

The Dallingtons

Quality Report

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
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 The Dallingtons as good because:

- The service had good medications management in place. Resuscitation equipment and emergency drugs were available. Staff checked these regularly.
 - The wards were clean, had appropriate furnishings and equipment, and were well maintained by staff.
 - Shifts were consistently covered with a sufficient number of staff.
 - Staff used restraint as a last resort. There was emphasis upon verbal de-escalation and using non-physical techniques to calm patients who were distressed.
 - All staff knew what constituted an incident and knew the reporting system in place. Managers ensured that staff received feedback and learning from incidents.
 - All patients had a physical examination upon admission. Physical healthcare monitoring was undertaken routinely. Patients had care plans in place to reflect physical illness.
 - Staff received supervision in line with the provider's policy.
- Staff adhered to consent to treatment and capacity requirements.
 - Where possible, staff encouraged patients and relatives, to be involved in their care and treatment.
 - Staff responded to complaints appropriately, and within a timely way. An apology was given if necessary.
 - All staff knew the senior management team, who were visible and approachable.
 - Morale among the staff was good across both wards. Staff genuinely enjoyed their roles at the hospital.

However,

- There had been one occasion when the provider failed to notify the CQC of a safeguarding concern in a timely way.
- Only 67% of staff had received training in manual handling.
- Not all care plans were evaluated in detail.
- Appraisals undertaken did not detail discussions around personal development and future goals.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good	

Summary of findings

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Good 

The Dallingtons

Services we looked at

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

Summary of this inspection

Our inspection team

The inspection team consisted of one inspection manager, three inspectors and one nurse specialist advisor. The team leader was Joanne Weston.

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

Why we carried out this inspection

We inspected this core 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?

During the inspection visit, the inspection team:

- looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 12 patients who were using the service

- spoke with the registered manager
- spoke with 18 other staff members; including the consultant, nurses, deputy manager, support workers, psychologist, psychology assistant and occupational therapist
- examined 18 care records of patients
- carried out a specific check of medication management
- spoke with two relatives of people who were using the service
- collected three comment cards
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about The Dallingtons

St. Matthews Healthcare Limited provides an open community rehabilitation service for men with a variety of mental health needs. The Dallingtons consists of two separate units on one site. Dallingtons House provides accommodation for up to 20 patients, who have a history of chronic mental health illness, who may also display behaviours that challenge, may have substance misuse difficulties, or may have a forensic history. The service also accepts "step down patients", who are well enough to leave acute care, but require somewhere safe while appropriate accommodation is being sought.

The adjacent unit is the Dallingtons Lodge. This accommodates up to 20 patients with chronic mental health illness. There is also a segregated area, which accommodates patients who have cognitive impairment / dementia.

There is a mature garden and shared therapy space. The therapy space has a kitchen where patients can prepare meals, a games area, and a quiet room.

The service was registered with the CQC in June 2012 to provide the following regulated activities:

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

Summary of this inspection

The hospital has a registered manager in place and a nominated individual for the service.

The service has been inspected on three occasions. The last inspection took place in March 2016. The service was rated as requires improvement overall. Ratings for the safe and effective key questions were requires improvement. Caring, responsive, and well-led key questions were rated as good. There were identified breaches in the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. Breaches identified were under Regulation 12 (safe care and treatment); Regulation 17 (Governance) and Regulation 18 (staffing). The provider was told to take the following actions:

- The provider must ensure that medication containers, showing patients' confidential information, are disposed of appropriately and confidentially.

- The provider must ensure that medication is prescribed in accordance with the certificate of second opinion (T3) under the Mental Health Act.
- The provider must ensure that the automated external defibrillator is checked and serviced on a regular basis.
- The provider must ensure that there are appropriate medications available for use in a medical emergency.
- The provider must review its medical on call arrangements to ensure the safety and welfare of both patients and staff.
- The provider must ensure that all staff receive an annual appraisal and supervision in line with the provider's standard.

The provider had taken appropriate actions in relation to these breaches of regulations.

What people who use the service say

We spoke with 12 patients who were currently receiving treatment:

- Most patients told us that there was a variety of activities, which they could participate in.
- Most patients were pleased with the food and the choices offered.
- Only one patient told us that staff once postponed leave due to staffing difficulties – this was re-arranged. All other patients confirmed that they had regular leave which had never been cancelled.
- Most patients told us that the staff were visible, kind, caring, and respectful.
- Patients felt that there was enough staff on duty each day.
- Most patients said they had been involved in their care and had spoken to staff about their treatment. One patient had a folder in their bedroom, containing all care plans and other documents relating to their care.

