

St Augustine's Hospital

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Overall summary

We rated St. Augustine's Hospital as good because:

- Since the last inspection, the provider had updated its policies to reflect the changes in the revised Mental Health Act Code of Practice issued in April 2015.
- The hospital was purpose built and had a clean and safe environment. Staff mitigated any risks presented by blind spots and ligature points through individual patient risk assessments and close observations.
- The hospital was modern, spacious and purpose built with a wide range of facilities to meet patients' needs, for example, ensuite bedrooms, an IT room, an occupational therapy kitchen, a gym, a prayer room, and ample outdoor space. The hospital also had well equipped clinic rooms that held the appropriate emergency equipment.
- The hospital had a wide range of skilled staff who were suitably qualified and experienced for their roles. The hospital had good staffing levels and a stable staff team. Staff reported good morale, team working and mutual support. Staff described the hospital manager as a strong leader with an open door policy.
- Staff completed comprehensive physical and mental health assessments to identify patients' needs and risks. Staff completed holistic care plans that fully captured their patients' needs, and risk management plans underpinned by a positive behavioural support model.
- Staff encouraged patients to develop and maintain independence. Patients had rehabilitation-focused activity plans that promoted self-care and helped them develop their daily living skills.
- Staff treated patients with dignity and respect. Staff showed a strong commitment to person-centred care and knew their patients well. Patients felt staff listened to them and provided them with appropriate emotional and practical support.
- The catering staff offered patients food that met their specific needs and preferences. This included special diets such as vegetarian or halal and consideration of health issues such as nut allergies or diabetes.
- Staff reported incidents and safeguarding concerns appropriately. Staff received feedback and lessons learned from investigations of complaints and incidents. Staff received debriefs and support following serious incidents.

However:

- Capacity to consent to treatment assessments and clinical notes did not always include records of the detail of the discussions between the clinician and the patient.
- Care plans did not always show clinical goals and outcomes specifically related to each patient's recovery and rehabilitation.
- Staff did not always record when patients refused physical health checks for conditions such as diabetes.

Summary of findings

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Good 

St Augustine's Hospital

Services we looked at

Long stay/rehabilitation mental health wards for working age adults

Summary of this inspection

Background to St Augustine's Hospital

St. Augustine's Hospital is an independent mental health hospital provided by CAS Behavioural Health Limited.

St. Augustine's provides intensive locked rehabilitation services for up to 32 male patients of working age. Patients may be detained under the Mental Health Act 1983 or subject to Deprivation of Liberty Safeguards.

The location has a registered manager and an accountable controlled drugs officer. The provider is registered to provide the following regulated activities at this location:

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

The hospital is located in a modern, purpose-built building. The hospital has one ward across two floors. Patients admitted to the service had a primary diagnosis of mental illness and most patients had a history of substance misuse.

Our inspection team

Team leader: Si Hussain

The team that inspected the service comprised three CQC inspectors, one specialist professional advisor

(occupational therapist) and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

We undertook this inspection to find out whether St. Augustine's Hospital had made improvements to their long stay/rehabilitation mental health wards since our last inspection in January 2016.

Following our inspection in January 2016, we rated the hospital as 'good' overall, and for the safe, caring, responsive and well-led domains. We rated the provider 'requires improvement' for the effective domain. We asked the provider to take the following actions:

- ensure that all Mental Health Act (MHA) policies are reviewed and updated in line with the revised MHA Code of Practice and that all staff are trained in the revised MHA Code of Practice.

We also told the provider that it should:

- ensure that patients' risk management plans are updated to reflect the changes in levels of risk following clinical reviews.
- ensure that the on-call doctor can arrive on site without a significant delay when required.

- ensure that care plans are specific to patients' individual needs and show patients' involvement and views about their care and treatment.
- ensure that confidentiality is maintained at all times and that staff do not discuss other patients in communal areas.
- ensure that there is a clear and formal process for feedback to staff for learning from complaints or incidents.
- ensure that patients have free access to the garden area.
- ensure that staff views are consulted about how the service is run through staff surveys.
- ensure that information on performance of the service is shared with all staff and patients.

We issued the provider with one requirement notice:

- Regulation 17 HSCA (RA) Regulations 2014 Good governance

On this inspection, we found that the provider had addressed most of these issues.

Summary of this inspection

The last Mental Health Act monitoring visit took place on 5 February 2017 and identified no issues.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- 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 the ward at this location, looked at the quality of the physical environment, and observed how staff were caring for patients
- spoke with 12 patients
- spoke with five relatives and observed a carers' group
- spoke with the registered manager and a senior manager

- spoke with 13 care staff including nurses, support workers, occupational therapists, a psychologist, and a consultant psychiatrist
- spoke with other staff members employed by the service provider including reception staff, domestic staff and catering staff
- spoke with the Mental Health Act administration team
- reviewed human resources files for four staff
- received feedback about the service from three care co-ordinators or commissioners and an advocate
- attended and observed one multidisciplinary morning meeting, one multidisciplinary team review, a regional doctors' meeting
- looked at the care and treatment records of 14 patients
- reviewed medicines management practices and 15 medicines administration charts
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 12 patients, five relatives, and an advocacy worker, and we observed a carers' group attended by two carers.

The patients we spoke with described the ward as safe, clean and spacious. They liked the range of facilities in the hospital, for example, a gym and pool table. They also liked the range of activities available at the hospital and in the community seven days a week.

The patients we spoke with praised the staff. They described them as kind, caring and sincere. They said that there were always enough staff around to keep them

safe and support their activities. The patients felt involved in their assessments and care plans. They received copies of their care plans and other information relevant to their care and treatment.

The family members we spoke with described the staff as polite and professional. They said staff involved them in their relative's care and kept them informed. Staff invited them to multidisciplinary team meetings and responded to their issues or questions. Most of the family members we spoke with were pleased with the progress their relative had made since they came to the hospital.

Most of the patients liked the choice of food available to them. Relatives commented on the warm welcome and hospitality they received when they visited the hospital.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The hospital was purpose built and had a safe environment. There were good lines of sight along the corridors on each of the two floors of the ward. Most areas of the ward and bedrooms had anti-ligature fittings. Staff mitigated any risks presented by blind spots and ligature points through individual patient risk assessments and close observations.
- All areas of the hospital were very clean and tidy. Staff adhered to infection control principles such as handwashing. Staff completed daily checks of the environment, both indoors and outdoors.
- The hospital had good medicines management practices that included safe administration, secure storage, medicines reconciliation, good recording keeping, and access to a pharmacist for advice. The hospital had the appropriate emergency equipment such as an oxygen cylinder, resuscitation equipment, emergency drugs, and a defibrillator, all of which staff checked regularly.
- Staff received a comprehensive programme of mandatory training. The hospital had good staffing levels and a stable staff team. All the patients we spoke with said there were always enough staff around, which helped them feel safe. Patients received regular one-to-one time with their allocated nurse or keyworker, and their activities were never cancelled.
- Staff completed standard and specialist risk assessments with patients and updated them regularly. Each patient had a risk management plan that supported the hospital's commitment to least restrictive practices and a positive behavioural support model.
- Staff reported incidents and safeguarding concerns appropriately. Staff had the opportunity to discuss incidents at various forums to encourage reflection and identify any lessons learned. Staff received debriefs and support following serious incidents.

