

All Saints Hospital

Quality Report

All Saints Hospital,
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Date of inspection visit: 19 & 20 March 2019

Date of publication: 20/05/2019

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

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

- Services provided safe care. Staff assessed and managed risks well and the use of restrictive practices was minimised. Medicines were managed safely and safeguarding processes were in place to protect people.
- Patients worked with staff to develop their own care plans that were holistic, recovery-oriented and informed by comprehensive assessments of their needs.
- An effective multidisciplinary team was in place and staff collaborated effectively with external services to ensure a range of treatments were available to patients that followed national best practice guidance.
- All staff received training, supervision and appraisal to ensure they had the right skills, knowledge and experience to deliver safe care.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 well.
- The service was truly person centred. Patients were treated as equal partners in the delivery of their care and regarded as key stakeholders in the running of the hospital. Where appropriate family and carers were also involved.

- Staff planned and managed discharge well and worked pro-actively with other services involved in the discharge pathway, including care coordinators.
- The hospital was well-led and governance processes were in place to ensure services ran smoothly. Staff engaged in clinical audit to evaluate the quality of care they provided.

However;

- Some patients' length of stay was longer than expected for the relevant service setting and there were delayed discharges across both services.
- Some agency staff were not able to communicate effectively with patients using British Sign Language.
- Certain aspects of the services could have been delivered in a way that made them even more accessible to deaf patients.
- Some staff had not yet received updated mandatory training from the new provider.
- Governance and audit processes relating to medicines management had failed to identify one recording issue we found in a timely manner.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Forensic inpatient/
secure wards**

Good



Where our findings are the same as the long stay rehabilitation service, we do not repeat the information but cross-refer. We rated this service as good because it was safe, effective, caring, responsive to people's needs and well-led.

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

Good



We rated this service as good because it was safe, effective, caring, responsive to people's needs and was well-led.

Summary of findings

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Good 

All Saints Hospital

Services we looked at:

Long stay/rehabilitation mental health wards for working-age adults & Forensic inpatient/secure wards

Summary of this inspection

Background to All Saints Hospital

All Saints Hospital is an independent mental health provider in Oldham. The service provided specialist care and treatment for 20 men with mental health needs who are also deaf or have impaired hearing and use British Sign Language to communicate.

The hospital provides two services on two separate wards;

- Braidwood ward, a specialist high-dependency rehabilitation ward for up to 14 patients. The ward includes four self-contained flats and four bedsits to help facilitate patients' recovery journey.
- Appleton ward provides care and treatment in a low-secure environment for up to six patients.

The hospital changed provider to Elysium Healthcare Limited in September 2018, prior to this it had been operated by St Georges UK Limited.

The hospital was last inspected in January 2016 where it received a rating of 'good' across all five key domains. This service had not been inspected since it changed provider.

There was a registered manager in place at the time of our inspection.

Where our findings for the high-dependency rehabilitation service for example, management arrangements, also apply to the low-secure service, we do not repeat the information but cross-refer to the rehabilitation service findings.

Our inspection team

The team that inspected the service included three CQC inspectors, one CQC assistant inspector and a specialist

advisor who was a consultant clinical psychologist. A British Sign Language translator also joined us on the inspection to help us interview patients and staff who were deaf.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

other organisations for information.

During the inspection visit, the inspection team:

- visited both wards at the hospital, looked at the quality of the ward environment and observed how staff cared for patients,
- interviewed 11 patients using the service with a British Sign Language interpreter,
- spoke with the registered manager, clinical lead and senior nurses for both wards,

Summary of this inspection

- spoke with 12 other staff members who worked across both services including nurses, an occupational therapist, psychologist and social worker using a British Sign Language interpreter where needed,
- interviewed the independent advocate who worked across both services,
- attended and observed two community meetings and a multi-disciplinary meeting,
- collected feedback from five patients using comment cards,
- spoke to five carers and family members,
- looked at the care and treatment records of ten patients,
- carried out a specific check of the medication management on both wards and
- reviewed a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to 11 patients on the day of our inspection with the use of a British Sign Language interpreter. We also received five comment cards from patients receiving treatment from both services.

Patients told us they felt respected and that staff encouraged them to be involved in decisions about their care and the running of the hospital. Patients told us the service provided was responsive to their needs. Some patients in the low-secure service thought it had changed their lives. Patients on the high-dependency rehabilitation ward also felt supported in reaching their recovery goals and told us they had achieved a lot during their treatment.

Patients told us they could communicate with staff using British Sign Language, however some agency staff could

not always sign which patients said was sometimes frustrating. The service took this issue seriously and explained steps they had taken to minimise the impact to patients and what they were doing to prevent it moving forward.

Overall, we received positive feedback from families and carers of patients and found evidence the service provided good quality care and treatment. Most carers said staff were good at responding to their questions or concerns but the distance of the hospital to most patients' family homes made it difficult to visit. The service ensured patients could contact their relatives and family and did their best to accommodate visits, which included paying for travel costs where possible.

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?

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

- All wards were safe, clean and fit for purpose, with a refurbishment programme underway to redecorate and update furniture and fixtures.
- The service had enough nursing and medical staff, who knew the patients and received training to keep people safe from avoidable harm.
- A good balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery was achieved through robust risk assessments and management.
- Staff followed best practice in anticipating, de-escalating and managing challenging behaviour and restraint was rarely used in either service.
- Patients were safeguarded from abuse and exploitation. Where appropriate, services worked well with other agencies to protect patient safety.
- Staff had easy access to information and maintained high quality clinical records.
- Staff followed good practice when storing, dispensing, and recording the use of medicines and reviewed the potential side effects of medication to each patient's physical health.
- Both services had a good track record on safety. Staff recognised incidents and managed them appropriately. Any lessons learnt were shared across the services.
- When things went wrong, staff apologised and gave patients honest information and suitable support.

However;

- Some staff had not yet received updated mandatory training from the new provider.

Good



Are services effective?

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

- Assessment of patients' physical and mental health needs started pre-admission. These needs were reviewed on an ongoing basis by a full range of specialists.
- Patients' mental and physical health care needs were met. Individual care plans were developed that were holistic, person centred and kept up to date.

Good



Summary of this inspection

- A range of care and treatment interventions were available to patients that were suitable for the patient group and were consistent with national guidance on best practice.
- Staff used rating scales to assess and record severity and outcomes of each patient's treatment. Services also participated in clinical audit, benchmarking and quality improvement initiatives.
- Staff were supported with appraisals and supervision and had opportunities to update and further develop their skills.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, Mental Health Act Code of Practice and Mental Capacity Act 2005 and discharged these well. Staff explained patients' rights to them and assessed mental capacity when needed.