- All patients were aware of how to make a complaint. Most patients felt that staff would respond to complaints. One patient told us about a complaint they had made. The manager had looked into this, resolved it, and had personally apologised.
- Patients knew that they could access advocacy and knew where to locate the contact numbers.

We spoke with two relatives of patients who used the service:

- Both relatives told us that the wards were clean and well maintained.
- Both relatives told us that staff were caring and respectful, and were around to speak to when needed.

Both relatives told us that they were involved in their relatives care, and staff invited them to meetings regularly.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as Good because:

- The clinic rooms were fully equipped. Resuscitation equipment and emergency drugs were available and staff checked these regularly.
- The service was clean, had appropriate furnishings, and was well maintained.
- There was enough staff on duty on each shift, which enabled the staff to meet patients' needs.
- Any restrictions placed upon patients were individually risk assessed.
- Staff used restraint as a last resort, and placed emphasis upon de-escalation.
- Each ward had good medication management in place.
- All staff knew what incidents were, explained the reporting process, and reported what should be reported.
- Manager's cascaded feedback and learning from incidents to staff across the two wards.

However:

- On one occasion, there had been a significant delay in reporting a safeguarding concern to the CQC

Good



Are services effective?

We rated effective as good because:

- Staff completed a comprehensive assessment for each patient upon admission.
- Patients had their physical health examined upon admission and routinely thereafter. Appropriate care plans were in place to identify ongoing illness.
- Staff were receiving regular supervision in line with the providers policy.
- Staff adhered to consent to treatment and capacity requirements.
- Staff had an understanding of the Mental Capacity Act and assumed capacity unless a capacity assessment demonstrated otherwise.

However,

- Staff did not always undertake detailed evaluations of care plans.

Good



Summary of this inspection

- Staff appraisals did not demonstrate discussions around development and forward progression.
- Not all staff had received training in the Mental Health Act.

Are services caring?

We rated caring as good because:

- We observed some kind, thoughtful and respectful interactions between staff and patients during the inspection.
- Most patients were very positive about how staff cared for them.
- Staff offered patients copies of their care plans. Patients were encouraged to be an active part of care reviews (where possible).
- Families and carers were invited to relevant meetings to discuss care and treatment, when the patient had consented.
- Patients were able to express ideas and views of the running of the service through community meetings and daily meetings.

However,

- Not all care plans demonstrated the patient's views and wishes.

Good



Are services responsive?

We rated responsive as good because:

- The service completed all assessments within seven days of referral.
- The service had a range of rooms and equipment to support treatment and care, including outside space.
- The service had achieved a five star food hygiene rating. Patients spoke positively of the food and choices available.
- The service accommodated patients who may have physical disabilities or who may require a wheelchair.
- Staff responded to complaints in a timely way.

Good



Are services well-led?

We rated well-led as good because :

- Staff demonstrated the vision and values of the hospital in their day to day work.
- All staff knew the senior management team, and told us they were visible and supportive.
- Senior staff undertook regular audits as part of their ongoing quality assurance programme.
- Shifts were covered with a sufficient number of staff, of the right grades and experience.

Good



Summary of this inspection

- Most staff knew of the whistle-blowing policy and felt they could use it if required, without fear of victimisation.
- Morale among the staff was good across both wards.

However,

- The provider did not follow their policy to monitor the fitness of directors of St Matthew's Healthcare Ltd.

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.

