Oak Lodge

Quality Report

Foundry Street
Little Lever
Bolton
BL3 1HL
Tel: 01204 439974
Website:www.alternativefuturesgroup.org.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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated Oak Lodge as good because:

- There were enough staff working at Oak Lodge to ensure the safety of patients. Nurses carried out weekly medication audits, which the senior nurse practitioner verified on a monthly basis. The environment of Oak Lodge reflected good practice for a rehabilitation ward as it provided a safe and homely space which helped make patients feel stable and secure. Staff carried out thorough risk assessments. Staff demonstrated that they understood safeguarding procedures and had established links with the local authority safeguarding leads.
- Patient records were holistic and personalised. Staff had a clear recovery focus to support patients to recover from mental health problems. Staff also understood and followed the requirements of the Mental Health Act and Mental Capacity Act. Training opportunities in addition to mandatory training were offered to staff. Staff followed the National Institute for Health and Care Excellence (NICE) guidelines in the prescribing of anti-psychotic medication.
- Patients and carers gave us positive feedback about the service. Staff and patients worked together as equal partners with joint meetings and shared decision making as part of patients' recovery. There was a stable and committed staff team who knew the patients well. Patients were treated with dignity and respect and were involved in their own care. Patients were involved in meaningful activities and there was an impressive gardening project.
- Patients were given information on treatments to support them to make informed choices about their physical healthcare. Oak Lodge staff worked collaboratively with other agencies to make sure patients were treated close to home. Oak Lodge had developed a patient group that supported patients preparing for discharge.
- Patients enjoyed the food and said it was nice. Menus could be adapted in line with patients' religious and cultural needs.
- The provider had a range of quality assurance and governance meetings set up across their organisation and were introducing new performance management processes and service audits. Staff had changed the medicine management audits that were continuing to improve quality by addressing minor concerns. Staff were positive about working at Oak Lodge. Senior managers were working well with other health and social care agencies to improve quality.

However, while local governance was largely effective, there were minor gaps within the audit system. The provider was aware of these gaps and had started the work necessary, to improve their systems.

Summary of findings

Contents

Good

Oak Lodge

Services we looked at

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

Summary of this inspection

Background to Oak Lodge

Oak Lodge is a single storey independent hospital, providing 12 rehabilitation beds for men and women with enduring mental illness. It is a rehabilitation unit for adults of working age. The service accepts patients detained under the Mental Health Act (MHA). One patient was detained under the MHA at the time of our inspection.

Oak Lodge is part of the Alternative Futures Group Ltd (AFG). All the beds at Oak Lodge are commissioned by Bolton clinical commissioning group.

It is in Little Lever, Bolton, close to public transport links and local amenities.

The Care Quality Commission last inspected Oak Lodge in November 2013, when we found it to be compliant with all standards. We last carried out a MHA monitoring visit to Oak Lodge in April 2015 to check on adherence to the MHA and MHA Code of Practice. On this inspection, we reviewed what the provider had done in response to the areas for improvement identified as part of that MHA monitoring visit.

Our inspection team

Our inspection team was led by:

Team Leader: Sarah Ives, Inspector, Care Quality Commission (CQC).

The team that inspected Oak Lodge comprised four people: three CQC inspectors and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a health, mental health or social care service.

Why we carried out this inspection

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

How we carried out this inspection

To fully understand people's experiences, 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 sent to us by the provider and considered the information we held about the service.

During the inspection visit, the inspection team:

- Spoke with six patients who were using the service
- Spoke with four carers
- Spoke with the clinical manager and acting manager of Oak Lodge
- Interviewed the regional manager and the clinical director, both of whom had responsibility for Oak Lodge
- Spoke with six other staff members, including the occupational therapist, student nurse and cleaner
- Reviewed information from stakeholders including the local Healthwatch service

Summary of this inspection

- Interviewed a number of stakeholders, including a representative of the local clinical commissioning group, and staff from the local mental health trust
- Interviewed the independent mental health act advocate responsible for Oak Lodge
- Attended and observed a team meeting
- Reviewed five patients' care records
- Looked at patient medicine charts
- Carried out a check of the clinic room and reviewed medication management arrangements at Oak Lodge

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 six patients at Oak Lodge who all spoke positively about the service. They told us they were happy and that staff were supportive. Most of the patients told us they felt that things had improved for them since arriving at Oak Lodge.

Patients told us the food at Oak Lodge was good and that food was available outside of main mealtimes. Everybody we spoke with cooked their own meal at least once a week.

