Meadow Park

Quality Report

Meadow Park Independent Hospital
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Date of inspection visit: 18 April 2016
Date of publication: 29/06/2016

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 Meadow Park Independent Hospital as good because:

- Concave mirrors situated in the ceiling allowed full view of the corridors, thereby allowing staff to observe all parts of the ward. Ligature points were noted during the inspection, and the environmental risk and assessment plan showed that these points were considered and action was in place to address issues. The hospital furniture was well maintained, the hospital itself was very clean. Staffing levels were good, and followed policy. Care plans showed evidence of positive risk taking on the part of the staff at Meadow Park.
- The care plans were comprehensive, personalised, holistic, and recovery orientated. Each patient had signed for and received a copy of their care plan. There was evidence of patient involvement in all aspects of their care. There was evidence that staff participated actively in clinical audit. Staff were regularly supervised and appraised. Discharge planning was evident in care records and case files. There was active physical health monitoring at Meadow Park. Mental Health Act documentation was in order and audited.
- We saw staff interacting with patients at Meadow Park, and it was clear that there were good relationships. Patients stated that staff were respectful, approachable, and interested in patient well-being. Staff were clearly knowledgeable about their patients, and this was reflected in their interaction and notes on case files. Patients commented favourably on the available activities, their named nurses and their plans for the future.
- Patients who were on leave did not have their beds filled in their absence, ensuring the bed was available on return. Patients had keys to their bedrooms, and could securely lock the room. There was access to a telephone with a privacy hood, as well as patients having their own mobile telephones. On admission to Meadow Park, patients completed a questionnaire relating to dietary requirements. Likes and dislikes, allergies, and religion were considered.
- Staff knew senior managers; both qualified staff and support workers said that senior managers visited the hospital. Key performance indicators (KPIs) were used by Meadow Park staff to gauge and improve performance. Clinical audit was being carried out with full staff involvement: the quality assurance framework showed that 14 clinical audits were undertaken by trained staff. Staff felt they could raise concerns without fear of victimisation, and morale was reported as being high among staff. We saw evidence of good team working at Meadow Park, and there was a high level of support from the hospital manager and senior staff.

However

Mental Capacity Act training was only considered as part of safeguarding training, not as a separate training topic, and although it was an agenda item in meeting minutes, it was not audited.

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

Meadow Park

Services we looked at

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

Summary of this inspection

Background to Meadow Park

Meadow Park Treatment and Recovery Centre was situated in Ellesmere Port and sat within the Cheshire region of the Alternative Futures Group provider structure.

Meadow Park was a 20-bed treatment and recovery centre for both male and female adults between the ages of 18 and 65, providing rehabilitation to people with severe and/or enduring Mental illness. The treatment pathway traditionally was 2 years but varied depending on a person's own journey of recovery.

The hospital was registered to carry out the following regulated services:

- treatment of disease, disorder or injury
- assessment or medical treatment for persons detained under the Mental Health Act
- diagnostic and screening procedures.

Meadow Park had been registered with the Care Quality Commission since 21 December 2010. There had been four inspections carried out at the location, the most recent taking place on 6 August 2014. The hospital was deemed "compliant" during its last inspection.

There was a new registered manager as well as a nominated individual for the location.

Our inspection team

Team leader: Richard O'Hara, inspector

The team that inspected the service comprised one CQC inspector, a doctor, a retired nurse who was also a mental health act reviewer, and a social worker.

Why we carried out this inspection

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

How we carried out this inspection

In order to fully reflect and 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?

Prior to the inspection, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients and carers. At the time of the inspection, there were 17 patients admitted, 13 detained under the mental health act and four patients admitted informally. One patient was on home leave at the time of inspection.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- conducted a full tour of the hospital
- attended a presentation by the registered manager
- spoke with five patients who were using the service
- spoke with one carer
- spoke with the registered manager

Summary of this inspection

- spoke with seven other staff members; including doctors, nurses, occupational therapist, and support workers
- spoke with an advocate
- spoke with a manager from a local team who helped with planned discharge
- attended and observed a multi-disciplinary meeting
- looked at six care and treatment records of patients
- checked 15 medication cards and related documentation
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five patients at Meadow Park, including a former patient, and one carer. The patients were all very positive in their comments about Meadow Park and its staff. Patients told us they were happy at Meadow Park. Some said it was the best place they had been admitted to. They also told us that the food was good and the staff were professional and friendly.

A carer told us that it was a very good service; Meadow Park had really helped bring their relative forward in her treatment, and now she was ready to go back into the community. The carer said they were involved in decision making along with the patient, attended meetings with the consultant, and felt the whole process was well balanced and they felt fully involved.

An advocate spoke of the professional manner in which the staff at Meadow Park treated the patients, and their knowledge of the patients made his job much easier when he visited. The manager of the team that assists with discharge planning said that staff at Meadow Park were professional, caring, and considerate.

