

Glenside Manor Healthcare Services Limited

The Glenside Hospital for Neuro Rehabilitation

Quality Report

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This report describes our judgement of the quality of care at this service. 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.

Summary of findings

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Summary of findings

Overall summary

Introduction

The Glenside Hospital for Neuro Rehabilitation is a specialist hospital for care and treatment of adults with acute and / or long-term neurological conditions including acquired brain injury. It is a 151 bedded independent hospital owned by Glenside Manor Healthcare Services Limited. The hospital is registered to treat detained and non-detained patients. Glenside has a number of different buildings some of which are hospital wards and some of which are care homes with and without nursing.

Type of services delivered

Acute services with overnight beds

Care home services with nursing

Care home services without nursing

Long term conditions services

Hospital services for people with mental health needs, learning disabilities and problems with substance misuse

Rehabilitation services

Regulated activities delivered

Accommodation for persons who require nursing or personal care

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

OVERALL SUMMARY

Glenside had made considerable progress in addressing the issues that had been raised previously on visits by the CQC. Staff were enthusiastic, caring and treated people with respect and dignity. They were supported by a

proactive senior management team who were well thought of by the workforce. The hospital does need to consider how it provides clinical leadership in addition to the strong management structure they have created.

The hospital had addressed outstanding compliance actions from previous inspections.

The hospital is aware of the challenge of providing treatment services alongside social care settings within one registration. At the time of inspection the provider had applied to split the registration.

Although a high proportion of shifts were worked by agency staff, the hospital had been addressing this successfully. There was a good emphasis on developing the workforce and staff described a culture of listening. Safeguarding in the hospital was very good.

The care we observed was good. However there was a concern that patients in the care homes were not always able to access care provided by allied health professionals, in particular physiotherapy. This appeared to be a commissioning issue. The hospital could also do more to address patient's psychosocial needs. Staff worked hard to enable patients but the hospital did need to address the culture on one care home where although staff were caring, there were blanket restrictions in place.

The hospital had good facilities and patients were able to personalise their environment. However we were concerned that environmental risk assessments could be more robust and in particular that ligature risk assessments had not been completed.

Within the last year the hospital has undergone significant change with the appointment of a new chief executive officer and other senior management team members. The changes that they have made have resulted in a positive workforce and patients telling us that they think the care they receive is good.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

There were good systems in place to ensure safe staffing levels and, although the hospital used a large number of agency staff, it managed these well through using regular agency staff and providing the same level of training as for permanent staff. The hospital had taken steps to improve its permanent staffing levels through offering incentives. There was a clear learning culture from incidents. Staff displayed excellent safeguarding knowledge and there were clear examples of robust appropriate action being taken when concerns were raised.

The hospital had focussed on addressing our previous concerns regarding medicines management. Although there were still a small number of issues that we found needed to be addressed, for example keeping all the keys to the ward and the drug keys on one bunch, overall medicines were managed safely.

The overall environment of the hospital was good, although there were issues with the environmental risk assessments. We had concerns that ligature risk assessments were not being completed.

Are services effective?

The hospital was introducing a new system for reviewing patients and for care planning at time of our inspection to address previous concerns that we raised about their quality. This had been implemented in some areas and there had been some significant improvements. However, this was not in place across all the hospital settings.

The physical healthcare of patients was very good, but their psychosocial needs were not always addressed. For example staff did not always address the emotional impact on the patients and their families following onset of the neurological condition which had resulted in admission.

Staff received good training and supervision which supported them to deliver care for patients effectively.

Patients in the care homes were not always able to access allied health professionals, in particular physiotherapy. This was due to the way services were commissioned for each individual patient but this had not been communicated clearly to patients or their families. However, we found that the hospital was also not proactive enough in ensuring those services were arranged when needed.

Summary of findings

There were some issues with the paperwork for patients detained under the Mental Health Act. However, the hospital had very few patients detained.

The implementation of Deprivation of Liberty Safeguards (DoLS) was good, but improvements needed to be made in informing patients of their rights on both the wards and care homes.

We also had concerns that one care home, Old Vicarage, had blanket restrictions and a culture of 'doing tasks and taking over care' for patients rather than supporting and enabling them to do things as independently as possible.