We spoke with four carers who were relatives of patients at Oak Lodge. The carers spoke positively about Oak Lodge saying the staff had been very supportive and were approachable. They also said they made carers feel very welcome. Carers told us that staff really wanted to understand both patient's needs and their needs as carers.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- there were enough staff working at Oak Lodge to ensure the safety of patients
- nurses carried out weekly medication audits, which the senior nurse practitioner verified on a monthly basis
- a ligature audit was in place and as part of the assessment for Oak Lodge; each patient had a ligature risk assessment
- all bedrooms had nurse call alarms, which staff responded to quickly
- staff carried out thorough risk assessments
- the ward complied with required guidance on mixed-sex accommodation
- all patients were registered with a local GP
- staff demonstrated they understood safeguarding procedures and had established links with the local authority safeguarding leads.

Are services effective?

Good

We rated effective as good because

- patient records showed that Oak Lodge was providing holistic and personalised care
- records showed good evidence of patient involvement. The recovery star outcomes measurement tool facilitated patient involvement
- staff had a clear recovery focus to support patients to recover from mental health problems
- staff understood and followed the requirements of the Mental Health Act and Mental Capacity Act
- patients had access to psychological therapies
- staff were encouraged to access wider training opportunities in addition to their mandatory training
- staff followed the National Institute for Health and Care Excellence guidelines in the prescribing of anti-psychotic medication.
- staff told us they received management and clinical supervision regularly and all staff had received an appraisal in the last 12 months.

However

There was an issue where the current legal status of patients was not properly recorded consistently throughout patients' care files.

Summary of this inspection

For instance, a patient who was no longer subject to detention under the Mental Health Act had not had the front page of their file altered to reflect this. Staff changed this as soon as we pointed it out and we saw from the daily notes that the appropriate care was being given.

Are services caring?

Outstanding 

We rated caring as outstanding because

- feedback from patients and carers was continually positive about how staff treated them. Patients and carers gave us excellent feedback during our inspection. In the Oak Lodge 2015 patient survey, 12 patients responded and all said they felt staff members were responsive to their needs
- stakeholders commented on the person centred nature of Oak Lodge and we saw a highly motivated staff team who treated patients with dignity and respect. Patients were involved in their own care and empowered to make decisions for themselves
- Oak Lodge had a stable and committed staff team who knew their patients well. Staff had strong relationships with patients and carers that were caring and supportive. For example, at a recent carers event, staff had worked hard to ensure that every patient had a significant person turn up to the event
- Oak Lodge had adopted the implementing recovery through organisational change (ImROC) programme which meant that staff and patients worked together as equal partners with a focus on recovery principles, joint meetings and shared decision making
- patients were informed by staff about operational plans for Oak Lodge, were genuinely consulted about these plans and encouraged to be involved in the development of future plans. For example, during our inspection patients had suggested that Oak Lodge menus incorporated some of the healthy recipes from the slimming classes they attended. Following discussions with staff, including the chef, this was agreed
- staff actively sought patients' opinions, supporting those less able to share their views to have a voice and took all patients' views and opinions seriously
- patients emotional and social needs were valued by staff who worked with patients to identify what these needs were. Staff supported patients to be involved in meaningful activities which helped patients become involved within the wider community of Greater Manchester.

Are services responsive?

Good 

We rated responsive as good because

Summary of this inspection

- patients were given information on treatments to support them to make informed choices about their physical healthcare
- staff and patients attended local slimming classes which both helped in the management of weight gain, and supported patient involvement in the local community
- staff were working with other agencies to make sure patients were treated as close to home as possible and out of area placements were reduced
- there was an impressive garden project
- there was a group in place to prepare patients for discharge
- after discharge, patients were encouraged to remain in contact with Oak Lodge, in order for them to receive on-going support if they needed it
- patients said they enjoyed the food at Oak Lodge. Menus could be adapted in line with patients' religious and cultural needs
- the service provider, Alternative Futures Group, had developed a complaints leaflet for patients and carers, which included a freepost service to a central complaints coordinator.

Are services well-led?

Good

We rated well-led as good because

- Oak Lodge staff were clearly putting into action, the visions and values of the service provider
- the provider had a range of quality assurance and governance meetings set up across their organisation and were introducing new performance management processes and service audits. Staff had changed the medicine management audits that were continuing to improve quality by addressing minor concerns
- staff were positive about working at Oak Lodge and it was clear that all staff felt they were part of a team
- senior managers were working well with other health and social care agencies to improve quality.

However

While local governance was largely effective, the audit system did not have a central system that allowed for the clear recording of actions taken post audit. The provider was aware of this gap and had started the work necessary, to improve their systems.

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.

We carried out a routine Mental Health Act (MHA) monitoring visit of Oak Lodge in April 2015. The visit found that overall there was good practice in adherence to the MHA and identified two issues.

