

Malsis Hall Limited

Malsis Hall - Mental Health Rehabilitation Service

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, 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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. However, care plans were nurse led and often written using clinical language that did not reflect the patient voice. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

However;

- The service did not always provide safe care. At the time of our inspection none of the registered nurses were trained in immediate life support and the provider did not offer this training or have the equipment that would be needed to carry out immediate life support. We spoke to the provider about this at our inspection feedback. Following on from this we were informed that this training had been booked for all registered nurses. However, this had not yet taken place. The wards had enough nurses and doctors, although this was not always clear from the staffing rotas as they did not indicate which ward staff were allocated to for the the shift. The ward environments were clean. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- We found one incident where the provider failed to notify CQC of a police incident which they were legally obliged to do so. This meant that CQC was not always aware of incidents that had occurred in the service. We found that the incident report log had gaps in some areas.

Summary of findings

Our judgements about each of the main services

Service

Long stay or rehabilitation mental health wards for working age adults

Rating

Good



Summary of each main service

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- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
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Summary of findings

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Summary of this inspection

Background to Malsis Hall - Mental Health Rehabilitation Service

Malsis Hall Mental Health Rehabilitation Service is an independent mental health hospital and care home based in Glusburn, North Yorkshire. The service is based in a Grade II listed former country house and three other buildings on the site.

The service provides four long stay mental health rehabilitation wards for working age adults based in Shelton Hospital. Each ward has eight en-suite rooms and can admit both male and female patients:

- Calder Suite
- Greta Suite
- Eastburn Suite
- Ribble Suite

The service also provides services registered as a care home and care home with nursing:

- Pullen Cottages which are eight studio apartments registered as a care home with nursing
- Worth Suite, a seven bed care home with nursing
- Frost House, four individual studio apartments registered as a care home.

The regulated activities provided by Malsis Hall Mental Health Rehabilitation Service are:

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

The service registered to provide Regulated Activities associated with the care home and care home with nursing in October 2019. The service registered to provide Regulated Activities associated with the mental health hospital in March 2020. The service has not previously been inspected and is unrated.

We carried out an unannounced comprehensive inspection of the hospital on 10 February 2021. We also carried out some interviews with staff and patients over the telephone on 11 February. During this inspection we did not inspect the regulated activity of Accommodation for persons who require nursing or personal care, this was inspected by the Adult Social Care inspection team who carried out an inspection of the care home on the same day. This will be published in a separate report.

How we carried out this inspection

We visited the hospital. We took a tour of the environment including all four wards (two of which were not in use). We spoke to 10 staff including the Registered Manager, spoke to five patients, reviewed the staffing rota from 4 January to the date of our inspection, reviewed care records for five patients, reviewed the observation records for seven patients, reviewed policies and procedures that related to the running of the service.

Summary of this inspection

Areas for improvement

Musts

- The provider must ensure that all registered nursing staff are trained in immediate life support and that one person with this training is present on each shift at the hospital to respond in an emergency in a timely manner

Shoulds

- The provider should ensure that the staffing rota reflects clearly which ward staff worked on in order to clearly demonstrate the safe staffing numbers in the hospital.
- The provider should ensure that the incident log is fully completed and no gaps are left in order to be able to audit incidents and feedback learning accordingly.
- The provider should ensure that the patients voice is clearly reflected in care plans or evidence if the patient did not want to take part.
- The provider should ensure that all notifiable incidents are reported to CQC without delay.