Good



Are services effective?

We rated effective as good because:

- Patients received comprehensive physical and mental health assessments after admission. Staff completed holistic care plans that fully captured their patients' needs. Patients had

Good



Summary of this inspection

good, timely and responsive access to physical healthcare. Staff closely monitored the side effects of medication especially for those patients prescribed clozapine or high dose antipsychotic medicines.

- Staff had access to a range of recognised, evidence-based tools to help them assess patients' needs, deliver recovery-based care and monitor patients' progress and outcomes. Staff completed a range of clinical audits regularly to help ensure good practice, and addressed any issues identified.
- The hospital had access to a wide range of disciplines that provided input to the ward. The staff were suitably qualified and experienced for their roles. All staff received supervision regularly and had access to a range of forums that supported their clinical practice and encouraged their learning and development.
- The hospital had regular, effective and well-coordinated multidisciplinary team meetings and handovers. In addition, staff held a brief multidisciplinary meeting each morning to share information on patients' progress and risks.
- Since the last inspection, the provider had updated its policies to reflect the changes in the revised Mental Health Act Code of Practice issued in April 2015. There were effective systems and processes in place to ensure compliance and good practice with MHA requirements. The psychiatrist completed regular capacity to consent to, or refuse, treatment assessments to reflect patients' fluctuating capacity.

However:

- Capacity to consent to treatment assessments and clinical notes did not always include a record of the detail of the discussion between the clinician and the patient.
- Care plans did not always show clinical goals and outcomes specifically related to each patient's recovery and rehabilitation.
- Staff did not always record when patients refused physical health checks for conditions such as diabetes.

Are services caring?

We rated caring as good because:

- Staff offered patients and relatives the opportunity to visit the hospital before an admission was agreed. On admission, patients received a tour of the hospital and a welcome pack.
- Staff treated patients with dignity and respect. We observed kind and caring interactions between staff and patients at all times. Staff showed a strong commitment to person-centred

Good



Summary of this inspection

care and knew their patients well. Patients described the staff as caring, supportive and non-judgemental. Patients felt staff listened to them and provided them with appropriate emotional and practical support.

- The patients we spoke with said they felt involved in their assessments and care plans, and most of them had copies of their care plans. Family members felt involved in their relative's care and said that staff invited them to multidisciplinary meetings and kept them informed.
- Staff encouraged patients to develop and maintain independence. Patients had rehabilitation-focused activity plans that promoted self-care and helped them develop their daily living skills. Patients had access to employment at the hospital for therapeutic earnings.
- Patients and relatives had the opportunity to give feedback on the service they received. Patients had access to weekly community meetings, and relatives had access to the carers' forum. The provider also conducted patients and carers' surveys annually.

Are services responsive?

We rated responsive as good because:

- The hospital was modern, spacious and purpose built with a wide range of facilities to meet patients' needs, for example, an IT room, an occupational therapy kitchen, a gym, a prayer room, and ample outdoor space. Patients had comfortable and spacious ensuite bedrooms that had a good standard of décor and furniture.
- Staff encouraged patients to engage in recovery-based meaningful activity and monitored their engagement levels closely. Staff drew up weekly therapy programmes with patients that took into account their personal interests as well as their needs. Sixty-six per cent of patients (21 out of 32) completed over 25 hours of meaningful activity each week.
- Staff made the appropriate adjustments to meet the needs of a diverse patient group. The hospital promoted equality and diversity and had a diverse mix of staff. Staff supported patients with their individual needs associated with their gender, ethnicity, sexuality or disability. The hospital had the facilities to meet the needs of people with physical disabilities.
- Patients had access to a wide range of accessible, patient-friendly information. Where required, the psychology

Good



Summary of this inspection

team developed accessible information tailored to a patient's specific communication needs. Staff used interpreters for patients or relatives who needed them and requested leaflets in other languages.

- Most patients we spoke with gave positive views about the choice and quality of food they received. The catering staff offered patients food that met their specific needs and preferences. This included special diets such as vegetarian or halal and consideration of health issues such as nut allergies or diabetes.
- Patients knew how to make complaints and felt confident to do so. Information on how to make a complaint was widely available throughout the hospital. Staff knew how to handle complaints in line with the provider's complaints policies and procedures.
- Discharge planning commenced soon after admission and involved the patients and their relatives, as appropriate. Occasionally, the hospital needed to liaise with commissioners to request alternative placements for patients who needed more intensive care than the hospital could provide safely.

Are services well-led?

We rated well-led as good because:

- Staff knew and understood the vision and values of the organisation. Their team objectives reflected the hospital's person-centred, recovery-based vision, and aimed to help patients fulfil their individual potential.
- The provider had effective governance systems and processes for monitoring all aspects of care. The provider held a range of meetings at which they shared issues and concerns, identified actions and monitored progress. The hospital complied with the provider's annual programme of audits.
- Staff described the hospital manager a strong leader with an open door policy. Staff reported good morale, team working and mutual support. Staff liked their jobs and experienced satisfaction when they saw their patients make progress.
- The hospital manager had sufficient authority and support to manage the hospital effectively, suggest improvements and implement changes to the service. The manager had access to a range of performance information that helped her assess service delivery and quality.
- The psychology team developed and published the 'psychology quadrant', an outcome measure based on the short-term assessment of risk and treatability (START) tool.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings to help reach an overall judgement about the provider.

At our last inspection in January 2016, we found that the provider had not reviewed and updated its policies in line with the revised Mental Health Act Code of Practice issued in 2015. On this inspection, we found that the provider had addressed this issue.

At the time of this inspection, the hospital had one informal patient and 31 patients detained under the Mental Health Act (MHA).

As of 31 October 2017, 98% of staff had received training in the Mental Health Act (MHA) as part of their mandatory training. Staff had a good understanding of the Mental Health Act and the Code of Practice, and knew where to seek advice.

We found that detention paperwork was up-to-date, completed accurately and stored appropriately. The hospital had the appropriate treatment certificates for patients detained under the Mental Health Act. The hospital kept clear records of section 17 leave granted to patients.