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?

Good

We rated safe as good because:

- Concave mirrors situated in the ceiling allowed full view of the corridors, thereby allowing staff to observe all parts of the ward. Ligature points were noted during the inspection, and the environmental risk and assessment plan showed that these points were considered and action was in place to address issues.
- Staff had personal alarms and all rooms had wall-mounted alarm systems. Information screens were placed around the hospital to identify where an alarm had been activated.
- There were male and female lounges and a general lounge in the main corridor that allowed patients to relax. The lounges were well lit with views of the garden area.
- The hospital furniture was well maintained and the hospital itself was very clean.
- Staffing levels were good, and followed policy.
- Patients told us that there was always a qualified member of staff in the main area, and that they were always approachable.
- Care plans showed evidence of positive risk taking on the part of the staff at Meadow Park.

Are services effective?

Good

We rated effective as good because:

- The care plans were comprehensive, personalised, holistic and recovery orientated. Each patient had signed for and received a copy of their care plan.
- There was evidence of patient involvement in all aspects of their care.
- There was a physical health matrix that showed the date of last blood test and next date due, date of last electro cardiogram and next date due, regularity of modified early warning scores, weight monitoring, and any special instructions for each patient.
- There was evidence that staff participated actively in clinical audit.
- There was a wide range of mental health disciplines employed at Meadow Park, including a consultant psychiatrist (locum contract), qualified nurses and support workers, an occupational therapist and a pharmacist.

Summary of this inspection

- The multi-disciplinary meetings were attended by the consultant psychiatrist, a qualified nurse, a care coordinator, the occupational therapist, and other staff as required ensuring patient needs were met.
- Staff were regularly supervised and appraised.
- Discharge planning was evident in care records and case files.
- Staff received training in the mental health act as part of their mandatory training, with annual refresher training for qualified staff.

However,

- Mental Capacity Act training was only included as part of safeguarding training, not as a separate training topic, and although it was an agenda item in meeting minutes, it was not audited.

Are services caring?

Good

We rated caring as good because:

- We saw staff interacting with patients at Meadow Park, and it was clear that there were good relationships.
- Patients stated that staff were respectful, approachable and interested in patient well-being.
- Staff were clearly knowledgeable about their patients, and this was reflected in their interaction and notes on case files.
- Minutes of community meetings that involved the patients were reviewed and shown to reflect the feelings and demands of patients.
- Patients commented favourably on the available activities, their named nurses and their plans for the future.
- Multi-disciplinary team (MDT) reviews showed participation and consideration over all aspects of care.
- A carer we spoke to said that they had been involved in meetings with their relative and the multi-disciplinary team, and felt that their opinions had been taken into consideration.

Are services responsive?

Good

We rated responsive as good because:

- Patients who were on leave did not have their beds filled in their absence, ensuring the bed was available on return.
- Meadow Park had a range of rooms and equipment to support treatment and care.
- Patients had keys to their bedrooms, and could securely lock the room.
- There was access to a telephone with a privacy hood, as well as patients having their own mobile telephones.

Summary of this inspection

- Meadow Park had many activities for patients.
- Meadow Park had capacity to take patients with various physical disabilities as well as mental health problems.
- On admission to Meadow Park, patients completed a questionnaire relating to dietary requirements. Likes and dislikes, allergies, and religion were considered.
- There was a duty of candour internal audit carried out by the manager, and discussion with the manager showed a knowledge of what duty of candour meant for patients and staff.

Are services well-led?

Good

We rated well-led as good because:

- Staff knew senior managers; both qualified staff and support workers said that senior managers visited the hospital.
- Key performance indicators (KPIs) were used by Meadow Park to gauge and improve performance.
- Mandatory training figures showed that none of the training was below 75%, and that updated training and refresher training had been organised and booked for staff.
- Clinical audit was being carried out with full staff involvement; the quality assurance framework showed that 14 clinical audits were undertaken by trained staff.
- Staff felt they could raise concerns without fear of victimisation, and morale was reported as being high among staff.
- Trained staff had the opportunity to receive leadership training, and this was part of the management induction training.
- We saw evidence of good team working at Meadow Park, and there was a high level of support from the hospital manager and senior staff.

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.

At the time of the inspection there were 17 patients admitted to Meadow Park, 13 of who were detained under the Mental Health Act. Mental Health Act documentation was checked and found to be following guidance and the Code of Practice. A recent Mental Health Act review had been held on 25 February 2016, and an action plan had been submitted to deal with findings from that review.

On inspection, we found that findings from the review had been acted upon.

A Mental Health Act administrator was a central hub for all original documentation, as well as being a point of contact for any enquiries related to the Mental Health Act. A Mental Health Act rights information chart was on the wall in the nursing station office. It outlined dates when detained patients had been informed of their rights, with dates for renewal noted.