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	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good 

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

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

Requires Improvement 

- The hospital did not provide immediate life support training for registered nurses at the time of our inspection. National Institute for Health and Care Excellence (NICE) guidance recommends that any setting where restrictive interventions (rapid tranquilisation, restraint or seclusion) are used, have immediate access to staff trained in immediate life support and to appropriate immediate life support medication and equipment. The hospital had low levels of restraint, however, it was taught and was used. We discussed this with the Registered Manager who immediately sourced the training for all qualified staff at the local NHS Trust. However, this had not yet taken place.
- It was not always clear that the hospital had enough staff to ensure the safety of patients. This was due to the fact that the staffing rota did not always state clearly which ward staff were allocated to for a shift. We raised this with the provider following our inspection and they told us that staff were deployed across both wards to ensure safe staffing on each. They admitted there were some administrative errors on the rota which meant that it did sometimes appear that there were less staff on a ward than would be deemed safe in their own staffing policy. However, assurance was provided that staffing was monitored on a daily basis to ensure that staff were spread across the wards to ensure safe staffing numbers. During core hours the hospital manager and registered manager who were both registered nurses were on site to assist if the wards needed them.
- We found evidence of staff working excessive hours in a short time period. We found examples of support staff working over 250 hours in a month with one working 293 hours in a month. We fed this back to the provider who felt that this was an unusual occurrence after a very difficult month staffing wise. The second national lockdown had meant that some staff needed to be off work shielding and others were off sick due to testing positive for COVID-19. The provider felt that during this difficult time staff had increased hours to cover the gaps and felt this showed a level of commitment to the service, although recognised this was not something they would want to happen on a regular basis.
- The hospital provided us with their log of incidents and safeguarding referrals. In the incident log there were gaps in the recording of incidents. For example, there were 56 incidents on the log from 2 November 2020 to 31 January 2021. five of these did not contain the name of the person reporting the incident, 17 entries did not indicate whether physical intervention was required during the incident. For one where it was not indicated that physical intervention had been used, there were details of physical intervention in the detail of the report. One incident indicates that physical intervention was used but no detail of what this was and who was involved.

However,

- All ward environments were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Long stay or rehabilitation mental health wards for working age adults

Good 

- 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 only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- 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 easy access to clinical information and it was easy for them to maintain clinical records. However, we did find examples in care records where review dates for care plans had been missed or not updated accordingly.
- 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 physical health.

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

Good 

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, the majority of which were reviewed on time and updated accordingly. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. However, care plans were nurse led in their approach and did not contain much evidence of the patient voice. Care plans were typed and used clinical language regarding patient needs rather than written in first person by the patient or with staff. There was space for patients to sign their care plans and all of the care plans were signed. However, in the space for patients to say they received a copy of their care plan most had declined.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess patients and record outcomes.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- 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. The ward teams had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge. The occupational therapist and psychology team worked closely with the ward staff to ensure good communication about patients goals and progress.
- 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 supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Good 

- 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. Patients told us that staff were approachable and treated them kindly. Patients told us that although January had been a difficult month staffing wise, this had not generally impacted on their leave or activities as the wider multi-disciplinary team help out.
- Staff involved patients in care planning and risk assessment to some extent and sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately. Patients told us that although family have not been able to always visit due to the pandemic, they had access to phones and family and carers were able to dial in virtually to important meetings.

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

Good 

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. The hospital had been open for just over one year at the time of our inspection, there had been low numbers of patients in the first year to effectively monitor length of stay. However, those patients that we could review did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the service 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 hospital was set in large grounds with lots of space for outdoor exercise.
- The food was of a good quality and patients could make hot drinks and snacks at any time. For some patients it had been individually risk assessed that kitchen access without staff was not safe, patients who had access had their own key. This showed that the provider had taken an individualised approach rather than imposing blanket restrictions to manage risk.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support. They had access to interpreters and signers when needed.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

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

Good 

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

Long stay or rehabilitation mental health wards for working age adults

Good 

- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well in the main.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

However,

- We found one incident where the provider failed to notify CQC of a police incident which they were legally obliged to do so. This meant that CQC was not always aware of incidents that had occurred in the service.
- We found that the incident report log had gaps in some areas.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Qualified staff were not trained or offered training in immediate life support at the time of our inspection. Although the provider did source this once we raised the issue and booked all qualified staff on the training, this was not yet complete.