However;

- Patients told us that some agency staff delivering care and treatment were unable to communicate with them using British Sign Language.

Are services caring?

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

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their own condition.
- Patients were treated as equal partners in care and were involved in the design of specialist psychological interventions, with opportunities to provide feedback on the quality of care provided.
- Staff ensured that patients had easy access to an independent advocate.
- Patients' families and carers were involved and informed appropriately.
- Staff supported patients to remain connected to their community and maintain relationships. The hospital delivered training in deaf awareness and British Sign Language to local facilities and facilitated a relationship support group.

Good



Are services responsive?

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

- Staff planned and managed discharge well to ensure patients had a clear pathway with personal goals.

Good



Summary of this inspection

- Services liaised well with external agencies that would provide aftercare and were proactive in managing the discharge care pathway.
- The design, layout, and furnishings of the hospital supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe.
- The introduction of paid employment opportunities for patients within the hospital was an effective and innovative way for patients on both wards to practice living skills as part of their recovery pathway.
- The hospital met the needs of all people who used the service, including those with protected characteristics. Staff helped patients access advocacy, cultural and spiritual support.
- Concerns and complaints were treated seriously, investigated and learned lessons from the results were shared with the whole team across both services.

However;

- There were areas where the hospital environment could be improved to make it more appropriate and accessible for deaf patients.
- Some patients' length of stay was longer than expected for the relevant service setting and there were delayed discharges across both services.

Are services well-led?

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

- Local leaders at the hospital had a good understanding of the services they managed and had the right skills, knowledge and experience to perform their roles. They were visible in the daily running of the service and patients and staff said they were approachable.
- Staff knew and understood the provider's vision and values and how they applied them in their work.
- Staff felt able to raise concerns without fear of retribution.
- Staff felt respected, supported and valued. The provider promoted equality and diversity and all staff had opportunities to progress in their career.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and performance issues or risks were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Good



Summary of this inspection

- Staff engaged actively in local and national quality improvement activities.

However;

- We found one error in the recording of medication that had not been rectified by the governance systems in a timely way.

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 determine in reaching an overall judgement about the Provider.

At the time of our inspection there were 18 patients detained under the Mental Health Act. We spoke to staff and patients about the Mental Health Act and reviewed documentation for six patients.

Patients were regularly informed of their rights under the Mental Health Act. If patients had stated they did not wish to have their rights explained to them repeatedly, staff respected this.

Where appropriate patients were granted section 17 leave and the service supported patients to utilise this. Pre- and post-leave assessments took place to discuss patients' rights and conditions of leave and assess any possible risks to their wellbeing and safety.

Staff had a good understanding of the Mental Health Act, understood their responsibilities and had all received training in the Mental Health Act and the Code of Practice

A full time Mental Health Act administrator was based on site to provide administrative support and advice. Regular audits took place of all documentation relating to the Mental Health Act for each patient. Where any discrepancies were identified these were corrected swiftly and discussed with staff to ensure any lessons were learnt. Patients' capacity to consent to treatment was recorded and all T2 and T3 forms were present and correct.

Information regarding the Mental Health Act, including informal patients' rights and how to contact the independent mental health advocate (IMHA) was displayed clearly in both services. An independent mental health act advocate visited patients in both services regularly and attend patient meetings. The advocate was also deaf and could communicate fluently with patients using British Sign Language.

An experienced psychiatrist who could communicate with patients using British Sign Language was the Responsible Clinician.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make decisions for themselves. We found, where appropriate, patients' mental capacity had been assessed and their consent to make specific decisions was clearly recorded and reviewed by the multi-disciplinary team.

Over the last 12 months no Deprivation of Liberty Safeguards applications had been made by the service and there were no patients detained under the Deprivation of Liberty Safeguards.

Staff assessed and recorded capacity clearly for patients who might have impaired mental capacity. All staff delivering care and treatment had received training in the Mental Capacity Act and the Deprivation of Liberty Safeguards.

There were good policies and procedures in place regarding the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff across both wards understood these policies and procedures and the underlying principles of the Act.






Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

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

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good 

The same systems, processes and staffing arrangements were in place across the high-dependency rehabilitation service (Braidwood ward) and the low-secure service (Appleton ward). For our full detailed findings for this key question please refer to the 'safe' section in the long stay/rehabilitation service report.

Safe and clean environment

Appleton ward was a low secure service that provided accommodation for up to six male patients. There were six bedrooms with ensuite facilities, a large communal area with dining tables and a pool table, a separate activity room, patient kitchen and clinic room.

Patients on Appleton ward shared access to facilities such as the multi-faith room and kitchen with patients on Braidwood ward. The social worker's office was based on the ward and the nurses' office was well positioned to ensure staff had oversight of the main communal area. All patients had access to outside space and an 'air lock' entrance was in place to ensure the ward was secure.

The ward was safe, clean, well equipped, well furnished, well maintained and fit for purpose. All staff had a personal attack alarm that was kept in good working order.

There were no incidences of patient on patient assault. We spoke to four patients using a British Sign Language interpreter. Patients told us if any of the other patients became aggressive staff acted quickly to resolve this and

they felt safe on the ward. Staff we spoke to said they felt confident in managing aggression and using de-escalation to manage challenging behaviour rather than using restraint.

Environmental risks assessments were kept up to date. Staff knew about any potential ligature anchor points and acted to mitigate risks to patients who might try to harm themselves.

Safe staffing

There were enough staff on Appleton ward who had the right experience to deliver good care and treatment to the patients on the ward. The total establishment levels of whole-time equivalent nurses and rehabilitation co-therapist (health care assistants) on the ward were;

- four qualified nurses
- eight rehabilitation co-therapists

Staff worked across both services and received the same training, supervision and support to ensure they delivered safe care to patients.

There were no staff vacancies and the use of bank and agency staff was relatively low. In the 12 months prior to our visit there had been 65 shifts on the ward where bank or agency staff had provided cover. There had been no shifts where the service had been unable to find cover by bank or agency staff.

Assessing and managing risk to patients and staff

The service was responsive to the forensic needs of the patients on Appleton ward. Risk management started before patients arrived on the ward to ensure staff could prepare for new patients arriving at the hospital and put

Forensic inpatient/secure wards

plans in place to address their individual risks. This also ensured the hospital would only admit patients who were suitable, to minimise the disruption and progress of other patients.

