Field House

Quality Report

Chesterfield Road
Alfreton
Derbyshire
DE55 7DT
Tel:Tel:01773 838150
Website:www.elysiumhealthcare.co.uk

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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	Inadequate
Are services safe?	Inadequate
Are services well-led?	Inadequate

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.

Overall summary

Field House and Apartments is a specialist service for women with a mental illness.

We have taken enforcement action against the registered provider in relation to concerns about safety in this

Summary of findings

service. This limits our rating of this service to inadequate. Based on this inspection, the Chief Inspector of Hospitals has recommended that the provider be placed into special measures.

We inspected specific parts of the safe and well led key questions to check that patients were being cared for safely.

We will inspect the service again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service.

We also served three warning notices under Section 29 of the Health and Social Care Act 2008 against the provider. We told the provider it was failing to comply with the following Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12, Safe care, and treatment. Regulation 18 staffing and Regulation 17 Good governance.

We told the provider it must become compliant with the regulations by 15 October 2020.

We rated Field House as inadequate because:

- The service did not provide safe care. The care environment was not safe and clean. The service did not have enough nursing staff with sufficient skills and experience to keep patients safe from avoidable harm. Staff did not manage risk well. Following this inspection, we were notified on 1 September of the death of a patient following use of a ligature at Field House on 30 August 2020.
- Bank and agency staff were not always familiar with the observation policy. The service did not check or monitor that bank and agency staff were completing observations in the correct way or at the correct time.
- The service did not ensure that mandatory training identified was sufficient to support staff to carry out their role safely and effectively.
- The service did not have access to the full range of specialists required to meet the needs of patients on the wards. Staff did not have the appropriate skills needed to provide good safe care.
- The service did not ensure that all staff receive a COVID-19 risk assessment, including a BME COVID-19 risk assessment.
- The service did not ensure infection control risks were minimised, the unit was not clean and hand sanitiser was not available in the apartments.
- The manager did not have the skills, knowledge, and experience to perform their roles, or have a good understanding of the services they managed. They were not always visible to patients. Overarching governance was poor.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Inadequate

Field House

Services we looked at

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

Summary of this inspection

Background to Field House

Field House and Apartments is a specialist service for women with a mental illness or personality disorder or both, and a history of trauma or attachment disorders or both.

Field House offers eight en-suite bedrooms split over two floors. The bedrooms on the ground floor are suitable for women who have higher levels of need and more complex risk profiles. The first floor is dedicated to patients who are progressing well in their care pathway and preparing to make a move into either Field apartments or a community location.

The Apartments are located in an adjacent building and have rooms for one or two patients' that replicate a realistic community living environment. The apartments prepare women for community living through a programme to support a successful and sustainable discharge. Patients have their own kitchen-diner, lounge, and en-suite bedroom, and are encouraged to be responsible for maintaining their own living space.

The service is registered to provide the following regulated activities:

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

The last comprehensive inspection of this hospital took place in January 2019, when it was rated requires improvement overall.

On this occasion we carried out a focused inspection following concerns we received from stakeholders, giving the service 24 hours' notice. Stakeholders told us there were not enough staff of the right skill level and experience to provide patients with the support they needed. Based on intelligence received some patients told us they did not feel safe because staff did not always respond to them in the right way. Patients and staff told us the number of patient incidents had increased recently and staff had not carried out patient searches in the right way.

Our inspection team

The team that inspected the service comprised one CQC inspection manager, two inspectors, one specialist adviser and one Expert by Experience. An Expert by Experience is a person with lived experience or is the carer of a person with lived experience of using health and care services. Staff, patients, and carers were interviewed by telephone during and after this inspection.

Why we carried out this inspection

We carried out this inspection because we had concerns about the services ability to deliver safe care and treatment at Field House. This was an announced focused inspection to look at the concerns we identified and make sure patients were safe. Due to the COVID-19 pandemic we undertook telephone interviews.

How we carried out this inspection

To fully understand the experience of people who use services, we ask the following five key 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?

Summary of this inspection

At this focused inspection, we looked at specific issues within the safe and well-led key questions.

During the inspection visit, the inspection team:

- visited the main house and the apartments at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke virtually with five patients who were using the service
- spoke virtually with four carers
- spoke with the acting manager
- spoke virtually with 12 other staff members; including a doctor, nurses, occupational therapist, regional training lead, psychologist, and pharmacist
- received feedback about the service from a commissioner
- spoke with an independent advocate
- looked at 10 care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five patients by telephone to gather their feedback about the service. All five patients said there were not enough staff and that this impacted on their ability to access support from nursing staff, including one to one time. Patients told us that high use of agency staff had an impact on how familiar staff were with patients.