Are services caring?

We observed staff treating patients with compassion, respect and dignity and speaking with patients, families and each other in an appropriate and considerate manner. Patients told us that they received good quality care and staff that we talked with spoke passionately about their role in caring for patients.

We observed patients being involved in planning and delivering their care but this was not always recorded in their care plans. Some patients had copies of their care plans but this was not consistent across the hospital.

Are services responsive to people's needs?

We found that the hospital responded effectively to concerns and complaints. However, it was not always clear how learning was shared from complaints investigations.

There were dedicated activity coordinators for most wards and units who ensured that a wide range of activities were delivered throughout the day. The hospital was recruiting to activity coordinator vacancies to ensure this could be provided in all wards and units.

The majority of the ward and unit areas were specifically designed to meet the needs of patients and appropriately equipped.

There were well-maintained grounds that patients could access. Patients were encouraged to personalise their rooms and their cultural needs and personal wishes were met.

Are services well-led?

There was a relatively new senior team led by a chief executive officer who had been in post since February 2014. She had brought in other new senior staff to address issues within the hospital that had previously been identified by the provider and previous inspections. The senior team had brought in a focussed change program to address identified problems in the hospital.

Summary of findings

All staff told us they were supported and that the senior management team were very visible. Significant change had been brought in by this team and although there was some nervousness from staff and families over whether it would be maintained, they were all positive about the changes and the leadership. Staff described a “culture of listening”.

Some appointments were being made to strengthen clinical leadership. Although there had been progress made in addressing the needs of the hospital, there was little in the way of formalised plans for a vision of where the hospital would be in the future.

Summary of findings

What people who use the location say

We received five comments on cards that we placed around the hospital specifically to collect feedback from patients, their relatives and carers. We also spoke to 26 patients and ten relatives/carers during the inspection.

We were told that staff were caring and treated patients with dignity and respect and that patients were listened to and received excellent care and treatment. One comment received described the hospital as 'an amazing place'.

Patients and families using the hospital were positive about the permanent staff. However some expressed concern at the knowledge of agency staff about their individual needs and conditions. There was also concern about the lack of certain therapies, physiotherapy in particular, in the care homes.

Areas for improvement

Action the provider **MUST** take to improve

The provider must address how it manages patients who do present a risk safely within its ward environments. Ligature risk assessments in the hospital had not been completed, and there were numerous risks identified such as load bearing fixtures and handles in patients' rooms. This was previously raised in the Mental Health Act 1983 monitoring visit in October 2014. The hospital only has a small number of patients who would be considered a risk, however there needs to be a more robust system for how that is addressed. This must include clear risk assessments for patients expressing suicidal ideation.

Action the provider **SHOULD** take to improve

The hospital should explain the funding position regarding access to allied health professionals, such as physiotherapy, in the care home settings clearly to staff and families. The provider should also work with the placing authorities to ensure that the appropriate level of care is funded to meet those patients needs by agreeing with commissioners a further assessment of their needs if required.

The staff team on Old Vicarage were caring and treated patients with dignity and respect, however the hospital

should review the culture and practice within the home to ensure that they are enabling patients to function to the best of their ability. These concerns appeared to be a cultural issue within Old Vicarage as other locations within the hospital were more enabling in their management of restrictive practice by ensuring patients were involved in choice within their capacity.

The hospital should strengthen its clinical leadership structure for each professional group in the workforce, in particular having a defined nursing structure building on its good clear managerial support.

The hospital should continue with its implementation of its new care planning system, ensuring they include the psychosocial needs of patients.

The hospital should ensure there is a system in place for regular Portable Appliance Testing (PAT) to ensure electrical equipment used in the hospital is safe.

The hospital should review its policy and systems for the use of covert medication ensuring there is appropriate multidisciplinary assessment of the patient and consultation with carer/relatives.

Summary of findings

Good practice

Patients came from a range of areas in primarily across the South of England. All patient rooms had a map of the location of the hospital and their home town and patients we spoke with found this helpful in understanding.