- Of the 35 patients using the service, 21 were detained at the time of inspection.
- Mental Health Act training was mandatory for staff, 75% of qualified staff had completed this. Qualified staff interviewed had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles. Not all support workers had completed Mental Health Act training. However, the provider had a plan in place to ensure that unqualified staff received this in 2018.
- Staff had completed Mental Health Act paperwork correctly and all detention paperwork was up to date.
- Medical staff completed consent to treatment and capacity assessments. Staff attached copies to medication charts to ensure they administered medication in accordance with the Act.
- Staff regularly explained patients' rights to them under the Act.
- Patients had access to advocacy services through a referral system, which staff assisted them with if required.
- Detained patients had access to section 17 leave, which the consultant granted on either an escorted or an unescorted basis. Documentation was clear in respect of the frequency and length of leave granted. The consultant had communicated with the ministry of justice, where required for patients who had restrictions placed upon them under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed Mental Capacity Act and Deprivation of Liberty and Safeguards training which was mandatory. A total of 86% of staff had completed this. Staff interviewed had a broad understanding of the Mental Capacity Act. Staff were able to explain that patients were assumed to have capacity unless it is proven otherwise. We saw capacity assessments in relation to specific decisions in patients' records.
- Staff knew how to access the Mental Capacity Act policy, and approached senior staff or the mental health act administrator for advice, if required.
- The multidisciplinary team discussed patients' mental capacity in clinical reviews and captured this in care and treatment records.
- At the time of inspection, two patients were being treated under the Deprivation of Liberty Safeguards. A further two were awaiting assessment for authorisation.

Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- The layout of the buildings meant that staff were unable to effectively observe all parts of the service. There were no measures in place to aid observations, such as mirrors. The hospital had placed this on their risk register. Managers had completed a detailed ligature risk assessment of the internal and external areas. A ligature point is anything, which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. The assessment identified potential risks and detailed the actions staff took to reduce these risks. Examples of actions were to ensure areas were kept locked or for staff to accompany patients. Staff increased patients' observation levels if there was an identified risk.
- The service was for males only and therefore complied with Department of Health guidance on eliminating mixed sex accommodation.
- The clinic room was fully equipped. Resuscitation equipment and emergency drugs were available and staff checked these regularly.
- The service did not have seclusion facilities.
- The service was clean, had appropriate furnishings, and was well maintained. The environment was regularly cleaned by housekeeping staff, who were available over the seven day period.

- Staff adhered to infection control principles. We saw that protective aprons and gloves were available. There was adequate hand washing facilities and hand gel available to staff.
- Equipment across the service was clean and well maintained. We saw appropriate electrical testing of portable appliances had taken place.
- Cleaning records were maintained and up to date. We saw a dedicated team of housekeepers working throughout the inspection.
- The hospital had a daily environmental risk assessment in place. This incorporated a health and safety check of the premises.
- Patients had call bells in their bedrooms and so could summon assistance from staff. Staff did not wear personal alarms. When assistance was requested, monitors on each ward identified which area assistance was required. Staff then attended these areas.

Safe staffing

- The service had an establishment of 12 qualified nurses and 38 support workers. At the time of inspection, there were no vacancies. Recruitment had recently been undertaken and numerous new staff had joined the organisation.
- The provider had estimated the number of staff required, based upon the acuity and dependency needs of the patient group. During the day, optimum staffing consisted of two registered nurses and between 10 and 13 support workers across the two wards. During the night, the service ran on a minimum number of eight staff. This consisted of two nurses and seven to eight support workers. If staff nursed patients on enhanced observations, managers arranged additional staff.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff sickness rate was 5% over the past 12 months. There was no staff off on long term sickness at the time of inspection.
- The service reported that the staff turnover had been 23% over the last 12 months. There had been a total number of 14 leavers during this time. However, active recruitment had led to the provider achieving a full complement of staff.
- We examined the rotas and found that shifts were consistently covered with the optimum number of staff.
- The service used bank and agency staff. Between July and October 2017, 146 shifts were covered using bank staff, and 37 shifts used agency staff. All shifts were covered to ensure safe staffing. Bank and agency staff used were familiar with the service, where possible.
- The manager was able to adjust staffing levels daily, dependent upon the needs of the patients and planned activities.
- We saw that there was a staff presence in communal areas interacting with patients throughout the inspection, nurses, if not in communal areas were easily accessible.
- There was enough staff on duty each shift to enable the staff to have one to one time with patients. Staff did not always record this formally within care records. However, it was clear that this did take place by written entries seen.
- There had only been one episode of cancelled leave due to staffing difficulties reported. This had been re-scheduled. However, this was not a regular occurrence. Staff planned leave ahead to enable as many patients to get out as possible. Patients had individual timetables, which reflected both leave and activities.
- There was enough staff to carry out physical interventions if required. A total of 100% of staff had undertaken training in breakaway; 64% of staff had undertaken training in restraint. However, some staff had been unable to complete this training due to health reasons.
- There was sufficient medical cover across the service. The consultant was based within the building. In addition to this, an associate specialist worked two days each week. Doctors were able to attend the service quickly in the event of an emergency. There was an on call rota system in place for out of hours.
- Most staff had received and were up to date with their mandatory training. The target mandatory compliance

rate was 90%. As part of induction, staff completed mandatory training. This included fire awareness; infection control; health and safety; safeguarding of vulnerable adults and children; Mental Capacity Act; Deprivation of Liberty Safeguards; restraint training; food hygiene and safety and moving and handling.