Three patients said the main house was dirty and in need of a good clean. One of them said the house had problems with the drains being blocked and it was not sorted out quickly. We saw during inspection that local level complaints were documented by the manager and some were discussed in the community meeting. We saw evidence in the community minutes that patients and staff had talked about what was needed to make the environment in the house more homely. One carer said their first impression of the main house at the hospital was not good. It appeared to need repair and updating.

Two patients said the apartments were clean, well-organised, structured and patients felt supported to be independent. One said their needs were met and did not have any negative comments. Another patient told us that the staff were not intrusive, that the apartments were quiet, providing privacy as the apartment was not shared with anyone. Both patients said that staff were always respectful and polite. They knocked on her door before entering, and the permanent staff were caring and interested in their wellbeing.

Patients told us the sensory room had a two-seater settee in the room and nothing else and we observed the carpet was stained with coffee and blood. A patient said that they did not always feel safe on the ward because of the increase in agency staff. One patient said regular staff were very supportive, but the regular staff were often stressed because of agency staff needing support and the number of incidents. The same patient told us the incident rate had increased since the use of agency staff. Patients told us they felt there was a lack of continuity of care.

A patient said they did not know who their named nurse was. They also told us they did not have any goals set or a relapse prevention plan. Two patients said they had never seen a care plan, since admission this year. They had never been involved in care planning. Patients told us they were not given any information leaflets or booklets about the service.

Three patients said they could have daily access to the kitchen each day as often as they liked whenever a member of staff was free. However, one patient said they had no kitchen access for seven months, so she has not been able to make a meal for herself due to her individual risk assessment. Her diet had consisted of pizzas and ready meals and could not remember the last time she had had cooked vegetables.

We gathered feedback from four carers or relatives of patients who were using this service. One relative told us that Field House was unsafe and there was not enough staff to keep their family member safe.

Two family members said they had never had any input into care plans. A parent told us they had asked the multi-disciplinary team for a copy of their daughter's care

Summary of this inspection

plan. This was not provided despite the parent having consent to obtain a copy. The other carer told us they felt that Field House did not understand the aspects of autistic needs. For example, a patient with autism would find it difficult to adapt to routines that are not prescriptive. Overall, carers or relatives shared negative feedback about the service, including too few staff to provide care for the patients' needs.

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?

Inadequate 

We have taken enforcement action against the registered provider in relation to concerns about safety in this service. This limits our rating of this key question to inadequate.

We rated safe as inadequate because:

- The service did not provide safe care. The number of incidents of self harm by patients had increased significantly over the last three months.
- The manager and staff in the service did not minimise the risk of serious harm to patients. Staff did not always recognise patient risks or know how they were to be managed safely. Rooms intended for high risk patients were in poor repair and had numerous ligature points which were not mitigated.
- Patients did not have access to anti-tear clothing. This posed a ligature risk for patients who have high acuity and a higher risk of self-harm. Staff did not always familiarise themselves with the patients' risk management plans. This meant staff might not know of appropriate interventions to use to minimise patient risk.
- There was low staff moral and staff felt burnt out. There was a high level of staff turnover, high level of acuity of patients and lack of emotional support impacted on them resulting in feelings of burnout.
- A full range of care to female patients was prevented due to the high proportion of agency staff being male.
- The service did not have access to the full range of specialists required to meet the needs of patients. Staff did not have the appropriate skills, training or experience needed to provide good safe care, including agency staff. They did not achieve the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery.
- Staff including black and minority ethnic staff, were unclear if they had received a staff COVID-19 risk assessment. Staff were unclear what COVID-19 testing arrangements were in place.

Summary of this inspection

- Emergency equipment and the clinic environment was not checked in line with policies and procedures. We found missing dates for clinic checks and cleaning of emergency equipment. The medicines trolley was disorganised.
- Staff were not following observation policy.
- Managers did not share lessons learned with the whole team and the wider service following investigation of incidents.
- The service was not always clean, well maintained or fit for purpose. The main house was untidy and cleaning schedules were not completed. The fridge and freezer in the main house kitchen were untidy and dirty, and food was not correctly labelled. Space in corridors was limited and could not maintain two metres social distancing. This was not identified as part of the service level Coronavirus Service Management Plan. There was no hand sanitiser in the container in communal apartment lounge.

