

The Chimneys Limited

# The Chimneys Clinic

## Inspection report

Rougham  
Bury St Edmunds  
IP30 9LR  
Tel: 01284220210  
[www.elysiumhealthcare.co.uk](http://www.elysiumhealthcare.co.uk)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, 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	Outstanding	☆
Are services safe?	Good	●
Are services effective?	Good	●
Are services caring?	Outstanding	☆
Are services responsive to people's needs?	Good	●
Are services well-led?	Outstanding	☆

# Summary of findings

## Overall summary

The Chimneys is a long-term high dependency 12-bed rehabilitation service that describes itself as offering specialist care designed to support women who have a diagnosis of a Personality Disorder (PD) or an Emotionally Unstable Personality Disorder (EUPD). Individuals with other mental health problems and young women who are transitioning from Child and Adolescent Mental Health Services were also considered for this service. The Care Quality Commission expects that high dependency rehabilitation services should support patients to re-engage with families and communities' thorough assessment, engagement, maximising benefits from medication and reducing challenging behaviours, with the support of a full multi-disciplinary team. The recovery goal for patients is to move on to a community rehabilitation unit or supported accommodation in their own local area.

Our rating of this location improved. We rated it as outstanding because:

- Feedback from people who used the service and those who were close to them was exceptionally positive about the way staff treated people. Everyone said that staff went the extra mile and the care they received exceeded their expectations. Patients felt empowered in their treatment. Patients told us their treatment was individualised, and that staff listened to their choices. We observed staff interacting with patients and family members in a respectful, kind, and supportive manner. Safe innovation and positive risk taking was celebrated. There was a strong person-centred culture. Patients were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally by an exceptional and distinctive service.
- Staff took a truly holistic approach to assessing, planning, and delivering care and treatment to people who used the service. Staff reviewed, and updated care plans regularly and looked at everyone's strengths. Patients co-produced their care plans and care plans reflected their own words. The range of treatment options included those recommended by national guidance for rehabilitation services. Managers and staff championed positive risk taking and focused on ways in which safety and outcomes for clients could be improved, including offering a wide range of education and vocational opportunities and offering all patients and families individual and family therapy. Patients were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
- The continuing development of staff skills, competence and knowledge were recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice. All staff had completed their mandatory training, received regular supervision, and had received an annual appraisal. Staff were committed to working collaboratively and used the multidisciplinary team innovatively and efficiently to deliver joined up care and share knowledge and expertise which benefitted patients.
- Staff were consistent in supporting people to live healthier lives, including identifying those who needed extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they used every contact with people to do so. For example, the service had an obesity strategy and provided effective support to patients who wished to lose weight. Several patients, who had expressed a desire to do so, had been supported to lose weight whilst at the service which had a positive impact on their physical and mental wellbeing.
- The service worked to a recognised model of mental health rehabilitation. The involvement of other organisations and the local community was integral to how the service was planned and ensured that the service met people's needs. Following admission, patients co-produced their care plans to include clear goals and discharge plans and patients demonstrated positive outcomes by moving on to more independent living within the community. There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage. Since the last inspection, 6 patients had been discharged with 1 patient moving to


# Summary of findings

independent living within her own flat, 2 patients moving to supported accommodation and all patients moving closer to their home area. At the time of inspection, 3 out of 7 patients were due to be discharged within the following 6 months into agreed community placements or supported accommodation. The average length of stay at The Chimneys was 20 months which is within the length of stay of 1 to 3 years recommended for rehabilitation services.

- There were consistently high levels of constructive engagement with staff. Day and night staff had access to weekly team meetings, reflective practice sessions, a multi-disciplinary team 'drop-in' and carried out weekly, monthly and quarterly internal and external audits, which covered all aspects of service provision. Staff at all levels were actively encouraged to raise concerns.
- Managers had an inspiring shared purpose and motivated staff to succeed. Members of the senior management team were visible within the service. The hospital director had successfully inspired and re-motivated staff since the last inspection and involved patients and carers to implement improvements and innovations, including undertaking clinical audits, the co-production of care plans, increasing the amount of therapy and activities available to patients, supporting positive risk-taking, successfully implementing the obesity strategy, improving support for carers and encouraging clear direction to further improve treatment and patient experience at The Chimneys. Staff felt positive and passionate about their roles and the patients they were supporting. Staff now felt valued, positive, and proud about working for The Chimneys.

# 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	Outstanding 	

# Summary of findings

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# Summary of this inspection

## Background to The Chimneys Clinic

The Chimneys is a 12-bed rehabilitation service that offers specialist care designed to support women who have a diagnosis of a Personality Disorder (PD) or an Emotionally Unstable Personality Disorder (EUPD). Individuals with other mental health problems and young women who are transitioning from Child and Adolescent Mental Health Services were also considered for this service. The service was no longer admitting patients with a learning disability. The service had a psychologically informed environment model of care. At the time of this inspection, there were 7 patients being cared for at The Chimneys. All the patients at the service were detained under the Mental Health Act.

The Chimneys Clinic has been registered with the Care Quality Commission under its current provider since 14 March 2018 for:

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

The service had a registered manager who commenced in post in October 2022, replacing the previous registered manager.

This service was previously inspected, for the first time, in March 2022.

The CQC took enforcement action following the previous inspection and issued a warning notice, which informed the service that the quality of the care they were responsible for fell below what is legally required, for the following breach of the Health and Social Care Act 2008 (Regulated Activities) 2014:

Regulation 12 - safe care and treatment - failure to ensure the safety of their premises and the equipment within it: The provider had identified several failures of fire regulations in March 2021 and had not acted to rectify this. This put patients, staff and visitors at risk. We told the provider they needed to take immediate action to rectify this.

