Sedgley House & Sedgley Lodge

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	**Good**
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Outstanding

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

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

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

Summary of findings

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

Overall summary

We rated the Sedgleys Hospital as good because:

- A range of environmental risk assessments had been completed to ensure the safety of patients and staff. Emergency life saving and physical health monitoring equipment had been checked and calibrated in line with manufacturers recommendations and annual inspections of the services fire safety system were complete and in date.
- All care and treatment records contained detailed and up to date assessments of patients risk, and a plan of the care being provided by the hospital. We found that care and treatment records were routinely reviewed by the multi disciplinary staff team and reflected recent changes in patient risk or wellbeing.
- Morale amongst staff at the service was excellent. The registered manager and leadership team were described as leading by example and the service culture was one where patients and staff felt valued and listened to. Staff sickness rates were low and there had been no allegations of bullying or harassment in the 12 months prior to our inspection.
- Patients were offered a range of interventions to promote independence and social inclusion. Discharge planning was evident in all care and treatment records we reviewed and all patients discharged from the service in the 12 months prior to our inspection had moved to a less intensive community based service.
- Medicines for the use of patients were prescribed, reconciled and dispensed in line with the services policies and procedures and national guidance from the National Institute for Health and Care Excellence.
- Patients were able to access a range of specialist interventions, provided by staff that were suitably skilled and qualified. Attendance at mandatory training was high and all eligible staff had received an annual appraisal of their performance in the year prior to our inspection.
- A range of audits were routinely completed to measure the services performance and we found that actions plans had been implemented to improve the quality of service being delivered where required. Local and regional governance meetings enabled the service to measure their outcomes against similar services offered by the provider and to learn lessons from adverse events.
- Staff were able to describe their responsibilities for reporting incidents, ensuring patients were safeguarded against potential abuse and the actions they would take if they had concerns about patient wellbeing. All patients that we spoke with told us that they felt safe at the hospital and that staff treated them with kindness, dignity and respect.

Summary of findings

However:

- We did not always find that care planning documentation was written in the patients voice or using accessible terminology.
- Staff were not always clear about the actions required if the fridges for the storage of medication exceeded the safe temperature range.

Summary of findings

Contents

Good

Location name here

Services we looked at:
Long stay/rehabilitation mental health wards for working-age adults.

Summary of this inspection

Background to Sedgley House & Sedgley Lodge

Information about the service:
The Sedgleys Hospital has 34 beds in total and was acquired by Cygnet Health Care in March 2018

Sedgley house is a 20 bedded locked psychiatric rehabilitation hospital for men with a diagnosis of mental health support needs. Sedgley House provides care for males from the age of 18 years upwards who require specialist care from nursing, support workers, psychiatry, occupational therapy and psychology. Patients may or may not be sectioned under the Mental Health Act 1983.

Sedgley Lodge is a 14 bedded locked psychiatric rehabilitation hospital and is the next step for recovery from Sedgley house. Sedgley Lodge provides care for males who are 18 years old and above and who may or may not be sectioned under the Mental Health Act 1983.

Referral criteria:
The Sedgleys hospital accepts referrals from medium and low secure forensic services, acute wards, out-of-area services, rehabilitation services and the community. To be eligible for referral to the service, patients must be male and;

- may be detained under the Mental Health Act (1983), 3, 37, 37/41 or informal status.
- may have a primary diagnosis of mental illness with complex mental health needs.
- may have a forensic history
- May have a history of substance, drug and alcohol misuse.

Typical diagnoses include: schizophrenia, schizo-affective disorder, bipolar affective disorder, personality disorder or depression

Summary of this inspection

Regulated activities that Sedgleys Hospital is registered with the CQC to provide are:

• Treatment of disease, disorder or injury.

• Assessment or medical treatment for persons detained under the Mental Health Act 1983/2007.

Registered manager:

At the time of our inspection a registered manager was in place and had been in post since 2015.