The service avoided the use of rapid tranquilisation, seclusion or segregation. During the 12-month period prior to our inspection there were no incidents of seclusion, long-term segregation or rapid tranquilization. There had also been no incidences where staff had physically restrained patients.

Least restrictive practices were always applied and patients on Appleton ward told us staff managed any aggressive behaviour well. Due to the nature of the ward patient access to 'high-risk' items such as razors and lighters was restricted where appropriate. Patients said that staff explained the reasons for this and there was evidence in the care records that showed this was done proportionally and assessed on an individual basis.

Medicines management

Staff followed the same best practice when storing, dispensing, and recording the use of medicines as they did in the high-dependency community rehabilitation service. Staff regularly reviewed the effects of medication on each patient's physical health. Prescribing of medication was done in line with national guidance and if antipsychotics were prescribed the side-effects of these drugs were closely monitored.

We reviewed the prescription card of every patient on Appleton ward and found all medication was administered, reviewed and dispensed correctly.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good 

Our findings under this key question were mostly the same as those for the long stay/rehabilitation service. Please refer to the 'effective' section in the long stay/rehabilitation service report for more detail.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission and reviewed them with patients and the multi-disciplinary team on a regular basis. Individual care plans were developed for all patients that were kept up to date. Care plans reflected the assessed needs of patients and were personalised, holistic and recovery-oriented. The care plans included specific safety and security arrangements in place for each patient and a positive behavioural support plan.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group that were consistent with national guidance on best practice. As on Braidwood ward, staff supported patients to access physical healthcare and live healthier lives, using recognised rating scales to assess and record severity and outcomes. The service team also participated in the relevant clinical audits and quality improvement initiatives.

Patients had access to the same psychological therapies to aid their recovery as those on Braidwood ward. The provider had also worked with patients to create a bespoke sex offending programme called 'Safe Deaf Lives' that had been adapted to the needs of deaf patients with a forensic history. Patients on Appleton ward who had attended this programme said they found it effective and felt they had made progress in achieving some of their care and treatment goals.

Skilled staff to deliver care

The ward team had access to the full range of specialists required to meet the needs of patients. Staff received training in a range of skills needed to provide high quality care. They were supported with appraisals, supervision and had opportunities to update and further develop their skills. An induction programme was provided for all new staff that included training in deaf awareness.

Patients on Appleton ward told us that they found it frustrating when agency staff were unable to communicate with them using British Sign Language. This issue spanned across both services and the provider had been responsive in putting plans in place to address it.

Adherence to the MHA and the MHA Code of Practice

On the day of our inspection there were six patients detained under the Mental Health Act on Appleton ward.

Forensic inpatient/secure wards

As on Braidwood ward we found Staff understood and discharged their roles and responsibilities and under the Mental Health Act 1983 and the Mental Health Act Code of Practice well. Senior staff made sure patients had their rights under the Act explained to them on a regular basis. We reviewed records to show that patients had been reminded of their rights when appropriate.

Patients had access to an independent mental health advocate. This was the same advocate who visited Braidwood and could communicate with patients using British Sign Language. Patients on Appleton ward spoke highly of the advocate and said they understood their rights and details of their detention under the Act.

Are forensic inpatient/secure wards caring?

Good 

We spoke to four patients on Appleton ward using a British Sign Language interpreter. We also interviewed three carers and reviewed two comment cards from patients collected after the day of our inspection. During our inspection we also made our own observations of staff and patient interactions.

We found clear evidence that patients on Appleton ward received care from staff in a compassionate way that respected their privacy. As many of our findings under this key line of enquiry are the same as those for Braidwood ward please refer to the 'caring' section of the rehabilitation service report for further details.

Are forensic inpatient/secure wards responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

Places at the hospital were commissioned by NHS England and by clinical commissioning groups from across the country. Due to the specialist nature of the hospital and patients' needs it meant that many patients were placed far from their homes.

From December 2017 to December 2018 the average bed occupancy on Appleton was 100 per cent.

At the time of our inspection there was one delayed discharge within the low-secure service. The average length of stay for patients on Appleton ward was 24 months. The provider explained that due to complexity of patients' needs, many of whom had a forensic background, there were few suitable services available for patients to move onto which caused delays. There had been no discharges from Appleton ward in the last 12 months.

As part of their discharge care pathway patients from Appleton ward were able to spend days on Braidwood ward to let them experience what moving to a rehabilitation service would be like. The registered manager said that this helped keep patients motivated and engaged in their discharge care pathway.

Staff used the same process and approach as the high-dependency rehabilitation service (Braidwood ward) to plan and manage discharge well. They liaised efficiently with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. Patients could personalise their bedrooms and told us they found the ward was well-equipped and comfortable.

Patients had access to a small kitchen to make hot drinks and snacks at any time. There was a locked kitchen that patients could also use as part of their occupational activity session each week. The large communal area on the ward had a pool table and a fish tank which patients had chosen, and a weekly activity timetable was displayed.

Patients could pre-book a separate activity room on the ward which included a laptop for internet access and a selection of video and board games. There was a separate TV lounge with a DVD player and quiet areas for patients to use if they wanted privacy away from the ward. All patients had access to a smart phone to allow them to video call relatives and a well-furnished multi-faith room was available for patients to use.

Forensic inpatient/secure wards

Posters written in widgets were displayed throughout the ward with useful information for patients. This included advice on how to access the independent advocacy service and how to complain. There was also a display of the British Sign Language Alphabet.

The food supplied was of good quality and patients said the provider had improved the menu in response to their feedback.

Patients' engagement with the wider community

Patients on Appleton ward were provided with the same support and engagement activities in the community as those staying on Braidwood ward.

All patients told us they were well supported to access external facilities and take advantage of any leave from the hospital. Patients said they enjoyed visiting clubs for deaf people and said there was a good range of activities available on and off the ward that met their own personal interests.

Listening to and learning from concerns and complaints

The hospital treated concerns and complaints seriously. During the 12-month period prior to our inspection, Appleton ward received four complaints, one of which was upheld. The provider had effectively investigated all

complaints and informed staff and patients of the outcome, taking corrective action to respond to concerns. This included sharing any lessons across both wards to improve service delivery.

Are forensic inpatient/secure wards well-led?

Good 






The same leadership and management arrangements were in place for both the low-secure service and high-dependency rehabilitation service. We have not repeated the findings in this section of the report. Please refer to the detailed findings under the 'well-led' key line of enquiry for the rehabilitation service (Braidwood ward).