Following the last inspection, the service employed a new hospital director and implemented an action plan. The service received additional support from local commissioners who provided regular oversight.

We found improvements at this inspection and the warning notice was met.

At the previous inspection, the provider was found to be in breach of the following regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and requirement notices were issued in respect of:

Regulation 12 – safe care and treatment

Regulation 9 – person-centred Care

Regulation 10 – dignity and respect

Regulation 17 – good governance

# Summary of this inspection

## Regulation 18 - staffing

At this inspection the provider was found to have made significant improvements and the service was no longer in breach.

### What people who use the service say

As part of our inspection, we spoke with 4 patients at the service and 3 carers, and they gave very positive feedback about the service.

- Patients we spoke with told us it was the best hospital they had ever been in. They told us that staff were consistently kind and caring, really invested in their recovery and they felt truly supported and believed in.
- Patients told us their care was individualised, and they were given clear explanations regarding their treatment including the benefits and potential side effects of medication.
- All the carers we spoke with told us they felt the communication with the service was excellent, that support for carers had much improved, their loved ones were receiving excellent care and they had seen improvements in their mental and physical wellbeing.
- 1 carer told us that her loved one 'is doing amazingly - The Chimneys have made such a difference'. All the carers were extremely pleased with the amount of education and varied activities their loved ones had access to.
- All the carers and patients we spoke with were having family therapy and they all spoke about how beneficial this had been; One carer told us 'I wouldn't be where I am if I hadn't had that therapy - it's fantastic.'

### How we carried out this inspection

The team that inspected the service comprised of 2 CQC inspectors, 1 CQC assistant inspector, a specialist adviser with experience of mental health and forensic services and an Expert by Experience.

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with 4 patients who were using the service;
- spoke with 3 family members of patients;
- spoke with the hospital director and the clinical services manager;
- spoke with 9 other staff members; including, nurses, psychologists, therapists, and healthcare assistants;
- spoke with the lead commissioner for the service;
- reviewed 3 care and treatment records of patients;
- reviewed patients' Mental Health Act detention paperwork;

# Summary of this inspection

- carried out a specific check of the medication management; and
- reviewed a range of policies, procedures and other documents relating to the running of the service.

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## Outstanding practice

We found the following outstanding practice:

- Staff were committed to working collaboratively and used the multidisciplinary team (MDT) innovatively and efficiently to deliver joined up care and to share knowledge and expertise which benefitted patients. For example, the hospital director had introduced an MDT 'drop-in' where all members of the MDT made themselves available on a regular day every week to enable any member of hospital staff, including non-clinical staff, to have an informal space where they could easily ask questions, share ideas or discuss concerns regarding the service or patients. Staff told us this had strengthened staff cohesion, teamwork, consistency and sharing of good practice which had a beneficial impact on patient care.
- All the patients and their families had access to, and were utilising, systemic family therapy. All the patients and carers we spoke with described much improved relationships within their families following this and all the patients had progressed to having regular home leave and visits and trips out with their families.
- The hospital director hosted monthly carers call, attended by a different member of the MDT as well as other key members of staff for example the chefs and housekeeper. This enabled carers to ask questions about the service and provide feedback directly to the staff. Prior to each meeting, carers were sent an invitation card, made by patients, containing a teabag, biscuits, and other treats which they could partake of during the meeting.
- The service had an obesity strategy and provided effective support to patients who wished to lose weight. Several patients, who had expressed a desire to do so, had been supported to lose weight whilst at the service. The hospital director and occupational therapy team had liaised with a gym within the local community to gain discounted membership to enable all patients to attend to follow a personalised programme. At the time of inspection all the patients at the service were attending the gym weekly, including a patient who had initially been anxious about attending a public gym. One patient was attending the community Parkrun weekly, and several patients used the community swimming pool regularly.
- The service employed a member of nursing staff for 1 day a week as a qualified massage therapist to provide massage therapy for patients and staff. Patients told us this had a beneficial impact on their physical and mental health. Staff told us this contributed towards their wellbeing at work.
- Staff had supported patients to set up a 'pop-up shop' where patients could sell their artwork to members of the local community. Patients were able to use the funds raised from sales for an activity of their choice. For example, 2 patients had used their earnings for a trip to an amusement park and another patient had chosen to have a new haircut and colour at a hairdresser within the local community.
- There was compassionate, inclusive, and effective leadership at the service. All the staff we met with spoke extremely highly of the new hospital director, who had been in post since October 2022. They told us of how she had transformed the service and provided inspirational leadership. We spoke with the local authority lead commissioner

## Summary of this inspection

for the service who also spoke very highly of the leadership and how the commitment to improvement, co-production and partnership working 'shone through'. For example, the hospital director had successfully re-motivated staff and 2 members of staff we spoke with told us that although they had previously been thinking of leaving the service, they now intended to stay on and their morale at work had vastly improved.

# 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	Good	Good	<div>☆ Outstanding</div>	Good	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>
Overall	Good	Good	<div>☆ Outstanding</div>	Good	<div>☆ Outstanding</div>	<div>☆ Outstanding</div>

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



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

## Is the service safe?

Good



Our rating of safe improved. We rated it as good.

## Safe and clean care environments

**The hospital was safe, clean well equipped, well furnished, well maintained and fit for purpose.**

### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. The service had undertaken all the actions related to fire risks identified at the last inspection. An independent health and safety fire inspection had been passed in February 2023 and reduced the risk of fire rating to 'low'.

Staff could not observe patients in all parts of the ward. However, the service had fitted mirrors and closed-circuit television to monitor communal areas and used enhanced observations to support patients with additional risks.