On this inspection, we reviewed the findings of the April monitoring visit and looked at the areas identified for improvement. We found that

- The good practice in overall adherence to the MHA identified in our previous monitoring visit was being sustained.
- Audits to support the operation of the MHA were being carried out to a good standard.
- There was appropriate signage by the door informing informal patients of their rights to leave.
- Legal certificates for treatment for mental disorder (T2 forms) now included the maximum dosage for anti-psychotic medication.
- The service now had a female only designated lounge.

On this inspection, we found there was an issue where the current legal status of patients was not consistently recorded throughout patients' care files. For instance, a patient who was no longer subject to detention under the MHA, had not had the front page of their file altered to reflect this. Staff changed this as soon as we pointed it out. Such issues were mitigated by the fact that staff knew the patients very well and there was a very low use of bank and agency staff at Oak Lodge. Daily notes clearly showed that staff were providing the appropriate care and treatment to patients in accordance with their duties under the MHA. We saw where patients were placed on conditional discharge, there was clear evidence their conditions were being met; such as contact with their responsible clinician, contact with their care coordinators and drug screening.

All nurses employed at Oak Lodge had completed their Mental Health Act training. The training was only provided to qualified nursing staff.

Oak Lodge had a service level agreement with the local mental health trust for it to provide MHA administrative support and to ensure that key responsibilities were met. This arrangement was working well. One responsible clinician (RC) told us that nursing staff within Oak Lodge had a good understanding of the MHA and liaised with the RC as required to ensure that reminders for renewals and consent to treatment rules were actioned.

Mental Capacity Act and Deprivation of Liberty Safeguards

We reviewed care records and saw that there was good adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with showed a good understanding of the Mental Capacity Act (MCA) and DoLS. They actively encouraged patients to engage in decisions about their care and treatment. If staff had concerns about a patient's capacity, they took these concerns to a multidisciplinary team meeting and conducted a mental capacity assessment as appropriate.

Staff recognised when they may have been depriving people of their liberty. Where appropriate they had requested and received appropriate authorisation for the deprivation using the DoLS legal framework. Staff worked with patients and others to ensure that staff adhered to any conditions in place when patients were subject to DoLS.

There was a policy and DoLs screening tool in place at Oak Lodge.

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

The ward was laid out around an internal courtyard. The location of the nurses' office by the front door did not allow for observation of the whole ward. However, staff were able to observe most areas of the unit and staff were observed interacting with patients in communal areas.

Recent refurbishment of the unit had ensured that eight ensuite bedrooms at Oak Lodge were designed to have a low ligature risk. There were four bedsit rooms that had small kitchens to promote rehabilitation and recovery of patients. These rooms were not ligature risk free. However, this was appropriate for positive risk taking given that Oak Lodge was a rehabilitation unit. A ligature audit was in place. Staff at Oak Lodge also assessed a patient's risk of ligaturing when assessing whether Oak Lodge was an appropriate placement for patients. Staff carried out further risk assessments when deciding whether a patient was ready to move from a single room into one of the bedsits.

The ward complied with required guidance on mixed-sex accommodation as there was a designated female lounge and all rooms had ensuite shower rooms. This meant that patients' safety, privacy and dignity were promoted. There was one communal bathroom, which was locked when not in use as this had ligature risks within it. Patients had to notify staff if they wanted to use it and staff accompanied them, waiting outside while they bathed.

The clinic room was clean and tidy. In the clinic room there was a blood pressure machine and resuscitation equipment, which was checked daily to ensure it was working correctly. Nurses carried out weekly medication audits and the senior nurse practitioner verified them on a monthly basis.

A recent refurbishment of Oak Lodge had taken place, and this had been done to a good standard All areas we inspected were visibly clean. Oak Lodge employed a domestic through a contract with another company. The domestic's cleaning schedule and work was monitored by the provider and the external company. Patients confirmed the communal areas were regularly cleaned and maintained.

All bedrooms had alarms and nurse call systems. We tested the call system and staff turned up in response to the alarm within one minute. This meant that staff responded well to the alarms when pressed.

Safe staffing

The staffing levels at oak lodge were as follows:

Establishment levels: qualified nurses 6 including a senior nurse practitioner

Establishment levels: nursing assistants 12

Number of vacancies: qualified nurses 1

Number of vacancies: nursing assistants 0

Long stay/rehabilitation mental health wards for working age adults

Good

The number of shifts filled by bank or agency staff to cover sickness, absence or vacancies in 3 month period: 2 in last 12 months

Oak Lodge had a staff turnover of 4%. It had a sickness rate of 7% which was made up by two members of staff being off sick at the time of our inspection. Staff reported that agency staff had covered two shifts in the last 12 months. However, managers at Oak Lodge were regularly using two members of staff from other Alternative Futures Group's (AFG) services to cover unstaffed shifts. These two members of staff were well integrated within the service, they knew the patients well and most patients saw them as part of the Oak Lodge staff team. Staffing arrangements at Oak Lodge meant patients had continuity in their care, as they knew the staff caring for them and were able to build ongoing therapeutic relationships.