Summary of this inspection

Previous inspections of this service by the CQC: There have been four previous inspections at the Sedgleys Hospital, the most recent of these was March 2016. The service was rated in 2016 as good for safe, good for effective, good for caring, good for responsive and good for well-led. The service received an overall rating of good and there were no requirement notices or enforcement actions taken by the CQC.

Our inspection team

Team leader: Jonathan Petty, CQC inspector for Central West England.

The team that inspected this service comprised two CQC inspectors, an assistant inspector, a pharmacist, a Mental Health Act Reviewer and an expert by experience.

Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services. The role involves helping us hear the voices of people who use services during inspections and Mental Health Act visits.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

- is it safe?
- is it effective?
- is it caring?
- is it responsive to people's needs?
- is it well-led?

During the inspection visit, the inspection team:

- looked at the quality of the ward environment and observed how staff cared for patients.
- spoke with eight patients using the service.
- spoke to the carers of two patients using the service.
- spoke with fifteen staff members including the consultant psychiatrist, nurses, support workers and allied health professionals.
- attended and observed a morning hand over meeting and three patient groups
- looked at fifteen care and treatment records.
- carried out a specific check of the medication management for nineteen patients.
- Reviewed a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

During our inspection of the Sedgleys Hospital, we spoke with eight patients who were receiving care and two family members or carers.

All patients that we spoke with told us that they felt safe at the service and that staff treated them with kindness, dignity and respect. Patients also told us that staff supported them to manage their care as independently as possible and that there were a range of clinical and therapeutic interventions and activities available for them.

Summary of this inspection

Carers that we spoke with reported that staff included them in routine care reviews and discharge planning meetings and that they felt their views were listened to and valued by the multi disciplinary team.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated Safe as Good because:

- Staff routinely completed a range of environmental risk assessments to ensure the safety of patients and staff. Emergency life saving and physical health monitoring equipment was checked and calibrated in line with manufacturers recommendations.
- Safe staffing levels were maintained at all times. Sickness rates at the service were low and the registered manager had recruited to all vacant posts. Attendance at mandatory training was high and was monitored weekly by the registered manager for the service.
- Nationally recognised assessments of patient risk were found in all care and treatment records reviewed by our inspection team. Risk assessments were detailed, recently completed and reviewed following any change in patient risk.
- Medicines for the use of patients were prescribed, reconciled and administered correctly. Staff completed weekly audits of the medication management at the service with external audits and checks provided by an external pharmacist.
- Staff were aware of their responsibilities to report incidents and could describe how the providers systems would support them to do so. We found evidence of staff debriefs following incidents and a culture of learning lessons and sharing them to improve patient safety.

However:

- Some staff were not clear about the actions required should medicines fridge temperatures exceed the safe range. We received assurance from the external pharmacist that correct actions had been taken, but this was identified as a future training need by the registered manager.

Are services effective?

Good

We rated Effective as Good because:

- Staff had completed comprehensive assessments of patient need. Care plans evidenced a range of strengths and needs for individual patients which were reviewed to reflect changes in patients wellbeing and included physical health monitoring.

Summary of this inspection

- Staff were experienced and qualified to provide a range of nationally recognised assessments and interventions to assist patients in their recovery.
- All eligible staff had received an appraisal and effective systems were in place for the provision and monitoring of managerial and clinical supervision.
- Audits of the services performance were routinely completed and the outcomes used to improve practice.
- Staff undertook daily reviews of all patients including changes in their wellbeing and risk presentation and information was shared amongst staff at shift handovers and daily business meetings.

Are services caring?

Good

We rated Caring as Good because:

- Patients that we spoke with told us that staff often exceeded their expectations and provided person centred, individualised and recovery based care.
- All patients that we spoke with reported that staff were kind and respectful during their interactions with them, recognised individual need and provided appropriate emotional and practical support.
- Staff facilitated a range of community based interventions to promote the independence and social inclusion of patients, including camping trips, a talent show and the implementation of a recovery college for skill acquisition.
- Patients were able to provide feedback on the quality of service through the use of annual surveys and weekly patient meetings and we saw that the service took appropriate action on the outcomes to improve patient care.
- Family members and carers that we spoke with described a culture at the service where their views were listened to by the clinical team, valued and respected.