Audits on adherence to the Mental Health Act were carried out regularly in relation to leave, the reading of rights, and consent. There was a Mental Health Act forum held monthly, in which adherence to the Mental Health Act was discussed. Minutes were taken and required actions were communicated to the location for implementation.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training in the Mental Capacity Act was not given as stand-alone training; it was included in the safeguarding training module. Staff were knowledgeable about the Mental Capacity Act and the principles, the trained staff being more knowledgeable than the support staff.

There was a policy on the Mental Capacity Act and Deprivation of Liberty safeguards. At the time of the inspection there were no patients detained under Deprivation of Liberty safeguards. The six care plans that were reviewed showed that capacity was being considered and recorded in patient notes. Best interest meetings were being held if required. Patients were being supported to make decisions where appropriate.

Although the Mental Capacity Act was included in the quality assurance forum minutes, there was no evidence to show that the Mental Capacity Act was being audited.

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

Concave mirrors situated in the ceiling allowed full view of the corridors, allowing staff to observe all parts of the ward. Ligature points were noted during the inspection, and the environmental risk and assessment plan showed that these points were considered and action was in place to address issues. Ligature points are places to which patients intent on self-harm might tie something to strangle themselves. Patients had an individual risk assessment, in which their ligature risks were assessed. There were two specifically low-ligature risk rooms available for patients if deemed necessary. Staff had personal alarms and all rooms had wall-mounted call points. Information screens were placed around the hospital to identify where an alarm had been activated.

The hospital was for both female and male patients aged from 18 years, and complied fully with guidance on same sex accommodation. There were male and female lounges, and a general lounge in the main corridor that allowed patients to relax. The lounges were bright and airy with views of the garden area. All rooms had en suite bathrooms. A separate toilet was situated off the main corridors, mostly for the use of visitors. Sleeping areas were clearly segregated. The dining room was well laid out to allow patients to sit together or in small groups if they preferred.

The hospital had a well-equipped clinic room, with an adjustable examination couch. There were digital and manual weight scales, digital and manual blood pressure monitoring machines, and an electronic pulse-oximetry machine. The defibrillator was checked and was due for maintenance in November 2016, while the oxygen expiry date was 2018. The equipment in the resuscitation bag was in date, and a check of medication showed that there was no expired medication present in drug cupboards. Fridge temperatures had been monitored and recorded regularly.

The hospital furniture was well maintained, the hospital itself was very clean. Cleaning schedules were checked and found to be up to date. Patients told us that the hospital was always very clean.

Staff were seen to be using hand washing gel from dispensers within the hospital. Electronic and electrical items were seen to have re-calibration dates attached.

Safe staffing

There were 28 substantive nursing staff at Meadow Park of which 10 whole time equivalent (WTE) staff were qualified nurses. There was one occupational therapist. There were 18 WTE health support workers also employed. In the six months prior to the inspection, six staff had left Meadow Park, but this included staff who had moved on with patients to ensure continuity of care. Staff sickness was reported as running at 2.3%, and total vacancies stood at 1.5%.

Staffing levels had been reviewed in October 2015 to ensure staffing levels were adequate for the service. Staffing was based on 20 patients at the hospital, but was not adjusted down if there was less than 20 patients. Staffing rotas had been completed up to and including December 2016: these were seen to follow policy on

staffing guidelines. There were two trained staff and four support workers during the day, with one trained staff and two support workers at night; these figures would be adjusted accordingly should patient observation levels require. Rotas indicated that these staff numbers were being met.

The hospital used bank nursing staff regularly; at the time of the inspection, the rate was running at one bank nurse a week. Regular staff or bank staff had filled all shifts vacant due to sickness, absence or vacancies. A shift is the defined time frame for a period of duty within the hospital.

Patients told us that there was always a qualified member of staff in the main area, and that they were always approachable. Patient notes showed that regular one to one sessions were taking place. Patients and staff told us that escorted leave was rarely cancelled. If a delay was indicated, staff would agree another more suitable time with patients and commit to this time.

Medical on-call cover was provided through a service level agreement with 5 Boroughs Partnership NHS Foundation Trust during both day and night. The consultant psychiatrist for Meadow Park was employed on a locum contract, renewed annually. Urgent physical health care crises were covered by the local general practitioner and attendance at the Countess of Chester hospital in the event of an emergency. The consultant psychiatrist estimated a 30-minute response time for on-call psychiatric medical staff to get to the hospital, however, in the 12 months prior to inspection we saw no evidence of out of hours attendance required.