On each shift, there were four staff on duty during the day including at least one qualified nurse; reducing to two staff at night including one qualified nurse. The staff we spoke with said they felt the staffing levels at Oak Lodge were sufficient. Oak Lodge had access to staff from within the wider organisation and AFG had its own staffing bank. Oak Lodge had recently employed an occupational therapist who had been working at the service for approximately eight weeks at the time of our inspection.

There were eight patients at Oak Lodge during our inspection visit and the service had four patient vacancies. We spoke with patients and staff, and looked through patient files and saw that patients had regular 1:1 time with staff. We found no evidence that activities and planned events had been cancelled due to too few staff on the ward.

All patients were registered with local GPs who provided medical support for physical health conditions. Community consultant psychiatrists based in local community mental health teams provided consultant psychiatrist cover to Oak Lodge. Psychiatrists reviewed patients every six weeks and the nursing team at Oak Lodge reviewed patients monthly. If there were any medication issues, Oak Lodge staff contacted the appropriate psychiatrist. The consultant psychiatrist we spoke with confirmed that staff at Oak Lodge liaised appropriately with a patient's responsible clinician. This ensured the monitoring and management of patients' medication, which optimised health and managed any anticipated risks.

Staff records showed that they had attended mandatory training. However, there was no mechanism in place to automatically notify managers when training was due and whether a member of staff had attended training. In order to be assured that each member of staff had attended their required training, managers had to check each staff record individually. Eighty percent of staff had completed their therapeutic management of violence and aggression training, 100% had done fire warden training, 40% had done refresher safeguarding training and 100% of nurses had done mental health act training.

While the number of staff who had done refresher safeguarding training was low, staff demonstrated they understood safeguarding procedures.

Assessing and managing risk to patients and staff

Oak Lodge did not have a seclusion room and did not use restraint. De-escalation techniques were used if required to support patients. Staff told us they created plans with patients about how to cope when they became agitated and what triggers may cause this. We saw evidence of this planning in patient files and patients were actively involved in developing these plans.

Staff used the short term assessment of risk and treatability (START) tool to risk assess all patients on admission to Oak Lodge. The team reviewed these assessments on a regular basis; ideally, this would be every six weeks, but that did not always happen. However, where there were particular concerns, assessments would be reviewed at six weeks, or more regularly if required. We reviewed five care plans and all of these had up-to-date risk assessments.

We spoke to one consultant psychiatrist who worked in forensic services at the local mental health trust and was currently the responsible clinician for one patient at Oak Lodge. They said that Oak Lodge worked well with patients with forensic histories, providing appropriate support to monitor and manage risk.

Oak Lodge was an open unit and there were appropriate signs by the door advising informal patients of their rights to leave.

At the time of our inspection, two patients required varying levels of observation. We observed this was happening and staff told us what the requirements were for each of the

Long stay/rehabilitation mental health wards for working age adults

Good

patients. Notes in care records also demonstrated that observations were taking place. However, when we reviewed one patient's file, the frequency of observations during the night was not made clear.

Staff demonstrated they understood safeguarding procedures and had established links with the local authority safeguarding leads. A safeguarding referral had been made within the last six months as a result of a reported incident. We saw that the correct procedures had been followed and this included notification to the Care Quality Commission.

Medicines were stored securely, in a locked cupboard in a locked room. Audits of stock levels of medication took place on a weekly and monthly basis. The unit had one controlled drug, lorazepam, which was checked daily.

If children visited patients at Oak Lodge, there were a number of rooms, including the activity room and women's lounge, which could be used to accommodate the visit.

Track record on safety

There had been one serious incident reported in the last 12 months that had led to a safeguarding referral to the local authority. Whilst the incident was being investigated a management plan had been put into place to ensure patients were kept safe.

Staff demonstrated they understood how to report serious incidents and were open and transparent when discussing incidents. During our interviews with staff, we saw that they were reflective about their working practices and willing to adapt practices in response to incidents.

Reporting incidents and learning from when things go wrong

The service used an electronic system called Carista and nurses could record any incidents that occurred. After an incident had occurred at Oak Lodge, it would be discussed at team meetings in order to review and share learning.

There were a number of forums set up across the AFG, including a clinical manager's forum, which discussed medical errors, lessons learned and safeguarding. We reviewed the minutes of these meetings and saw that clinical managers from other AFG services shared information and lessons learned, resulting in improvements across the organisation.