The ward complied with guidance and there was no mixed sex accommodation. The service was female only.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The provider had completed a comprehensive, up to date, accessible risk assessment of all potential ligature anchor points and taken action to remove these where possible.

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. The service employed two full-time housekeepers and maintenance staff. Staff and patients told us that any faults or repairs were swiftly identified and addressed. During the inspection, we saw that the hospital was nicely decorated, well-furnished and well-maintained.

Staff made sure cleaning records were up-to-date and the premises were clean. Patients and carers said, and we observed, that the hospital was kept clean. During the inspection we reviewed cleaning records and saw these were signed as up to date.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff followed infection control policy, including handwashing. Masks and hand gel were available at the ward entrance and staff followed personal protective equipment guidelines. We saw that posters were displayed at the hospital reminding staff to wash their hands. Compliance levels for training in infection controls levels 1 and 2 were at 100%.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. The emergency resuscitation bag was stored in the clinic room where it was available to all staff.

Staff checked, maintained, and cleaned equipment. During the inspection we saw evidence that equipment checks were all complete and signed for, with no gaps. This is an improvement since the last inspection.

The clinic room was spotlessly clean and well-maintained and was now suitably located so staff no longer had to leave the ward to collect and return items and to bring medication in to dispense to patients. This is an improvement since the last inspection.

## Safe staffing

**The service had enough highly trained, competent and knowledgeable nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.** There was enough staff on duty to support people, monitor, and respond to their changing needs. The continuing development of staff skills, competence and knowledge were recognised as being integral to ensuring high quality care.

## Nursing staff

The service had enough nursing and support staff to keep patients safe. This is an improvement since the last inspection. At the time of inspection, the service planned to have 12 members of nursing staff on duty for each day and night shift, including at least one registered nurse. One registered was appointed as 'nurse in charge' for each shift. We saw that actual staffing met the planned requirements.

The service had low vacancy rates. At the time of inspection, the service had no vacancies for registered nurses and 6 vacancies for healthcare assistants who were being recruited to provide additional support for patients on enhanced observations. The multidisciplinary team was fully staffed.

The service had low rates of bank and agency nurses. The service used 1 regular bank nurse and 2 regular agency nurses to cover annual leave and sickness absence. These staff were familiar with the service, treated exactly as other permanent members of staff and included as part of the staff team.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Managers supported staff who needed time off for ill health. Staff told us they were sent care packages and received excellent support during periods of sickness absence.

Levels of sickness were low. The sickness rate at the time of inspection was 1.5%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Managers completed a safe staffing overview which planned how many staff were needed for each shift and adjusted this according to the needs of the patients at the service.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



The ward manager could adjust staffing levels according to the needs of the patients. Staffing levels allowed for female staff to complete observations if necessary. This is an improvement since the last inspection. We saw on the safe staffing overview that managers calculated the numbers of male and female staff for every shift to ensure the correct gender balance.

Patients and staff told us that patients had regular one- to-one sessions with their named nurse.

Patients told us they rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely. Staff told us that they used physical interventions rarely, and as a last resort. Patients told us staff talk with them when they are feeling distressed and understand what they can do to help. For example, 1 patient told us that she had a sensory box which staff encouraged her to use which helped her manage difficult feelings.

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

## Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. Patients said they were able to see the consultant and doctor when needed. Staff reported there was always sufficient medical cover.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

## Mandatory training

Staff had excellent compliance with mandatory training. This is an improvement since the last inspection. Training compliance was at 98.8% overall. The compliance rate for all mandatory training was above the service target of 85% and most training courses were at 100% compliance.

The mandatory training programme was comprehensive and met the needs of patients and staff. The service had introduced The Oliver McGowan Mandatory Training on Learning Disability and Autism and compliance for this training at the time of inspection was 95.7%

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

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed.**

## Assessment of patient risk

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 3 risk assessments and saw that staff had completed thorough risk assessments for each patient on admission and updated them regularly. We saw that staff updated risk assessments after an incident.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



The service did not admit patients who would not be suitable for this particular setting.

## Management of patient risk

Patients and those close to them were actively involved in managing their own risks. Staff knew about any risks to each patient and acted to prevent or reduce risks. The service did not use blanket restrictions but assessed each patient's risks on an individual basis. For example, 2 patients were able to have unrestricted access to the garden and 3 patients were able to use restricted items such as razors, nicotine replacement gum and perfume following an individual risk assessment. Patients told us they welcomed this individual approach to risk assessment, felt fully involved in discussions and the approach to positive risk taking increased their confidence, helped them meet their recovery goals and move towards discharge.

Staff identified and responded to any changes in risks to, or posed by, patients. For example, in the week before the inspection, staff had identified a risk regarding one patient's use of a personal item. Staff had reviewed this, updated the risk assessment and explained fully to the patient and her family why the decision had been taken.

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

The hospital director regularly reviewed CCTV footage to ensure that staff were correctly carrying out observations and to monitor the quality of care. She also undertook visits at night and early in the morning to support staff and ensure the quality of care at night as well as during the daytime.

## Use of restrictive interventions

Levels of restrictive interventions were low.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff had co-produced individualised personal behavioural support plans with patients to identify what de-escalation techniques were most effective for them during periods of increased distress. For example, one patient had been supported to create a sensory box for herself which staff encouraged her to use when she was feeling overwhelmed.

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

Staff followed National Institute for Clinical Excellence guidance when using rapid tranquilisation.

## 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 had worked with patients to co-produce a colourful 'safeguarding board' displayed on the ward and in staff areas which highlighted what enabled patients to feel safe and who they could contact if they had concerns, including details of the service safeguarding lead. All the patients we spoke with told us they felt safe and protected at the service.

