

John Munroe Group Limited

Edith Shaw Hospital

Inspection report

Hugo Street
Leek
ST13 5PE
Tel: 01538384082
www.johnmunroehospital.co.uk

Date of inspection visit: 05 January 2022
Date of publication: 17/03/2022

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, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Inadequate



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Insufficient evidence to rate



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

Edith Shaw Hospital is a 14 bed, female only, community based longer term high dependency rehabilitation unit. The service provides mental health rehabilitation services for women with complex mental health needs. Admissions are taken for women over 55 years of age. Patients may be informal or detained under the Mental Health Act 1983. The service is registered to provide long stay rehabilitation service for working age adults. However, the model of mental health rehabilitation does not meet recognised national guidance. We found the service provides nursing care for older females with mental health problems.

The service was placed in special measures following an inspection in January 2021 and was rated inadequate for safe and well led, with an overall inadequate rating. At the most recent inspection in August 2021, we issued the provider with a requirement to provide documentation and closed-circuit television recordings (CCTV) specific to incidents of physical redirection and where there was a record of a patient displaying behaviour that challenges between May 2021 and August 2021. We made this request because we identified a concern in relation to the way staff used physical interventions with patients. The requirement was issued under Section 64 of the Health and Social Care Act 2008.

Due to the seriousness of the concerns, we identified during the inspection and through our review of the provider's Section 64 response, on 18 August 2021 we used our powers under Section 31 of the Health and Social Care Act 2008 to take immediate enforcement action and imposed additional conditions on the provider's registration. This included a condition to restrict the provider from admitting any new patients to Edith Shaw Hospital without the prior written agreement of the Care Quality Commission. This action also applied to the provider's other location, John Munroe Hospital -Rudyard.

Our rating of this service improved. We rated it as requires improvement because:

- Staff assessed patient risk however, it was not easy to clarify when reading risk assessments and management plans what the current risks were and how to manage them. The plans were not clear and concise.
- Staff did not provide a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation hospital and in line with national guidance and best practice. Patients were not supported to lead an independent life. The service did not work to a recognised model of mental health rehabilitation or to its own statement of providing outcome focused rehabilitation.
- The hospital did not fully utilise the full range of specialists to ensure that patients received an appropriate rehabilitation plan with a view to improving their quality of life and activities of daily living.
- Care plans were repetitive at times and it was not easy to find relevant information quickly, however staff developed holistic, personalised care plans informed by a comprehensive assessment.
- Governance processes were in place but did not always identify areas for improvement for patient care, although governance had improved since our last inspection.

However:

- The service provided safe care. The hospital environment was safe and clean. The hospital had enough nurses and doctors. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Managers ensured that staff received training, supervision, and appraisal. Overall, staff worked well together as a multidisciplinary team and with those outside the hospital who would have a role in providing aftercare.

Summary of findings


- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.

The conditions placed on the provider under Section 31 of the Health and Social Care Act 2008 at the previous inspection will remain in place. The provider cannot admit any new patients to Edith Shaw hospital without the prior written agreement of the Care Quality Commission.

You can read our findings from all of our previous inspections by selecting the 'all reports' link for Edith Shaw Hospital on our website at www.cqc.org.uk.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Edith Shaw Hospital	6
Information about Edith Shaw Hospital	6

Our findings from this inspection

Overview of ratings	8
Our findings by main service	9

Summary of this inspection

Background to Edith Shaw Hospital

When we inspected, the hospital had 10 patients admitted. Of these, seven were detained by the Mental Health Act 1983, two by Deprivation of Liberty Safeguards and one was informal. There was a CQC registered manager in post.

Edith Shaw Hospital is registered to provide the following regulated activities:

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

What people who use the service say

We spoke with three patients admitted to the service. One patient did not like the hospital and was derogatory about the staff, activities, and her care in general. Two other patients were more positive about the staff, their care and said they were happy at the hospital. However, all patients said that there were not enough activities.

How we carried out this inspection

This was an unannounced inspection to see how the provider had improved the service since our previous inspection in August 2021. Our inspection focussed on the concerns raised at our previous inspection. We did not look at all the key lines of enquiry.