However:

- We did not always find that care planning documentation was written in the patient voice or using accessible terms

Summary of this inspection

Are services responsive?

Good

We rated Responsive as Good because:

- Discharge planning was evident in all care and treatment records reviewed by our inspection team. A treatment pathway had been established to promote patient recovery and the average length of stay for patients at the hospital was within national guidance of between one and three years.
- All discharges or transfers within the service during the period January 2017 to December 2017 had been classed as successful and to a step down service and there had been no reported delayed discharges during the same period.
- A range of rooms and facilities were available for rehabilitation activities and patient relaxation. Patients were supported by staff to engage in meaningful occupations and to undertake activities of daily living.
- Adjustments were in place to meet the needs of patients with reduced mobility, including level access and a passenger service lift at Sedgley House. A range of dietary options were available to meet patients individual preferences or spiritual needs and patients reported that food was of sufficient quantity and good quality.
- Information was available in communal areas and individual patients welcome packs on the provider's complaints process and policy. Staff responded promptly to complaints and duty of candour was evident where required.

Are services well-led?

Outstanding

We rated well-led as Outstanding because:

- Morale amongst all staff we spoke with was excellent. Senior leaders within the service were described as leading by example and maintaining a culture of ensuring patients and staff felt valued and listened to.
- Staff described an ethos of constant service improvement and development, and learning lessons from when things had not gone as planned. Staff were supported to undertake leadership and professional development and in house training was provided by senior clinicians and medical staff.
- The service had established a philosophy and values and staff were able to describe how this was incorporated into their approach to providing care.

Summary of this inspection

- The registered manager was able to access a range of key indicators to measure the service's performance. Outcomes were monitored locally and regionally through a range of governance meetings with actions identified to drive service improvement where required.
- Staff demonstrated a commitment to research and quality improvement and had undertaken research initiatives and a review and audit of the therapy services activity programme, interventions used and evidence base.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- At the time of our inspection, all staff had received training in the updated 2015 Mental Health Act Code of Practice. All staff that we spoke with were able to discuss with the inspection team what the guiding principles of the Mental Health Act were and how this impacted on patient care.
- A Mental Health Act administrator was employed by the hospital and worked on a full time basis to monitor completeness of the Mental Health Act paperwork and to carry out regular audits.
  - We found evidence in all care and treatment records reviewed that patients had their rights under section 132 of the Mental Health Act explained to them on admission and routinely thereafter. Evidence of this had been recorded and included the patients signature where possible.
  - When people were detained under the Mental Health Act, the appropriate legal authorities for medicines-to be administered were in place and kept with the prescription charts. This meant that nurses were always able to check that medicines had been legally authorised before they administered any medicines.
  - During our inspection we examined 19 sets of Mental Health Act documentation in relation to prescribing practice and prescription charts, we found only one minor discrepancy which was rectified by the consultant psychiatrist for the hospital immediately it was brought to his attention.
- Routine audits of all Mental Health Act paperwork was completed twice yearly by the regional Mental Health Act lead for the provider, the most recent being in December 2017. We found that where actions had been identified in the previous audit, these had been assigned to designated staff, completed and Mental Health Act paperwork was completed lawfully.
  - Patients were able to access independent mental health advocacy services and these had been commissioned by the local authority in accordance with the 2015 Mental Health Act Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

Good practice in applying the Mental Capacity Act:

- At the time of our inspection, all staff had received training in the Mental Capacity Act. Most staff were able to discuss with the inspection team what the guiding principles of the Mental Capacity Act were and how they used these principles in their clinical work.
  - Staff that we spoke with during our inspection had a good understanding of the Mental Capacity Act definition of restraint including the restriction of a patients freedom of movement and were able to explain how they used least restrictive practice as part of their clinical approach to providing care.
- There had been no Deprivation of Liberty Safeguards applications made by the hospital in the twelve months prior to our inspection and no patients were subject to Deprivation of Liberty Safeguards at the time of our inspection of the service.
- A policy was in place to provide guidance for staff on using Deprivation of Liberty Safeguards, and included an easy read flow chart for staff to identify whether their patient may be being deprived of their liberty and actions to take if so. The policy had been completed in October 2016 and had a review date of May 2019.
- Staff that we spoke with felt able to gain support and advice on the Mental Capacity Act from the Mental Health Act administrator based at the service or the consultant psychiatrist

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Outstanding	Good
Overall	Good	Good	Good	Good	Outstanding	Good

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment:

- The ward layout at Sedgley House and Sedgley Lodge enabled staff to observe most parts of the wards. Due to the age of the building, there were blind spots, staff were aware of these and had taken appropriate action to mitigate against the risk of them being present. this included increased staffing and the use of mirrors located in ceiling alcoves.
- A ligature risk assessment of Sedgley Lodge and Sedgley house had been completed by the heads of care for each building in May 2017 and April 2017 respectively. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. The ligature audits were reviewed as part of our inspection process and included the internal and external environment of the Lodge and the House. Each audit identified ligature risks and the actions that the service had taken to mitigate them..
- The service provided care for male patients only. All patients had keys to their bedrooms and were able to access them 24 hours a day following a risk assessment by the MDT that they would be safe to do so. All bedrooms had en-suite facilities.
- A fully equipped clinic room was available for use Sedgley Lodge and House and contained accessible resuscitation equipment and emergency drugs that were checked regularly.
- Equipment for the monitoring of physical health needs were available for use and included medical scales, pulse oximeters and blood pressure monitors. All equipment was clean and well maintained and had been calibrated in line with the manufacturers recommendations annually. We reviewed logs to evidence this and found that the most recent calibration had been completed in May 2017 and was due in May 2018.
- Fridges for the storage of medication were in place in both clinic rooms and we found that fridge temperatures were checked and recorded to ensure they stayed within safe ranges. However, although fridge temperatures were routinely documented, we found that the range had exceeded eight degrees Celsius, on eight occasions over three months, which could have a negative impact on the medications life span or effectiveness and may require medication disposal over an extended period of time. Staff that had checked the fridge temperatures had noted the action taken as resetting the temperature probe, but did not appear to have consulted the local pharmacist for advice over the on-going viability of the medications stored and we brought this to the attention of the registered manager. We were subsequently provided with details by the pharmacist that staff had sought advice but not recorded it. The registered manager recognised this as a future training need and produced flow charts to provide guidance for staff which were attached to the front of medication fridges from the day of our inspection onwards.
- All ward areas were clean, had comfortable furnishings in good condition and were well maintained. We reviewed the cleaning logs for both the House and the

Lodge during our inspection of the service and found there to be detailed processes in place for ensuring all communal areas were cleaned routinely, and all patient bedrooms were given a weekly deep clean by the domestic staff.

- We observed staff adhering to infection control principles. Anti bacterial gel was available for staff and visitors use at entrances to the building and in communal and clinical areas and we saw staff using this regularly.
- Electrical appliance testing was completed annually, we reviewed records of this and found that the most recent check had been in November 2017 and was therefore up to date,
- A passenger service lift was in place at Sedgley House to enable patients and visitors with reduced mobility access the first floor. Annual inspections of this had been completed including the wiring, safety governor and the main ropes and chains supporting its weight. The most recent inspection had been completed in 2017 and a future planned date for September 2018.
- The fire alarm and fire suppressant system at Sedgley Lodge and House were required to have six monthly checks by a qualified engineer which reviewed items including the automatic fire detectors, standby power effectiveness and automated door closers used to delay a fire spreading horizontally between zones in the building. We reviewed the records of the most recent visit by an engineer and found it had been completed in November 2017 and was due again in May 2018.
- Emergency lighting was installed at Sedgley Lodge and House and was checked annually to ensure that adequate illumination was provided for safe movement on fore escape routes and in open areas at the service. The most recent checks of this system had been completed in November 2017 and was due again in November 2018.
- Sedgley House displayed a copy of its public liability insurance for the hospital, food hygiene ratings and motor insurance in the entrance area, all of which were in date. The hospital also displayed its ratings achieved from the Care Quality Commission during a previous inspection of the service in March 2016. This was in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A, which states that "care providers must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated service and on their website, if applicable".
- A nurse call system was in place at both Sedgley Lodge and House with call points provided in all patient bedrooms. The nurse call system was required to be checked annually and we reviewed records of this and found them to be complete and up to date.