Staff received training on how to recognise and report abuse, appropriate for their role.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff kept up to date with their safeguarding training. Training for levels 1 and 2 and 3 safeguarding were at 90%, 100% and 94.4% compliance respectively. Of the 2 staff members who needed to complete level 3 safeguarding, one had just returned from maternity leave and was booked in to complete this. The other staff member was bank staff who had not been at site for a while and had been advised they needed to complete this before booking any shifts.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Managers and staff we spoke with were able to describe actions the service was taking to protect patients. For example, all the staff we spoke with told us about how they had supported a patient who presented as non binary.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff had good compliance with safeguarding training and could give examples of when they would need to make a safeguarding referral.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. All the staff we spoke with were able to tell us who the safeguarding lead for the service was and what they would do if they had a safeguarding concern. This is an improvement since the last inspection.

## Staff access to essential information

### **Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

Patient notes were comprehensive, and all staff could access them easily.

Records were stored securely.

## 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.**

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed 6 patient medicines charts and saw that prescribed medicines were administered safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients and carers told us that the doctors and nurses clearly explained their medicines and the benefits, and potential side effects, of each medication prescribed.

Staff completed medicines records accurately and kept them up to date. We saw evidence of medicine records which were completed and up to date.

Staff stored and managed all medicines and prescribing documents safely. During the inspection we saw that medicines were stored in cupboards and trolleys which were locked securely.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. We saw that each patient's medication was reviewed regularly at their weekly independent care review to ensure they were benefitting from medicines prescribed, taking into account their views and wishes.

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute for Clinical Excellence guidance.

## Track record on safety

**The service had a good track record on safety.**

## Reporting incidents and learning from 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.**

Learning was based on a thorough analysis and investigation of things that go wrong. All staff were encouraged to participate in learning to improve safety as much as possible, including working with others in the system. Opportunities to learn from external safety events were identified. The hospital director undertook a daily review of all incidents, and these were discussed at the morning meetings and any learning identified and fed back to all staff at team meetings and through supervision and reflective practice. During the inspection we saw an example from March 2023 where an investigation had been carried out into an incident where a patient had self-injured. We saw that managers had identified the lessons learnt and shared these with all staff.

Staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and we saw that staff reported incidents appropriately.

Staff reported serious incidents clearly and in line with service policy.

The service had no never events on the ward.

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

Managers debriefed and supported staff after any serious incident. We saw evidence that managers offered a debrief to all members of staff and patients after incidents.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

Managers shared learning about never events which occurred at other services with their staff.

Managers shared learning with their staff about never events that happened elsewhere. We saw an example of learning shared from another provider where there had been serious patient harm.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



The hospital director had created folders with important information, for example safety updates and incidents which were easily accessible in the staff room. Staff were given additional time to review this information, as well as receiving the information via e-mail.

## Is the service effective?

Good



Our rating of effective improved. We rated it as good.

### 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 reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.**

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

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The service employed a physical health nurse to manage physical health monitoring and patients were registered with a local GP surgery, dentist, and optician. All the staff, patients and carers we spoke with told us that staff took very good care of patients' physical health.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. The service had a care plan co-production protocol which involved patients and carers from initial development of the care plan and involved them in regular reviews.

We reviewed 3 patient care plans. Care plans were personalised, holistic and recovery-orientated. This is an improvement since the last inspection.

### Best practice in treatment and care

**Staff provided 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 used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**

Staff provided a range of care and treatment suitable for the patients in the service. The service operated to a psychologically informed model of care in line with best practice and national guidance. A Psychologically Informed Environment (PIE) is one that considers the psychological makeup – the thinking, emotions, personalities, and past experience - of its participants in the way that it operates. The Provider states that their services are being developed to ensure a culture of reflective practice, where person-centred care plans and individual formulations advise a person's care pathway. We saw that staff were given the opportunity to develop their clinical skills through training which focussed on the core aspects of positive behavioural support and helped staff understand a particular person and their history and not just their diagnosis.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff delivered care in line with best practice and national guidance for rehabilitation services from relevant bodies (e.g., the National Institute for Clinical Excellence). We saw that all staff could describe the type of rehabilitation service they were providing, including the eligibility criteria, assessment process and expected length of stay.

Staff undertook training to equip them to work within a specialist rehabilitation service, for example the ethos of rehabilitation care, positive behaviour support and recovery principles.

Staff identified patients' physical health needs and recorded them in their care plans. We saw that all patients had a physical health care plan.

Staff made sure patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service employed a dietician for one day a week and the service had an obesity strategy and provided effective support to patients who wished to lose weight. Several patients, who had expressed a desire to do so, had been supported to lose weight whilst at the service, moving towards a healthier weight.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The service used Health of the Nation Outcome Scales and an occupational therapy outcome scale. Staff made use of the National Early Warning Scores to improve detection of and response to clinical deterioration.

Staff used technology to support patients. For example, the service used video call technology to facilitate a monthly carers support group to enable family members to easily participate.

Managers used results from audits to make improvements. This is an improvement since the last inspection. For example, we saw that managers completed a weekly care plan audit to ensure that all patient care plans were of the required standard and written with the full involvement of the patient.

## Skilled staff to deliver care

**The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had a full range of specialists to meet the needs of the patients. This is an improvement since the last inspection. The service had a full-time occupational therapist, and a lead psychologist in post. The service also employed a systemic family therapist, two occupational therapy assistants, a forensic psychologist, a psychology assistant, an arts psychotherapist, and a music teacher. The service also utilised local authority teachers who attended the site. Patients had access to a dietician and a speech and language therapist if needed. All patients had individual psychological therapy on a weekly basis as well as access to psychology groups. The service employed a member of nursing staff for one day a week as a qualified massage therapist to provide massage therapy for patients and staff which people told us had a beneficial impact on their wellbeing.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



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. Staff were trained in Dialectical Behaviour Therapy (DBT) which is a type of talking therapy based on Cognitive Behavioural Therapy specially adapted for people with a diagnosis of a Personality Disorder.