We spoke with 11 staff, reviewed three patient care records, seven prescription charts and reviewed a range of documentation including policies, standard operating procedures, and meeting minutes. We spoke with three patients.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

- The provider must ensure rehabilitation is provided in line with their admission criteria such as ensuring psychological therapies and occupational therapies are offered to promote independence and enhance the quality of life for patients. Regulation 9 (3)(b)
- The provider must ensure activities and leave are not cancelled or rearranged. Regulation 9 (3)(b)
- The provider must ensure outstanding actions from the latest electrical report are dealt with. Regulation 15 (1)(e)

Summary of this inspection

- The provider must ensure they have regular team meetings that are recorded and shared with all staff. Regulation 17 (1)(2)(a)
- The provider must ensure patient care records including care plans and risk assessments are clear, concise, and support patients and staff to manage risk. Regulation 17 (1)(2)(c)
- The provider must ensure staff are up to date with mandatory training for diabetes and self-harm. Regulation 18 (1)
- The provider must ensure bank and agency staff have training on the electronic patient care records system that supports them to navigate and find documentation relevant for patient care. Regulation 18 (2)(b)
- The provider must ensure they carry out an effective risk assessment before employing staff members with a criminal conviction, which considers their role alongside the disclosure made and clearly states the measure they will put in place to ensure patients are safe. (Regulation 18 (2)).

Action the service SHOULD take to improve:

- The provider should ensure bank and agency staff who work regularly with the service receive supervision.
- The provider should ensure that regular support staff are supported to carry out their duties whilst inducting new staff.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Inadequate	Requires Improvement	Insufficient evidence to rate	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Inadequate	Requires Improvement	Insufficient evidence to rate	Requires Improvement	Requires Improvement

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Safe	Requires Improvement 
Effective	Inadequate 
Caring	Requires Improvement 
Responsive	Insufficient evidence to rate 
Well-led	Requires Improvement 

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

Requires Improvement 

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean well equipped, and well furnished.

Safety of the ward layout

At our previous inspection we told the provider they must ensure that ligature risk assessments provided actions to manage and reduce identified risks. We found this had improved. Staff completed and regularly updated thorough risk assessments of the ward area and removed or reduced any risks they identified. In March 2021, staff completed a ligature risk assessment of the service. Ligature points are fixtures to which people intent on self-harm might tie something to strangle themselves. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

Staff could not observe patients in all parts of the communal area of the ward. The service used convex mirrors and closed-circuit television (CCTV) in communal areas of the hospital and externally. Only staff from the service human resources department and the registered manager had access to CCTV recordings and together with the restraint trainer, they reviewed incidents of potential patient safety to aid investigations.

However, there were outstanding actions from a 2018 electrical report, and the provider was required to make two major concerns safe.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

Staff followed infection control policy, including handwashing. During the inspection we saw staff were bare below the elbows and maintained good hand hygiene. There was a hand sink on entry to the hospital and staff prompted visitors to wash and sanitise their hands. In December 2021, 95% of staff were up to date with Infection, Prevention and Control training.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The service had appropriate COVID-19 procedures in place. Staff had access to personal protective equipment (PPE), there were sufficient clinical waste bins and hand gels were available across the site. Staff asked visitors for a COVID-19 negative test result before entering the hospital.

Clinic room and equipment

The clinic rooms were fully equipped, with accessible resuscitation equipment that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe.

There were four whole-time equivalent (WTE) qualified nurses and fourteen WTE support staff in post. There was one qualified nurse vacancy and one support staff vacancy. Staff were due to transfer from their sister site which was due to close in February 2022. In the interim, shifts were being covered by bank and agency staff. Two bank staff worked regular shifts.

Staff worked two shifts to cover the 24-hour period. Each shift consisted of one qualified nurse and three support staff.

Support staff told us that although shifts were filled, at times they did not think there were enough staff. The manager could adjust staffing levels according to the needs of the patients.

The manager limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. However, support staff said the use of different staff meant they were constantly having to 'induct' staff, which impacted on their time to complete tasks.

Managers supported staff who needed time off for ill health.

Staff shared key information to keep patients safe when handing over their care to others at the hospital.

All three of the patients we spoke with said their escorted leave had been cancelled in the past and activities had been rearranged. The service had enough staff on each shift to carry out any physical interventions safely.