The hospital had ten bungalows called Horizon Close. This development was designed to provide care at the final stage of the rehabilitation process and as the next

step to support discharge from hospital. It was described by the hospital as simulated living. We saw patients being supported to make decisions about the future and helped to develop skills necessary for independent living. This included detailed transition planning and staff accompanying patients to placements in the community as part of the process.

The Glenside Hospital for Neuro Rehabilitation

Detailed findings

Services we looked at:- Wyle, Avon and Bourne are hospital neuro rehabilitation wards and have 28 beds in total- Ebble and Nadder are hospital neuro-behavioural wards and have 14 beds in total- Old Vicarage is a care home with nursing for patients requiring neuro-behavioural longer term care and has 22 beds- Limetree is a care home with nursing for patients requiring neuro-behavioural longer term care and has 14 beds- Pembroke Lodge is a care home with nursing for patients with long term/degenerative neurological conditions and has 16 beds- Newton House is a care home with nursing for patients with long term/degenerative neurological conditions and has 12 beds- Langford is a care home with nursing for patients with long term/degenerative neurological conditions and has eight beds- Horizon Close is a care home without nursing providing simulated supported living and has 10 beds.

Our inspection team

Our inspection team was led by:

Gary Risdale, Inspection Manager, Care Quality Commission

The team included a CQC head of hospital inspection; two CQC inspection managers; three CQC mental health inspectors; three CQC adult social care inspectors; an expert by experience; three Mental Health Act reviewers and two specialist advisors - a physiotherapist and a senior nurse with neuro-rehabilitation experience.

Background to The Glenside Hospital for Neuro Rehabilitation

The hospital and its surrounding grounds are within a rural setting and are situated near a city with access to transport links and shops. The facilities include a café, well-kept gardens and grounds and a hydrotherapy pool. Where appropriate the patients have access to the hospital grounds and local community facilities.

The hospital consists of five wards and eight care homes, two of which were not currently in operation so were not included in this inspection. All 10 of the settings inspected were mixed gender and a combination of hospital ward treatment settings and care homes. One care home, Old Vicarage, was male only.

We had inspected Glenside Hospital eight times. Three of these inspections were in 2013 and 2014. The hospital had

Detailed findings

received a Mental Health Act monitoring visit in October 2014. At the time of this inspection Glenside Hospital was non-compliant with essential standards relating to the management of medicines regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010), which corresponds with regulation 12(1) (2) (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The provider was also found to be non-compliant with regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010) which concerns the care and welfare of service users which corresponds with regulation 9 (1) (a) (b) (c) and (3) (a) (b) (c).

These compliance actions were inspected as part of the comprehensive inspection. The requirements had been partially met in relation to Regulation 9 and met in relation to Regulation 13.

Why we carried out this inspection

We inspected this hospital as part of our in-depth hospital inspection programme.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

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

Before the inspection visit we reviewed information that we held about these services and asked other organisations to share what they knew about the hospital. We carried out announced visits on the 23rd and 24th February 2015.

We talked with patients and staff from all areas of the hospital. We observed how people were being cared for and talked with carers and/or family members who shared their views and experiences of the hospital.

During the inspection visit we reviewed at least five care and treatment records and Mental Health Act Records of people who use services on each of the wards and homes we visited. During the visit we talked with 26 patients. We talked with 10 carers/family members. We held focus groups and talked with 60 members of staff, including nurses, doctors, rehabilitation assistants and a range of allied health professionals, including physiotherapists, occupational therapists and psychologists. We interviewed the chief executive officer with responsibility for the service and eight managers and senior staff within the organisation. Members of the inspection team also observed night shift handovers and in the evening and in the morning.

We also:

- observed how staff were caring for patients;
- carried out a specific check of medication management in the service;
- looked at a range of records and documents relating to the running of the service.

Is the service safe?

