated in clinical audits. Staff would complete care plans and risk assessment audits, clinic room audits, and emergency equipment audits. We reviewed all these audits and found that staff were completing them in line with the provider's policy.

Skilled staff to deliver care

- The provider employed a full range of disciplines. These included mental health nurses, rehabilitation workers, a social worker, registered general nurse, speech and language therapist, consultant psychiatrist, and a consultant psychologist.
- Staff were experienced and had the necessary qualifications to perform their role.
- Staff received an appropriate induction prior to commencing work on the wards. Part of the staff induction was to complete all necessary mandatory training prior to starting work directly with patients.
- The provider ensured staff had regular supervision and received an annual appraisal. Staff supervision rates for the past 12 months were 96%. Staff appraisal rate for the past 12 months was 93%. We reviewed the supervision and appraisal records. Four out of 31 staff had not received an appraisal over 12 months. One of these staff had not received an appraisal for three years.
- Staff received the necessary specialist training for their role. Staff had undertaken training in neurobehavioral approaches and positive behaviour support.

Multi-disciplinary and inter-agency team work

- The provider held regular and effective multidisciplinary team meetings. We attended the early morning review meeting. Members of all staff disciplines attended this meeting every morning. During this meeting the team discussed each patient and if there are any significant events, any incident reports submitted regarding patients, any safeguarding concerns, and any planned leave that day.
- There were effective handovers between the teams. There was a handover at the end of each shift. Staff shared information gathered during handovers in the early morning review meeting.
- The provider had effective working relationships with other teams and organisations. Staff would send copies of all clinical review meeting notes to care coordinators. Staff would also send reports to care coordinators, and the clinical commissioning groups who fund patients.

Adherence to the MHA and the MHA Code of Practice

- Staff compliance with Mental Health Act training was 100%. This included training in the Mental Health Act code of practice. Staff we spoke with had a good understanding Mental Health Act. However, staff understanding of the code of practice, especially around the use of seclusion was limited.
- Staff adhered to consent to treatment and capacity requirements. Copies of the treatment forms as well as capacity assessments were located in the medication records of patients.

Good

Services for people with acquired brain injury

- Staff informed patients their rights under the Mental Health Act upon admission and then monthly. We reviewed the care records and saw that this was happening on a regular basis.
- The provider had a Mental Health Act administrator who was able to provide support and legal advice on implementation of the Act.
- We reviewed the detention paperwork of two out of the six patients detained under the Mental Health Act. Staff had completed all detention paperwork correctly; it was up to date and stored within the patient's care records.
- The Mental Health Act administrator audited the Mental Health Act paperwork every two months. We reviewed the last two audits. The audit from March 2017 highlighted an issue with two patients not having been read their rights. The Mental Health Act administrator checked the records and found that one patient had their rights read by staff and the other had not. She took action to rectify this by e-mailing patient's named nurse to remind it was overdue.
- Patients had access to an independent mental health advocates. The provider used a local organisation to provide this service. Information was on display around the hospital and enable patients to access this service.

Good practice in applying the MCA

- Staff compliance with Mental Capacity Act training was 100%. Staff we spoke with demonstrated good understanding of the Mental Capacity Act and the five statutory principles.
- The provider had a policy on the Mental Capacity Act, which included Deprivation of Liberty Safeguards. Staff we spoke with were aware of the policy and where to find it should they need to refer to it.
- Patients with impaired capacity, had their capacity to consent to treatment assessed and recorded. Staff did these on a decision specific basis. When patients lacked capacity, staff ensured they made decisions in patient's best interests. We saw evidence that best interest decision meetings were being held, which included family and carers, and any other relevant people involved in patient's care.
- Staff were aware of where to get advice regarding the Mental Capacity Act. Staff told us they would speak to their line manager or they could get advice from a Mental Health Act administrator.
- Deprivation of Liberty Safeguards applications were made when required. The provider had four patients who were subject to Deprivation of Liberty Safeguards. We reviewed the applications and found they had been made appropriately.

Are services for people with acquired brain injury caring?