Learning, continuous improvement and innovation

In 2018 the low-secure service achieved accreditation with The Quality Network for Forensic Mental Health Services. As well as highlighting areas of good practice the service had used the process to identify areas of improvement such as carer engagement and refurbishment. On the day of our inspection we found evidence that plans had been put in place to action any recommendations that had been made to the provider.

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

Braidwood ward was split across two floors of the building providing accommodation for up to 14 male patients. The layout of the ward reflected the service type that offered specialist care and treatment in a high-dependency rehabilitation service setting. On the lower floor there were eight ensuite bedrooms, four of which were equipped with their own kitchen facilities in a 'bed-sit' style. On the second floor there were four self-contained flats to allow patients to experience more independent living whilst still being able to access support from staff. The ward included a communal lounge, well-equipped activity room, outside garden space and facilities to make hot drinks and snacks. There was also a fully equipped kitchen patients could access.

Staff completed environmental risk assessments and ligature risks were identified and managed well. There had been no ligature incidents at All Saints within the 12 months prior to our visit. An emergency call alarm system was in place that patients and staff could access. Adaptations had been made to the fire alarm system to ensure deaf patients would be alerted if there was a fire.

All areas of the hospital were well equipped, kept clean and were fit for purpose. Where appropriate patients were

supported in keeping their flats or bedrooms clean and tidy. There was an ongoing programme of refurbishment that identified any areas for improvement across the entire hospital, including ward areas.

Safe staffing

The service had enough nursing and medical staff who knew the patients. Nurses were supported by rehabilitation co-therapists, often called support workers/health care assistants in other services. There was a full multi-disciplinary team in place to provide evidence-based rehabilitation interventions to patients, including a psychiatrist and psychologist based on site. A doctor could attend the ward quickly in an emergency. A 24-hour emergency health clinic was also located nearby that staff and patients could access if needed.

The staffing levels and skill mix for both services were planned, implemented and reviewed to keep people safe. If more staff were needed or there were any staff shortages these were responded to quickly. At all times at least one member of staff who could use British Sign Language was present on each ward. A local GP surgery provided all physical health care to patients.

The total establishment levels of whole-time equivalent nurses and rehabilitation co-therapists (health care assistants) on the ward were;

- five qualified nurses
- 19 rehabilitation co-therapists

At the time of our inspection there were two full time staff vacancies at the hospital for a nurse and rehabilitation co-therapist. The total permanent staff sickness rate across both services was less than two per cent, lower than the last time we visited.

Long stay/rehabilitation mental health wards for working age adults

Good 

The use of bank and agency staff was generally low. In the 12 months prior to our visit there had been 100 shifts on Braidwood ward where bank or agency staff had provided cover and only two shifts where the service had been unable to find cover by bank or agency staff.

Patients told us the services were adequately staffed but some agency staff could not use British Sign Language, which made it difficult to communicate with them. We investigated this issue and found the service had taken steps to ensure the use of agency staff who could not use British Sign Language was kept to a minimum.

Mandatory training

Staff received training to keep people safe from avoidable harm. The service provided mandatory training in key skills to all staff and made sure staff completed it. All staff, including those from agencies, received a full induction and training in deaf awareness before working with patients.

Some staff had not yet received updated mandatory training from Elysium, the new provider. At the time of our inspection, completion rates for some mandatory training modules did fall below the hospital's internal targets. The service explained that when the provider had changed from St Georges to Elysium all training figures had been re-set to zero. We reviewed training figures and spoke to staff and found they had all completed mandatory training with the previous provider and were in the process of re-training in Elysium modules. Effectively, no staff were out of date with their mandatory training. The service was closely monitoring training compliance at monthly governance meetings and was assured that staff were trained to provide safe and effective care.

E-learning modules were being re-developed into video recordings for deaf staff members. In the meantime, the service was holding face to face training sessions using British Sign Language interpreters to ensure deaf staff could access the training they needed.

The service had safe recruitment policies and systems in place to ensure that staff were only able to work with vulnerable patients after the correct checks had been completed. This included taking up references, disclosure and barring checks, identification checks and checking nurses' registration.

Assessing and managing risk to patients and staff

Staff worked with patients to assess and manage risks well and achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. When we reviewed care records and interviewed patients it was clear the service took a proportionate approach to risk management and regularly reviewed risks with patients to keep them safe.

Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. The use of restrictive interventions was minimised and staff followed best practice if restraint was used. Restraint was only used after attempts at de-escalation had failed. Staff knew avoided the use of physical restraint as it would restrict the patients' ability to sign and communicate. All staff had received training to therapeutically manage violent or aggressive behaviour. A national lead was also in place at Elysium to share any advice on best practice and changes to guidance with staff.

Within the 12-month period prior to our inspection neither service at the hospital had used seclusion or long-term segregation. There had been 38 incidences where staff had restrained five different service users using low-level restraint only.

Risks to people were managed on a day-to-day basis with effective handovers at shift changes to ensure that staff were aware of any current risks or changes to patients' needs. Patients were involved in their own risk management on an on-going basis.

When needed, enhanced observations were used to keep patients safe. We reviewed a sample of observation records that were in line with the providers policy and followed national guidance on best practice.

Safeguarding

In the 12 months prior to our inspection there had been no safeguarding alerts or concerns raised by the service. We found evidence that even low-level safeguarding issues were recorded and managed well.

Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. The service had clear policies and processes in place to keep people safe. The hospital had been asked by the local safeguarding team to deliver training to other health and social care organisations in the area to showcase best practice and share their learning.

Long stay/rehabilitation mental health wards for working age adults

Good 

Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it. When we spoke to staff they could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Policies and procedures were in place to support staff to make a safeguarding alert if they needed to.

Staff followed safe procedures for people visiting the ward. The service also had procedures in place to facilitate family visits with children, with a separate space available for this purpose.

Staff access to essential information

Staff had easy access to clinical information and maintained high quality, detailed clinical records. Most care records were kept on a paper-based system and there were plans to upgrade to an electronic system. All staff we spoke to said they could access the information they needed to assess, plan and deliver care and support to people in a timely way. Daily records of patients' care and treatment were clearly written and kept up-to-date.

Patients understood the information that was shared about them and had their own copies of their care records that was written in an accessible format.

Medicines management

Staff followed good practice in medicines management and did it in line with national guidance. Patients received their medication on time and the service involved them in regular medicine reviews. Staff completed outcome measures to monitor any potential side effects of antipsychotic medication and did regular audits of physical health monitoring records.