However:

- The apartments were clean, quiet, and allowed patients to have their own privacy.
- Where rapid tranquilisation was used there was evidence that it was used appropriately, and physical health monitoring was in place following its administration.
- Staff held one-to-one de-brief sessions with patients after any episode of de-escalation.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The provider had good arrangements to identify and deal with safeguarding
- Controlled drugs checks were done, audited and well recorded.
- When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services well-led?

Inadequate

We have taken enforcement action against the registered provider in relation to concerns about safety in this service. This limits our rating of this key question to inadequate.

We rated well-led as inadequate because:

Summary of this inspection

- There was lack of leadership to support quality audits, the safety of the care environment, medication management, reducing incident rates, and improving staff engagement and retention.
- Staff were not clear how Elysium's vision and values applied to their work at Field House
- The manager within the hospital did not have sufficient skills, knowledge, and experience to perform all aspects of their roles. They were not always visible to patients. They did not have a good understanding of the services they managed, and governance oversight was poor.
- There was no clear evidence of learning from incidents
- Staff did not know the provider had an occupational health department and that they could access support if required.

However:

- Staff reported that the provider promoted equality and diversity in their day-to-day work. They felt able to raise concerns without fear of retribution.
- Managers at Elysium had acknowledged the rise in serious incidents and particularly those relating to incidents that had occurred while patients were under observation. To help rectify this we saw that a new one-page easy-read risk management plan had been formulated to support staff carrying out observations.

Detailed findings from this inspection

Mental Health Act responsibilities

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

This was a focused inspection to look at specific concerns that had been raised with us. We did not inspect how the provider carried out their responsibilities under the Mental Health Act 1983 at this inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

This was a focused inspection to look at specific concerns that had been raised with us. We did not inspect how the provider carried out their responsibilities under the Mental Capacity Act 2005 at this inspection.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Inadequate	N/A	N/A	N/A	Inadequate	Inadequate
Overall	Inadequate	N/A	N/A	N/A	Inadequate	Inadequate

Notes

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Safe	Inadequate
Well-led	Inadequate

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

Inadequate

Safe and clean care environments

The service did not provide care and treatment in a safe way for service users. The service did not do all that was reasonably practicable to mitigate risks. Persons providing care or treatment to the service users did not have the competence, skills, and experience to do so safely.

The number of incidents of self harm by patients had increased significantly. We reviewed incident data from January to July 2020 along with a review of safeguarding referrals. We saw that there had been 735 incidents in the seven-month period. Of this 371 (54%) related to three patients. In addition, a high proportion of incidents occurred during the evenings and at weekends. Care plans showed that three patients who had accounted for 54% of the incidents had clear support plans in place with regular reviews by the multidisciplinary team and external care team.

The service did not have access to the full range of specialists required to meet the needs of patients. Not all staff had the appropriate skills, knowledge and experience needed to provide good safe care. Staff told us they were not assured that agency staff had been provided with a full induction, did not understand the service before starting their shift and did not have the right skills and experience to meet the patients' needs. The local induction for bank and agency staff consists of shadowing a regular member of staff for the first two hours of their shift. Regular staff reported this was stressful because it was a regular occurrence and prevented them from getting on with their job. Since bank and agency staff were responsible for completing observations, when there was not time to show them how to do this fully this led to observations not being completed correctly.

The managers told us they were reliant on agency nurses, due to lack of permanent staff and staff sickness. However, where possible, they tried to use the same nurses and have agreed block contracts with the agency to ensure continuity within the team and for patients care. Managers told us that with regular agency nurses, they were able to induct and train appropriately, offer supervision, fuller involvement in patient care and encourage them to actively invest themselves into the service and the patients care interventions. However, patients and regular staff told us this does not happen, despite the service requesting the agency for consistency.

Staff did not always record that they had completed the environmental and health and safety checks in line with provider policy. A ground floor bedroom that in January 2020 had been identified as an anti-ligature room remained high risk on the ligature audit despite fitted anti-ligature furniture being installed in May 2020. We identified this as a requirement in the audit on 17 January 2020. In addition, bedrooms two, three and four also had significant ligature points including some loose seals around the alarm boxes and notice board.