Managers gave each new member of staff a full induction to the service before they started work. Staff undertook a two-week, comprehensive induction which included one week off site and one week on-site including opportunities to shadow experienced staff.

Managers supported staff through regular, constructive appraisals of their work. The appraisal rate was 100%. This is an improvement since the last inspection.

Managers supported staff through regular, constructive management and/or clinical supervision of their work. This is an improvement since the last inspection. The supervision rate was now 100%. The hospital director had created a 'supervision tree' display which clearly outlined who was responsible for providing supervision for each member of staff at the service.

Managers organised weekly reflective practice sessions which were scheduled for day and night times to enable all staff to have the opportunity to attend.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. The hospital director organised two team meetings per week including one at 6am to ensure that both day and night staff could regularly attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All the staff we spoke with told us that they had excellent opportunities for personal and professional development, and they felt very well supported to develop their careers within the service/company.

Managers made sure staff received any specialist training for their role. Staff were now involved in creating specialist training packages for staff, including additional training on working with people diagnosed with a Personality Disorder.

## Multi-disciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.**

Staff held regular multidisciplinary (MDT) meetings to discuss patients and improve their care.

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

Ward teams had effective working relationships with other teams in the organisation. Since the last inspection, the hospital director had initiated an MDT 'drop-in' to enable staff across the service to have an informal space where they could easily ask questions, share ideas, or discuss concerns regarding the service or patients. Staff we spoke with told us this innovation had been very effective in improving relationships, ensuring they were informed and strengthening teamwork. This had a positive impact on patient care as it enabled staff to be consistent in supporting patients and maintaining appropriate boundaries.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



## 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 received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice. Compliance with Mental Health Act training was 100% and staff we spoke with had a clear understanding of the Act and its principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrator was and when to ask them for support. All the staff we spoke with knew how to get information and support relevant to the Mental Health Act.

The service had clear, accessible, relevant and 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. The service that provided in person visits was recruiting for a new advocate at the time of inspection, however patients still had access to advocacy support via phone and video-link.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We saw evidence in care records that patients had been given information regarding their rights on admission and this was repeated regularly during each patient's stay at the hospital.

Staff made sure patients could take Section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. We saw that all patients were regularly utilising Section 17 leave

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.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

## Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the service 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 and had a good understanding of at least the five principles. At the time of inspection, compliance with the Mental Capacity Act training was 100% and staff we spoke with had a clear understanding of the Act and its principles.

There was a clear policy on the Mental Capacity Act which staff could describe and knew how to access.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. We saw evidence of a best interest meeting that had taken place for a patient where the views of the patient, external professionals and the family were clearly heard and recorded.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We saw evidence of capacity assessments in patient records.

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.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

## Is the service caring?

Outstanding



Our rating of caring improved. We rated it as outstanding.

### Kindness, privacy, dignity, respect, compassion and support

**People were truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. Those relationships were highly valued by staff and promoted by leaders.**

Patients received high quality care and support from a staff team that worked within a strong person-centred culture. There was an extraordinary caring ethos throughout the service. Staff talked about valuing people, respecting their rights to make decisions, being inclusive and respecting people's diverse needs. All the patients we spoke with were very positive about the way staff interacted and supported them. Staff were discreet, respectful, and responsive when caring for patients. Patients said staff were respectful, attentive, non-judgmental and caring, and tailored care to individual needs. Patient also reported staff provided help, emotional support and advice when they needed it.

Patients reported staff going the extra mile in their care and support that exceeded their expectations. For example, one patient told us that staff had arranged for a therapy dog to visit the hospital regularly after she told them she was missing her family dog. Another patient had been supported to have a hamster which had a beneficial impact on her wellbeing. Patients we spoke with told us it was the best hospital they had ever been in.

Patients told us that the doctors always talked through proposed changes to medication and explained the benefits and potential side effects. Carers told us the changes to their loved ones medical care, including the maximisation of benefits from medication, had made a very positive impact on their mental health.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



A patient told us that all the staff were really invested in her recovery and that she had never felt more supported or believed in. A carer told us ‘they are really listening to her, and they have given her the confidence to realise that she can make her own choice’.

Staff directed patients to other services and supported them to access those services if they needed help.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff recognised and respected the totality of people’s needs. They always took people’s personal, cultural, social and religious needs into account, and found innovative ways to meet them. For example, the service had admitted a patient who was non-binary. Managers provided education and training for all staff to enable them to support the patient effectively and one member of staff completed a specialist course on gender identification and was rolling out some training packs for staff and patients.

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.**

Staff involved patients as full partners in care planning, risk assessments and risk management. Staff made sure patients understood their care and treatment and found ways to communicate with patients regularly and in ways that could understand, taking into account their emotions and feelings at the time of each discussion.

Staff supported patients to make decisions on their care. For example, when there was a form to be filled in, such as a crisis care plan, if necessary, staff took time to gather the patients’ views from a series of small conversations rather than a one-off form filling session.

Staff encouraged patients to gain support from family members and independent advocates to help them discuss their feelings and wishes and feedback their experience of care at the service.

Staff sought feedback from patients through regular community meetings.

Each patient’s care and progress was discussed by the MDT at a weekly ‘individual care review’. At the review the patient was invited to join to outline the weekly treatment goals they had achieved, discuss positive feedback and responses to their requests or queries. Parents and carers were also invited to attend, or to call in, and received a feedback summary following each review.

## Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and co-produced their care plans and risk assessments.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties).

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff supported patients to make decisions on their care. All the patients we spoke with told us they were fully involved with, and understood, decisions about their care and received individualised support. Patients had clear goals for their treatment and future, understood why decisions were made and felt that all staff genuinely cared for them and championed their progress.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients all participated in weekly community meetings which they told us were meaningful and well attended. Patient requests were acted upon responsively, or an explanation given if something was not possible.

Patients were able to contribute to governance meetings - 2 patient representatives were supported to attend governance meetings to be able to directly feedback patient views to the senior team. Patients gave talks to new staff during their induction period and were being supported to sit on interview panels and contribute to staff recruitment.

Staff made sure patients could access advocacy services.

## Involvement of families and carers

**Staff informed and involved families and carers appropriately.**

Staff supported, informed, and involved families or carers. We spoke with 3 patients' family members who all told us they felt very supported and involved in their loved one's care.

Since the last inspection, staff had successfully improved communication and involvement from carers. For example, the hospital director hosted monthly carers calls, attended by a different member of hospital staff including the MDT. This enabled carers to ask questions about the service and provide feedback directly to the service. Prior to each meeting, carers were sent an invitation card, made by patients, containing a teabag, biscuits, and other treats which they could partake of during the meeting. Carers told us they found the carers group very helpful. A carer told us 'It's the friendships you make. I consider myself able to talk to any of the staff about anything. Its friendly, warm, it's just lovely.'

All the carers we spoke with were having systemic family therapy and they all told us how beneficial this had been. One carer told us, 'I wouldn't be where I am if I hadn't had that therapy – it's fantastic.'

Carers gave talks to new staff during their induction.

Staff helped families to give feedback on the service. The service sent out a carer audit annually and set an action plan, with completion dates, as a result of feedback received. The latest action plan was produced in August 2022 and all the actions from this plan had been completed at the time of inspection.

Staff gave carers information on how to find the carer's assessment.

## Is the service responsive?

Good



Our rating of responsive improved. We rated it as good.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



## Access and discharge

**There was a proactive approach to understanding each patients' needs and appropriate move on options. Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing step down pathways for patients who were making the transition to community services.**

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

## Discharge and transfers of care

Patients did not have to stay in hospital when they were well enough to leave. The average length of stay at The Chimneys was 20 months which is within the length of stay of 1 to 3 years recommended for rehabilitation services. There was a holistic approach to planning people's discharge, transfer, or transition to other services, which was done at the earliest possible stage. We saw that all the patients at the hospital had clear discharge plans and goals for recovery. Since the last inspection, 6 patients had been discharged with 1 patient moving to independent living within her own flat, 2 patients moving to supported accommodation and all patients moving closer to their home area. At the time of inspection, 3 out of 7 patients were due to be discharged within the following 6 months into agreed community placements or supported accommodation.

Staff carefully planned patients' discharge and worked with case managers and coordinators to make sure this went well. Once a discharge placement had been identified staff organised graduated visits and leave so that the patient could familiarise themselves with their new environment. The patient's community care co-ordinator was proactively engaged in this process. The service had received extremely positive feedback from a commissioner regarding a recent patient discharge saying that 'the discharge was extremely complex and handled very well by the staff team'.

Staff involved patients, families, and staff in discharge planning to make it meaningful for the patient's journey of recovery.

Staff supported patients when they were referred or transferred between services.

## 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 bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.**

Each patient had their own bedroom, which they could personalise. We viewed two patient bedrooms and saw they were homely, cosy, and personalised with artwork, plants, and other personal items. Patients were able to hang up clothing as the hospital director had introduced robust, cardboard hangers. Patients had pleasant views from their bedrooms over the surrounding countryside.

Patients had a secure place to store personal possessions. This is an improvement since the last inspection. Each patient now had a swipe card to enable them to gain entry to their own bedroom and all bedrooms contained a safe for valuable items.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff used a full range of rooms and equipment to support treatment and care. The service had quiet areas and a room where patients could meet with visitors in private. Communal areas were decorated with attractive murals. There was a comfortable lounge available for patients which was decorated with patients' artwork. Patients had co-produced an attractive display outlining 'lounge etiquette'. This included reminders to 'be kind', not interrupt others' and 'tidy up after yourself'.

Patients could have their personal mobile phones subject to risk assessment and any patient not able to keep their mobile phone had access to the ward phone to make calls. Patients could make phone calls in private.

The service had a small garden that patients could access easily. Patients were individually risk-assessed as to whether they could access the garden independently or with a staff member. Staff were responsive to patients who were assessed as needing a member of staff with them to go into the garden. Patients and staff had planted, and were nurturing, a tree to celebrate the King's Coronation.

Patients could make their own hot drinks and snacks and were not dependent on staff. This is an improvement since the last inspection. The service had installed a cold-water machine in the patient lounge.

The service offered a variety of good quality food. However, two patients told us they would like more variety for their evening meal.

Patients could access an assisted daily living kitchen which was clean, bright and well-appointed. Patients were able to use this kitchen to prepare meals and snacks for themselves, and visitors, and engage in occupational therapy sessions such as baking and 'fakeaway' nights - trying foods from different cultures.