A mandatory training matrix was maintained for all staff. Staff had received, and were up to date with, appropriate mandatory training: the average mandatory training rate for staff was 95% (trained) and 89% (support workers). No aspect of mandatory training was below 75%. There were two newly employed support workers, and they had either been given dates or were awaiting dates to complete their mandatory training. Refresher training had been booked and was included in the information provided by the registered manager. There was also a plan in place to accommodate staff who could not complete training on time due to various reasons, and this plan was provided by the registered manager.

Assessing and managing risk to patients and staff

There was no seclusion room at Meadow Park. There had been no incidents of long-term segregation in the six months prior to inspection. Meadow Park reported only one incident of restraint between 13 October 2015 and 22 November 2015, there were no reports of restraint for the two years previously or prior to the inspection. There were no episodes of prone restraint. Rapid tranquilisation was not used in the hospital.

Observation policy used a level one to level four observation system. Level one was general observations, level two was divided into periods within the hour, level three was continual line of sight observations, and level four was continual observations within arms' length. There were no blanket restrictions in place: individual risk assessment was carried out in relation to each patient and applied accordingly.

There was a policy for the searching of patients, but there was no evidence that searching had taken place. The hospital rarely called for police assistance, having made one call only for the incident of restraint in October 2015. Therapeutic management of violence and aggression training (TMVA) was part of the mandatory training syllabus for Meadow Park. All staff had been trained in TMVA, and an action plan submitted by the registered manager showed that those who needed updates or could not do TMVA training were either booked in or a plan was in place for their actions should a volatile situation arise. Patient risk assessments showed the staff who could not assist in the event of an incident occurring.

Staff used verbal or distraction de-escalation techniques to deal with possible volatile situations. This approach was a core requirement of the management of violence and aggression training given to all nursing staff. We saw in risk assessments that one patient would accept the offer of a bath as a means to de-escalate a situation. Risk assessments had been carried out in the admission process, and had been updated regularly in the six sets of care records that were inspected. The short-term assessment of risk and treatability (START) risk assessment tool was used at Meadow Park.

There was a safeguarding policy in place, available on both the intranet and in a file in the nursing station office. The manager and staff were aware of the policy. There had been one safeguarding alert and five safeguarding concerns reported to the Care Quality Commission

Long stay/rehabilitation mental health wards for working age adults

Good

between 10 November 2011 and 30 December 2015. All had been appropriately dealt with by the hospital and were closed. The manager stated that patient involvement in the handling of a safeguarding incident was paramount.

Qualified staff had safeguarding training as mandatory and to be refreshed, and non-qualified staff had safeguarding training as part of their induction and two-year refresher training. Safeguarding audit returns were completed monthly, and these were shared with the local safeguarding authority.

The medication management policy was viewed and up to date. The manager of the hospital sat on a medication management group with the pharmacy consultant. The pharmacy consultant regularly liaised with the local pharmacy that provided medication. Medication reconciliation on admission was discussed and found to follow policy. The pharmacist for Meadow Park did not visit regularly, but was contactable at any time. The pharmacist confirmed that he visited Meadow Park when required. The pharmacist confirmed that quarterly anti-psychotic high-dose medication audits took place. They did not regularly attend multi-disciplinary team meetings.

Care plans showed evidence of positive risk taking. The manager stated that positive risk taking was necessary in a rehabilitation hospital.

Track record on safety

Meadow Park reported four serious incidents requiring investigation between August 2015 and the inspection: two incidents involved patients on leave failing to return (one for eight days, one returned the same day), one incident was reported as safeguarding (investigated and closed) and one incident reported as bullying (safeguarding) by a patient, resulting in the patient being moved from the hospital. It was during the fourth incident that restraint was used after the patient could not be moved from the hospital for two days due to there being no acute bed available.

The manager stated that from the bullying incident, it became apparent that staff had not noticed it going on, and as such, there was staff training in how to recognise bullying, and safeguarding training was re-visited. The manager said that the police liaison during the incident went well, and the police were found to have a positive attitude towards handling the incident.

Reporting incidents and learning from when things go wrong

All staff interviewed knew what and how to report issues when things went wrong in the hospital. Incidents could be reported by anyone in the hospital, but were put into the computer system by qualified staff.

Feedback was given in staff meetings, personal meetings between supervisory and supervised staff, as well as at forums at service level. Minutes from staff meetings showed on-going evidence of incidents being commented on and information passed to staff for shared learning. Should a serious incident occur, the handover sheet that was used by Meadow Park staff had an attached de-brief form in order to fully inform incoming staff of the necessary details.

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 reviewed six sets of care records relating to patients at Meadow Park. The care plans were comprehensive, personalised, holistic and recovery orientated. Each patient had signed for and received a copy of their care plan. There was evidence that care plans were regularly reviewed. The manager told us that patients had been invited to write their own notes for their files, and minutes of patient meetings confirmed this. We saw evidence of patient notes completed by patients on file. There was evidence of patient involvement in all aspects of their care.