There were limited lines of sight to allow staff to observe the ward safely. The hospital was over two floors with a large communal lounge area in the centre of ground floor. Bedrooms, kitchen, laundry, nursing office, managers office, activity and relaxation rooms were positioned around the central lounge. This meant that staff could only observe the room they were in or along corridors in a straight line. The hospital had closed-circuit television (CCTV) installed, and staff could check the CCTV in the nurses' office. This CCTV had been updated since the last inspection and covered more of the hospital.

Staff did not assess and manage risks to patients and themselves well. They did not achieve the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. We saw there had been an increase of reported incidents of restraints and the use of rapid tranquilisation. Although incidents of rapid tranquilisation had increased, we saw this had been used appropriately to

meet the needs of patients. On inspection we saw agency staff were not familiar with the observation policy. Staff said they are supposed to familiarise themselves with the policy this was not checked or monitored by the manager. We observed and reviewed documents to suggest that most observations are done by agency staff.

At the time of the inspection the hospital only admitted female patients and so complied with the same sex guidelines released by the Department of Health.

There was a personal alarm system throughout the hospital and the security lead issued an alarm to all staff at the start of the shift. Staff could use the alarm to request help in an emergency or more discreetly in non-emergency situations and patients had access to alarms.

The house was untidy, not clean, furniture was dated, and carpets were stained with blood and coffee. The house was in a poor state of repair, with holes in the walls which could be a potential risk for patients who self harmed, due to loose plaster that could have been extracted and used to harm themselves. However, in comparison, we saw the apartments were clean and the patients we spoke with confirmed this.

Staff did not know about all potential ligature anchor points or mitigate the risks to keep patients safe. For example, we identified a ligature risk, as patients did not have access to anti-tear clothing. This posed associated risks for patients who have high risk of self harm. Following this inspection, we were notified on 1 September of the death of a patient following use of a ligature at Field House on 30 August 2020.

Maintenance, cleanliness and infection control

The housekeeper was not working regular hours due issues related to the COVID-19 pandemic, staff and patients completed the cleaning. Cleaning records had some missing dates and were not completed in line with the provider's policy. The kitchen and clinic room in the house were not clean. The hand sanitiser in the communal lounge of the apartments was empty, which is an infection prevention and control requirement during the COVID-19 pandemic.

The service completed COVID-19 audits, we were not assured that staff were following the Department of Health and Social Care guidance and the provider's protocols, policies and procedures. Staff were unclear if they had received a staff COVID-19 risk assessment for example, whether Black and minority ethnic COVID-19 staff risk assessment had been carried out. Whilst the service offered COVID 19 risk assessment this was not mandatory. Not all staff took up the offer of the assessment. Staff were unclear what COVID-19 testing arrangements are in place. The corridors in the house did not allow for the two-metre social distancing rule. The manager did not identify this as part of the service level Coronavirus Service Management Plan.

The service had a plentiful supply of personal protective equipment (PPE), antibacterial hand gels in the house and places to dispose of used PPE. The hospital had regular calls with other Elysium hospitals to discuss COVID -19 issues and requirements. This meant patients and staff were kept up to date with the constantly evolving national guidance.

We inspected during the COVID -19 pandemic and saw that staff were not adhering to the Department of Health and Social Care guidelines regarding the use of personal protective equipment (PPE) and infection control procedures to reduce the risk of spread of the virus.

Clinic room and equipment

Staff did not routinely check and maintain or clean equipment. We did not see any 'I am clean' stickers within the clinic room. We found missing dates for checks and cleaning of emergency equipment in the clinic room. The medicines trolley was disorganised.

However, the clinic room had stocks of emergency medication which were in date and stored correctly. Emergency resuscitation equipment was available.

Safe staffing

We found the service did not have enough regular nursing staff, who knew the patients and who had received basic training to keep people safe from avoidable harm. Staffing was an issue due to increase ratio of agency to permanent staff. At the time of our visit there was five whole time equivalent vacancy for a registered nurse and three whole time equivalent vacancies for health care support workers. The manager covering the service said they could not always adjust the number and skill mix of staff on duty to meet the needs of the patients.

We reviewed the staffing rotas from May to July 2020. We found that in May there were 27% permanent nursing staff,

48% locum agency nurses and 25% bank nurses. In June there were 29% permanent nursing staff,43% locum agency nurses and 28% bank nurses. In July there were 27% permanent nursing staff, 60% locum agency nurses and 13% bank nurses. A bank nurse is a member of staff from a different service.