Another forum was the medication management group, which oversaw a number of areas including medication errors and monthly audit reviews. Discussions by staff in services across the AFG group provided organisational learning and improvements in medicine management. Medication errors were also reported on the electronic system Carista, and this showed that medication errors across AFG had reduced since January 2015.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

We reviewed five patient care records and found that they were good. Care records showed that patient care at Oak Lodge was holistic and personalised. Records included evidence of physical examinations, along with ongoing monitoring of physical health. The records showed good evidence of patient involvement, and staff used the recovery star outcomes measurement tool to facilitate this involvement. This tool helped patients identify their own recovery goals and track progress on meeting these goals.

A consultant psychiatrist working in the local mental health trust said that staff at Oak Lodge had a good understanding of the needs of patients. The consultant explained that some patients admitted to Oak Lodge had exceeded expectations in terms of patient outcomes. They went on to describe how a current patient at Oak Lodge was doing very well; staff had supported them to become a lot healthier and they had lost a lot of weight as a result.

Oak Lodge had a clear recovery focus, which was reflected in how both staff and patients spoke to us. The care records reflected this as well; however, two sets of records had limited recovery planning, which was due to the patients being unable to engage with the recovery process due to their mental ill health.

Best practice in treatment and care

Oak Lodge followed the National Institute for Health and Care Excellence (NICE) guidelines in the prescribing of anti-psychotic medication. A regular audit cycle to ensure

that patients on high dose anti-psychotics were reviewed and, where appropriate, medication was reduced. The audit was carried out on a six monthly basis with plans to move to a quarterly review across the Alternatives Futures Group (AFG). At the time of our visit to Oak Lodge, no patients were on a high dose of anti-psychotic medication.

Patients had access to psychologists and art therapists employed by AFG, and they worked out of AFG's head office. At the time of our visit, one patient was receiving weekly art therapy. This meant that patients had access to talking therapy and other treatments to aid their recovery in line with best practice.

The service worked with patients in promoting their physical health. There was a physical health group at Oak Lodge. Patients were also supported to access local gyms and slimming classes. This was done in conjunction with patients being informed about the weight gaining side effects of some of their medication. Patients and staff attended slimming classes together. This led to patients themselves and the chef cooking some of the healthy recipes that patients had learned about at their classes.

Clinical staff at Oak Lodge carried out a number of audits including weekly and monthly medication audits, care programme approach (CPA), patient involvement, risk management and infection control. Whilst it appeared clear that staff were discussing the outcomes of these audits - they could tell us what they had done to address identified problems and why - there was no clear recording of actions taken, that were recorded in a single place. Senior manager at Oak Lodge acknowledged this and were working to improve local governance systems to address the issue. For example, managers were working to introduce a clear system that recorded when audits were due, when they had been carried out and what actions had been taken to resolve any identified concerns.

Skilled staff to deliver care

Oak Lodge employed registered nurses, an occupational therapist, support workers, a clinical manager and a registered manager. Full time domestic support and a chef were employed via a contract with a private company. The provider also employed psychological and art therapists that worked with patients at Oak Lodge.

Staff were encouraged to access training opportunities in addition to mandatory training, such as training in psychosocial interventions, horticulture and arts therapy.

Staff told us they received clinical supervision every quarter. We saw that managers kept a record of this, but there was no overall system that collated how often people were receiving supervision and whether there were any gaps. Oak Lodge's managers had to access individual supervision records in order to check that everybody was up-to-date in giving and receiving appropriate supervision. This also meant that regional and quality managers at AFG were not looking at staff supervision as a key performance indicator at Oak Lodge.

We reviewed the staff supervision and appraisal policy along with the associated paperwork and found it to be appropriate. All staff members currently employed at Oak Lodge had received an appraisal in the last 12 months.

Multidisciplinary and inter-agency team work

There was a regular team meeting at Oak Lodge that patients and staff attended, including the chef and domestic, who were employed by a separate company. We observed this meeting and found it to be effective. It created an ethos within the service that everybody was part of the team.

Patients at Oak Lodge received regular medical input from their local GP for their physical health; and for their mental health, through regular input by consultant psychiatrists attached to the local community mental health teams, or nearby regional forensic mental health services. The responsible clinician for one patient stated that inter-agency working was very good, with Oak Lodge taking primary responsibility for patients but liaising with staff from specialist forensic services appropriately. For example, when working with patients who were conditionally discharged from secure services.

We spoke to the independent mental health act advocate (IMHA), who told us they had a positive working relationship with Oak Lodge and that staff responded quickly to any IMHA requests.

We also spoke with a representative of the local clinical commissioning group and a social care representative from the local mental health trust who commissioned and gate kept patient admissions to Oak lodge respectively. They confirmed that managers at Oak Lodge worked collaboratively within the wider health and social care economy, to develop appropriate responses to the emerging needs of the local population.

Long stay/rehabilitation mental health wards for working age adults

Good

Adherence to the MHA and the MHA Code of Practice

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.

We carried out a routine Mental Health Act (MHA) monitoring visit of Oak Lodge in April 2015. The visit found that overall there was good practice in adherence to the MHA and identified two issues.