We were provided with a physical health matrix that showed date of last blood test and next date due, date of last electro cardiogram and next date due, regularity of modified early warning scores (MEWS), weight monitoring, and any special instructions for each patient. Health improvement profiles were held for each patient, and these profiles held information relating to aspects such as cervical screening, Liverpool University neuroleptic side-effect rating scale (LUNSERS) results, and medication monitoring. Weight monitoring for patients was on going.

Long stay/rehabilitation mental health wards for working age adults

Good

The information about patient care was stored on both the computer system and on paper files that were kept in the nursing station. The information was easily accessible, and staff knew how to access the information. The information on the computer system matched that held in the files.

Best practice in treatment and care

National Institute for Health and Clinical Excellence guidance was being followed in regards to medication, such as Clinical Guideline 185 on Bipolar disorder: assessment and management. Minutes from medication management forum showed actions in relation to guidance on discretionary medicine and psychotropic medication reviews. Guidance relevant to psychosis and schizophrenia (Clinical Guideline 178) and guidance about obesity and diabetes was being followed, evidenced within patient care records.

There was no psychologist available at Meadow Park; however, we were told that if psychological therapy was required then it would be resourced outside of Meadow Park. Care notes showed that psychological therapies had been offered to some patients, but they did not accept the offer. Care records showed that patients were getting access to physical healthcare, with notes showing a variety of regular tests provided and monitored.

There were no local Commissioning for Quality and Innovation (CQUIN) reports at Meadow Park. However, a data collection tool was completed and submitted to the Royal College of Psychiatrists. The Health of the Nation Outcome Scale (HoNOS) was used to measure severity and outcomes when patients were admitted from trusts that required the information.

There was evidence that staff participated actively in clinical audit. An audits assurance file was maintained in the nursing station office, along with a wall chart that gave dates for when particular audits were due for submission. Audits included monthly medication, weekly medication, a physical health monitoring report, and high dose anti-psychotic medication audits. Nursing staff were allocated a lead role in the completion of clinical audits.

Skilled staff to deliver care

There was a range of mental health disciplines employed at Meadow Park, including a consultant psychiatrist (locum contract), qualified nurses and support workers, and an occupational therapist. A pharmacist was available if required. There was no psychologist employed at Meadow Park. A registered general nurse had recently been employed and was due to start soon after the inspection, with a view to enhancing physical healthcare at the hospital. The staff were experienced and qualified to fulfil their roles.

Induction was given to all staff, and records showed that all staff had been through an induction programme. For support workers, there was a two-year refresher course for the subjects covered in induction. Specialised training was available to all staff, including the opportunity to study for a degree in psychosocial interventions, as well as personality disorder and neuro-cognitive training. There was specific leadership training for managers, an induction course related to their management role.

Staff were regularly supervised and appraised. Two senior nurse practitioners completed management supervision for nursing staff, with six-weekly coaching and mentoring for all staff. A chart was maintained in the nursing station office which indicated dates for supervision and appraisals, showing that appraisals were up to date and future dates included. Staff told us that they were regularly supervised. Personal development reviews were carried out annually. Information provided showed the number of non-medical staff who had been appraised stood at 84%; the only two staff not appraised were a new member of staff and a staff member on sick leave.

The manager stated that performance issues were addressed promptly and effectively. There was evidence of staff being helped using the performance management policy at the time of the inspection.

Multidisciplinary and inter-agency team work

Multi disciplinary team (MDT) meetings took place every Tuesday at Meadow Park. The meetings were attended by the consultant psychiatrist, a qualified nurse, a community team care coordinator, the occupational therapist, and other staff as required, ensuring patient needs were met. We observed an MDT meeting, in which the consultant psychiatrist, a qualified nurse, the occupational therapist, administrative staff and a care coordinator from a local NHS trust attended. We were told that care coordinators regularly attended MDT meetings, and a review of notes showed that they did attend, and if not they would give apologies. However, the pharmacist rarely attended the MDT meetings.

Long stay/rehabilitation mental health wards for working age adults

Good

The MDT we attended was effective, covering all the issues relating to the patients being reviewed. Patients were given time to put forward their views on treatment and medication, and full and open discussion was held as to the way forward for the patient. One patient requested a reduction in medication, and this was discussed and eventually agreed by the MDT.

Handovers between shifts were completed using a handover sheet that had a de-brief form attached, to ensure that any incidents deemed worthy of note were correctly reported to staff. Copies of recent handover reports were viewed and found to be concise and full of information and ensured good quality handovers.

Discharge planning was evident in care records and case files. The manager stated that other relevant agencies outside of Meadow Park assisted and took an active role in the discharge of patients. The planning started early in admission, and notes showed that agencies were involved, helping to build a relationship with the patient. One patient who was due to be discharged said that everyone involved had helped in making the discharge happen.