A service level agreement was in place with a local pharmacy to provide the hospital with medication and conduct monthly medication management audits. A pharmacist attended multi-disciplinary meetings monthly to share best practice and updates on national guidance.

Medication administration errors were reported to the local safeguarding team and any medication incidents were reviewed at local governance meetings. Staff who administered medications completed an administration and knowledge competency assessment annually.

However, on the day of our inspection we found one inaccuracy on a prescription card where staff had not followed the providers' procedure for the transcription of medication. The error had been noted by the team but had not been rectified in a timely manner. When we raised this with the service they corrected the issue immediately and could provide evidence that this was an isolated incident that it had been caused by human error.

Track record on safety

The hospital had a good track record on safety. In the last 12 months there had been no serious incidents across either service. There were effective systems in place to ensure any patient safety incidents would be managed well.

Reporting incidents and learning from when things go wrong

Staff recognised incidents and reported them appropriately. There was an electronic system in place that monitored and reviewed incidents throughout the hospital to give staff a clear, accurate and current picture of safety. Senior staff monitored this for any key themes or trends.

Incidents were investigated, and any lessons learnt were shared with the whole team and the wider service. All incidents were reviewed at daily team meetings and if further investigation was needed an investigating officer would be allocated. When needed, other stakeholders including the local police or safeguarding team were involved.

There were opportunities to learn from external safety events and patient safety alerts across the Elysium group that were cascaded to staff by the registered manager and via specific lessons learnt bulletins. Staff were supported to use reflective practice as part of this process.

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

Long stay/rehabilitation mental health wards for working age adults

Good 

Care plans were holistic, personalised and recovery-oriented and in place for every patient. Patients received comprehensive assessments of their mental and physical health needs, with clear outcomes and goals identified. Every patient had their care and treatment reviewed weekly by a multi-disciplinary team.

An established recovery package called 'All About Me' was used across both services to structure patients' recovery planning and monitor outcomes. The package had been developed nationally by deaf people for deaf patients with mental health problems within community, inpatient and secure services. The service delivered care and treatment in line with current evidence-based guidance, standards and best practice.

Patients' physical health was well managed and reviewed regularly. On admission a full physical health assessment took place. Patients were registered with a local GP surgery who provided their ongoing physical health care. Patients were also registered with a dental practice and audiologist in the local area. Every two weeks all patients had their physical health reviewed by the multi-disciplinary team as a minimum. The service also monitored other baseline signs of patients' physical health including ECGs. Internal audits took place to ensure patients' physical healthcare was delivered in line with national guidelines and The Commissioning for Quality and Innovation (CQUINs) programme to reduce premature mortality in people with severe mental illness.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group that were consistent with national guidance on best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. All patients had access to the on-site psychologist and as well as receiving one to one support the service had worked with patients to jointly develop group psychological therapies. These included 'I'm a patient, get me out of here', a group that focused on personal goal setting and using cognitive behavioural therapy to help patients achieve these goals. The group also supported patients to remain engaged in their own risk management process.

Patients could access occupational therapies from a team in place at the service seven days a week. Patients were

supported to build, and practice skills needed to promote good self-care and had an activity planner which included budgeting, cooking and cleaning. Other support groups were available to aid patients' recovery journeys that addresses specific needs such as substance misuse, social skills and cyber awareness. The service had worked collaboratively with patients to develop each of these groups.

Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Specific health care plans were used to support patients with their physical health needs and identify goals to improve their overall physical health such as using the local gym and attending weight loss groups in the community. There was a healthy living group on the ward and clear referral pathways in place for patients to access other external services such as dentists, dieticians and opticians.

Staff collected information about people's care and treatment and monitored progress towards their personal outcomes. This included monthly audits that assessed if patients were accessing a minimum of 25 hours a week of meaningful activity. If patients were not engaging in activity this was effectively identified and staff worked with patients to increase their engagement.

The provider participated in clinical audit and quality improvement initiatives to ensure the effectiveness of the care and treatment patients received. The senior team had used peer review and other resources such as the 'Green Light Tool Kit' to benchmark the effectiveness of services at All Saints in meeting patient needs, including those with autism and learning disabilities.

Skilled staff to deliver care

The multi-disciplinary team included the full range of specialists who were motivated to meet the needs of patients. A social worker, occupational therapy team, psychologist and consultant psychiatrist were based on site and were all able to communicate through British Sign Language. A local GP practice and pharmacy provided patients with physical health care and treatment.

Staff had the skills they need to carry out their roles effectively and provide high quality care in line with best practice. At the time of our inspection all staff had received training in British Sign language up to level one, over half were trained to level two or above and 20 per cent of

Long stay/rehabilitation mental health wards for working age adults

Good 

clinical staff were deaf themselves. The provider funded staff to achieve up to level two in British Sign Language and supported staff who wished to progress further by offering them study time.

However, patients told us that agency staff were not always trained in British Sign Language which meant they could not communicate with them effectively and they found this frustrating. We reviewed agency usage figures and found the use of agency staff across both services was low. When we discussed the issue with the registered manager they explained actions taken to minimise the impact of agency staff who could not sign, such as adjusting the staff rotas to ensure at least one member of staff who could sign was always available on both wards. The provider had also secured funding and was in the process of securing an agency who could provide staff that were able to use British Sign Language.

Staff were supported to maintain and further develop their professional skills and experience. This included the introduction of an 'associate rehabilitation co-therapist' role to ensure nursing assistants could still develop their skills without having to progress to a nursing qualification. The service was also very supportive of student nurses and had recently secured a two-year accreditation with a local university for nursing placements.

All staff, including those who were not in clinical roles, had received an annual appraisal and regular supervision to discuss their personal performance.

Multi-disciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit patients and meet the range and complexity of patients' needs. Patients staying at All Saints had no gaps in their care and were involved in regular and effective multi-disciplinary meetings. The multi-disciplinary team met each week with every patient to discuss their care and treatment, with an independent advocate and British Sign Language interpreter present.

The service took a holistic approach to planning care and worked well with other services to ensure it was well coordinated. For example, the senior staff had effective working relationships with clinical commissioning groups, social services and worked closely with care-coordinators

to plan admissions and discharges. Care coordinators were invited to regular meetings to discuss patient discharge and patients were supported by staff to visit potential placements ahead of any discharges.

Staff shared information about patients effectively at handover meetings and worked well with the local GP and pharmacy to support patients in accessing good physical health care. Many patients were supported to self-medicate and said they had access to professionals to help them understand and progress in their recovery, including a social worker and psychiatrist.