Medical staff

The service had enough daytime and night time medical cover. Staff contacted emergency services if they needed a doctor for a medical emergency.

Mandatory training

Staff had completed and kept up to date with their mandatory training. In December 2021, 84% of required training had been completed by all staff. Apart from self-harm and diabetes all training was above 84%. Training for self-harm was 50% and diabetes was 67% completion.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

At our previous inspection, we told the provider to ensure staff had completed basic life support training. In December 2021, 95% of staff required to complete this training were up to date.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed risks to patients and themselves well but plans were not clear and concise. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. However, they were repetitive, and the same issue was found in more than one section. Some identified risks were not included in the management plan. For example, one patient was identified as a risk of choking in the 'vulnerability and self-neglect risk' section but details of how to manage this was not included in the management plan. The same risk was also identified in the 'mental and physical health' section and how to manage the risk was detailed in the management plan.

Most patients had many identified needs which were extremely detailed, however this meant that it was not easy to quickly identify patient's current risks and how they should be managed.

However, staff demonstrated good knowledge of patients and their individual needs.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Specific information such as nurse observation level, risk of falls, Do Not Attempt CPR were included at the top of the patient care record so could easily be seen. At the time of our inspection, no patients were on enhanced nursing observations.

Staff identified and responded to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients. Ligature risks had been identified in bathroom areas, however the current patient population were deemed low risk of self-harm. Most patients required staff assistance in the bathroom and were not left alone.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

At our previous inspection, we told the provider they must ensure staff used recognised interventions and techniques with patients to manage incidents and behaviour that challenges. Since the last inspection, we have been regularly reviewing CCTV of incidents. We found staff were using appropriate techniques and incidents were generally being managed well.

The provider included training in de-escalation and restraint as part of mandatory training. In December 2021, 95% of staff were up to date with training in the provider's recognised restraint technique.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff told us restraint was rarely used with patients. In November 2021, staff recorded five episodes of physical intervention. None of these were for face down restraint and rapid tranquilisation was not used.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. We saw restraint reduction care plans and staff told us de-escalation and distraction was always used with patients in the first instance. Staff had access to learning from incidents of physical restraint and physical interventions across all the provider's sites.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role and kept up to date with their safeguarding training. In December 2021, 89% of staff were up to date with safeguarding adults and children training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had not made any referrals between 5 November 2021 and 5 January 2022. We did not have any concern that any safeguarding referrals had been missed, and not made to the local authority.

Staff access to essential information

Staff had access to clinical information although they did not maintain high quality clinical records.

Patient notes were not clear and concise. We reviewed three patient care records. Care plans and risk assessments were present and up to date, however the information contained within them was not always clearly set out and they were not concise and precise. There was too much information contained within them and it was repeated in several care plans and risk assessments. It was not always obvious where all specific needs were. For example, Mental Health Act status and leave was not in the same place consistently in each patient's care records.

However, all staff had access to a handheld folder which contained brief risk assessments and management plans and important information for each patient.

One bank nurse did not know how to access patients risk assessments on the electronic patient records system. They said they had not received training on the system. We were not assured that other bank and agency staff had received training on the system.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

At our previous inspection, we told the provider they must develop and implement a record of physical health monitoring for patients prescribed high dose antipsychotics. We found this had improved. Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff completed medicines records accurately and kept them up to date. Staff stored and managed all medicines and prescribing documents safely.

Reporting incidents and learning when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

At our previous inspection, we told the provider they must ensure that incidents were reported accurately and thoroughly investigated. Since the previous inspection, we have been regularly reviewing CCTV of incidents that occurred at the hospital. We have been assured that incidents have been reported, managed, and investigated appropriately.

Staff knew what incidents to report and how to report them. From 5 November 2021 to 5 January 2022 there had been twelve incidents. Ten of these were for patients whose behaviour was challenging. Incidents had decreased since our previous inspection.

Managers investigated incidents thoroughly. We reviewed three incidents on the provider's incident reporting system and one on CCTV. Managers acted quickly to make changes when required and met with staff to discuss the feedback and look at improvements to patient care.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff had access to the monthly lessons learnt bulletin.