The provider had based the number of staff on each shift on the number of patients admitted. We reviewed staffing numbers for May, June and July 2020 and saw that the hospital employed agency staff on every shift.

Staff and patients said a high proportion of agency staff were male, which prevented them from providing a full range of care to the female patients. They also told us there was a high turnover and sickness due to stress-related illness. Staff reported the high level of acuity of patients impacted on turnover of staff for a rehabilitation unit

There was a registered nurse on duty in the main house and the apartments every shift over a 24-hour period. Patients did not always have regular one-to-one time with their named nurse. Staff told us they sometimes had to cancel community leave, due to staff shortages if they needed to escort a patient to hospital.

The hospital had a consultant psychiatrist and could access psychiatric support outside these times via the provider's on-call rota.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. Managers could call locums when they needed additional medical cover.

There were several other hospitals in the area managed by Elysium so a psychiatrist could attend when needed. The hospital had a service level agreement with a local GP surgery to provide support and staff would access emergency services to manage physical health emergencies if needed.

Mandatory training

Until the outbreak of COVID-19 pandemic in March 2020 most staff had completed and kept up-to-date with their mandatory training. Managers told us the compliance for mandatory and statutory training courses at 14 August 2020 was 95%. The manager covering the service told us the compliance for mandatory and statutory training courses at 14 August 2020 was 95%. Staff told us usual mandatory training had been limited since March 2020 when COVID-19 restrictions were applied however, we understand that the mode of delivery of some of that training was changed in this period to more e-learning modules.

Prior to March 2020 the mandatory training programme was comprehensive and met the needs of patients and staff. The manager monitored mandatory training and alerted staff when they needed to update their training. However, since the outbreak of COVID-19, all face to face training had been suspended apart from immediate life support. This meant not all staff were compliant with their required training needs due to the pandemic. The provider told us this had been raised at the hospital governance meeting July 2020. Since July 2020 managers identified that training and refresher training for staff relating to the searching of patients and their accommodation needed to be reintroduced, and at the 6 August 2020, 10 permanent staff had completed this training with further dates scheduled for the remaining permanent and agency staff to be trained.

Assessing and managing risk to patients and staff

Staff did not assess and manage risks to patients and themselves well. They did not achieve the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery.

Staff enforced some blanket restrictions (rules that apply to all patients, in a setting, regardless of their risks) at the hospital. Provider policy states that nursing staff should randomly search patients when they returned from escorted or unescorted leave and that a randomiser should be used. Individual patient risk assessments clearly stated why patients needed to be searched following leave. For example, a history of swallowing objects. The staff did not follow this procedure. Staff told us they searched bedrooms only if they felt there was a need. We saw that each patient has a care plan with regards to the level of search required.

At the time of the inspection only one patient had free access to the kitchen in the main house and all other patients had to be supervised in this area due to patients' individual risk assessments. Patients in the main house could not freely access out door space, for example, the

garden as this was an unsecure space. This meant that all patients had to be escorted in the outside space available. However, patients could access their bedrooms 24 hours a day and Informal patients could leave the hospital when they wanted to, and the hospital displayed signs telling them this.

There was no seclusion room at the hospital.

Assessment of patient risk

Staff assessed the patients on admission and throughout regular multidisciplinary reviews, with regular updates. We reviewed six patient care records and saw how patients' risk status had been updated. Risk assessments included information on nursing observations, leave from hospital, physical health, diet, room access, self-harm; this varied dependant on a patient's individual needs. Records showed that staff used a recognised risk assessment tool to rate patients' level of risk either red for high risk or green for low risk, and this rating was displayed easily for staff to see.

Management of patient risk

Staff did not always maintain high quality clinical records. Identifying patient risks and how they were to be managed. Staff did not know about risks to each patient and acted to prevent or reduce risks. However, the recording and management of patient risks was not always consistent.

Staff and patients said the service felt 'manic' over the last few months. They said they felt the environment was unsettled and incidents of self harm had increased due to an increased use of agency staff who were not familiar with the patients' presentations. Staff did not fully understand the risks to each patient, nor did they act accordingly to prevent or reduce risks. We gave the provider feedback and they recognised the need to identify themes and trends to understand the increased number of incidents occurring while patients were under observation.

Staff did not follow procedures to minimise risks where they could not easily observe patients. We observed a staff member who was undertaking arm's length observations allow a patient to go into their bedroom and close the door where upon they could have self harmed.