Assessing and managing risk to patients and staff

- The service did not have seclusion facilities. The service had not used seclusion or long term segregation over the past 12 months.
- There had been ten reported incidents of restraint between April and October 2017. These involved six different patients. There had been no prone (chest down) restraints. Most restraints were used to relocate patients to an appropriate area so that staff could de-escalate.
- We examined 18 care records. Staff undertook a risk assessment of every patient upon admission and updated these regularly. Staff used a risk assessment, which captured all areas of risk, historic risks, and individual strengths.
- The service ensured that any restrictions upon patients were risk assessed. There were no blanket restrictions in place at the time of inspection.
- The service had 14 informal patients, who were aware of their rights to leave the wards. We saw notices on display that reiterated this.
- The staff followed policies and procedures for observing patients. Enhanced observations were used if indicated by risk. Staff undertook observations of patients routinely every hour as a minimum. Any searches staff undertook of patients or property were based on risks.
- Staff used restraint as a last resort. Staff verbally de-escalated the patients and engaged with them on a one to one basis. When staff did use restraint, this was in line with taught techniques and documented.
- Staff rarely used rapid tranquillisation. Nursing staff were aware of how to monitor patients who had received this, in accordance with the National Institute of Health and Clinical Excellence guidelines.
- Safeguarding training was mandatory. A total of 88% of staff had completed this. Staff interviewed were aware of what constituted a safeguarding referral and could explain the process of reporting. Senior staff took appropriate actions when concerns were raised. The manager kept a safeguarding log. The manager submitted details of safeguarding referrals made to the

Long stay/rehabilitation mental health wards for working age adults

Good 

Care Quality Commission as expected. There had been one recent occasion when a delayed notification had been submitted. However, the manager had taken all appropriate actions at the service prior to reporting this. Over the last twelve months, the service had reported 24 concerns. Patient's clinical notes reflected safeguarding concerns and actions.

- There was good medications management in place. Medicines were stored securely. Staff monitored the temperature of the clinic and the fridge to ensure the temperature did not affect the efficiency of medications.
- Staff assessed areas of risks individually. For example, we saw patients who had falls risks assessments, nutritional assessments, and pressure ulcer risk assessments in place.
- The service had clear and safe procedures in place for any children who visited. Staff undertook appropriate risk assessments. Visits were facilitated in an area off the wards, within the hospital grounds.

Track record on safety

- There had been one reported significant incident reported over the last twelve months. This was a breach in sensitive information, which was sent in an email attachment. The manager had subsequently put in additional checks of documents before they were sent out, and ensured patient initials only were used where possible to minimise the risk of a re-occurrence.

Reporting incidents and learning from when things go wrong

- All staff interviewed knew what constituted an incident and could explain the reporting process in place, through verbal escalation; recording the incident electronically and also in the patients clinical notes. Staff reported incidents appropriately.
- Staff told us they were open and transparent when things went wrong. Duty of candour training was included within mandatory training for all staff. In addition to this, the electronic incident reporting form had a prompt for staff to indicate if the duty of candour was relevant. When staff indicated it was, managers reviewed the form.
- Managers ensured that staff received feedback and learning from both incidents and investigations. Staff discussed these during hand overs and during staff meetings. In addition to this, incidents and learning

were discussed within management meetings, and within the quality forum meetings, both of which were held monthly. The service produced a learning alert document, which was cascaded to staff.

- There had been some learning from incidents. An example of this was in relation to a medication error. Because of this, communication of medication changes had been improved.
- Staff were given appropriate support following a serious incident. Managers ensured that de-briefs occurred. Managers offered additional support if appropriate, for example a referral to occupational health.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We examined 18 care records. Staff completed a comprehensive assessment for each patient upon admission. This included a physical examination by a doctor.
- Patients who had physical healthcare needs had appropriate care plans in place. Examples of these seen included care plans around diabetes and hypertension.
- Care records examined were up to date, comprehensive, holistic and person centred. Some care plan evaluations were not detailed, and not wholly accurate. For example, one evaluation of a falls care plan stated that the patient had not fallen since the last care plan review. This was inaccurate, as the patient had fallen within the last week.
- The staff used paper records for the majority of patient information. Incident forms were electronic. Information regarding each patient was therefore readily available to the staff team and external professionals.