There was evidence that changes had been made as a result of feedback. Staff were quick to remove a shower hose and adapt the fitting following a potential ligature incident with a patient.

Are Long stay or rehabilitation mental health wards for working age adults effective?

Inadequate



Our rating of effective stayed the same. We rated it as inadequate.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were personalised and holistic and were reviewed regularly through multidisciplinary discussion and updated as needed. However, they were not always clear and concise.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Patients had their physical health assessed and regularly reviewed during their time in the hospital. Staff regularly reviewed and updated care plans when patients' needs changed.

At our previous inspection, we told the provider they must ensure that all patients had a detailed, personalised and goal orientated care plan, written from the patient's perspective. We found that some improvements had been made. Care plans were personal, holistic and goal orientated, and they aimed to meet patients' mental and physical health needs. However, they were not always clear and concise. Some identified care needs were repeated in several care plans and associated management plans were not always present for each one.

Patients had their physical health assessed and regularly reviewed during their time in the hospital. Staff regularly reviewed and updated care plans when patients' needs changed.

Best practice in treatment and care

Staff did not provide a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff also participated in clinical audit.

The provider states that it provided a rehabilitation service, however the model of mental health rehabilitation does not meet recognised national guidance.

Staff did not provide a range of care and treatment suitable for the patients in the service. The website for the service stated that it provided and delivered 'psychologically informed therapeutic treatment and outcomes focused rehabilitation, to enable a timely discharge into the community.' We did not see any or little focused, meaningful rehabilitation and there was no evidence that meaningful rehabilitation took place.

Patients were aged between 67 and 87 years of age, and many required nursing assistance to manage their activities of daily living. Staff said that rehabilitation was not the main focus of the care provided, and most patients either did not want to participate in therapies or wanted to be discharged to nursing home care. The hospital was not actively promoting independence or working to enhance quality of life.

The provider had recently built a new kitchen which they called an occupational therapy kitchen. The aim was for patients to be able to make their own drinks. The kitchen was not ready for use at the time of our inspection and no patients had been identified as needing to develop their cooking skills as they would not be living independently following discharge.

Psychological therapies and occupational therapy were available, but most patients did not engage, or it was deemed not suitable for this particular patient group. Staff said an occupational therapist was 'not required.'

At our previous inspection, we told the provider to ensure effective systems and processes were in place to ensure all patients had activity plans developed by the occupational therapy team. We found that patients did have activity plans however they were not sufficient to provide meaningful rehabilitation. Staff said only one patient was involved in active rehabilitation to help improve activities of daily living which consisted of making simple meals.

Typical activity plans consisted of low-level activities such as reading the newspaper, watching TV, doing jigsaws, crosswords, and going to the local shop. Activity coordinators attended the hospital twice a week for bingo and other activities. This was not meaningful activity.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



Two out of the three patients we spoke with said there were not enough activities, they would like more, and there was 'nothing to do here.' The other patient said they would not participate in activities anyway.

Staff identified patients' physical health needs and recorded them in their care plans. Many of the patients had several physical health needs, and care plans were detailed, and management plans were clear.

Staff made sure patients had access to physical health care, including specialists as required. A local GP and nurse practitioner attended the service weekly.

Staff took part in clinical audits. These included care notes audits and pharmacy audits. Managers used results from audits to make improvements. However, care notes audits had not highlighted that patient care records were not always clear, concise, or repetitive at times.

Skilled staff to deliver care

Although the hospital team had access to the full range of specialists, they did not work together to provide a rehabilitation programme that benefitted the needs of the patients as some staff were not always fully utilised. The lack of a rehabilitation pathway to independent living demonstrated this. However, managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Patients did not routinely engage or were offered psychological or occupational therapies. However, the service had access to a full range of specialists to meet the needs of the patients in the hospital.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. All staff had received an appraisal in the 12 months prior to the inspection.

Managers supported non-medical staff through regular, constructive managerial supervision of their work. Staff received supervision every three months, in line with the provider's policy. All staff were up to date. However, the provider did not make managerial supervision available to bank and agency staff.

The manager met with staff regularly on an informal basis. However, team meeting minutes we reviewed were brief and not very detailed. Team meetings did not follow a standardised agenda.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, the qualified nurses were receiving leadership training

Staff did not receive any specialist training for rehabilitation services.