The provider employed a Mental Health Act administrator to support staff and help ensure compliance with the Act. The administrator completed audits on Mental Health Act documentation every month to help ensure compliance with the Act.

Patients had access to an independent mental health advocate from a local advocacy service, Asist Advocacy. Staff supported patients to access advocates, where needed.

The last Mental Health Act monitoring visit took place on 5 February 2017 and identified no issues.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of our inspection, there were no patients subject to the Deprivation of Liberty Safeguards (DoLS) in the hospital.

As of 31 October 2017, 98% of staff had received training in the Mental Capacity Act (MCA) and DoLS as part of their mandatory training. Staff had a good understanding of the principles of the MCA, in particular, the presumption of capacity.






Staff supported patients to make decisions wherever possible, and applied the best interests process where patients lacked the capacity to make specific decisions.

The provider had an up-to-date policy on MCA and DoLS that set out how it met its legal obligations. The provider had arrangements in place for monitoring adherence to the MCA.

Patients had access to an independent mental capacity advocate from a local advocacy service, Asist Advocacy.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- The hospital was modern and purpose built. Staff kept the main entrance locked. There was an enclosed reception, visitors' room, office and meeting room in the reception area, which was outside the locked ward. The hospital had closed-circuit television cameras installed (CCTV) in some external areas such as the car park and gardens, and in internal areas such as the reception area, stairwells and communal corridors. The hospital had signs displayed throughout the hospital that advised that CCTV was in operation. The CCTV helped staff monitor these areas effectively and helped with post-incident analyses and investigations.
- The hospital ward covered two floors. The design and layout of each floor enabled staff to observe the ward effectively. There were good lines of sight along the corridors. However, the first floor area was not visible from the staff office on the ground floor. The hospital addressed this with CCTV and staff presence and observations on the first floor. The stairwells had some blind spots but access was through locked doors, and subject to individual risk assessments. In addition, the stairwells had mirrors and CCTV installed to help staff with observations.
- The hospital had an up-to-date ligature risk assessment, last reviewed in July 2017. The provider had identified any potential ligature points and developed an action

plan. The provider had assessed the level of ligature risks as low as most of the ward and bedrooms had anti-ligature fittings. Staff mitigated any risks through individual patient risk assessments and close observations. Ligature cutters were available on both floors. Staff knew where the ligature cutters were kept and how to use them.

- The hospital did not practise seclusion and had no seclusion facilities.
- The hospital had a fully equipped clinic room that was secure, clean and tidy. It held emergency equipment such as an oxygen cylinder, resuscitation equipment and emergency drugs that staff checked regularly. Staff kept the automated external defibrillator in the staff office and checked it daily. The hospital had a separate examination room next to the clinic room that had an examination couch. The examination room held patients' physical health records, and clinical equipment such as a blood pressure monitor, an electrocardiogram (ECG) machine, weighing scales and a thermometer. All clinical equipment was clean, well maintained and in-date. Records showed that staff checked and cleaned them regularly. All electrical items had received the appropriate safety tests.
- The hospital was very clean, well maintained and had furnishings that were in good condition. The hospital had a team of housekeeping staff who cleaned the hospital regularly to a high standard. We saw completed and up-to-date cleaning charts for all areas of the hospital.
- Staff adhered to infection control principles such as handwashing. We saw that hand sanitiser, anti-bacterial

Long stay/rehabilitation mental health wards for working age adults

Good 

wipes and protective gloves were available throughout the hospital. The hospital had posters and reminders about handwashing displayed throughout the ward and in staff-only areas.

- Staff completed daily checks of the environment, both indoors and outdoors. Staff checked for signs of damage, any maintenance needs, and hidden contraband items.
- All staff had personal safety alarms and the hospital had nurse call systems fitted. Wall panels showed the location of the alarm. Staff described quick responses to any alarms.

Safe staffing

- As of 31 October 2017, the hospital had a total staffing establishment of 54 staff that included nine whole time equivalent (WTE) qualified nurses and 22 WTE healthcare assistants. At this time, the provider had no vacancies for qualified nurses and two vacancies for healthcare support workers. For the year to 31 October 2017, the overall staff turnover rate was 18.5% and the average staff sickness rate was 5%.
- The hospital had not used external agency staff for over a year. Where needed, the hospital used its own bank staff to fill gaps in shifts or employed staff on temporary contracts to cover long-term gaps such as maternity leave. In the three months to 5 November 2017, 308 shifts were filled by bank staff and staff on temporary contracts, and 64 shifts were left unfilled.
- The provider had a staffing model that set out the minimum staffing levels required for the hospital. The hospital's usual staffing level exceeded the minimum staffing levels. The hospital had two qualified nurses and seven healthcare support workers on day shifts, and one qualified nurse and five healthcare support workers on night shifts. The hospital manager adjusted staffing levels further as needed to meet the individual needs of patients. We reviewed the staffing rotas for November and December 2017 and found that the hospital consistently maintained its usual staffing levels. We found only one occasion when there was a gap of one support worker on a night shift although this still met the provider's minimum staffing level. All the patients we spoke with said there were always enough staff around and they felt safe.
- We reviewed the human resources files for four staff members. The files were in good order and up-to-date.

They contained the appropriate documentation such as recruitment information, references, evidence of identity checks, and up-to-date enhanced disclosure and barring service (DBS) checks.

- Clinical staff were present in the communal areas of the two floors of the ward at all times and there was always a qualified nurse nearby (for example, in the nurses' station). All staff received training in physical interventions, and there were enough of them to carry out physical interventions promptly and safely, if required.
- Patients received regular one-to-one time with their allocated nurse or keyworker at least weekly. Allocated keyworkers also responded to patients' requests for additional one-to-one time. Patients never had their activities or leave postponed because of staffing issues.
- There was adequate medical cover during the day and night, and staff could contact a doctor quickly in an emergency. The hospital had two doctors on site during weekdays from 9am to 5pm. Out-of-hours, the doctors shared on-call duties with other psychiatrists who worked for the provider in the same region. Staff occasionally contacted psychiatrists by telephone out-of-hours but the doctors rarely needed to attend the hospital. Staff used local health services in emergencies, including A&E and GPs.
- Staff received mandatory training. The provider had a comprehensive mandatory training programme that included safeguarding, equality and diversity, infection control, food safety, health and safety, information governance, basic life support, suicide and risk, and the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards. In addition, all staff completed the management of actual or potential aggression (MAPA) foundation, and all clinical staff completed the MAPA advanced course. Qualified nurses completed training on how to administer oxygen and buccal midazolam (for epilepsy).
- As of 31 October 2017, the average mandatory training rate was 86%. However, compliance rates were lower for the following courses:
 - MAPA advanced, 77%
 - basic life support, 73%
 - suicide and risk, 63%.