The manager and staff told us that there were good links with local authorities and advocacy groups. An advocate said that his relationship with the staff at Meadow Park was 'really good', that he was granted access at any time, and that the MDT always listened to him during meetings.

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

Staff received training in the Mental Health Act as part of their mandatory training, with annual refresher training for qualified staff. Training figures showed above 75% compliance with training. Staff we spoke to had a good knowledge of the Mental Health Act. Mental Health Act documentation was accurate: we reviewed consent to treatment and capacity forms, finding them to be completed correctly. Care Quality Commission second opinion appointed doctor report forms were also completed and on file with medication charts.

The originals of documents were held by the Mental Health Act administrator at a local NHS mental health trust, with copies held on file at Meadow Park. The most recent Mental Health Act review at Meadow Park took place on 25 February 2016. It noted that a patient had not received a copy of his leave form, and that several patients felt they were not involved in future planning. The provider action plan in response to this determined that patients would be involved in their future planning, and this was confirmed by checking notes. Leave forms for detained patients were up to date, and signed to show that copies had been accepted or refused.

A Mental Health Act rights information chart was on the wall in the nursing station office, outlining dates that detained patients had been informed of their rights, with dates for renewal. This acted as a prompt to staff to ensure they regularly reviewed patients' rights. Information about the Mental Health Act could be found on the intranet system or by contacting the Mental Health Act administrator. Regular monthly audits relating to the Mental Health Act were carried out, reporting on consent, leave and patient rights. There was also a monthly Mental Health Act forum held; minutes reflected consideration of the Mental Health Act process.

Advocacy services were provided by two local advocacy services. We spoke to an advocate who confirmed the relationship with Meadow Park was good, and that access to both patients and notes had never been a problem. The advocate told us his relationship with the consultant psychiatrist was good, and that he felt that his opinions were taken into consideration.

Good practice in applying the Mental Capacity Act

The Mental Capacity Act was included as part of safeguarding training, and was mandatory, at Meadow Park. Training figures showed more than 75% compliance. The safeguarding policy (revised January 2016) showed that the policy had been updated to include Mental Capacity Act information and consideration in 2014. Discussions with staff showed an understanding of the Mental Capacity Act, although support staff were not as knowledgeable as the qualified staff.

The policy for the Mental Capacity Act and Deprivation of Liberty safeguards was viewed and in date. At the time of inspection, there were no patients at Meadow Park detained using Deprivation of Liberty safeguards. The manager stated that patients were screened for capacity after referral and then monitored for any change in circumstances.

The six care plans that were inspected showed that capacity was being assessed and recorded. This was also noted on Mental Health Act documentation. It was noted that capacity was being assessed and recorded at

Long stay/rehabilitation mental health wards for working age adults

Good

multi-disciplinary team meetings. Best interest meetings had taken place: a patient who was on level three observations at the time of inspection was involved in best interest meetings.

Information on the Mental Capacity Act and Deprivation of Liberty safeguards was available from policy on the intranet or from the Mental Health Act administrator. We were told that the Mental Capacity Act was monitored, but were shown no evidence that an audit was undertaken. Quality assurance forum minutes showed that the Mental Capacity Act was a set agenda item alongside the Mental Health Act, but the minutes showed no evidence of audit or consideration.

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

Good

Kindness, dignity, respect and support

We saw staff interacting with patients at Meadow Park, and it was clear that there were good relationships. A patient who had been told of discharge announced the fact in the general lounge and gave hugs to all the staff present. We saw staff playing board games with patients, and taking time to listen to them. The relationship between staff and patients was appropriate and respectful.

We interviewed five patients at Meadow Park, and all stated positive aspects of their treatment at the hospital. Patients stated that staff were respectful and approachable, interested in their well-being. There were no negative comments from patients about Meadow Park. Patients commented on the available activities, their named nurses and their plans for the future. They stated that they felt involved in their care. When asked if they had copies of care plans, one patient said he was not sure, and one patient said they thought they had put it in a drawer in their room and could produce it.

Staff were clearly knowledgeable about their patients, and this was reflected in their interaction and notes on case files. Patients stated that staff had time to talk to them, and case files showed that one to one sessions were regularly held. We saw that some staff had recently left Meadow Park to assist in continuity of care of their patients.

The most recent food hygiene and safety rating was 'very good', structural compliance was 'very good' and confidence in management was 'high'. However, this rating was dated 29 October 2014. Patients did state that they thought the food was good, and that there was plenty of choice. Patients also stated that Meadow Park was always clean and tidy.

The involvement of people in the care they receive

Before admission to Meadow Park, patients are assessed and encouraged to visit the location; we were told that Meadow Park did not tend to take patients on trial leave periods. There was a welcome pack. Patients were shown around the hospital, given their own key to their bedroom, introduced to other patients, and given a recovery file in which they were encouraged to file their personal paperwork.