Finding by key questions

Our findings

Safe and clean ward environment

- All areas of the hospital were clean and well maintained. Furniture and fittings were of a high standard and well maintained. The hospital had a good system to identify and resolve infection control issues and there was evidence of regular audits and changes made as a result of these.
- The use of hoists and other equipment to support patient care was well managed with all equipment cleaned thoroughly between use. There were completed checklists in place for fridge temperature monitoring and emergency equipment checklists.
- In some of the units we observed that compressed oxygen cylinders were not secured. This was addressed by the unit managers as soon as we brought it to their attention.
- Portable Appliance Testing (PAT) to ensure electrical equipment used in the hospital was safe had not been completed in 3 years and there was a lack of a clear policy on the frequency these should be done.
- Environmental risk assessments for the ward environments were undertaken annually. However, these were generic in nature. These risk assessments did not appear to contain any area specific information. These assessments did not demonstrate clearly that deficits or identified risks were actioned and followed up.
- Ligate risk assessments had not been completed, and there were numerous risks identified such as load bearing fixtures and handles in patients' rooms. This was previously raised in the Mental Health Act 1983 monitoring visit in October 2014. Staff told us they did not take patients who were at risk of hurting themselves and this was therefore not needed. However, there was no clear protocol in place to identify and manage this.

Safe staffing

- The hospital had sufficient staff on duty at all times to meet patient needs, including to meet the complex and considerable physical needs in the care homes and also the more challenging needs of patients in the

neurobehavioral wards. On one of the days of our inspection, a group of patients had visited Salisbury Cathedral and additional staffing had been brought in to provide cover. We saw evidence that the hospital was able to facilitate community visits with appropriate staffing.

- The hospital had been proactive in its recruitment strategy which had seen an improvement in its recruitment and retention of nursing staff. This included providing accommodation for staff on site, offering financial incentives and sponsoring rehabilitation assistants to complete their nurse training. Staff and families we spoke with felt that the situation was improving and that there was less turnover of staff which was improving care and service provision on the wards.
- The hospital used a significant amount of agency staff but had made efforts to mitigate risks to patients through using regular agency staff and providing training and supervision. The use of agency had reduced since our previous visit. For example in Old Vicarage care home qualified agency usage had reduced from 7% of shifts covered over the previous 6 months to 1% in the month prior to our visit. However 30% of rehabilitation assistant shifts in Old Vicarage were agency in the month prior to our visit. In some areas like Langford care home where recruitment and retention had improved we saw that agency staffing had reduced to one qualified nurse a week. Overtime had been introduced for regular staff to also help in the reduction of agency use. We saw that agency staff received an induction to the hospital and we observed good comprehensive handovers to agency staff. We also saw evidence of the hospital taking robust action to address instances where it had concerns about performance of staff from agencies. This action ensured the agency was informed of concerns and those staff did not return to work within the hospital.

Assessing and managing risk to patients and staff

- We found the hospital had appropriate arrangements in place for the management and administration of medications across the wards and care homes and that the hospital had addressed issues raised in our last inspection.

Is the service safe?