Use of restrictive interventions

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation and maintained physical observations such as blood pressure, pulse and respirations after the medication had been given. Although incidents of rapid tranquilisation had increased, we saw this had been used appropriately to meet the needs of patients. Despite this staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up-to-date with their safeguarding training. Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene to support or protect a child or vulnerable adult from abuse. Recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

Each authority has their own guidelines as to how to investigate and progress a safeguarding referral. If a concern is raised regarding a child or vulnerable adult, the organisation will work to ensure the safety of the person and an assessment of the concerns will also be conducted to determine whether an external referral to Children's Services, Adult Services or the police should take place.

Staff access to essential information

Patient notes were comprehensive, and staff could access them easily, however staff told us that not all agency staff had the same access to patient records. Agency staff would have to ask regular staff for information relating to care plans and ask them to update the electronic patient record. Records were stored securely

Medicines management

Staff did follow systems and processes when safely prescribing, administering, and recording medicines. However, we saw the medicines storage cupboard and trolley was disorganised.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Staff told us they reviewed patients' medicines regularly. However, carers told us that specific advice is not always given to patients and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy and staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. We reviewed seven patient medicine charts. Any allergies were noted.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute of Clinical Excellence guidance. Patients received regular physical health checks and had appropriate interventions such as blood tests to ensure medicines were being effective and were within appropriate ranges for efficacy.

Reporting incidents and learning from when things go wrong

The service did not manage patient safety incidents well. While staff recognised incidents and reported them appropriately and the manager investigated incidents, they did not share lessons learned with the whole team and the wider service. Staff told us when things went wrong, they apologised and gave patients honest information and suitable support.

There was a clear process for reporting and investigating incidents. Staff could access the incident reporting system easily and the manager reviewed and updated them regularly. Records of incidents could be found within the patient care records, daily handover sheets. However, would not be assured that agency staff could use the reporting system as easily.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

The manager investigated incidents thoroughly. Staff did not always meet to discuss the feedback and look at improvements to patient care.

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

Inadequate

Leadership

The manager did not have the skills, knowledge, and experience to perform their roles. They did not have a good understanding of the services they managed and were not always visible in the service or approachable for patients and staff. There had been lack of leadership and governance to support audits for example, environmental audits, medication management audits, staff engagement and to lead team meetings.

Staff we spoke with were committed to the model of rehabilitation and positive risk taking in the service. During interviews we heard from patients in the apartments that this model worked well with clear signs of the rehabilitation ethos. However, in the main house the rehabilitation and positive risk taking model was not always possible because management of patient risks had taken precedence. The house was described as more like an acute admission ward or a psychiatric intensive care unit.

Elysium's senior leadership team told us they planned to provide additional support for patients during present times. For example, they would provide activities at the weekend and in the evenings. There would also be additional on-call management support.

Elysium's senior leadership team recognised that staff morale was low, they thought this was because of the increase of incidents of self harm, stress of inducting and orientation unfamiliar staff, seeing experienced and skilled colleagues leave.

During inspection we saw that agency staff were not familiar with the observation policy. We were told the service had been struggling to retain nurses, resulting in a reliance on agency staff. We heard reports of staff burnout from staff members. Staff, senior staff, patients, and carers told us this was impacting on patient care.

Vision and strategy

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Staff did not know and understood the corporate Elysium vision and values, and how they were applied to the work of their team. This was evidenced throughout staff interviews.

Culture

Staff did not feel respected, supported, and valued. Managers had acknowledged the rise in serious incidents and particularly those relating to incidents that had occurred while patients were under observation.

Good governance

While there were established governance systems in place, due to the lack of skilled management, overarching governance of these systems was poor. Although there were established systems for complaints, safeguarding referrals and statutory notifications to the Care Quality Commission. Staff told us that lessons learned were not shared. The monthly governance meeting recorded the number and type of incidents, including incidents of self-harm. This information also recorded which patient had self harmed and the type of self harm. However, the service did not use this information to review or change clinical practice.

The provider told us they were in the process of implementing a thematic and trend analysis of self harm incidents within the service. Self harm was a key risk factor for patients admitted to the hospital and self harm incidents were to be reviewed every month.

Investigations and reviews of incidents by the manager did not always maximise the opportunity for learning from these incidents. Important areas of learning were missed, for example there was a recorded incident of a patient who went on leave and concealed a razor blade in the sole of her shoe, patient was searched following leave. The razor blade later used to self harm was not found during the search as it was in the sole of her training shoe. There was no record of staff discussions in team meetings around lessons learnt from this incident.