Managers recognised poor performance, could identify the reasons, and dealt with these.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Multi-disciplinary and interagency team work

Although the hospital team had access to the full range of specialists, they did not work together to provide a rehabilitation programme that benefitted the needs of the patients as some staff were not always fully utilised. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them in patient's admission to plan discharge.

Staff held monthly multidisciplinary meetings to discuss patients with the aim to improve their care and they had effective working relationships with other teams in the organisation and with external teams and organisations. Other professionals involved in patient's care were invited to the multidisciplinary meetings to discuss progress and potential discharge.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice, with up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. The advocates we spoke with said they could access the service when needed.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary. We saw this recorded in patient's notes.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act. In December 2021, 86% of required staff were up to date with Mental Capacity Act and Deprivation of Liberty safeguards.

There were two Deprivation of Liberty Safeguards applications made in the last 12 months. Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture, and history.

Are Long stay or rehabilitation mental health wards for working age adults caring?

Requires Improvement



Our rating of caring improved. We rated it as requires improvement.

Kindness, privacy, dignity, respect, compassion and support

The service did not support patients with rehabilitation in a meaningful way. This meant that they did not always encourage patients to understand and manage their care. However, staff treated patients with compassion and kindness. They respected patients' privacy and dignity.

We spoke with three patients. Patients said most staff were discreet, respectful, and responsive when caring for patients. This had improved since our last inspection.

Staff gave patients help, emotional support when they needed it and staff treated them well and behaved kindly. Staff understood and respected the individual needs of each patient. However, one patient said staff on the night shift were not always helpful.

Staff felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. This had improved since our last inspection.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff involved patients as much as possible to understand their care and treatment. Staff offered patients a copy of their care plan, but staff told us, and patients we spoke with, did not want it.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients had community meetings once a month. There was a standing agenda which included quality of care, activities, therapies, staffing and communication. We reviewed two community meeting minutes. Patients were generally happy with the hospital but did say that they would like more therapies. They did enjoy the activities they did do, such as going for a drive. 'You said, We did' were displayed in the lounge areas.

Staff supported patients to make decisions on their care and were involved in meetings when planning their care. However, one patient said they did not want to be at the hospital and was dissatisfied with their care because of this.

Staff made sure patients could access advocacy services. We saw information about independent advocacy displayed in communal areas of the service. Staff from the advocacy service told us it was easy to arrange to see patients, staff were approachable although patients did not want to access them that often.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. Staff helped families to give feedback on the service. The service had sent out a carers survey in June 2021, although we did not see the results.

Are Long stay or rehabilitation mental health wards for working age adults responsive?

Insufficient evidence to rate



We did not apply a rating to responsive during this inspection. We did not look at all the key lines of enquiry at this inspection, therefore it is not rated.

Discharge and transfers of care

Staff considered and planned patients' discharge, working with care managers and coordinators to make sure this went well. Staff developed care plans specific to managing patients discharge, although they did not contain much detail. Records from patient reviews and Care Programme Approach meetings identified staff planned and discussed discharge when they met.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite toilet and sink and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality. Patients had access to hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. Patients and staff worked together to personalise bedrooms. The provider had made changes to the environment to make it feel more homely, such as making each patient's room door look like a front door.

Patients had access to outside space. This included a visiting pod introduced to support safer visits for patients during the COVID-19 pandemic.

Patients had access to hot and cold drinks but had to ask staff for snacks. A vending machine was available or chocolate and crisps.

Patients had a secure place to store personal possessions.

The service offered a variety of good quality food.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Staff said patients with mobility problems would be given rooms on the ground floor, however a lift was available so they could access the upper floors.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives, and carers knew how to complain or raise concerns and the service clearly displayed information about how to raise a concern in patient areas. We saw the provider had developed an accessible information leaflet for patients detailing how to do so

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints. Between 1 November 2021 and 30 November 2021, the provider received one complaint. The complaint was not upheld. In the same period, the provider received three compliments about the service.

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

Requires Improvement



Our rating of well-led improved. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They were visible in the service and approachable for patients and staff. However, patients did not receive the level of psychological support and occupational therapy it promoted on its own website or provided a rehabilitation model to promote independence.