Adherence to the MHA and the MHA Code of Practice

On the day of our inspection there were 12 patients detained under the Mental Health Act on Braidwood ward and two informal patients.

We spoke to staff and patients about the Mental Health Act and reviewed documentation for six patients. Patients told us they were regularly informed of their rights under the Mental Health Act. If patients did not wish to have their rights explained to them repeatedly staff respected this.

Where appropriate patients were granted section 17 leave and the service supported patients to utilise this. Pre- and post-leave assessments took place to discuss patients' rights and conditions of leave and assess any possible risks to their wellbeing and safety.

Staff had a good understanding of the Mental Health Act, understood their responsibilities and had all received training in the Mental Health Act and the Code of Practice

A full time Mental Health Act administrator was based on site to provide administrative support and advice. Regular audits took place of all documentation relating to the Mental Health Act for each patient. Where any discrepancies were identified these were corrected swiftly and discussed with staff to ensure any lessons were learnt. Patients' capacity to consent to treatment was recorded and all T2 and T3 forms were present and correct.

Information regarding the Mental Health Act, including informal patients' rights and how to contact the independent mental health advocate (IMHA) was displayed clearly in both services. An independent mental health act advocate visited patients in both services regularly and attend patient meetings. The advocate was also deaf and could communicate fluently with patients using British Sign Language.

Long stay/rehabilitation mental health wards for working age adults

Good 

An experienced psychiatrist who could communicate with patients using British Sign Language was the Responsible Clinician.

Good practice in applying the MCA

Staff supported patients to make decisions on their care for themselves. We found, where appropriate, patients' mental capacity had been assessed and their consent to make specific decisions was clearly recorded and reviewed by a multi-disciplinary team.

Over the last 12 months no Deprivation of Liberty Safeguards applications had been made by the service and there were no patients detained under the Deprivation of Liberty Safeguards.

Staff working with patients assessed and recorded capacity clearly for patients who might have impaired mental capacity. All staff delivering care and treatment had received training in the Mental Capacity Act and safeguards.

There were good policies and procedures in place regarding the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff across both wards understood these policies and procedures and the underlying principles of the Act.

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

Good 

Kindness, privacy, dignity, respect, compassion and support

Patients were supported by staff who treated them with compassion and respect. There was a strong, person-centred culture on the ward where people were respected as individuals. Staff told us that they enjoyed working with patients and patients told us staff treated them as individuals and understood them.

We spoke to seven patients on Braidwood ward using a British Sign Language interpreter. We also interviewed three carers and reviewed three comment cards from patients that were collected after our on-site inspection.

Overall, we received very positive feedback about both services at the hospital. We observed interactions on both wards that demonstrated a positive and appropriate relationship between staff and patients.

Patients received support to understand and manage their own care, treatment and condition. Patients had regular time alone with their named nurse and could speak to members of the multi-disciplinary team frequently, not just during the weekly ward round. Patients had a clear understanding of what their goals to recovery were and how the treatment they received was helping them achieve them.

Patients' dignity was protected in the way the service was provided. Staff told us they thought it was important to use British Sign Language wherever possible on the wards to create an inclusive environment. We observed staff using British Sign Language to communicate even when patients were not directly part of the conversation.

Staff maintained the confidentiality of information about patients and respected their privacy. On admission, each patient received a welcome pack and full orientation to the service. Both services had access to their own clinic rooms based on the ward. However, a separate clinic room had been introduced away from ward areas for patients to use if they wished to see health professionals in a more discrete setting.

Staff recognised and respected the totality of patients' emotional and social needs, which were viewed in parity to their health care needs. Patients were supported to maintain and develop relationships and supported to maintain their own cultural and religious beliefs.

Patients were very complimentary about the independent advocate who visited the ward on a regular basis, who could communicate fluently using British Sign Language.

Staff said they could raise any concerns about disrespectful, discriminatory or abusive behaviour towards patients without fear of any consequences.

Involvement in care

Patients were partners in the planning of their care, treatment and risk assessments. Patients understood their treatment and told us they could discuss and challenge it with the multi-disciplinary team when needed. This was supported by care records that documented in detail each patients' own wishes and ideas.

Long stay/rehabilitation mental health wards for working age adults

Good 

Staff communicated with people and provided information in a way that they could understand.

If a patient on the ward required sign language in another language other than British a foreign Sign Language interpreter would be brought in. Care records were written in an accessible format for deaf patients. The hospital had also developed a pilot scheme to trial the use of personal electronic devices to video record all aspects of care records in British Sign Language, starting in May 2019.

Staff actively sought patients' feedback on the quality of care provided and empowered them to be involved in decisions about the service. This included the recruitment of new staff, co-designing psychological interventions and how to spend aspects of the service budget. Patients had recently voted on the purchase of two fish tanks and a rabbit.

Patients held council meetings with the registered manager and focus meetings, facilitated by the independent advocate, on a regular basis as well as attending weekly community meetings. On the day of our inspection some patients attended an external meeting with other patients from Elysium services to learn about wider changes taking place across the provider and share their views on these changes.

Staff informed and involved families and carers appropriately. A quarterly newsletter was sent to friends and families of patients updating them on activities at the hospital. The newsletter invited carers to contact the registered manager and clinical lead if they had any questions or queries. Most carers we spoke to said the hospital was responsive and kept them well informed when needed. Carers and families were invited to multi-disciplinary meetings and open days at the hospital.

The provider had identified ways to increase carer engagement and had plans in place to ensure carers were more involved in the delivery of the service. The service also sent out an annual family and friends survey with pre-paid envelopes to gather their views but had a low response rate.

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

(for example, to feedback?)

Good 

Access and discharge

Placements at the hospital were commissioned by NHS England and clinical commissioning groups from across the country. Due to the specialist nature of the hospital it meant that many patients were placed far away from their homes.

From December 2017 to December 2018 the average bed occupancy on Braidwood ward was 100 per cent. There were three delayed discharges at the time of our inspection and there had been no successful discharges within the last 12 months. The average length of stay was four and half years.

We found clear evidence the service discharged patients as soon as it was appropriate and possible to do so. The provider explained that due to complexity of patients' needs there were very few services available for patients to move onto which caused discharge delays. Patients said they understood why delays in discharge occurred and felt supported by staff. Both wards at the hospital were discharge-orientated and the multi-disciplinary team worked collaboratively with patients to plan and review their discharge pathway on a regular basis. Since our last visit all patients had a named care-coordinator and had a planned schedule of discharge planning meetings to discuss any progress.