Assessing and managing risk to patients and staff

- The hospital reported 16 incidents of restraint that involved seven patients during the six months to 31

Long stay/rehabilitation mental health wards for working age adults

Good 

October 2017. None were recorded as being in the prone position. Staff reported all incidents of restraint.

Managers and the multidisciplinary team reviewed them regularly to identify trends and patterns.

- We reviewed risk assessments for 14 patients. In all cases, staff completed standard risk assessments with patients on admission and updated them regularly and after each incident. Patients had a risk management plan associated with their identified risks.
- Staff used the short-term assessment of risk and treatability (START) tool, which captured a wide range of risks. Psychologists completed detailed risk management plans for some patients who had high risk factors. They used the historical, clinical, risk (HCR-20) management tool to assess patients with a history of aggression, and the sexual violence risk (SVR-20) checklist for patients with a history of sexual violence. Occupational therapy staff completed additional risk assessments for section 17 leave, kitchen access, home visits and community activities.
- The hospital implemented least restrictive practices and supported positive risk taking. The hospital had a policy and a procedure for reducing restrictive practices. Staff assessed the need for restrictions on an individual basis and avoided unnecessary blanket restrictions. For example, patients were individually risk assessed for access to the laundry room and the IT room. Some areas that had risks such as the gym had supervised access. The hospital recorded any necessary restrictions on a 'reducing restrictive practice' plan, and provided a justification. For example, the hospital restricted access to smoking during meal times to encourage a healthy routine and active participation.
- At the time of our inspection, the hospital had one informal patient who was fully aware of his rights. The informal patient did not have the same restrictions as the detained patients. The ward exit door had a notice that stated that informal patients could leave at will.
- The provider had an up-to-date observation policy that staff applied appropriately to manage environmental risks and patient safety. During day shifts, staff completed routine hourly checks on each patient and any enhanced observations, where required. Staff completed observations during the night as determined by the individual patient's risk assessment. Staff knocked and entered patients' bedrooms to check on them as most bedrooms did not have viewing windows. Five bedrooms on the ground floor had viewing windows. Staff used these rooms for people who presented a high level of risk.
- The provider had a search policy. Staff conducted searches only when patients presented risks that justified them. Only male staff did personal searches and 'pat-downs'. On one occasion in the past year, the police advised and conducted a search with dogs trained to detect drugs due to the evidence of drug use on site.
- Staff only used restraint as a last resort when de-escalation techniques had failed. Staff received training in physical intervention (MAPA - management of actual and potential aggression) and used the correct techniques. The provider had adopted the positive behavioural support model, which helped reduce the need for restraints. Staff learned to recognise their patients' warning signs and triggers and interpret their moods and behaviours to help prevent incidents. Staff completed 'antecedent, behaviour, consequence' (known as ABC) charts that helped identify patterns in patients' behaviours and inform preventative risk management strategies.
- The hospital had a rapid tranquillisation policy that followed the relevant National Institute for Health and Care Excellence (NICE) guidance and the Mental Health Act Code of Practice. Staff rarely used rapid tranquillisation but when they did, they carried out the required physical observations, and noted if the patient refused. In the six months to February 2018, staff administered oral 'pro re nata' (PRN – as needed) medication for the purposes of rapid tranquillisation on 16 occasions that involved four patients. The hospital reported no use of intramuscular rapid tranquillisation in the past 12 months.
- Staff knew how to recognise and report safeguarding concerns. Staff received training in safeguarding as part of their mandatory training. Staff explained the safeguarding procedures to patients on admission and patients had access to relevant information. Staff discussed safeguarding concerns at handover meetings. The hospital had low levels of safeguarding incidents, for example, records showed that the hospital made eight safeguarding referrals in 2017.
- The hospital had good medicines management practice. The hospital stored all medicines in locked cabinets within a locked clinic room. Staff carried out

Long stay/rehabilitation mental health wards for working age adults

Good 

medication reconciliations daily. Staff completed regular fridge and room temperature checks to ensure the safe storage of medicines. The clinic room contained a copy of the British National Formulary and a folder of relevant policies and guidelines for reference. We reviewed 15 prescription charts and found that staff had completed them fully and accurately.

- The hospital promoted self-medication as part of patients' rehabilitation, and had an associated policy and procedure. Patients worked through a four-stage pathway based on risk. This involved closely monitored compliance at the clinic at stage one and access to a week's medicines by stage four. Patients who self-medicated had locked medicines cabinets in their bedrooms to store their medicines safely.
- The provider commissioned pharmacy support from a specialist mental health pharmacy. A pharmacist visited the hospital on a monthly basis to undertake audits on prescribing and medicines management practices. A pharmacy technician visited weekly to complete checks on medicines. Staff had 24-hour telephone access to the pharmacy service for any queries or issues. The hospital had a robust process for reporting and reviewing medicines errors. The hospital reported no medicines errors in the six months to 31 October 2017. The allocation of a dedicated nurse for medication administration on each shift helped maintain safe practice and avoid errors.
- The provider had safe procedures for children and families who visited the hospital. Staff assessed the risks of visits from children that took into account any child protection issues. All visitors used the visitors' room in the reception area away from the ward area.

Track record on safety

- The hospital reported one serious incident in the 12 months to 31 October 2017. This related to a patient absent without leave for three weeks.
- The provider shared adverse events and lessons learned that occurred in other hospitals at regional and national clinical governance meetings. Managers implemented changes and improvements as appropriate, for example, the restriction of plastic carrier bags as they present a suicide risk.

Reporting incidents and learning from when things go wrong

- All staff recognised incidents and knew how to report them. The hospital used a manual system for recording individual incidents and then logged all incidents onto a spreadsheet. During our inspection, we reviewed three incident reports and found that staff had completed them fully and accurately.
- Staff discussed individual incidents at handovers and in the daily morning multidisciplinary team meetings. In addition, the manager held weekly incident and safeguarding review meetings to encourage reflection and learn lessons. The manager cascaded information from these meetings to all staff in the hospital. The hospital also reviewed incidents on a monthly basis supported by incident analyses reports produced by the psychology team. We reviewed the hospital's incident analysis reports for the three months from October to December 2017. These showed data on incidents by patient, quantity, type and location, and highlighted any emerging patterns. The information informed multidisciplinary team discussions and patients' positive behaviour support plans.
- Staff knew about the duty of candour and were familiar with the concepts of openness and transparency when things went wrong. Staff received training on duty of candour in their mandatory training. The provider had an up-to-date duty of candour policy and actively promoted openness and transparency in the hospital.
- Staff received feedback from the investigation of incidents. Most incidents and lessons learned related to individual patients and resulted in a better understanding of their behaviour, triggers and warning signs. This led to changes in patients' risk management and intervention strategies. Staff discussed incidents, feedback and any lessons learned at handovers, morning meetings, one-to-one supervision sessions and team meetings.
- Staff received debriefs and support following serious incidents. The nurse in charge or manager completed 'hot' and 'cold' debriefs with staff, supported by a psychologist, if needed. Hot debriefs occurred immediately after the incident and gave the manager the opportunity to capture information, make any immediate changes and support staff. Cold debriefs occurred later and gave the manager the opportunity to capture additional information from staff following a period of reflection.