On this inspection, we reviewed the findings of the April monitoring visit and looked at the areas identified for improvement. We found that

- The good practice in overall adherence to the MHA identified in our previous monitoring visit was being sustained.
- Audits to support the operation of the MHA were being carried out to a good standard.
- There was appropriate signage by the door informing informal patients of their rights to leave.
- Legal certificates for treatment for mental disorder (T2 forms) now included the maximum dosage for anti-psychotic medication.
- The service now had a female only designated lounge.

On this inspection, we found there was an issue where the current legal status of patients was not consistently recorded throughout patients' care files. For instance, a patient who was no longer subject to detention under the MHA, had not had the front page of their file altered to reflect this. Staff changed this as soon as we pointed it out. Such issues were mitigated by the fact that staff knew the patients very well and there was a very low use of bank and agency staff at Oak Lodge. Daily notes clearly showed that staff were providing the appropriate care and treatment to patients in accordance with their duties under the MHA. We saw where patients were placed on conditional discharge, there was clear evidence their conditions were being met; such as contact with their responsible clinician, contact with their care coordinators and drug screening.

All nurses employed at Oak Lodge had completed their Mental Health Act training. The training was only provided to qualified nursing staff.

Oak Lodge had a service level agreement with the local mental health trust for it to provide MHA administrative support and to ensure that key responsibilities were met. This arrangement was working well. One responsible clinician (RC) told us that nursing staff within Oak Lodge had a good understanding of the MHA and liaised with the RC as required to ensure that reminders for renewals and consent to treatment rules were actioned.

Good practice in applying the MCA

We reviewed care records and saw that there was good adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

There had been two DoLS applications made in the previous six months, one of which was granted.

Staff we spoke with showed a good understanding of the Mental Capacity Act (MCA) and DoLS. They actively encouraged patients to engage in decisions about their care and treatment. If staff had concerns about a patient's capacity, they would take these concerns to a multidisciplinary team meeting and conducted a mental capacity assessment as appropriate.

Staff recognised when they may have been depriving people of their liberty. Where appropriate they had requested and received appropriate authorisation for the deprivation using the DoLS legal framework. Staff worked with patients and others to ensure that patients adhered to any conditions in place when patients were subject to DoLS.

There was a policy and DoLs screening tool in place at Oak Lodge.

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

Outstanding ☆

Kindness, dignity, respect and support

We heard a range of positive comments about Oak Lodge from patients which included; 'my life has changed for the better since coming here', and 'I feel a lot happier now that I have come here', and 'coming here has changed my life so much'. Patients told us that 'staff were very good' and 'very

supportive', that they 'treated [them] real nice'. One patient spoke positively about moving on to a more independent living environment, but said of Oak Lodge, 'I will miss this place and the staff.'

In Oak Lodge's 2015 patient survey, where 12 patients had responded, 100% of respondents said they felt staff members were responsive to their needs. The survey showed that, overall, the model of care in place at Oak Lodge was responsive to patients' needs, promoted inclusiveness and patients felt they were treated with dignity and respect.

One of the carers we spoke with told us that staff at Oak Lodge treated their son with 'dignity and respect'.

We also spoke with a range of stakeholders who spoke positively about Oak Lodge. A consultant psychiatrist described Oak Lodge as very patient focused and said the service was 'pro service user'. A social worker said that staff at Oak Lodge worked with patients in order to 'better understand their needs'. A commissioner told us that the culture at Oak Lodge was '… responsive to patients and their needs'.

Therefore, comments were universally positive from a range of people on Oak Lodge's patient focused and caring approach.

During our inspection visit at Oak Lodge, we saw staff interacting with patients in a relaxed, kind and respectful way. It was clear from our interviews with staff that they knew and understood the individual needs of their patients.

The involvement of people in the care they receive

Oak Lodge had adopted the implementing recovery through organisational change approach to team working. This meant that patients and staff saw themselves as one team; patients were involved in making decisions about the service and took joint ownership of these decisions. This work aimed to break down the traditional barriers of staff and patients. In doing this, the service aimed to promote a sense of belonging and joint ownership of life at Oak Lodge between staff and patients.

Oak Lodge had a whole service team meeting. We observed the active participation by all patients, as staff respectfully facilitated the involvement and inclusion of patients who appeared less able than others to contribute to some agenda items. Patients were informed by staff about operational plans for Oak Lodge, and were genuinely consulted about these plans. We saw that patients were being effectively involved as team members and there was good interaction between all staff and patients. Patients raised ideas at this meeting such as including healthy recipes from their slimming classes in the food prepared by the chef at Oak Lodge.