The six care plans reviewed showed that patients were actively involved in their own care, and this was reflected in notes on file. Multi-disciplinary team reviews showed participation and consideration over all aspects of care.

Noticeboards in the main corridors held information relating to patient rights, how to complain and treatment options. Next to the clinic was a series of folders attached to the wall containing multiple copies of medication information that could be taken by patients or carers.

Contact details for both advocacy services were available on noticeboards. Patients told us they had used advocacy whilst at Meadow Park, commenting on the effective nature of the help. A carer we spoke to said that they had been involved in meetings with their relative and the multi-disciplinary team, and felt that their opinions had been taken into consideration. The carer stated that the patient had also been included in making decisions, and that the patient was fully involved in their treatment.

Minutes of community meetings that involved the patients were reviewed and shown to reflect the feelings and demands of patients. Minutes from December 2015 showed attempts to involve patients in the recruitment process, to interview new staff members, as well as the importance of patients making notes in their case files.

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

Meadow Park reported an average bed occupancy rate of 89% between 6 September 2015 and 2 February 2016. Figures provided by Meadow Park showed that in the year to date 21% of patients had stayed longer than two years. Patients who were on leave did not have their beds filled in their absence, ensuring the bed was available on return. The assessment process prior to admission allowed the staff of Meadow Park to decide if a patient was suitable for admission. Meadow Park had 10 beds commissioned by a local NHS trust, the remaining 10 beds for use by other local clinical commissioning groups.

Meadow Park had an agreement with commissioners concerning referral, admission and assessment times. Meadow Park staff would aim to see all new referrals within two weeks, and treatment would commence when a bed was available and admission agreed. There was no evidence to show that the two-week assessment was not being met.

In the six months prior to inspection, Meadow Park reported two delayed discharges. The reasons were due to complexity of future needs. Meadow Park was assisted in discharge planning by the complex recovery assessment consultation (CRAC) service provided by a local NHS trust. The manager of the CRAC team spoke highly of the work with Meadow Park staff and patients.

The facilities promote recovery, comfort, dignity and confidentiality

Meadow Park had a range of rooms and equipment to support treatment and care. The clinic room was fully equipped to deal with physical examinations of patients, including an adjustable examination couch and relevant equipment for monitoring vital signs. There were two rehabilitation kitchens for use by patients; the patients decided if the kitchens were left open or locked during the day. There was a relaxation room for quiet time, and an arts and craft room that had a pool table, computer access to the internet, and games consoles for patients.

The outside area was spacious with a number of seating areas. There was a smoking shelter: Meadow Park had not yet initiated a no smoking policy, but they had made patients aware that this would happen, and had been offering smoking cessation alternatives. Patients could access the outside area without needing to ask for permission or for a door to be unlocked.

There was a telephone in the main corridor with a privacy hood over it. Patients mostly used their own mobile telephone to make calls. Patients had access to hot drinks at any time during the day and night, with access to juice and cold water anytime during the day. The main corridor wall was decorated brightly with a mural-style painting.

Patients had keys to their bedrooms, and could securely lock the room. Patients had personalised bedrooms, and told us they were proud of their rooms. One patient was unhappy that some items were unable to be put on the walls, as he was told that they would mark and damage the walls.

Patients stated that the food was very good, and there was a lot of choice.

Meadow Park had many activities for patients. On the day of inspection, there was a dance movement class which appeared popular with the patients. A specific notice board gave notice of trips and events for patients that allowed them to put their names forward for inclusion. This included trips to Chester Cathedral and a falconry class, a tour of Radio City, a trip to Llandudno, riverboat cruises and a trip to Chester Zoo. Each trip had a number of patient names already appended.

Meeting the needs of all people who use the service

The entrance to Meadow Park was flat, allowing wheelchair access; the main doors could be opened wide to accommodate a large wheelchair. Four of the rooms were classed as 'bedsit' rooms, with more space around the bed and a wider entrance to the en-suite bathroom, to accommodate disabled patients. The visitor toilet in the main corridor was equipped to accept wheelchairs and disabled users.

Long stay/rehabilitation mental health wards for working age adults

Good

Information leaflets were readily available on noticeboards at Meadow Park. All of the leaflets were printed in English, but we were told that leaflets in other languages could be prepared or ordered if necessary. In the 12 months prior to the inspection the diversity figures for Meadow Park showed white British as the prevalent ethnic group, with 91% of the hospital patient population. Only 3% of the ethnic group figures were not white British or white Irish.

There was no formal contract with an interpreter service, but the manager stated that a service could and would be contacted if deemed necessary. The leaflets related to mental health problems, contacts, local services including advocacy, and there was a notice on how to complain for patients.

On admission to Meadow Park, patients completed a questionnaire relating to dietary requirements. Likes and dislikes, allergies, and religion were considered. Patients were given the opportunity to prepare their own meals if they prefer; this was individually risk-assessed.