The current manager had been in post since April 2021. Staff told us the manager was visible, approachable, and listened to patients and staff.

Leadership development opportunities were available. Managers and qualified nurses were able to attend leadership training.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

At our previous inspection. We told the provider they must ensure they assess and monitor the service for indications of a closed culture. A closed culture is a poor culture in health or care services that increase the risk of harm. Senior staff

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



said they reviewed this through their governance processes for assurance, such as staff supervision, performance management, thorough investigation of incidents and complaints and staff and patient feedback. The manager performed random CCTV checks and was present on the ward so could observe care given to patients. The manager said staff were now more 'mindful' about the way they interacted and cared for patients.

Staff told us the atmosphere on the ward had improved. They felt respected, supported and valued. However, staff said rumours were circulating that the hospital was due to close and were worried about the stability of their employment.

Staff we spoke with were familiar with the role of the Speak Up Guardian and felt confident to raise concerns. One Freedom to Speak Up case had been reported between 1 December 2021 and 31 December 2021. The issues were resolved locally. At our previous inspection, the provider reported ten cases over a three-month period; this showed a reduction in staff concerns.

Governance

Overall, our findings from the other key questions demonstrated that governance processes had improved at team level, and performance and risk were generally managed well.

At our previous inspection we told the provider to ensure governance systems worked effectively to ensure safety and quality in the service. We found there had been improvement.

Edith Shaw Hospital and John Munroe Hospital shared the same governance structure. Senior staff from both locations met monthly at clinical governance meetings. The agenda for clinical governance meetings provided a framework to ensure essential information was shared and discussed. For example, the agenda included safeguarding, infection prevention and control, incidents, and staffing. Governance records showed that all items on the agenda were discussed, including any ongoing actions. Actions and decisions made from the meeting were recorded, including deadlines for completion.

The provider met regularly with CQC to ensure they were working to meet the requirement notices issued following our previous inspection. We were satisfied that twelve of the fourteen requirements had been met and the provider was working to make improvements for the other two.

However, the provider did not provide a range of care and treatment suitable for the patients in the service, in line with the stated expectations they promote on their website. Most patients did not receive psychologically informed therapeutic treatments to enable a timely discharge into the community. We did not see any or little focused, meaningful rehabilitation.

Managers had not identified through audit that patient care records were not always clear, concise and were repetitive at times, which was a risk to patient care.

At the previous inspection we told the provider they must ensure they carry out an effective risk assessment before employing staff members with a criminal conviction, which takes into account their role alongside the disclosure made and clearly states the measure they will put in place to ensure patients are safe. At this inspection we found this had not improved. The provider had not reviewed risk assessments and mitigating actions in place when employing staff with a criminal conviction. After the inspection we asked the provider to update these immediately and the risk assessments in place were now detailed and included measures the provider had taken to ensure any risks posed by the previous convictions were mitigated against. This was now in line with the provider's recruitment policy.

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- The provider must ensure outstanding actions from the latest electrical report are dealt with. Regulation 15 (1)(e)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider must ensure they have regular team meetings that are recorded and shared with all staff. Regulation 17 (1)(2)(a)
- The provider must ensure patient care records including care plans and risk assessments are clear, concise, and support patients and staff to manage risk. Regulation 17 (1)(2)(c)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The provider must ensure staff are up to date with mandatory training for diabetes and self-harm. Regulation 18 (1)
- The provider must ensure bank and agency staff have training on the electronic patient care records system that supports them to navigate and find documentation relevant for patient care. Regulation 18 (2)(b)
- The provider must ensure they carry out an effective risk assessment before employing staff members with a

This section is primarily information for the provider

Requirement notices

criminal conviction, which considers their role alongside the disclosure made and clearly states the measure they will put in place to ensure patients are safe. (Regulation 18 (2)).

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

- The provider must ensure rehabilitation is provided in line with their admission criteria such as ensuring psychological therapies and occupational therapies are offered to promote independence and enhance the quality of life for patients. Regulation 9 (3)(b)
- The provider must ensure activities and leave are not cancelled or rearranged. Regulation 9 (3)(b)