Both services at the hospital were pro-active in working with patients and external agencies to ensure, that when ready, patients were discharged to suitable services. At the time of the inspection one patient was undergoing a 'trial' stay at a new service as part of a phased discharge to see if the prospective new service was able to meet their needs. This had involved staff from All Saints providing training to staff at potential discharge placements.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity. All patients had their own bedroom with an ensuite bathroom and could keep their personal belongings safe.

Long stay/rehabilitation mental health wards for working age adults

Good 

As the service model on Braidwood ward was based around patients rebuilding skills to live more independently, patients also had access to a laundry facility and a fully equipped kitchen coordinated by the occupational therapists. There were four 'bed-sit' style rooms with their own kitchen facilities and four self-contained flats for patients to move into as part of their discharge progression and recovery.

Some aspects of the environment needed improvement. The service had a rolling programme of refurbishment in place with set timelines and actions to address this. Patients we spoke to said they found the hospital clean and comfortable but thought aspects of the environment were not as deaf friendly as they could be. For example, some patients did not have flashing doorbells to show them when a staff member wished to enter their room.

Staff pro-actively supported people to take part in activities that would help them practice skills needed for independent living and ensured activities for patients were meaningful. Patient led projects took place to improve the ward environment, patients told us they enjoyed doing this as it gave them a sense of ownership. Patients also worked with the occupational therapy team to plan their own activities that matched their interests. Staff ensured all activities were done safely by completing the correct risk assessments with patients.

Patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater. There was a full catering team based at the hospital and patients on both wards had access to kitchens to prepare their own food if they wished. One patient was employed in the kitchen and helped prepare the meals. The provider had been responsive in its redevelopment of the on-site food menu to offer healthier choices that met patients' preferences. Patients told us that the food was good, and it had improved.

Patients' engagement with the wider community

Patients were supported to access education and work opportunities. Some patients were completing vocational training courses at local colleges. The service had introduced paid employment opportunities for patients on both wards. This included overseeing cleaning tables, the hospital van and going to the shop to get newspapers.

Patients were supported by the occupational therapist to complete application forms and prepare their own personal CV to apply for each job role. Patients we spoke to said they valued this opportunity.

Staff supported patients to maintain contact with their families and carers. All patients in both services had access to a device to video call loved ones. When possible, the provider had paid for travel costs to facilitate family visits and had been flexible in facilitating visits closer to home, ensuring staff were available to escort patients where needed.

Staff encouraged patients to develop and maintain relationships with people that mattered to them. A relationship support group was available to patients across both wards to discuss and explore their knowledge and attitudes to sex and relationships.

Patients were supported to remain connected to the local community. The service actively promoted deaf awareness and delivered training in British Sign Language to the local GP surgery, community police officers, delivery drivers, shop keepers and staff from local colleges. Patients from both services attended local deaf clubs and specialist deaf community gatherings. The hospital was also working with a local university to produce and promote an international conference to raise awareness of issues faced by deaf patients using mental health services and promote best practice.

Patients spent time outside the ward in the community. As well as general community outings patients attended sports fixtures and accessed local facilities such as the sports centre and library.

Meeting the needs of all people who use the service

The wards met the individual needs of all people who used the service, including those with protected characteristics. Staff received training to help patients with their communication needs and British Sign Language interpreters were readily available for meetings. Written material was made accessible to deaf patients in an accessible format.

However, staff and patients across both services commented that the service could be more accessible for deaf people. Some patients did not have flashing door bells to show them if a staff member was entering their room and said they would like these. The provider had plans in

Long stay/rehabilitation mental health wards for working age adults

Good 

place to further improve the services at the hospital to make them more accessible for deaf patients. This included the launch of a pilot project in May 2019 to test the use of new technology that would allow patients to access their care records as video recordings that used British Sign Language.

The religious and cultural needs of patients in both services were met. As well as access to a well-equipped multi-faith room there was a spiritual lead in the service who championed patients' rights to access spiritual support. Patients had access to a local Mosque, Gurdwara and the hospital was visited monthly by a deaf Church parishioner. The hospital had invited members of the local community to the hospital to celebrate religious festivals such as Eid and Diwali. Patients had a choice of food to meet their dietary requirements, including Halal and Kosher.

Listening to and learning from concerns and complaints

Senior staff recognised patients who used the service were integral to learning and improvement. There was an open culture in both services and staff treated concerns and complaints seriously. Information was displayed on the ward about how to complain and we found evidence in care records that patients had received individual time with staff members to discuss their concerns confidentially.

In the 12-month period prior to our inspection Braidwood ward had received 13 complaints, three of which had been upheld. During our inspection we reviewed seven complaints across both services that demonstrated the staff had been responsive in addressing any issues and had worked with patients to rectify them. The provider investigated all complaints and was honest with staff and patients about any outcomes found, apologising to patients where appropriate. Any lessons learned from complaints were shared with the whole team.

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

Good 

Leadership

Local leadership was provided by an experienced registered manager who was supported by a clinical lead nurse and full administration team. At ward level there were charge nurses and other experienced staff to ensure both services provide safe, effective care that met the needs of patients.

Senior staff had a good understanding of the services they managed and adhered to a recognised model of care in both services, staff we spoke to on the wards shared this understanding.

Senior staff had the skills, knowledge and experience to perform their role and made sure they were accessible and visible to staff and patients on the ward. The registered manager had previous experience in a similar role and was a registered nurse. To build rapport with patients and to monitor quality of patient experience, the registered manager spent at least one day a month on each ward delivering some aspects of care.

There was compassionate, inclusive and effective leadership at all levels. Patients across both services told us they trusted the registered manager and senior staff and felt they were treated fairly and listened to. Staff told us they also felt well supported by leaders within the hospital and that they had a truly open-door approach. More senior members of the Elysium management team also visited the hospital. Staff at All Saints said they had appreciated this during the transition period.

Leadership training was available to all staff through Elysium's own education college and four members of staff, who were not in managerial positions, were completing vocational qualifications in team leadership.

Vision and strategy

Elysium had consulted with patients and staff across its services to outline its values and used them to manage decisions and actions as an organisation. Staff at All Saints knew and understood the provider's values and were motivated to achieve the best care possible. The values of All Saints Hospital were;

- innovation to drive forward the standards and outcomes of care
- empowerment to encourage all to lead a meaningful life
- collaboration because in partnership we can deliver transformational care

Long stay/rehabilitation mental health wards for working age adults

Good 

- integrity because we are ethical, open honest and transparent
- compassion to show respect, consideration and afford dignity to all

Staff had the opportunity to contribute to discussions about the strategy of the services and any changes to them.