Good

Kindness, dignity, respect and support

- We observed staff to be kind and caring towards patients and they treated them with dignity and respect. Staff were responsive to patient's needs. We observed staff sitting in communal areas, talking and engaging with patients throughout the day.
- Patients told us that staff were kind and caring and treated them well. Patients felt that staff were approachable and supported them to meet their needs.
- Staff understood individual patient's needs. Staff supported patients to attend to their needs and therapeutic activities throughout the day. Staff were able to tell us the needs of their patients and how they were being met.

The involvement of people in the care they receive

- The admission process did not always orientate patients to the ward. We spoke to three patients, one of which told us that when they arrived they were shown to their room and were not shown around the hospital.
- Patients were involved and participated in the planning of their care. We reviewed five care records which showed that staff discussed care plans and they recorded patient's views within these. Patients regularly attended their care review meetings and were encouraged to fully participate within these.
- Patients had access to advocacy. We spoke with the advocate who was on site the day of inspection. They told us that they supported patients in care reviews, care programme approach meetings, and Mental Health Act tribunals.
- Families and carers were involved in patients' care. We spoke with three patients' families. All told us that staff would phone them to keep them informed of any

Good

Services for people with acquired brain injury

changes in needs. The families all said that they were invited to review meetings and if they were unable to attend, a staff would send them reports on the outcome.

- Patients were able to give feedback on the service they received. The provider held monthly community meetings where patients could share their views on the service and make suggestions for improvement.

Are services for people with acquired brain injury responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- The provider had a bed occupancy rate between 1 June 2016 and 31 December 2016 of 79%. The provider admitted patients nationally so there were no out of area placements.
- Staff did not admit to patient's beds whilst they were away on leave.
- Staff planned patient's discharges, so they happened at an appropriate time of day. Patients, their relatives and carers, and future care providers were involved in discharge planning and discharge was arranged to suit all involved.
- Discharge was never delayed other than for clinical reasons. The provider reported there were no delayed discharges within the past 12 months.

The facilities promote recovery, comfort, dignity and confidentiality

- The provider had a range of rooms and equipment to support care and treatment. This included a clinic room with an examination couch so that staff could conduct physical health checks in private. There were also activity rooms, and a quiet room where patients could go to relax or have privacy when family were visiting.
- Patients were able to make phone calls in private. There was not a pay phone available for patients. However, they could use the portable office phone and use the quiet rooms for privacy.
- Patients had access to outside space. There was an enclosed garden should patients want to access it. However, there were some restrictions around access to the garden to promote patient involvement in therapeutic activities. There were also extensive grounds around the hospital that patients could access if they had leave.
- The food was of good quality. We spoke with patients who told us they enjoyed the food and that there was choice available.
- Patients had access to drinks and snacks throughout the day. A cold water fountain was available as well as jugs of juice drinks. Staff served hot drinks throughout the day. Patients told us that if they wish to have a hot drink they could ask staff anytime who would facilitate this.
- Patients had lockable cupboards in their wardrobes to securely store their valuables. Patients also had access to a locker in which they could keep personal items.
- Patients had access to activities. There was a full activities programmes available for patients. The activity plan was on display in the dining room. There were limited activities at weekends. The occupational therapy team only worked for Monday to Friday and the nursing team have to a arrange activities at the weekend. Patients told us that activities were limited at weekends.

Meeting the needs of all people who use the service

- The hospital was accessible for people with disabilities. There was ramped access for patients who use wheelchairs, and there was a lift for the patients to use to access the first floor. Patients had an evacuation plan for emergencies such as a fire. We saw evidence of an evacuation plan. The provider had an evacuation chair that staff could use to safely evacuate a disabled patient from the upstairs area. All staff received training in using the evacuation chair as part of their fire training.
- Information was available in different languages for patients who used the service. The provider also used easy read formats such as pictures and large print.
- Patients had access to information regarding local services, their rights, and how to make complaints. Staff provided patients with an information pack upon admission which contained all appropriate information. We saw copies of these within patients' bedrooms.
- The provider was able to access an interpreter service when necessary.