Long stay/rehabilitation mental health wards for working age adults

Good 

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 the care records of 14 patients. Records showed that patients received comprehensive and timely assessments after admission.
- Patients received physical health checks on admission and ongoing monitoring of their physical health thereafter. Staff recorded patients' physical healthcare needs in their care plans. Each patient had an emergency response sheet that staff updated monthly. This included information such as allergies, a brief medical history, and next of kin.
- Care records contained up-to-date and holistic care plans. Staff completed detailed care plans that fully captured their patients' needs. However, the care plans did not always show clear patient-focused goals and outcomes. In some cases, staff wrote the outcome measure for the process (for example, the number of attendances at psychology sessions) rather than the clinical outcome for the patient. Some staff felt that the electronic care plan tool was not easy to use. Staff also told us that the provider's operational performance indicators had influenced the care plans. However, the staff we spoke with were fully aware of the recovery-based needs, goals and outcomes of their patients. Patients were also aware of their individual rehabilitation needs, goals and outcomes.
- The ward managed care records appropriately using both paper and electronic systems. Records were well organised and stored securely in locked cabinets in the locked nurses' office. Team members accessed patients' records easily when needed. The nurses' office had white boards that held a summary of patients' details. The board had doors attached to help maintain confidentiality.

Best practice in treatment and care

- The hospital followed National Institute for Health and Care Excellence (NICE) guidance when prescribing

medication, and complied with the recommended prescribing limits set out in the British National Formulary (BNF). The psychiatrists requested a second opinion from an appointed doctor (known as SOADs) in cases where prescribing limits exceeded BNF limits. The hospital complied with the registration requirements for patients prescribed clozapine. Staff closely monitored the side effects of medication especially for those patients prescribed clozapine or high dose antipsychotic medicines.

- Staff offered patients a range of psychological interventions and evidence-based practice recommended by NICE and other professional bodies. The hospital had adopted the positive behaviour support framework. The psychologists led multidisciplinary case formulations. The psychology team ran individual or group sessions on substance misuse, mindfulness, coping skills and emotion management, and offered cognitive behavioural therapy and solution-focused therapy.
- Patients had good, timely and responsive access to physical healthcare. Staff supported patients with their general and specific healthcare needs. Staff reviewed patients' physical health routinely on a monthly basis. Where appropriate, staff involved specialists to assess specific needs, for example, a speech and language therapist completed an assessment of a patient with a risk of choking, and provided eating and drinking guidelines.
- Patients' records showed that patients prescribed clozapine and high dose antipsychotic received the required physical health checks, for example, electrocardiogram (known as ECG) tests and blood tests. Patients also received the necessary checks for any physical health conditions such as diabetes. However, staff did not always record when patients refused tests.
- All patients were registered with a local GP. Patients received routine dental and eye checks, and annual physical health checks. Patients accessed specialist secondary care services through a GP referral. The provider used the health improvement profile and the national early warning score to assess and monitor patients' physical health. Patients had access to a smoking cessation service. The hospital promoted health living by encouraging healthy eating and physical exercise.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff had access to a range of recognised, evidence-based tools to help them assess patients' needs, deliver recovery-based care and monitor patients' progress and outcomes. For example, staff used the Krawiecka, Goldberg and Vaughan (known as KGV) scale to monitor the severity of a patient's psychotic symptoms. Staff completed the health of the national outcome scale (HoNOS) to monitor patients' progress and recovery outcomes. Staff used the recovery star to help patients measure their own recovery. The occupational therapy team used the model of human occupation screening tool (MOHOST) and a daily living skills observation scale to assess patients' occupational functioning. The psychology team had developed an outcome measure based on the short-term assessment of risk and treatability tool, known as the psychology quadrant. This helped the team measure a patient's strengths and vulnerabilities over a period of time. The team also used wellness recovery action plans (WRAP) to support their patients' recovery. The team had developed a pocket version of WRAP to encourage patients to work on their own recovery.
- Staff completed a range of clinical audits regularly to help ensure good practice. We reviewed the provider's audit programme for 2017, which showed the audits required on a monthly, quarterly or annual basis. Records showed that during 2017, staff had completed two safeguarding audits, three search audits, two suicide audits, and one information governance audit. In addition, staff completed quarterly audits on infection control, health and safety, and care records. Staff completed monthly audits on fridge temperature checks and 'pro re nata' (PRN – as needed) medication reviews, and weekly audits on medicine stocks, treatment certificates, medication charts, the controlled drugs register, and first aid and emergency equipment. An external pharmacy technician completed weekly checks on medicines and a pharmacist completed monthly audits. The psychiatrist completed quarterly audits on prescribing, high dose medication monitoring, Mental Health Act paperwork associated with treatment, medication alerts, the use of pro re nata (PRN – as needed) medication, and medication errors. The hospital manager developed action plans to address any issues identified and monitored them closely.
- The hospital had a wide range of staff to support effective treatment and care. The staff group included psychiatrists, nurses, psychologists, occupational therapists and healthcare support workers. The hospital had access to a pharmacist for advice.
- Staff were suitably qualified and experienced for their roles. The hospital had registered mental health nurses and healthcare support workers who had the appropriate training for their roles, for example, the care certificate, national vocational qualifications. The hospital had a psychology team that comprised one psychologist and one assistant psychologist. The hospital had an occupational therapy team made up of two occupational therapists and four therapy coordinators.
- All staff received a two-week induction that included mandatory training and time spent shadowing experienced workers. Staff had access to a range of specialist training related to their roles. For example, one staff member was qualified to provide search training, two staff had trained as physical intervention instructors, and six staff had received training in phlebotomy. Registered nurses had their medicines administration competency assessed annually. Multidisciplinary team members provided sessions on mental health awareness, personality disorder, autism, professional boundaries and case formulation. The psychologist completed a staff training needs analysis annually and identified any further training staff required. However, some experienced and long-serving support workers described limited opportunities for further development and career progression. The provider had plans to introduce apprentice nurse training for support workers from 2018.
- All staff received supervision regularly and had access to team meetings. As of 31 October 2017, 90% of staff had received supervision and all eligible staff had received their annual appraisals. We reviewed four supervision records and spoke to staff about their supervision. All staff received supervision every four-to-six weeks. Some staff groups had access to peer supervision. Nurses had access to a nurses' forum, and the support workers had access to a monthly meeting. The occupational therapists and therapy coordinators received supervision monthly and attended weekly occupational

Skilled staff to deliver care

Long stay/rehabilitation mental health wards for working age adults

Good 

therapy team meetings. The psychiatrists had access to peer supervision and a doctors' meeting every three months. The psychology team had contact with psychology staff at other hospitals in the region.