- Medicines were appropriately stored and kept at the correct temperature. Systems were in place to ensure fridge temperatures were monitored. Record keeping on the administration of the medication was good with any omissions clearly documented and prescriptions were well written and clear. There were weekly pharmacy audits, with an online audit tool introduced in January 2015, completed by the pharmacist, which alerted hospital managers and the chief executive officer to issues.
 - Some of the agency nurses had raised concerns about being interrupted whilst dispensing. The hospital had introduced a red tabard system for the dispensing nurse to wear to indicate that they should not be interrupted but not all agency nurses were aware or used this.
 - We found that on Avon and Wyle wards all the keys for the unit, including drug keys and controlled drug keys were on one bunch which we raised with the ward manager. This was immediately addressed and rectified whilst we were still on the wards.
 - We met with the pharmacist who supported the hospital. They explained that medication to take home (TTO medication) was ordered in advance through the off-site pharmacy. However, if it could not be planned in advance, the hospital had agreed that a registered nurse could decant the required dose of patient's own medicine from their stock to either a cardboard container or bottle. Instructions and labels were readily available but this procedure was not detailed in the hospital's medicines policy.
 - The policy also did not cover best practice in the use of covert medication administration. We reviewed two patient records where covert medication had been used. We found that there was not enough detail about the rationale for administering medication covertly, lack of detailed assessment of the person's capacity, lack of consultation with the multidisciplinary team (MDT), and lack of detail of how and when this was to be reviewed and lack of consultation/discussion with the next of kin.
 - We saw that appropriate assessment tools had been accurately completed for patients with greater physical needs. For example, Waterlow assessment had been used to assist with pressure sore management and the Malnutrition Universal Screening Tool (MUST) used to assess nutritional needs.
 - In the 12 months prior to 29 January 2015, 36 safeguarding concerns were opened in relation to hospital. We saw that they were investigated properly and appropriate action taken. We were told by family members that they were informed immediately and kept informed through the process when a concern occurred.
 - Staff demonstrated good knowledge of safeguarding and all staff we spoke to who clearly understood how to identify and report safeguarding issue. There was good evidence of appropriate action taken and patients and families being supported appropriately when concerns were raised. One family told us of how they had been immediately informed when a safeguarding issue had been raised and had been kept regularly updated and were satisfied that appropriate action had been taken.
 - The hospital had produced a quick reference guide on safeguarding which had been localised for each ward or care home. Although there was no identified safeguarding lead within the hospital there were robust monitoring systems put in place by senior management who reviewed all concerns.
 - Staff did not always demonstrate a good understanding about actions that could be interpreted as restrictive practices. Doors in Old Vicarage care home had keypads which required a code. Patients were not told the code and staff we spoke to did not realise this constituted restrictive practice.
 - In Old Vicarage care home, patients were not allowed into the kitchen area, even with staff support to make drinks and snacks.
 - In Limetree care home, we were told that there was only one person who was able to enter the kitchen to make their own snacks and drinks and no rationale was given as to why other patients weren't allowed to do this.
- ## Track record on safety
- The Hospital had 50 serious incidents requiring investigation in 2014. CQC was notified of 33, not notified of 13 and four took place while the individual was under the care of an NHS district hospital. With one

Is the service safe?

exception all the occasions when we were not notified had occurred before the appointment of a new quality and safety lead within the hospital governance structure.

- The incidents included 10 clinical incidents with the remainder being safeguarding concerns. Just over half of these were patient on patient incidents. We saw that all the incidents had been reviewed appropriately.

Reporting incidents and learning from when things go wrong

- There was robust monitoring of incidents and all incidents were reviewed by senior staff within the hospital. There was evidence of learning from incidents and we saw examples of changes that have been made

to practice following incidents. At the time of our inspection the hospital had two systems for incident reporting in place. The hospital had introduced an electronic reporting system but had noted a drop in reporting so reintroduced the paper system whilst it worked with staff to address why the electronic system was not being fully used.

- Learning from incidents was discussed in supervision session and monthly staff meetings on the wards/units. We saw agendas from staff meetings which had standing items of quality and safety; health and safety; falls; changes that had been made following reporting or audit; compliments and complaints. These were standing agendas for all teams within the hospital.

Is the service effective?

Our findings

Assessment of needs and planning of care

- Since our last visit the provider had been working on a new system of care planning and assessments. It had evaluated the new system to see what worked well. At the time of our inspection the new care plans were being implemented across the hospital. Some care homes and wards were more advanced in the implementation than others. Where they had been implemented we found staff to be well motivated in their use. Staff told us that the previous system of records was difficult to follow, with too much information and not clearly ordered. The new care records had been simplified and were much more accessible. However where implemented they could be completed with more detail.
- Family members expressed concern that agency staff did not always know about their relatives current needs but we observed good handovers and where the new care planning had been fully implemented agency staff were able to articulate current care plans.
- We identified that external appointments were not always recorded in detail in the patient notes. One patient had it recorded that they needed to attend an external specialist hospital appointment but lacked any detail of what this was. When we queried this with staff they were able to clearly demonstrate knowledge of the issue and that appointments had been made and everything had been actioned.
- We found that staff assessed and planned physical healthcare in line with the needs of the individual patients. Physical healthcare was good across the hospital; some patients needs were extremely complex. We saw detailed care plans which met individuals physical health needs and staff had a thorough understanding of these.
- However, whilst staff demonstrated a good understanding of patients psychological and social needs, these needs were not always documented effectively and did not reflect holistic, person-centred care. Many patients had experienced significant psychological changes following the onset of a neurological condition. We were concerned that there

was limited availability of psychology to help address those needs. We saw referrals to psychology but not evidence of ongoing work. This concern was reflected in what families and carers told us.