Staff both sought and took seriously patient views and opinions. There was evidence in patients' care records that patients had been effectively engaged in the development of their care plans. For example, records included a one page profile where patients gave information on how they could be best supported, what was important to them and what other people liked and admired about them. This information was personal, had been given thought and was incorporated within plans throughout patient files. Staff demonstrated they had taken the time to get to know their patients and understand their needs. We saw that patients were supported and motivated to identify their own goals and achieve them.

An independent mental health act advocate (IMHA) attended Oak Lodge monthly and on request from patients. The IMHA told us they thought Oak Lodge had a very well aligned philosophy that was very empowering for patients. The IMHA also felt that Oak Lodge was recovery focussed and fully involved patients in their care.

Carers also spoke positively about Oak Lodge saying the staff had been very supportive and were approachable. They also said they made carers feel very welcome. One carer described the service as, 'by far the best' service that their son had been to. Carers also told us that staff really wanted to understand both patient's needs and their needs as carers.

At a recent carers event held by Oak Lodge, every patient had a person who was significant to them at the event. This had been achieved by staff working with patients to identify who was important to them, contacting carers and relatives and inviting the relevant people to the carers event.

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

Long stay/rehabilitation mental health wards for working age adults

Good

Good

Access and discharge

Staff working in Oak Lodge were in the process of working with the local mental health trust and commissioners to review their admissions process. The aim was to provide clarity about admission criteria and to ensure that Oak Lodge had a role in supporting the range of recovery services available. This was also to ensure that patients were treated as close to home as possible and out of area placements were reduced.

Bed occupancy in the last six months was 71%, and at the time of our inspection, there was no waiting list. A consultant psychiatrist from the local mental health trust who worked with Oak Lodge described the service as working incredibly well as a step down from hospital.

A moving on group had been established at Oak Lodge that helped prepare patients to move into more independent living environments. Patients were supported with budgeting, paying bills and more general planning. When patients did move on from Oak Lodge there was a small outreach team in place to work with them as necessary. Patients were encouraged to remain in contact with Oak Lodge after they had been discharged, in order for them to receive ongoing support if they needed it. At the time of our visit, the outreach team was providing support to six patients who had been at Oak Lodge before moving into their own homes.

At the time of our inspection there were two patients deemed to be delayed discharges at Oak Lodge. However, this was due to there not being suitable placements identified for the patients to move on to. Staff at Oak Lodge were working with other agencies to progress these patients needs and address the delayed discharges.

The facilities promote recovery, comfort, dignity and confidentiality

Oak Lodge provided a range of facilities. These included a women only lounge, an activity room, a rehabilitation kitchen and a private telephone room. The outside space was well maintained and had barbecuing facilities. There was an impressive garden project with patients and staff working together to grow attractive flower and vegetable beds throughout the grounds of the unit. The produce was grown to organic standards and was used in the food prepared by patients and in the kitchen by the chef.

Patients told us the food at Oak Lodge was nice and that they enjoyed it. We also spoke to the chef who told us he conducted food satisfaction surveys in order to get feedback from the patients. Bolton Metropolitan Borough Council had awarded Oak Lodge a food hygiene rating of 4 (Good).

Patients were able to personalise their rooms and we saw evidence of this. There were also lockable storage facilities in all bedrooms.

Oak Lodge had recently employed an occupational therapist (OT). The OT was implementing more community based activities including involvement in a Manchester galleries project called, 'who cares' and supporting patients to attend local slimming groups. Ninety percent of patients at Oak Lodge were engaged in meaningful activities. Activities occurred during the day, evenings and at weekends with the OT and nursing staff being flexible to meet patients' needs.

Meeting the needs of all people who use the service

Oak Lodge had recently been refurbished to a good standard and was accessible to people with limited mobility and those who used a wheelchair.

Oak Lodge provided patient information on treatments. This was done effectively and supported the choices patients made regarding their physical healthcare. For example, information given detailing weight gain as a side effect of medication resulted in a patient wanting support to access the gym and to lose weight.

There was a chef employed at Oak Lodge. Menus were agreed on a four weekly basis and patients inputted into this. During our visit, we saw that the chef was working with patients who attended the local slimming groups and there were plans to adapt menus in line with recipes provided by the slimming group. We also spoke to the chef who said that menus could be, and were, adapted in line with patients' religious and cultural needs. The chef gave the example of having used a halal butcher in order to facilitate this. Patients had access to snacks and hot drinks outside of meal times.

Long stay/rehabilitation mental health wards for working age adults

Good

Listening to and learning from concerns and complaints

There had been no complaints recorded at Oak Lodge for the last 12 months. Patient told us they could talk to staff if they had any problems and they felt that staff listened to them. Staff also told us that they were open and encouraged patients to talk through any concerns they had, which meant they could often deal with a problem quickly and reduce the likelihood of needing to go through formal complaint procedures.