Good

Services for people with acquired brain injury

- Patients had a choice of food. Kitchen staff were able to provide food to meet specific dietary requirements of patients' religious needs. We saw evidence where the provider had liaised with family to meet patients' cultural needs regarding their diet.

Listening to and learning from concerns and complaints

- The provider reported three complaints over the past 12 months. The provider upheld all three complaints. The provider addressed issues of concern raised in the complaints. None of the complaints were referred to the health ombudsman.
- Patients knew how to make complaints. Patients we spoke to told us they were aware of the complaints procedure and with whom they should report complaints. Patients told us they felt confident to make complaints and that the provider would deal with these appropriately.
- Staff knew how to handle complaints appropriately. Staff we spoke with told us that they would initially report complaints to their line manager who would then investigate these.
- Staff received feedback on the outcome of complaint investigations. Staff discussed complaints during the early morning review meeting, and team meetings. Any lessons learned from complaints would be shared during these meetings.

Are services for people with acquired brain injury well-led?

Good

Vision and values

- Staff were aware of the organisation's visions and values. Staff told us how values such as valuing people, caring safely, integrity, and working together underpinned the work they did. The team objectives reflected these values. We observed staffs behaviour reflected the provider's values.
- Staff did not always know who the senior managers in the organisation were. A new provider had recently taken over running the hospital. Three of the staff we spoke with were not aware of who the senior managers of the new provider were.

Good governance

- The provider had good systems in place to monitor mandatory training, staff supervision, and annual appraisals. The provider used dashboards on their computer system. These were a tool that managers could use to record and monitor staff compliance with training and supervision.
- Sufficient numbers of staff with the right grades and experience covered shifts. The duty rotas showed that the provider consistently met their staffing requirements.
- Staff spent their time on direct care activities. During the inspection, staff were consistently spending time interacting with patients and undertaking their caring duties.
- Staff participated in clinical audits. These included auditing care plans and risk assessments, clinic room audit, and medication records audits.
- Staff learnt from incidents and complaints. The provider held a monthly meeting in which they discussed incidents and complaints. During this meeting the provider shared lessons learned with staff and discussed what actions were necessary to make improvements.
- Staff followed safeguarding and Mental Health Act procedures.
- Senior staff told us that they used key performance indicators to gauge the performance of the team. However, they could not tell us what key performance indicators they were using. This meant we could not be sure how the provider was assessing the performance of the team.
- The ward manager had sufficient authority to perform their role. They told us they felt that they had the appropriate support to manage the service.
- Staff had the ability to submit items to the providers risk register. Staff told us they would escalate any concerns to the manager who would then add these to the risk register where appropriate.

Leadership, morale and staff engagement

- The provider had a sickness rate of 1% for the past 12 months. This was below the national average of 2%.
- The provider did not have any cases of bullying or harassment.

Good

Services for people with acquired brain injury

- Staff we spoke with were aware of the whistleblowing policy. All staff felt confident in using the policy should they feel they needed to. Staff told us that they felt they could raise concerns without fear of victimisation.
- Staff reported there was high morale and job satisfaction. Staff told us there was good team working and mutual support.
- Staff were open, honest and transparent and explained to patients when things went wrong. We reviewed incident forms, which showed staff explained to patients when something had gone wrong.
- Staff had the opportunity to give feedback on services and service development. The provider held a team meeting every Friday during which staff were given the opportunity to share ideas on service development.

Commitment to quality improvement and innovation

- The clinical psychologist undertook a review of the staff's knowledge in neurobehavioral approaches and then provided training to help staff develop their knowledge and skills.
- The occupational therapy team were leading on developing the patient experience of meal times. They were hoping to make the experience more homely.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider should ensure that staff document all episodes of seclusion appropriately and in line with the Mental Health Act code of practice.

Action the provider SHOULD take to improve

- The provider should ensure that blind-spots are mitigated so staff have clear lines of sight throughout the hospital.
- The provider should ensure that all areas of the hospital are maintained to an appropriate standard.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The provider had not ensured that all practices amounting to seclusion or segregation were recognised, recorded and safeguarded in line with requirements set out in the Mental Health Act Code of Practice.** **This was a breach of Regulation 13**