- The hospital addressed poor staff performance promptly and effectively, and in line with the provider's policies and procedures with support from the human resources department. The provider reported that it had not experienced any difficulties associated with staff in the 12 months to 31 October 2017.

Multidisciplinary and inter-agency team work

- The hospital had regular, effective and well-coordinated multidisciplinary team meetings that included psychiatry, psychology, nursing (qualified nurses and healthcare support workers), and occupational therapy staff. Social workers and commissioners attended specific meetings such as care programme approach and care and treatment reviews.
- The multidisciplinary team met weekly and each patient received a routine multidisciplinary review monthly. We attended a multidisciplinary team meeting during our inspection. We saw that all staff present had the opportunity to share their views on their patients from their respective disciplines. The meeting involved a thorough discussion of each patient's physical and mental health, progress, treatment options and therapeutic interventions. In addition to the multidisciplinary team meetings, the psychology team led multidisciplinary case formulation meetings on a monthly basis.
- The hospital had effective handovers between shifts. The discussions involved a brief update on each patient that included their presentation, concerns and risks, and activities undertaken. Staff took notes of the discussions. In addition, staff held a brief multidisciplinary meeting each morning to share information on patients' progress and risks. We attended a morning meeting and found that staff used the time effectively to review patients' risks, observation levels and section 17 leave. The team discussed any other issues of concern such as complaints, incidents and environmental issues.
- Staff worked closely with other healthcare professionals such as GPs and dentists, which helped ensure that patients received appropriate, effective and timely care. Staff shared information with other healthcare professionals, as appropriate. Staff had good links with

the local safeguarding team and the police. The provider maintained contact with their patients' commissioners and care coordinators, and invited them to multidisciplinary team and care programme approach reviews.

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

- At our last inspection, we found that the provider had not updated its Mental Health Act policies to reflect the changes in the revised Code of Practice issued in April 2015. On this inspection, we found that the provider had made the necessary changes to the policies.
- Qualified staff received and checked all Mental Health Act paperwork on a patient's admission. The provider employed a Mental Health Act administrator to support staff and help ensure compliance with the Act. At the time of our inspection, we found that detention paperwork was up-to-date, completed accurately and stored appropriately. Staff kept a clear record of leave granted to patients and the associated conditions and risks.
- As of 31 October 2017, 98% of staff had received training in the Mental Health Act as part of their mandatory training. Staff had a good understanding of the Mental Health Act and the Code of Practice. Staff knew who the Mental Health Act administrator was. The administrator was based on the ward.
- The hospital had the appropriate treatment certificates for patients detained under the Mental Health Act. Staff kept these with the prescription charts so they could check that the medicines they needed to administer were legally authorised. The treatment certificates had supporting capacity to consent to treatment assessments. The doctor reviewed patients' capacity to consent to treatment on a regular basis to reflect the fluctuating capacity of some patients. However, these assessments did not always provide the details of the discussion between the doctor and the patient. We checked clinical notes, which also did not hold full details of the discussions. However, the patients we spoke to assured us that they had detailed discussions with doctors about their treatment choices and medication, and had access to further written information.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Patients received their Mental Health Act rights on admission to the hospital and routinely thereafter. Staff recorded in care records that they had given patients' their rights.
- The Mental Health Act administrator completed audits on Mental Health Act documentation every month to help ensure compliance with the Act. These included audits of renewal of detention papers, section 17 leave forms, treatment certificates and patients' rights. In addition, the provider's regional Mental Health Act administrator completed six-monthly audits on Mental Health Act documentation.
- Patients had access to an independent mental health advocate from a Asist Advocacy. The ward had posters displayed about the service. Staff supported patients to access advocates, where needed.

Good practice in applying the Mental Capacity Act

- As of 31 October 2017, 98% of staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as part of their mandatory training. Staff had a good understanding of the principles of the MCA, in particular, the presumption of capacity. Staff assumed their patients had the capacity to make decisions but sought advice if they were unsure. At the time of our inspection, there were no patients subject to DoLS in the hospital.
- Staff supported patients to make their own decisions, whenever possible. When a patient lacked capacity for a specific decision, the multidisciplinary team discussed the issue and made a decision in the patient's best interests that took into account the importance of the patient's wishes, feelings, culture and history. Staff gave an example of a patient who had received an assessment of their capacity to manage their finances.
- Staff understood and worked within the MCA definition of restraint. Staff showed awareness of what practices constituted restraint. The hospital promoted least restrictive interventions and positive behavioural support strategies that reduced the need for restraint.
- The provider had an up-to-date policy and procedure on MCA and DoLS and arrangements for monitoring adherence to the MCA. The MHA administrator oversaw systems and processes associated with the MCA. The administrator undertook audits and dealt with any issues identified.
- Patients had access to an independent mental capacity advocate from a local advocacy service, Asist Advocacy.

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

Good 

Kindness, dignity, respect and support

- We observed kind and caring interactions between staff and patients at all times. At the multidisciplinary team meeting we attended, we saw that staff treated patients with dignity and respect. During a routine observation round, we saw that staff knocked on the patients' bedroom doors before they entered. Staff were discreet when they did their observations and minimised the disruption to patients. Staff showed a strong commitment to person-centred care. This showed in their interactions with patients and the way they spoke about their work.
- We spoke with 12 patients and five relatives. Overall, patients and relatives gave positive feedback about the staff, the care and the environment. The patients we spoke with praised the staff and said they provided them with appropriate emotional and practical support. Patients described the staff as caring, supportive and non-judgemental. Patients felt staff listened to them and showed them dignity and respect. They said that there were always enough staff around to keep them safe and support their activities. One patient said the doctor was "interested in getting me better and makes me believe in myself". Other patients said of the staff, "these people are professional", and they "go to the ends of the earth".
- The relatives we spoke with described the staff as kind, polite and professional. They liked the hospital environment, staff and care. For example, one relative said, "it's the best hospital he's been in".
- Staff knew their patients well and responded to their individual needs appropriately and sensitively. Patients had allocated keyworkers and nurses, which helped them build relationships and trust with staff.