A complaints procedure was in place. AFG had developed a complaints leaflet for patients and carers, which included a freepost service to a central complaints coordinator. When complaints were received, they were raised with the appropriate service manager for investigation. There was a process in place to track this and outcomes were reported.

Staff demonstrated they knew the processes for handling complaints.

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

Good

Vision and values

The vision of AFG, who run Oak Lodge is, 'A world where people control their lives'. AFG aim to, 'put people in control', 'to make a positive difference' and 'to be sustainable'. We did not see written evidence of these values and aims while we were at Oak Lodge, but we did see evidence that these visions and aims were being put into practice.

The Implementing Recovery through Organisational Change (ImROC) approach to team working underpinned the AFG vision of putting patients in control, and we saw that staff were committed to this approach.

Senior managers from AFG visited Oak Lodge and it was clear, when we spoke to the regional manager and the clinical director, they knew the service, and staff working at Oak Lodge knew them.

Good governance

Staff attended mandatory training and were supported by their managers to do so. Every member of staff at Oak Lodge had had an appraisal within the last 12 months and supervision happened on a quarterly basis. Appropriately qualified staff covered shifts and additional staff were brought in to cover patient observations. Staff participated in clinical audits and knew how to report incidents. Staff worked with patients, creating a team at Oak Lodge, where patients and staff saw themselves as equal partners.

The provider had a range of quality assurance and governance meetings set up across their organisation and were introducing new performance management processes and service audits. The quality lead at AFG was in the process of developing performance scorecards across the organisation and there was an organisation risk management register in place. The register recorded high level risks to the organisation.

We saw evidence at Oak Lodge that newly introduced medicine management audits were improving quality in that area.

Local governance processes at Oak Lodge were largely good with evidence of audits and action to address the shortfalls identified. However, the systems did not flag up any delays in the audit cycle and we found minor issues with the governance arrangements in relation to staff support and care records. The associated risks of this were mitigated by the fact that there was a stable staff group at Oak Lodge, who knew their patients well and a very low use of agency staff. Problems with local governance issues were also acknowledged by AFG mangers who were in the process of reviewing systems and implementing changes to improve them.

Managers working at Oak Lodge and senior managers within AFG, including the clinical director, were aware of the short falls around local governance and work was happening to address this.

Leadership, morale and staff engagement

The staff we spoke with during our inspection were positive about working at Oak Lodge. Staff said Oak Lodge was a 'great place to work' and they 'were very happy' working there. There was a strong sense that all the staff at Oak Lodge were part of a team and we saw staff supporting each other and sharing ideas.

Long stay/rehabilitation mental health wards for working age adults

Good

Oak Lodge had a staff sickness rate of 7% in the last 12 months which related to two members of staff, one of whom was off on long-term sick leave.

We found no evidence of bullying or harassment, staff reported that they knew how to raise concerns and would be confident to do so if required.

We also spoke with staff who had been given opportunities, whilst working for AFG, to attend training that had then led them to take on management roles.

We spoke with the regional manager for Oak Lodge who told us that Oak Lodge staff were given space to develop their own ideas within the AFG framework. We also heard that staff at Oak Lodge felt 'worked with, rather than done to'.

Commitment to quality improvement and innovation

Oak Lodge had adopted the ImROC definition of team, which they had implemented in an innovative way in attempt to break down barriers between staff and patients. It was clear from our observation of their team meeting and reading the minutes of previous meetings, that this was supporting the empowerment of patients at the service.

A senior clinical manager role had been introduced to Oak Lodge and they had recently introduced an occupational therapy role into the service. The aim of both of these roles was to drive up quality in the service.

Oak Lodge managers were working with the lead from the local clinical commissioning group in order to improve integrated care pathways across the local healthcare economy. They were also supporting plans to repatriate Bolton patients currently placed outside of the local borough.

Outstanding practice and areas for improvement

Outstanding practice

Oak Lodge had adopted the implementing recovery through organisational change (ImROC) programme which meant that staff and patients worked together as equal partners with a focus on recovery principles, joint meetings and shared decision making.

There was an impressive garden project. Patients and staff worked together to grow attractive flower and vegetable beds throughout the grounds of the unit. They grew produce to organic standards and used it in the food prepared by patients and the chef.

Staff and patients attending local slimming classes which both helped in the management of weight gain, and supported patient involvement in the local community. Healthy recipes from these classes were also being incorporated in meals prepared by the chef, which further supported patients to eat healthy meals and support their weight loss plans.

Areas for improvement

Action the provider SHOULD take to improve

The provider should continue to review and improve local governance systems, including:

- flagging up any delays in the audit cycle;
- effectively auditing patient care records to ensure they are kept up-to-date;
- flagging up when staff are due for supervision, training and development; and
- ensuring all action plans arising from audits are updated and implemented fully.