Safe staffing:

- At the time of our inspection, there were 14 qualified nurses and 34 nursing assistants employed by the hospital and working across the House and Lodge, there were no vacancies and the manager described a culture of recruiting staff with a mixture of the necessary skills and clinical approach to ensure consistently high quality care was provided.
- Sickness rates at the service were low and during the period January 2017 to December 2017 they averaged less than three per cent. A total of 15 staff had left during the same period, equivalent to 21% of the whole time equivalent staffing figures for the House and Lodge combined. We discussed the staff turnover rates with the registered manager at the time of our inspection, who attributed it to staff leaving to progress their careers, and staff who had not met the required standard during their probationary period and had subsequently left the service.
- The registered manager used a staffing analysis and minimum staffing level guidance document developed by the provider to ensure that all shifts had a suitable number of qualified and unqualified staff to ensure patient safety. The staffing level estimate for the service reflected current and historical risks of the patients using the service, staff training requirements to ensure patient safety and included the procedure to be followed if staffing levels needed to be increased to ensure patient safety.
- Day time staffing levels at Sedgley House consisted of two qualified nurses and six nursing assistants, at night this was decreased to two qualified member of staff and four nursing assistants. Day time staffing levels at Sedgley Lodge were lower to reflect the increased independence of the patient group and consisted of two qualified nurses and four nursing assistants, at night this was decreased to one qualified member of staff and

three nursing assistants. There had been no incidents of staffing falling below identified safe levels in the six months prior to our inspection. All staffing levels were reviewed at the daily morning handover meeting attended by the hospital manager and heads of care and could be adjusted if required to meet patient need.

- Agency staff were not used by the Sedgleys Hospital and the registered manager was able to access a bank staff co-ordinator employed by the provider. During the period October to December 2017, a total of 260 shifts were covered by regular bank staff, of a possible 1176, equivalent to 22%. Where bank staff were used, the registered manager fed back that it was to cover staff vacancies, sickness or attendance at mandatory training.
- We spoke with a total of eight patients and two carers during our inspection of Sedgley House and Lodge. All people that we spoke with told us that there were sufficient staff to ensure planned 1:1 meetings took place with their named nurse and that a qualified nurse was available in communal areas when required. Qualified nurses were supported in their role during day shifts by a dedicated head of care, this was a senior staff member not included in the shift numbers and who provided an oversight and support function for both the House and Lodge
- Medical cover for the hospital was provided by one whole time equivalent consultant psychiatrist and a whole time equivalent specialty doctor. Both medical posts were a permanent appointment, and patients, carers and staff cited them as being accessible and responsive to patients and their changing needs. Out of hours medical cover was provided by a regional on call rota, although staff at the service told us that the hospitals designated medics would attend if possible to provide continuity for the patients in their care.
- Staff had received and were up to date with mandatory training, including the Mental Health Act, Mental Capacity Act, first aid and fire warden training. The average training rate for all staff was 95% and there were no areas of training with attendance below 75%. A training calendar was available for staff and the registered manager reviewed training as part of the supervision and appraisal process.