The manager stated that patient religious beliefs could be considered. There was one patient who went to mass every Sunday, assisted by staff. Meadow Park staff would liaise with local religious orders should it be requested.

Listening to and learning from concerns and complaints

Meadow Park had a complaints policy that had last been reviewed in April 2015, scheduled for review again in April 2018. Data provided by Meadow Park showed that there had been no complaints recorded for the previous 12 months. Key performance indicator data showed that in the year to date there had only been two complaints recorded by Alternative Futures Group in the Cheshire, Warrington and Wirral area.

Minutes from patient community meetings showed that patients were given the opportunity to complain, but chose not to. Any issue raised was dealt with at the time. Complaints leaflets were available throughout Meadow Park, and complaints policy had created a leaflet that allowed free postage to a central complaints coordinator for individual complaints to be recorded away from Meadow Park. A comments and complaints book was kept in the dining area of Meadow Park, and a check showed that there were no adverse comments or complaints, with the last entry being in December 2015 and commenting favourably on the quality of food at Christmas.

The five patients we spoke to stated they were all aware of how to complain, but they did not want to, they were happy with the service. There was a duty of candour internal audit carried out by the manager, and discussion with the manager showed a knowledge of what duty of candour meant for patients and staff. Managers gave assurances on the fundamental standards, including duty of candour, and this was reviewed during the inspection.

The manager at Meadow Park described the process for dealing with complaints, this was in line with policy. However, the manager stated that they had not had any complaints for a long time. Information provided showed no complaints had been received in the 12 months prior to the inspection. During the most recent Mental Health Act review, a patient raised concerns with the reviewer about treatment at the location from which they had been transferred, and the reviewer asked for action in the provider action statement. The manager of Meadow Park arranged for the reviewer to speak with the manager at the previous location, and advised that an investigation was on going.

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

Good

Vision and values

Staff were aware of the values of the organisation. The values were: principled, reflective, integrity, dynamic, and empowering (PRIDE). The team objectives at Meadow Park reflected this, helping patients to lead in their own recovery.

Staff knew senior managers; both qualified staff and support workers said that senior managers visited the hospital.

Good governance

Key performance indicators (KPIs) were used by Meadow Park to gauge performance. Data provided by Meadow Park showed that a number of KPIs were reported on, including average length of stay, safeguarding incidents, complaints received, medication errors, sickness days lost, and number of whistleblowing events received. Minutes from

the health and social care governance meeting submitted by Meadow Park showed that the data from the KPIs was being used to good effect: minutes showed that medication errors had been greatly reduced after it had been reported.

Mandatory training figures showed that none of the training was below 75%, and that updated training and refresher training had been organised and booked for staff. Staff were being regularly supervised and appraisals were taking place. Staffing levels were meeting policy requirements, and vacant shifts were being effectively filled by bank or regular staff. We saw evidence that nursing staff were actively involved in direct care activities when on duty.

Clinical audit was being carried out with staff involvement: the quality assurance framework showed that 14 clinical audits were undertaken by trained staff. There were also four other audits undertaken by staff in relation to patient feedback, physical health monitoring report, medication management inspection plan and a five-point action plan audit.

Safeguarding procedures were being followed, and Mental Health Act and Mental Capacity Act documentation was being correctly used and monitored. Safeguarding and Mental Health Act auditing took place; however, there was no evidence of any audit for the Mental Capacity Act.

The manager felt she had sufficient authority to do her job, stating she had a lot of autonomy. There was access to administrative support, and she felt supported by senior managers.

Staff had the ability to submit items to the risk register by reporting them to the manager. The risk register was monitored as part of the board KPIs, with a regional meeting taking place. The manager would raise any issue with the regional director, and the regional director would take the issue forward.

Leadership, morale and staff engagement

The staff sickness rate was 2% at the time of inspection. There had been no reports of bullying or harassment cases at Meadow Park. Staff told us they were aware of how to use the whistleblowing process, and we saw that recorded whistleblowing events were audited. Staff felt they could raise concerns without fear of victimisation, and morale was reported as being high among staff.

Trained staff had the opportunity to receive leadership training, and this was part of the management induction training. We saw evidence of good team working at Meadow Park, and there was a high level of support from the hospital manager and senior staff. Minutes of community meetings with patients showed that there was transparency when things did not go well: there was written evidence of explanation and apology to patients when events had to be delayed or cancelled.

The most recent information relating to staff surveys submitted by Meadow Park was dated November 2014, and as such was not considered recent enough to be relevant.

Commitment to quality improvement and innovation

Meadow Park had subscribed to the implementing recovery through organisational change (IMROC) programme. This was a Department of Health programme designed to refocus services around the principles of recovery.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that use of the Mental Capacity Act is audited.