## Patients' engagement with the wider community

**Staff recognised that people needed to have access to, and links with, their advocacy and support networks in the community and they supported people to do this. They ensured that people's communication needs were understood, sought best practice and learnt from it.**

Patients had a wide variety of opportunities for education and work. The service employed a teacher to support patients to study for a range of qualifications as well as a music therapist who offered music lessons. At the time of inspection, 2 patients undertook voluntary work on local farms and 1 patient was about to start volunteering at the local library. The service was developing some paid work opportunities for patients and encouraging them to write their CVs and applications for these jobs. Staff had supported patients to set up a 'pop-up shop' where they could sell their artwork to members of the local community. Patients were able to use the funds raised from sales for an activity of their choice. For example, 2 patients had used their earnings for a trip to an amusement park and another patient had chosen to have a new haircut and colour. At the time of our inspection, 6 out of 7 patients were involved in education or activities during that day.

The hospital director and occupational therapy team had liaised with a gym within the local community to gain discounted membership to enable all patients to attend to follow a personalised programme. At the time of inspection, all the patients at the service were attending the gym weekly, including a patient who had initially been anxious about attending a public gym.

The service was responsive to requests from patients for additional activities, including swimming, arranging visits from a therapy dog, purchasing a Swing ball for the garden and craft activities such as diamond painting. Staff provided activities for patients during the weekends and in the evenings as well as during the day.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



The service was located in a rural setting; however, the service employed a driver who was able to take patients to local facilities in a car and the local taxi service was also used to enable patients to access the local community. Staff were supporting patients on an individually risk-assessed basis to be able to independently use local rail services to access the community and visit friends and family.

Staff helped patients to stay in contact with families and carers. The systemic therapist worked with all the patients and families to support carers and strengthen relationships. One carer told us 'I wouldn't be where I am if I hadn't had that therapy, it's fantastic.' Another carer told us that the family therapist had helped to repair their relationship with their loved one which had enormously helped their own wellbeing and had given them renewed hope.

A patient commissioner was positive about their experience for the patients they commissioned to use the service. They were particularly complimentary about how staff had worked highly creatively to help a patient access the community despite the challenges this had brought.

## 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.**

The service could support and make adjustments for those with communication needs or other specific needs. At the time of inspection, the service did not admit patients with mobility difficulties due to the stairs and the layout of the hospital which included some narrow, external walkways.

**There was an equality and diversity lead for the site and all staff undertook mandatory training on equality and diversity. The service had a strategic training program which included unconscious bias, building awareness and understanding. We saw evidence that managers took swift action when patients used discriminatory language and staff we spoke with told us there was a zero-tolerance approach to discrimination, harassment, and bullying.**

We saw an example where the service had provided training for staff and individualised support for a patient who identified as non-binary.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. We saw a range of information leaflets and information at the hospital available to patients.

The service had information leaflets available in languages spoken by the patients and the local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service employed two chefs and provided a variety of food to meet the dietary and cultural needs of individual patients. However, two patients told us they would like more variety for the evening meal.

Patients had access to spiritual, religious and cultural support. All of the patients we spoke with said they would be able to access spiritual, religious or cultural support if they needed it.

## Listening to and learning from concerns and complaints

**People who used the service and others were involved in regular reviews of how the service managed and responded to complaints. The service could demonstrate where improvements had been made as a result of learning from reviews and that learning was shared with other services.**

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Patients, relatives and carers knew how to complain or raise concerns. All the carers we spoke with were aware of how they could make a complaint if they needed to and told us that the hospital director was very approachable and open to listening to concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. All the staff we spoke with were able to clearly explain how patients and carers could make complaints and how these would be handled.

Managers investigated complaints and identified themes. The service had received no formal complaints in the 3 months prior to the inspection and had swiftly resolved 2 informal complaints relating to food going missing.

Prior to the inspection, the hospital director had received concerns about incidents where patients had used discriminatory language. We saw that staff had addressed this effectively. For example, the local community police officer had been invited to the hospital to speak with patients and restorative meetings were organised for staff and patients to share their experiences and concerns and offer apologies where appropriate.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care. The hospital director had created a 'praise wall' near the hospital entrance that displayed positive comments and compliments from patients and carers - 7 compliments were received by the service in the month prior to the inspection.

## Is the service well-led?

Outstanding



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

## Leadership

**There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

All the staff, patients and carers we met with spoke extremely highly of the hospital director, who had been in post since October 2022. They told us of how she had transformed the service and provided inspirational leadership. We spoke with the local authority lead commissioner for the service who also spoke very highly of the leadership at the hospital and how the commitment to improvement and partnership working 'shone through'.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



Staff, patients and carers also spoke highly of other senior managers and told us managers were supportive, approachable, and visible on the ward. Patients spoke highly of the responsible clinician and told us they felt very involved in treatment decisions about their care. The regional senior manager visited the service regularly and was actively involved in governance meetings. The service had now appointed a ward manager who had improved day to day oversight of the ward. Throughout the inspection we saw evidence of the positive changes and improvements that the hospital director and senior managers had implemented.

Leaders had a clear in-depth knowledge of the priorities, risks and challenges in their service and used this to continuously develop and improve service delivery and staffing.

We saw several examples of how individualised care and co-production were becoming embedded throughout the service. For example, we saw how patients and carers were involved in co-producing care plans and how risk management was highly individualised. Managers could describe the type of rehabilitation service they were providing, including the eligibility criteria, assessment process and expected length of stay.

## Vision and strategy

**Staff knew and understood the service's vision and values and how they were applied to the work of their team.**

Staff were aware of the service values of 'Kindness, Integrity, Teamwork and Excellence' and demonstrated these values in their day-to-day work.

The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable.

## Culture

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

Staff that we spoke with were very proud of the service and spoke highly of colleagues and managers at all levels. Teams were collaborative and cohesive and shared a vision and determination to deliver consistently high quality, individualised, therapeutic care.