Best practice in treatment and care

- Staff followed the National Institute of Health and Care Excellence guidance when prescribing medications. Doctors prescribed antipsychotic medication in line with recommended limits and routine monitoring of patients was in place.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The service employed one psychologist, who worked one day each week, and one psychology assistant, who worked four days each week. They provided both individual and group therapy. Examples of therapies offered included cognitive behavioural therapy, group therapy, and psycho-education.
- We saw that the physical healthcare and monitoring of patients was undertaken regularly. This included recording the patients' blood pressure; pulse; temperature; height and weight. Staff undertook appropriate assessments as indicated. Examples seen included assessments of weight and nutrition, skin integrity, oral health and risk of falls. Staff referred patients to specialists when needed. Examples we saw of this was a falls specialist nurse, and a neurologist.
- The service used nationally recognised rating scales to assess and record severity and outcomes. One example was the health of the nation outcome scale. Staff used this tool to measure the health and social functioning of patients.
- Occupational therapists completed a variety of individual assessments for patients. Examples of these seen included assessments of daily living skills, road safety assessments and cooking assessments.
- Senior staff undertook clinical audits. Examples of these included care record audits, consent to treatment audits and infection control audits.

Skilled staff to deliver care

- The service had a full range of mental health disciplines and workers who provided input to patient care. This included doctors, nurses, psychologists, psychology assistants, occupational therapists, and support workers.
- Staff and managers within the service had a variety of skills, knowledge, and training.
- All staff received an induction to the service. During their three month probationary period, staff attended a corporate induction; completed mandatory training and worked through their induction pack. New staff then worked with more experienced staff on the wards, for up to a two week period, which enabled them to get to know the patients and needs before they were included in part of the daily numbers.
- The provider's supervision policy stipulated staff must receive supervision a minimum of four times within a 12 month period. The overall supervision rate across the staff team was 61% at the end of September 2017.

However, managers had been improving upon this. We examined a sample of 16 supervision records. Of these, 96% of staff had received supervision in line with policy. The company's own supervision target was 95%. They had achieved this at the time of inspection.

- The provider reported that 98% of staff had an appraisal, where eligible. However, this consisted of a self-evaluation form, which the staff members had completed. The manager told us they intended completing the reviews with each staff member. We saw one completed review. The manager told us they aimed to undertake these with each staff member, so that personal development could be discussed and planned.
- Staff told us that there was additional specialist training available. Some staff had been selected to undertake a course in blood taking. Another staff member had attended some training in wound care. There were plans in place for upcoming dementia awareness sessions.
- Managers addressed poor staff performance promptly and efficiently, with support from senior management where required.

Multi-disciplinary and inter-agency team work

- The service held multidisciplinary meetings twice a week. The consultant saw each patient every four weeks as a minimum.
- Staff reported effective handovers between shifts. Handovers included an overview of patient's wellbeing; activities; appointments and planned leave.
- The service had good working relationships with care co-ordinators and teams who commissioned services.
- There were effective working relationships with teams external to the organisation, including the local authority and general practitioners.

Adherence to the MHA and the MHA Code of Practice

- Mental Health Act papers were examined by the Mental Health Act administrator or manager upon admission to ensure they were correct.
- Staff knew who their Mental Health Act administrators were and knew how to contact for advice. The administrators ensured that the Mental Health Act was followed in relation to renewals of detention; consent to treatment and appeals against detention.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The service kept clear records of leave granted to patients. These included number and gender of escorts, any restrictions, the date and duration of leave, and the parameters of leave.
- At the time of inspection, 75% of qualified staff had completed training in the Mental Health Act. This training was mandatory. Qualified staff interviewed had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles. Mental Health Act training had been organised for unqualified staff to complete in 2018.
- Staff adhered to consent to treatment and capacity requirements. Copies of consent to treatment forms were with the patient's medication charts.
- Staff explained and discussed rights under the Mental Health Act with patients upon admission to hospital and routinely thereafter.
- Detention paperwork was correct, up to date and stored appropriately.
- All patients had access to advocacy. Contact numbers were visible in communal areas.