- Patients families were recorded as being involved in relation to 'do not attempt cardio pulmonary resuscitation' (DNACPR) decisions:

Best practice in treatment and care

- The hospital had ten bungalows called Horizon Close. These were designed to form a final stage of the rehabilitation process and as a next step to discharge from hospital. It was described by the hospital as simulated living. We saw patients being supported to make decisions about the future and helped to develop skills necessary for independent living. This included detailed transition planning and staff accompanying patients to placements in the community as part of the process.
- We observed that the care in the Old Vicarage care home was not supporting or enabling patients to live as independently as they could. The staff team were respectful and treated patients with kindness and dignity. Staff were well-meaning but care was delivered to the patients rather than assisting them to reach their potential. This was in contrast to other areas within the hospital where patients were encouraged more to achieve things for themselves. The hospital managers were aware of this and had plans in place to address this approach.

Skilled staff to deliver care

- All staff attended induction before starting on the wards or care homes. Training for newly qualified staff was provided, including a system of shadowing more experienced staff. New staff had regular supervision with the ward manager during their probation period. All staff had speech and language therapy training in order to support communication and interactions with patients. Staff told us this helped them communicate effectively and so helped them deliver good quality care.
- Staff and families told us about their concern regarding the lack of access to allied health professionals in the care homes. There was concern that access to physiotherapy was very limited. Whilst the wards in the main hospital had full multidisciplinary teams including

Is the service effective?

physiotherapy, the care homes only had access on an individual patient basis. The hospital explained that this was due to the way care in the care homes was funded by commissioners. Access to services such as physiotherapy depended on the package of care that was commissioned for each individual. Whilst this was understandable, it was clear that both staff and family members did not understand this distinction and there was a belief that the hospital was not providing the necessary treatment. The hospital had asked its physiotherapists to teach the care home staff basic stretching exercises for those patients that needed it. However, the specialist physiotherapy advisor on our team judged that this was not sufficient to meet some patients' needs.

- Nurses in the hospital told us that the service would benefit from more allied health professionals (AHPs) input and that they thought the current establishment was 'spread thin' and were unable to respond to referrals 'quickly'. They did complement the existing AHP staff in that they are helpful and will guide and advise accordingly.
- The hospital showed a commitment to training staff and developing their competencies. Training records showed that the majority of staff were up to date with 90% attendance across mandatory training courses, 96% of staff had completed safeguarding training. Staff were able to attend additional training where this was identified as important to their professional development. Staff were very positive about the training they were able to access. The hospital was also responsive to the wider needs of staff, when they raised the need for tracheostomy training, this was arranged swiftly.

Multi-disciplinary and inter-agency team work

- Within the rehabilitation wards we saw evidence of good multiagency working with occupational therapists, speech and language therapists, physiotherapists and other professionals working alongside the medical and nursing staff. This was in marked contrast to the care homes, where there was limited input of allied health professionals due to the way services were funded for individual patients. The differences in service added to

the confusion for families and some staff as they saw discrepancies as a failure of the hospital to use resources appropriately rather than relating to the way services were funded.

Adherence to the MHA and the MHA Code of Practice

- At the time of the inspection there were only two patients detained under the Mental Health Act. One patient did not have their surname spelt correctly on the section paperwork. This was addressed immediately by the ward manager once we raised this. We had concerns about the second opinion for medication T2 completed form not correlating with the medication on the drug chart requiring a review by the consultant and a second opinion appointed doctor.
- The hospital did not have a full time Mental Health Act administrator, but had a nominated individual internally who oversaw the paperwork and the full MHA administrator function is provided by a local NHS Trust under a formal service level agreement.
- We also noted that despite information about the rights of a person detained under the MHA being given on admission there was no process in place to ensure that this was repeated regularly. This also applied to patients subject to Deprivation of Liberty Safeguards (DoLS) being given information.