Whilst there had been ongoing efforts to recruit and retain nursing staff, staff did not provide the skill mix required for the complex needs of patients. Nursing staff levels had been reviewed by the hospital manager before the inspection. Staff and resources were not managed effectively. In addition, the manager told us there had been an increase in staff sickness, five staff members were off work with stress related illness.

Leadership, morale and staff engagement

The manager in the service at this inspection did not demonstrate that they had all the skills and knowledge to manage the service safely. They did not understand the correct procedure for reporting incidents, and they did not make sure bank and agency staff had the correct induction. The registered manager was not at the service at the time of the inspection.

Staff and managers told us that staff morale was low. Staff told us the provider had been struggling to retain nurses, resulting in a reliance on agency staff. We heard reports of staff burnout for staff members. Staff, patients, and carers told us this was impacting on patient care. The lack of staff meant that they did not have the time to spend with patients or complete observations.

Although the manager was committed to positive risk taking and a rehabilitation model, risks were not always managed well. Basic measures to try and minimise risks were not implemented. For example, individual patient searches if identified in patients' risk assessments. However, patients in the house had higher levels of risk and the manager did not always understand how to deal with these.

Restrictions on patients' personal items were care planned and managed. Corporate training had been reduced due to COVID-19 Pandemic, this had been identified has a risk and raised appropriately to Elysium.

One staff member told us they did not know the provider had an occupational health department and that they could access support if required.

Elysium's senior leadership team had visited the service more frequently in recent months and identified the same systemic and practical safety issues identified during this inspection. They recognised that the leadership team in the service could not effectively manage the escalating number of incidents. Elysium's senior leadership team had identified areas for support and had begun to implement this following our inspection.

Despite this situation staff spoke positively about the leaders in the service, they told us they usually felt

Long stay or rehabilitation mental health wards for working age adults

Inadequate

supported in their role and found the manager to be visible and accessible most of the time. Permanent staff were proud of the work they did and felt able to raise concerns without fear of retribution. However, staff reported feeling burnout.

Commitment to quality improvement and innovation

The service was not taking part in any quality improvement or independent accreditation scheme.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that there are sufficient numbers of suitably qualified, skilled, competent, and experienced clinical staff at all times to meet the needs of patients. Regulation 12(1).
- The provider must ensure the quality of patient handover especially of risk assessments is adequate, assessing and managing risks to patients and themselves. Regulation 12(1).
- The provider must ensure all staff treat patients with respect and compassion and engage patients in developing and understanding their care and treatment plans, specifically around the management of risk behaviours. Regulation 12(1).
- The provider must ensure patients' care plans reflect the needs and behaviours highlighted in each patient's risk assessment. Regulation 12(2).
- The provider must ensure that mandatory training identified is sufficient to support staff to carry out their role safely and effectively. Regulation 12(2)(c).
- The provider must ensure infection control risks are minimised, the unit is clean and hand sanitiser is available. Regulation 12(2)(h).
- The provider must ensure each patient has a comprehensive risk assessment, risk plans and levels of observation to ensure patient safety. Regulation 12(2)(d).
- The provider must ensure that all staff have completed training in personality disorder, suicide prevention, self-harm management, carrying out observations, and undertaking ligature assessments. Regulation 12(2)(c).
- The provider must maintain and complete records for clinical cleaning and equipment maintenance checks. This included the medicines trolley. Regulation 12(2)(e).
- The provider must share lessons learned with the whole team and the wider service following investigation of incidents. Regulation 17(1).
- The provider must ensure staff use audits effectively identifying errors and drive improvement. Regulation 17(2)(b).
- The provider must ensure that all staff receive a COVID-19 risk assessment, including a BME COVID-19 risk assessment. Regulation 17(2)(b).
- The provider must ensure staff know and understand the vision and values at Field House and how this is applied in the workplace. Regulation 17(1).

Action the provider SHOULD take to improve

- The provider should ensure leaders have the skills, knowledge, and experience to perform their roles and have a good understanding of the services they managed.
- The provider should ensure there is gender balance of staff to ensure full range of care to the female patients can be provided.
- The provider should ensure that families and carers are kept adequately informed about patients' care and treatment or support them appropriately.
- The provider should ensure all staff have access to the occupational health service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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Regulated activity	Regulation
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