The involvement of people in the care they receive

- All patients referred received an initial assessment to determine if the hospital could meet their needs. Staff

Long stay/rehabilitation mental health wards for working age adults

Good 

offered patients and relatives the opportunity to visit the hospital before an admission was agreed. On admission, patients received a tour of the hospital and an information pack.

- The patients we spoke with said they felt involved in their assessments and care plans. Most of the patients we spoke with had copies of their care plans. Most care records showed patients' involvement in determining their risks and needs, and planning appropriate care. Staff recorded if patients declined to participate in their assessment and care planning. Patients attended their multidisciplinary team meetings and reviews if they wished to, and staff supported and encouraged their participation.
- Family members felt involved in their relative's care and said that staff invited them to multidisciplinary meetings and kept them informed. The hospital had recently started a new carers' forum that we observed during our inspection. A number of staff attended the session as well as relatives. The hospital's psychologist led the session and talked about his role and psychological therapies. Relatives had the opportunity to ask questions and raise any issues.
- Staff encouraged patients to develop and maintain independence. Patients had rehabilitation-focused activity plans that promoted self-care and helped them develop independent living skills. Staff encouraged patients to make their own drinks, cook their own meals, clean their bedrooms, and do their own laundry. Some patients managed their own medicines. The hospital offered patients employment for therapeutic earnings.
- Patients had access to a local independent advocacy service provided by Asist Advocacy, which was well advertised throughout the hospital. The patients we spoke with knew the advocate well. They said that the advocacy worker visited the hospital weekly and attended their clinical reviews, if requested.
- Patients had the opportunity to give feedback on the service they received. They had access to weekly community meetings, a patients' forum, an annual patients' survey, a suggestions box, and the provider's complaints procedure. The last patients' survey took place in May 2017 and received 24 out of 32 responses (75%). Patients gave positive feedback across all the areas covered in the survey (for example, hospital environment, activities, catering, staff). Staff drew up an action plan to address any areas they could improve

further, for example, putting up a display board with photos and job titles and staff. The provider also conducted a carers' survey annually and invited feedback at the newly formed carers' forum. Staff discussed the feedback they received from patients and relatives and responded as appropriate. For example, occupational therapy staff adjusted activity programmes periodically in response to suggestions from patients; the hospital improved its visitors' room in response to feedback from relatives.

- Staff consulted patients about their wishes for their care during a crisis or relapse. Staff included patients' preferences in their care plans.

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

Good 

Access and discharge

- The hospital had an average bed occupancy rate of 100% for the 12 months to 31 October 2017. The average length of stay for patients discharged in the 12 months to 1 October 2017 was 744 days (2 years, 14 days). The average length of stay of patients in the hospital on 31 October 2017 was 514 days (1 year, 5 months). The hospital had some patients from the local area but the majority were from other areas.
- The hospital contacted commissioners and care coordinators to request alternative placements for patients who needed more intensive care than the hospital could provide safely. The manager stated that commissioners responded promptly to such requests.
- The hospital reported no delayed discharges in the year to 1 October 2017. Discharge planning commenced soon after admission and involved the patients and their relatives, as appropriate. Discharge planning also included the patients' commissioners and care coordinators to help ensure consideration of section 117 aftercare services. Generally, discharge planning was a long-term process because it depended on the availability of suitable alternative placements.

Long stay/rehabilitation mental health wards for working age adults

Good 

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital was modern, spacious and purpose built with a range of facilities to meet patients' needs. The hospital had 32 bedrooms across two floors. There were 15 bedrooms on the first floor, and 17 bedrooms on the second floor. The ward area had two lounges, a dining room, an activities room, an IT room, an occupational therapy kitchen, a gym, and a prayer/multi-use room. The ground floor communal area held a range of recreational items such as a pool table and a table football game. The warm, pleasant environment and the calm atmosphere on the ward helped promote recovery, health and wellbeing.
- Patients had a high standard of accommodation with comfortable and spacious bedrooms that had ensuite shower rooms. Patients had access to communal bathrooms if they wished to take a bath. The bedrooms had a good standard of décor and the furniture was in good condition. Patients personalised their bedrooms if they wished. Patients held their own bedroom keys and had access to a secure lockable cabinet for their personal items.
- The hospital had a number of gardens that patients had access to most of the day with the exception of mealtimes. The gardens were well maintained and contained the appropriate garden furniture. The hospital had a large secure garden that had a covered smoking area. The hospital had another large garden that it designated a smoke-free area. A third garden had supervised access as it did not have a secure perimeter.
- Patients had access to a number of quiet areas and rooms on the ward. Patients met visitors in the designated visitors' room in the reception area, away from the ward.
- Most patients had their own mobile phones and could make phone calls in private. Patients also had access to a payphone in a private room on the ward.
- The hospital received a food hygiene rating of five (very good) from Stoke City Council in November 2017. Most patients we spoke with gave positive views about the choice and quality of food they received. The catering staff worked alongside the occupational therapy staff to promote healthy eating and help patients learn cooking

skills. Catering staff received regular feedback from patients via the patient food forum, which was part of the community meeting. Patients had 24-hour access to the dining room that held drinks and snacks.

- There was a range of activities offered to patients seven days a week. The occupational therapy team made up of two occupational therapists and four therapy coordinators had designed a programme that included hospital-based and community-based activities. The team had developed close links with services in the local community such as colleges, charities, voluntary work providers, and social clubs. Each patient had their own structured therapy programme made up of daily living, social, educational and recreational activities that promoted their recovery, for example, cleaning, cooking, laundry, travel training, voluntary work, and swimming. We observed a world history group in which patients learned about a historical event and then shared their views on it. A personal trainer visited the hospital weekly and supported patients in the onsite gym. The hospital had a well-equipped IT room. Staff supported patients to learn IT skills and access the internet. Staff offered patients the opportunity to work at the hospital for therapeutic earnings.
- Staff encouraged patients to engage in meaningful activity and monitored their engagement levels closely. Occupational therapy staff completed a list of interests with each patient to help motivate them. During routine observations, staff noted if the patient was undertaking an activity. The provider collated data on the number of hours of activity each patient achieved on a weekly basis. We reviewed the data for the week commencing 20 November 2017. The number of hours of activities completed ranged from 12 to 47 hours for each patient. Sixty-six per cent of patients (21 out of 32) completed over 25 hours of meaningful activity.

Meeting the needs of all people who use the service

- The hospital had some facilities that met the needs of people with mobility difficulties such as ramp access to the hospital, a lift, spacious rooms and wide corridors. Bedrooms had built-in features that allowed further adjustments, where necessary. The provider assessed whether it could meet an individual patient's needs safely prior to admission. At the time of our inspection, the hospital had no patients with mobility issues.
- The hospital had a diverse ethnic patient group. Staff supported patients with their individual cultural needs.