Good practice in applying the MCA

- Within the hospital there was a good level of knowledge and understanding of the Mental Capacity Act.
- However there was little evidence in Old Vicarage that people were supported to make individual decisions where they were able to. Staff within Old Vicarage lacked a general understanding that patients' capacity may vary at different times and there was a general view that none of the patients had capacity to make any of their own decisions. One care plan we reviewed did not clearly include a capacity assessment or who was involved in agreeing a care plan in the person's best interests. The care plan identified areas the individual could make choices in, although it was not clear how staff supported them to do so. These concerns appeared to be a cultural issue within Old Vicarage as other locations within the hospital were more enabling in their management of restrictive practice by ensuring patients were involved in choice within their capacity. The staff team on Old Vicarage were caring and treated

Is the service effective?

patients with dignity and respect. However the provider should review the culture and practice within the home to ensure that they are enabling patients to function to the best of their ability.

- Applications for DoLS were made in a timely and appropriate manner with appropriate paperwork in order. There were some that had been outstanding

applications since July 2014 that had not been assessed by the local authority. However we saw evidence of the provider attempting to address this with the relevant local authority. There was also no recorded evidence or process in place to inform the patients the outcome and their status following the application and decision.

Is the service caring?

Our findings

Kindness, dignity, respect and support

- The staff team were enthusiastic and treated people with kindness, dignity and respect.
- We observed kind, professionally friendly interactions and good humour between staff and patients. We observed staff taking time to communicate in different ways with people. Staff were always respectful in their interactions with patients.
- Staff were very knowledgeable about all their patients. When asked they gave confident answers to questions about a range of patients' needs in line with the assessments and care plans.
- Although social/psychological /spiritual care was not always explicitly recorded in the care notes, staff demonstrated they understood patients previous interests/hobbies/likes/dislikes before the onset of the neurological problems. For example, we saw staff ensuring that a patient had access to a preferred type of music because they had sung on cruise ships. Also staff had identified agencies, at the request of a patient, that were interested in using the patient's experience of sustaining a brain injury through certain dangerous behaviours to educate young people. This had provided motivation to the patient to continue in his recovery.
- Patients and families praised the permanent staff for their caring approach. Patients described staff as encouraging and interested and that staff treated them like friends not customers, which they appreciated. Patients who did not have verbal skills also communicated to us that they were happy with the way they were cared for.

- On one of the hospital wards a patient required food to be pureed. We observed a member of staff giving the patient a choice from the menu and the chosen dish was shown the patient before it was pureed. Once pureed, the meat and vegetables were all kept separate within the dish so the patient could differentiate between the foods they were eating. The patient was assisted to eat by a rehabilitation assistant who sat next to the patient encouraging them to utilise a spoon to feed themselves. The interaction was warm and effective.

The involvement of people in the care they receive

- Most care plans reviewed across the hospital did not document whether patients and carers/family members were involved in writing and reviewing care plans. However, on observing day to day interactions between staff members and patients it was evident that their views were valued by staff. Patients were frequently consulted, enabled to make choices and included in decision making in choosing the clothes they wore, meal choices and activities.
- However we saw some good examples of person centred care plans on two locations. For example, at Horizon Close we saw evidence of individualised care plans with clear patient identified goals. On Bourne ward we saw patient involvement in the writing and setting of care plans and goals; a patient on the ward showed us his care plans and how he had set his goals.
- Families were able to give views on the overall service through carers meetings held on wards. Families were also able to speak with ward managers, operation managers and if necessary the chief executive officer if they had concerns.
- The hospital had an advocacy service but this was not well publicised or well known on the wards.

Is the service responsive?

Our findings

Access, discharge and bed management

- Glenside accepted patients from across the south of England. Some families relocated to be nearer to the hospital. The majority of patients had long term, complex needs which needed to be carefully considered when planning discharge. Staff reported that it was a challenge to find suitable community placements to support longer term needs due to a lack of suitable placements. Discharge planning was therefore a complex and often lengthy process with delays.

The ward optimises recovery, comfort and dignity

- The hospital was well equipped to meet the needs of the patients complex physical healthcare needs. The hospital had a wide range of both private and public rooms and facilities that families and patients could use. In addition, there were well maintained grounds that provided a pleasant environment.
- Patient rooms were personalised. For example, one patient had brought their armchair from home. All rooms had personal photos and other items from home. However, the Old Vicarage was in need of redecoration, communal areas looked stark and bare there.
- There were a range of activities available and most wards and care homes had activity coordinators in post; others were actively recruiting. Due to a vacancy for an activity coordinator, Old Vicarage had a limited range of activities available.