Good practice in applying the MCA

- Training in the Mental Capacity Act was mandatory. At the time of inspection, staff compliance with this training was 94%.
- The service had made two Deprivation of Liberty Safeguarding applications in the last six months. Two patients were awaiting assessment by the local authority. A further two patients had previously been assessed and had received appropriate authorisation.
- Staff interviewed had a basic understanding of the Mental Capacity Act. Staff were able to explain that patients were deemed to have capacity unless it was proved otherwise. We saw numerous capacity assessments in place around specific decisions. Examples of these included consent to a flu vaccination, consent to having physical health medications, consent to personal care, and consent to accept informal admission.
- The service had a policy around the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could refer to.
- Staff knew they could approach the mental health act administrators or senior managers for advice around the Mental Capacity Act.

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

Good 

Kindness, dignity, respect and support

- We observed staff interacting with patients regularly during the inspection. It was evident that staff had built up good rapport with patients. Interactions were respectful and responsive.
- We spoke with 12 patients. Most of these were very positive about how staff treated them.
- Staff had a good understanding of the individual needs of patients.

The involvement of people in the care they receive

- The service had an admission process for new patients. Staff introduced patients to the staff team and co-patients. An allocated staff member showed new patients around the ward, communal areas and outside spaces.
- Patients were able to have copies of care plans if they wished. Patients attended multidisciplinary meetings where possible and were involved in their care reviews. One patient showed us a folder kept in their room. This contained copies of all care plans, activity and therapy details and other documents relating to their care and treatment.
- Patients had access to advocacy and some had used this service. Patients were free to contact advocacy, contact details were on display in communal areas.
- Families and carers were involved in the reviewing of care where the patient had consented to this. We spoke with two family members who confirmed this.
- Patients were able to give feedback on the service through community meetings, daily meetings, through the suggestion / comments boxes on each ward, or by speaking to staff. The service had a patient and carers forum, which was an integrated meeting to include two other locations. Patient surveys also went out periodically to gather views.
- Patients had the opportunity to express wishes about advance decisions during multidisciplinary meetings, concerning future care and treatment.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Good 

Access and discharge

- The average bed occupancy between April and October 2017 was 92%.
- The average length of stay of patients who had been discharged in the last 12 months was 488 days.
- Patients had appropriate discharge plans in place.
- The service accepted patients from all over the country. The service ensured that patients had access to their beds upon return from any extended leave.
- Staff planned all admissions and discharges to ensure that these occurred at an appropriate time of the day.
- The service completed all assessments within seven days of referral.
- The service reported two delayed discharges over the past six months. These were due to difficulty in finding appropriate accommodation or alternative placements.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms and equipment to support treatment and care. This included lounge and dining area's, outside space, a cabin where activities were held, occupational therapy kitchen and a quiet room where staff and patients could speak more confidentially.
- There was a second cabin used for meetings. This space was also designated for patients to receive visitors.
- Patients were able to make telephone calls in private as the units had hand held cordless phones patients could use. Patients also had access to mobile telephones following appropriate risk assessments.
- Patients had access to outside space. There was also a mature garden, which all patients used.
- The Dallingtons had achieved a food hygiene rating of five (very good) in 2015.
- Patients could make hot and cold drinks when they wanted. Fresh snacks, such as fruit were available at all times.

- Patients personalised their bedrooms. We saw that posters, artwork, and photos were on display to make their rooms more comfortable.
- Some bedrooms had somewhere secure where they could store personal belongings. Patients had keys to their bedrooms. Where required, there was a safe held in the nursing offices for patient valuables.
- Patients had individual therapy timetables, which reflected planned and optional activities, appointments, and leave.
- The Lodge had additional signs on the walls to aid orientation. However, these were small and therefore some patients may have had difficulty reading these.

Meeting the needs of all people who use the service

- The service accommodated those who may have mobility difficulties, used walking aids, or wheelchairs. The corridors were wide. We saw ramps of appropriate gradient, and each ward had a lift.
- The service had access to translators and different materials in different languages as and when patients needed.
- Information for patients was visible in communal areas. Such information included details of local services such as advocacy, patients' rights, and how to make a complaint.
- We saw a good range of foods on the menu. The chef met specific dietary requirements of patients upon request, such as vegetarian options and halal meat.
- Staff ensured that patients had access to appropriate spiritual support. Patients were supported by staff to visit the local church or alternative places of worship.