There was a strong organisational commitment and effective systems and processes in place to ensure that equality and inclusion underpinned the service. There was an equality and diversity lead for the site and all staff undertook mandatory training on equality and diversity. The service had a strategic training program which included unconscious bias, building awareness and understanding. The staff survey covered equality and diversity and fairness, and action plans were developed following analysis of the results. We saw evidence that managers took swift action when patients used discriminatory language and staff we spoke with told us there was a zero-tolerance approach to discrimination, harassment and bullying.

Two staff members told us that working at The Chimneys was the best job they had ever had. All staff told us they felt cared for and looked after at work. Following incidents and during episodes of sickness, staff were supported with phone calls and care packages and had access to wellbeing resources and activities.

All staff we spoke with told us they could raise any concerns without fear. The service appointed Speak Up Guardians and information posters with contact details and information were clearly displayed throughout the hospital.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well. Governance arrangements were proactively reviewed and reflected best practice.**

The leadership, culture and robust governance were used to drive and improve the delivery of high-quality, person-centred care. The service systematically monitored standards of care to continually improve outcomes for patients. Managers carried out a programme of audits to monitor areas such as care and treatment records, staffing levels, enhanced observations, section 17 leave, medicines management and staff supervision and appraisals. We saw how governance processes and audits were embedded within the service to ensure that high quality care could be sustained into the future.

The service held a range of meetings at which it shared issues and concerns, identified actions and monitored progress. All wards had a framework of community meetings with patients, handover meetings, individual care reviews and multi-disciplinary meetings and clinical improvement group meetings. Agendas for meetings were standardised and covered learning from incidents, complaints and safeguarding cases. Patient representatives played an active part in these meetings voicing patient views and concerns. Senior managers ensured that information was fed in both directions between the board and the ward and that information was shared across the service. We saw in the minutes of clinical governance meetings, operational governance meetings, staff meetings and community meetings that the governance processes worked effectively.

Staff were clear about their roles and responsibilities, and they understood the management structure within the service. The management team worked closely with staff to enhance learning and drive continual improvement. Staff received appropriate mandatory and specialist training, supervision and their work performance was appraised.

There were enough staff to ensure that staff delivered patient care in a way that was safe and effective, and that risks were managed well.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The service had a risk register and staff were aware of the key risk areas at the service. The risks were discussed at clinical governance meetings. Risks recorded included industrial action, building works and staffing alongside actions taken to mitigate each risk. The service had contingency plans for emergencies which managers reviewed as part of the risk register. The service carried out regular health and safety monitoring, including weekly emergency simulations and fire drills.

Each day staff reviewed the risks for the service and patients. Staff knew the patients very well and were able to defuse situations effectively before they escalated. They were well informed about incidents and used the multi-disciplinary team meetings and drop-in to discuss any changes to patients' care or new insights into their presentation. There were systems in place to monitor risks associated with patients' physical health and any issues were quickly picked up and addressed.

The provider had a business continuity plan in place in case of adverse events that would affect the running of the service.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



## Information management

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

All staff including agency staff had access to the electronic patient record system and there were sufficient numbers of computers and laptops for staff to complete records in a timely way.

Managers had access to information on service performance, staffing and patient care through the electronic dashboard system.

Staff made notifications in a timely manner to external bodies including the Care Quality Commission, Safeguarding team and Clinical Commissioning Groups.

## Engagement

**Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.**

The service was being developed with the full participation of those who used it, staff and external partners as equal partners. Staff were encouraged to talk new plans through and given the time to present them to managers.

Managers sought feedback from patients in well-attended and meaningful community meetings and through a comments box on the ward. A 'you said, we did' display on the ward demonstrated how actions had been taken in response to patient feedback. We saw a poster displayed on the ward which showed requests that patients had made in April 2023 and how staff had met those requests.

The service issued an annual carers questionnaire to gain feedback from families and carers. We saw how staff had acted upon the actions from the last carers survey carried out in August 2022.

## Learning, continuous improvement and innovation

The Chimneys had developed and significantly improved following our last inspection. For example, senior leaders had successfully increased staff engagement and morale, strengthened the multi-disciplinary team, increased the amount of community engagement, educational and vocational opportunities for patients and developed co-production initiatives. The service had developed their clinical and operational governance meetings, part-attended by two patients, allowing the senior leadership team to discuss areas such as identification of critical concerns, patients and carer experience, clinical effectiveness, and evidence-based care. The service had evidence of initiatives to improve the service. The hospital director had a clear direction to further improve treatment and patient experience at The Chimneys and felt very well-supported by the wider company.

There was a fully embedded and systematic approach to improvement. Improvement was seen as the way to deal with performance and for the organisation to learn. There were organisational systems to support improvement and

# Long stay or rehabilitation mental health wards for working age adults

Outstanding



innovation work, including clinical audits, staff objectives, data systems, and ways of sharing improvement work and staff were empowered to lead and deliver change. The service had worked highly collaboratively with the commissioners for the service to drive forward improvements and the lead commissioner was very complimentary about the service approach to improvement.

The service made effective use of internal and external reviews, and learning was shared effectively across teams at all levels and used to make improvements. For example, managers and commissioners had recently carried out a 'closed culture' review which rated the service as being at low risk of becoming a closed culture. A closed culture is defined as a service with a lack of visible, open leadership, and poor connections between managers, staff, people using the service and carers or loved ones.

There was a budget for staff learning and development and all the staff we spoke with told us they had good opportunities for personal and professional development and were supported to progress in their careers within the service and the wider company.

Staff were encouraged to be creative and innovative and were utilised within the staffing team to make use of their existing skills. For example, staff were involved in developing training packs based on their knowledge and skills. Safe innovation was celebrated and all of the staff we spoke with were now proud to work at The Chimneys.