Meeting the needs of all people who use the service

- The hospital primarily catered for people with complex physical and neurological needs and had been adapted and in some parts, specifically built to meet those needs..
- The service was also responsive to the needs of patients as they made them known. Staff had painted the fingernails of one male patient at his request.
- Ministers from a variety of denominations visited the hospital and those who wished to attend places of worship were facilitated to do so.

Listening to and learning from concerns and complaints

- There was a clear complaints system. Staff were aware of the procedure and how to manage complaints locally and when to escalate further. Families found the system responsive when they complained. One family told us that they had met with the chief executive officer to discuss their concerns after raising a complaint and felt the issues were responded to appropriately. However, families felt it was difficult to see how lessons have been learned to prevent a reoccurrence.
- It was less clear how learning from complaints was being implemented across the hospital as no audit of changes made as a result of sharing had been undertaken.

Is the service well-led?

Our findings

Vision and values

- Throughout our inspection staff at all levels spoke with enthusiasm about the changes the new senior leadership team had brought in and that they were all visible and accessible to staff, patients and families. The chief executive officer was very clear that she had focussed on addressing the identified problems that she had encountered on taking up post. However the senior management team had only just started developing a clear strategy for the future. We found that thinking had been done and new senior leaders were being appointed to strengthen leadership, particularly clinical leadership. However, senior posts did not have clearly identified clinical leadership roles and so staff did not always recognise who was responsible for leading clinical care and how and whether there was any distinction from managerial roles, for example there was no director of nursing within the hospital.
- Staff told us that it was a good place to work for and they could see the changes making a difference to them and to patients care.
- The leadership team was aware of the challenge of providing treatment services alongside social care settings within one registration, applications had been submitted to CQC to separate the registration.

Good governance

- The hospital had put in structures that had greatly improved the governance of the services.
- The hospital had appointed an experienced quality and safety lead within the last year. There were effective systems in place to identify risks and monitor quality in the services they provided. All incidents and complaints were monitored by the senior management team. The senior management team also ensured they had a regular presence in the clinical areas.
- The hospital had focussed on improving medicines management following concerns raised in our previous inspections. This had included reviewing the administration procedures introducing pharmacy audits and one of the managers writing to staff individually following the audits about the issues. This approach had led to a drop in medicines errors.

Leadership, morale and staff engagement

- The hospital had a relatively new senior management team who had implemented a number of demonstrable measures to address issues within the hospital. These included the proactive recruitment and retention measures, introducing an audit program and implementing the new care records system . This management team was very visible. Staff from all disciplines gave very positive feedback on the management team for their support and the measures they had taken. In one focus group with junior staff we were told that the management team had introduced a “culture of listening”.
- Newly qualified nurses were very happy with the level of support they gained during their preceptorship from the hospital.
- Staff we met were clear about their individual clinical responsibilities and understood the importance of their role in direct care delivery. Staff told us that they felt well supported by managers, although there was a gap in clinical leadership providing vision to each professional group. Staff felt able to raise concerns and that they would be listened to. A new member of staff who had just joined the hospital said that they liked the fact that even though she was new, the hospital welcomed her asking questions and challenging practice.
- All staff told us that they wanted to stay working at Glenside Hospital and felt it was a good organisation to work in.

Commitment to quality improvement and innovation

- It had started a programme of clinical audit and quality improvement and was learning from the NHS. In addition, a programme of peer review had been introduced to support all staff contribute to monitoring and improving the service.
- The hospitals leadership had invested time into ensuring training was available to all staff with 90% attendance across mandatory training courses rising to 96% of staff completing safeguarding training. There was also a commitment for other staff development evident across the hospital.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

How the regulation was not met

We found that the provider had not done all reasonably practicable to mitigate against the risk posed by environmental ligatures.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not met

We found that the provider had not done all reasonably practicable to mitigate against the risk posed by environmental ligatures.