Listening to and learning from concerns and complaints

- There had been a total number of 11 complaints over the last 12 months. Of these, two were upheld; two partially upheld and seven not upheld. No complaints had been referred to the Ombudsman. Themes of complaints included issues around care and treatment, and the conduct of some staff. The Dallingtons had received 11 compliments over the past 12 months.
- Patients were aware of how to make a complaint and knew the process of this. Most patients told us that staff would take complaints seriously and would look into them.

Long stay/rehabilitation mental health wards for working age adults

Good 

- All staff were familiar with the complaints process and were encouraged to log all complaints in line with policy. The manager kept an up to date log of all complaints.
- We saw that all complaints had been responded to appropriately by staff, and within expected time-scales.
- We saw that communication following multidisciplinary meetings had been improved following a complaint. An allocated nurse took responsibility for sharing information within the team, verbally, and via email. Any changes to care and treatment were recorded during the multidisciplinary meeting. These changes were made available to all staff.

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

Good 

Vision and values

- The visions and the values of St Matthews Healthcare aimed to provide excellent mental health care and rehabilitation services, which supported people to work towards living a fulfilling life as part of the community. St Matthews Healthcare also strived to commit to developing their workforce, to enable them to deliver safe, caring, and individualised care. Staff demonstrated these values through interactions with patients and in patient records. We saw that patients were encouraged to live as independently as possible. Staff were caring and positive in their approach. Staff tried to individualise care plans.
- The visions and values of the service were included in the staff induction.
- All staff knew the senior management team and confirmed that they were visible and accessible. Staff felt supported by senior managers.

Good governance

- Mandatory training compliance had significantly improved over the past six months. The provider had a training plan in place to address areas that fell below their target compliance rate of 90%.

- Most staff had received an appraisal in the last twelve months. However, these did not consist of detailed plans for progression and future goals.
- Shifts were covered with a sufficient number of staff, of the right grades and experience. If staffing difficulties did arise, permanent staff had the opportunity to assist by working additional hours. If regular staff were unable to work, bank or agency staff were used.
- The hospital had administrators in place, which enabled staff to spend time with patients. We saw meaningful interaction with the patients throughout the inspection.
- Senior staff undertook regular audits as part of their ongoing quality assurance programme.
- Staff recorded incidents appropriately. The manager then reviewed these to ensure that staff had captured all required details.
- Staff followed safeguarding procedures, Mental Health Act procedures and Mental Capacity Act procedures. Staff recorded these in the patients' clinical notes.
- The manager had set key performance indicators, which enabled them to gauge the performance of the staff team. These included the monitoring of training, supervision and sickness.
- Staff spoke with senior managers if they felt something needed to be added to the hospital risk register.
- The provider did not follow their policy to monitor the fitness of directors of St Matthew's Healthcare Ltd. We sampled three directors' files and found no evidence of relevant checks that were required under the regulation of fit and proper person.

Leadership, morale and staff engagement

- The service sought feedback from the staff via a staff survey. We saw one we were told was recent, although it was not dated. A total of 67 surveys were sent out across all three hospital sites within the organisation. Of these, 57 were returned. Senior managers had reviewed the survey, and an action plan was in place to address areas of dissatisfaction. This included, for example releasing new pay scales for staff.
- The sickness and absence rate was 5%.
- There were no bullying or harassment cases ongoing at the time of inspection.
- Most staff were aware of the whistle-blowing process. Staff told us they were confident to raise any concerns with senior staff without fear of victimisation.
- Morale among the staff was good across both wards.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Senior staff had opportunities for leadership development, and were encouraged to develop skills and knowledge.
- Staff reported that they could rely upon one another for support.
- Staff were open and honest with patients if things went wrong.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that safeguarding notifications are submitted to the CQC in a timely way.
- The provider should ensure that appraisals include a discussion around individual development.
- The provider should ensure that care plans are personalised where possible, with patients views and wishes captured. Evaluations of care plans should be detailed.
- The provider should ensure that all staff receive mandatory training in line with their policy.
- The provider should ensure they carry out regular fit and proper person checks for directors of the company, and hold on file, necessary documentation relating to this regulation.

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.

This section is primarily information for the provider

Enforcement actions

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.