Long stay/rehabilitation mental health wards for working age adults

Good 

The hospital promoted equality and diversity and had a diverse mix of staff. The manager gave us an example of an incident of racial hatred that she had reported to the police.

- A large percentage of the patients at the hospital had a history of substance misuse. This continued to be an issue for some patients. Staff offered drug awareness sessions supported by the local police. Therapy staff offered patients access to individual or group therapy that addressed substance misuse issues by using harm reduction and relapse prevention approaches.
- The hospital had readily available information leaflets in English, and requested information in other languages, as required. Staff had access to interpreters that they sourced from the local authority. Staff used interpreters to support relatives as well as patients, where required.
- The hospital had a wide range of accessible, patient-friendly information displayed on the ward, in the reception area and in the visitors' room. In addition, the ward area had noticeboards that displayed a range of useful information for patients. The information available included patients' rights, how to complain and details of the advocacy service. Staff gave patients information about their treatment and encouraged patients to access the internet for further information, for example, NHS Choices. Where required, the psychology team developed accessible information tailored to a patient's specific communication needs.
- The provider employed catering staff who made the meals for the patients. The catering staff offered patients food that met their specific needs and preferences. This included special diets such as vegetarian or halal and consideration of health issues such as nut allergies or diabetes. During our inspection, most patients gave positive feedback about the food.
- Staff supported patients to practise their religion, for example, they accompanied them to churches or mosques, and catered for special diets. The hospital had a multi-faith room onsite.

Listening to and learning from concerns and complaints

- The hospital received six complaints in the 12 months to 31 October 2017, and upheld one of these. The complaint was about the lack of food choices at

weekends, which staff subsequently addressed. There were no complaints referred to the Ombudsman. The hospital received eight compliments in the 12 months to 1 October 2017.

- Patients knew how to make complaints and felt confident to do so. Information on how to make a complaint was widely available throughout the hospital. The patients we spoke with said that staff took their complaints seriously. The patients said they received outcomes to their complaints.
- Staff knew how to handle complaints in line with the provider's complaints policies and procedures. Staff tried to address patients' complaints informally, where appropriate. The manager and deputy manager dealt with any formal complaints.
- Staff received feedback on the outcome of the investigation of complaints and acted on the findings. For example, catering staff made changes to the weekend menu following a patient's complaint about the limited variety of food available at weekends.

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

Good 

Vision and values

- Staff knew and understood the vision and values of the organisation. The provider's vision and values focused on the provision of person-centred holistic care towards effective recovery and rehabilitation for patients. The provider placed a strong emphasis on engagement in meaningful activity, social inclusion and community access as a key element of the recovery pathway.
- Team objectives reflected the hospital's person-centred, recovery-based vision, and aimed to help patients fulfil their individual potential. Staff encouraged patients to take personal responsibility and become self-reliant. Patients had structured activity programmes that developed their independent living skills but also included social, educational and recreational activities with a strong community focus.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff knew the hospital manager well and saw her regularly on the ward. Staff and patients described the manager as visible and approachable. Some staff said they knew who the senior managers were and said they visited the hospital.

Good governance

- The provider had effective governance systems and processes for monitoring all aspects of care. The hospital had a robust clinical governance structure within the hospital, which had strong interdependencies with the provider's regional and national governance arrangements. The provider held a range of meetings at which they shared issues and concerns, identified actions and monitored progress. Within the hospital, the managers of each clinical department attended monthly clinical governance meetings that covered the seven pillars of clinical governance (for example, clinical effectiveness, clinical audit, and risk management). This meeting linked to the quarterly regional clinical governance meeting. Local and regional operational managers attended monthly operational governance meetings that covered a range of issues such as estates, human resources and new developments. This meeting linked to the quarterly managers' meeting. The regional meetings linked to the corporate governance board.
- The provider ensured that staff received mandatory training, regular supervision and their annual appraisals. The hospital had enough staff and staff spent much of their time on direct care activities. Staff identified and reported incidents appropriately and received feedback on serious incidents. Staff understood and followed procedures for safeguarding, assessing capacity and complied with the Mental Health Act.
- The hospital complied with the provider's annual programme of audits. Staff participated in clinical audits, as appropriate.
- Managers and staff had access to a range of information that helped them assess service delivery and identify areas for improvement. For example, the provider had indicators and targets that helped monitor clinical and operational performance on training compliance, use of rapid tranquillisation, and staff sickness rates.
- The hospital manager had sufficient authority and support to manage the service. This included support from her regional manager, and access to a deputy manager and administrative staff.

- The hospital had access to the provider's corporate risk register. The hospital manager submitted items to the risk register, where appropriate. This held details of the risks submitted to the register such as the name of the hospital, a description of the issue and any actions taken.

Leadership, morale and staff engagement

- The hospital ran a staff survey in November 2017. The results were mostly positive. Staff felt valued and reported good staff morale and access to team and managerial support. Staff liked their jobs and experienced satisfaction when they saw their patients make progress. Staff raised pay as an area they would like to see improved.
- Staff knew how to use the whistle blowing process. The provider had a whistle blowing support line for staff. Most staff we spoke with felt confident to raise concerns and complaints with their managers.
- Staff felt positive about their work and reported good staff morale. All staff showed commitment to providing high quality patient care. Staff said they had stable staff team worked well together and supported each other. In particular, staff commented on the good working relationships between the different professional disciplines. Staff spoke highly of the manager and described strong leadership.
- Staff had access to mandatory and specialist training for their roles. Nurses had access to training and development associated with their clinical practice. Support workers completed the care certificate, and had access to national vocational qualifications. One nurse had recently completed the mentorship programme for nurses. However, some support workers described limited career development opportunities.
- Staff knew about the duty of candour and were familiar with the need for openness and transparency when things went wrong. Staff described an open and honest culture at the hospital. Most of the patients and relatives we spoke with said staff explained when something went wrong.
- The manager involved and consulted staff in the planning, development and delivery of the service. Staff had the opportunity to give feedback at one-to-one supervision sessions, team meetings, staff meetings, and where appropriate at handovers and multidisciplinary team meetings.

Long stay/rehabilitation mental health wards for working age adults

Good 

Commitment to quality improvement and innovation

- The psychology team actively participated in research and development. For example, in 2017, the team developed and published the 'psychology quadrant', which is an outcome measure based on the short-term assessment of risk and treatability (START) tool.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that assessments of the capacity to consent to treatment and clinical notes include records of the detail of the discussions between the clinician and the patient.
- The provider should ensure that care plans show needs, goals and outcomes that are related to patients' recovery and rehabilitation.