Culture

Staff across both services were respected, supported and valued. The registered manager promoted a positive culture that valued staff and patients as the key stakeholders in the running of services. There was a sense of common purpose based on shared values and the registered manager strongly believed that promoting good staff wellbeing improved the experience of patients.

All staff had access to an occupational health service to support their own physical and emotional health needs. A wellbeing team visited the hospital regularly to deliver personal training, therapy days and organise staff awards to recognise success in the service. Elysium provided a 24-hour tele-support line for staff and face to face counselling. Once a week a registered mental health nurse who did not work within the services visited each ward to provide confidential, emotional support to staff.

The hospital promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff received training in equality and diversity and the staff toilets had been changed to non-gender specific. An equality and diversity champion had been appointed and reported into the monthly hospital governance meetings with any concerns raised regarding equality, diversity and inclusion.

Candour, openness, honesty and transparency were a clear part of the hospital culture and staff and patients could challenge poor practice. Staff knew the whistle-blowing process and about the role of the Speak-Up Guardians. There were three Speak-Up Guardian leads at the hospital and all staff we spoke to said they felt able to raise concerns without fear of retribution

Staff appraisals included conversations about career development and they had access to opportunities and training to do so. 12 members of staff were completing NVQ qualifications as part of their career progression, this

included those in clinical and non-clinical roles. The registered manager was passionate about ensuring both the staff and patients had the opportunities to build new skills.

The service's staff sickness and absence rates were relatively low and there were clear policies and procedures in place to address poor staff performance and keep people safe.

Governance

Our findings from the other key questions demonstrated that governance processes across both services operated effectively at ward level and that operational performance and risk was managed well.

There was a clear framework of governance that ensured information and quality reporting ran from the wards right through to Elysium's executive board. Essential information was shared and discussed at team meetings, regional governance committees and fed through to senior managers and national governance groups. Monthly 'ward to board quality dashboards' were used to provide senior staff with clear oversight of the service and improve the quality of care and treatment provided.

The rights of patients who were detained under the Mental Health Act were protected. The service operated systems to monitor and record adherence to both the Mental Health Act and Mental Capacity Act and ensure staff discharged their duties under each act appropriately.

An effective multi-disciplinary team was in place and functioned well to ensure all patients at the hospital received the psychological and occupational therapies appropriate to their needs, in line with national guidance.

Governance Systems and processes were in place to ensure the hospital environment was clean and safe and that staff could provide effective, good quality care to patients. Staff undertook local clinical audits on a regular basis covering all aspects of care quality and used them to improve the service where possible.

However, on the day of our inspection we found one inaccuracy on a prescription card where staff had not followed the providers' procedure for the transcription of medication. The error had been noted by the team but had

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Good 

not been rectified in a timely manner. When we raised this with the service they corrected the issue immediately and could provide evidence that this was an isolated incident that it had been caused by human error.

Management of risk, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A local risk register was in place and was updated and reviewed at a risk management committee.

Any incidents were reported, investigated, reviewed and escalated through the hospital's governance structure. National alerts and safety information were reviewed by the registered manager with other members and cascaded to staff at ward level.

The transition from St Georges health care to Elysium had been managed well and had caused little disruption to the services' overall performance. Staff said they had been well supported by senior staff during the change period and had been made aware of any changes in policy and procedures. The registered manager had given staff protected time off the ward to discuss new ways of working with team leaders.

Where cost improvements were taking place, they did not compromise patient care.

Information management

Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. Elysium was also working with staff at All Saints to update the technological infrastructure of the hospital which included piloting new personal technology for patients and upgrading the paper-based recording system to an electronic system.

Information was in an accessible format for deaf patients and staff. The care records we reviewed were completed in a timely way, accurate and protected patient confidentiality. Staff made notifications to external bodies as needed. Patients were informed if their personal information was shared with external bodies and their consent was sought appropriately.

Engagement

Staff, patients and carers had access to up to date information about the work of the provider and the services they used. This information was cascaded through regular face to face meetings and other media including newsletters.

Engagement events took place where staff, patients and members from the local community were invited to learn more about the hospital and celebrate success. For example, in December 2018 the hospital ran a week of activities to celebrate the tenth anniversary of the hospital.

Patients had opportunities to give feedback on the service they received. Both staff and patients told us the independent advocate provided an effective way to discuss the service and provide feedback through patient focus meetings.

Staff engaged actively in local and national quality improvement activities. Both services participated in peer reviews with other similar services and deaf networks including the European Society for Mental Health and Deafness. The hospital was active in attending and organising conferences and events to raise the profile for mental health service for deaf people. This including an upcoming international conference led by the responsible clinician at All Saints to raise awareness of issues faced by deaf people within mental health services and promote best practice

Learning, continuous improvement and innovation

A quarterly newsletter called was circulated to all staff to share best practice and discussed at team meetings to ensure the service was involved in quality improvement initiatives taking place across Elysium. An annual event also took place where clinicians and patients came together to celebrate and share best practice.

Innovations were taking place in both services and staff had implemented recommendations from peer reviews, incidents and complaints at the service level. Staff visited other hospitals to identify areas they could improve the quality of its services and safeguarding.

Outstanding practice and areas for improvement

Outstanding practice

Patients were treated as equal partners in care and could have equal input into the design of specialist psychological interventions such as 'I'm a patient, get me out of here' and 'Safe Deaf Lives' to meet their personal needs.

The introduction of paid employment opportunities for patients across both services was an effective and innovative way of ensuring patients could practice or

revisit skills needed as part of their recovery pathway. For patients on Appleton ward this was particularly important as it meant patients had access to vocational experiences in a low-secure environment.

Staff were fully committed to ensuring patients could maintain social networks and relationships. They delivered training in deaf awareness and British Sign Language to people in the local area to ensure people could remain connected to their community.

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should continue to address any delays with patients' discharges and co-operate with commissioners and the local relevant services to address this issue.
- The provider should ensure that effective communication with patients is maintained when agency staff are used.

- The provider should ensure that further improvements are made to the hospital environment to make it more appropriate and more accessible for deaf patients.
- The service should continue to work with all staff to ensure they receive updated mandatory training following the change of provider.
- The provider should ensure that their policies and guidance for transcribing medication is followed and effective action is put in place in a timely way to rectify any issues.