Assessing and managing risks to patients:

- Sedgley House and Lodge did not have seclusion facilities and there had been no recorded use of long term segregation in the 12 month period prior to our inspection.
- We reviewed a total of 15 records relating to the care and treatment of patients during our inspection of the Sedgleys Hospital. We found that in every record staff had completed a standardised risk assessment titled the short term assessment of risk and treatability at the point of admission and had reviewed it routinely at planned care reviews and following any significant change in patient risk. All risk assessments that we reviewed were in date, and information that should have correlated between the initial risk screening and detailed sections were accurate and complete.
- Policies and procedure were in place to provide guidance to staff on reducing restrictive practices and blanket restrictions for patients. The providers policy identified that blanket restrictions have no basis in national guidance or best practice, they promote neither independence or recovery and may breach a patients human rights. We found that within all care records reviewed, patients had an reducing restrictive practice plan, which outlined any blanket restrictions that may be in place, the clinical reasoning for why it was appropriate and detail of what actions were being taken to reduce the restriction. However, we did not always find that reducing restrictive practice plans were individualised or reviewed to reflect changes in patient need. This was brought to the attention of the registered manager at the time of our inspection.
- At the time of our inspection of this service, all patients were detained subject to the Mental Health Act 1983. However, we found that signage was in place at exits to the building informing non detained patients that they could leave of their own volition. We met with a range of qualified and non qualified staff during our inspection who were able to discuss the rights of non detained patients to leave at will, and how they could use the least restrictive detention powers of the Mental Health Act to legally detain patients for assessment if they had concerns about their health and wellbeing prior to them leaving hospital.
- Routine and random searches were not in place at either Sedgley House or Lodge and a policy and procedure providing guidance for staff on the use of

searches had been approved by the provider in 2017 and was due for review in 2019. The search policy referenced guidance from the Mental Health Act Code of Practice 2015, the Human Rights Act 1988 and the National Institute for Health and Care Excellence and identified that searches of a patient or their room must be proportionate to risk, involve the minimal possible intrusion into the individuals privacy and have due regard to their dignity.

- A policy on the use of observation and engagement was in place and daily reviews of each patient were used to determine appropriate levels of observation to ensure patient safety and that levels of observation were decreased in a timely and responsive way. All qualified nursing staff were able to increase observation levels for patients in response to a change in their risk presentation, the consultant psychiatrist or speciality doctors authorisation was required to decrease observation levels following discussion with the multi-disciplinary team.
- Use of rapid tranquilisation medication at the service was low, and there had been two occasions where it had been used in the period July 2017 to December 2017. When rapid tranquilisation had been used, physical health monitoring was completed in line with guidance from the National Institute for Health and Care Excellence and an incident reporting form was completed to review its use.
- There was one recorded use of restraint at Sedgley House during the period July to December 2017 and ten recorded occasions where restraint was used during the same period at Sedgley Lodge.
- Prone restraint was not used at this service and staff that we spoke with reported that restraint was only used as a last resort, and when all other therapeutic interventions had failed. Where restrictive interventions had been used, staff had completed an incident reporting form and patients had been offered the opportunity to have a debrief with staff.
- Staff at the hospital were trained in the management of actual or potential aggression, this is a nationally recognised and accredited programme of training which enables staff to safely disengage from situations that present risks to themselves, the person receiving care, or others. All staff who were employed at the hospital had received the necessary full course of training and annual refresher training and courses were booked for new staff who had recently commenced employment.
- Staff that we spoke with were able to describe their duties and responsibilities in recognising safeguarding concerns and all staff had received training in safeguarding awareness for adults and children. There were three safeguarding concerns raised by the hospital during the period February 2017 to February 2018, and all had been closed with appropriate action being taken by the staff and senior leadership team.
- During our inspection of the Sedgleys Hospital, we reviewed both available clinic rooms and a total of 19 prescription charts. we found that medicines were stored securely, replenished regularly and in date and there were appropriate arrangements in place for recording their administration of patient's medicines which were clear and fully completed.
- Prescription charts had patient's allergy status recorded on them and we found that there was comprehensive support of the patient's independence by using a self-administration programme for which there were on-going risk assessments and evaluation of a patients' continued suitability to self-medicate.
- There were appropriately managed medicines disposal processes. A medicines management technician and pharmacist carried out regular weekly audits of the medicine stock and clinical checks of the prescription charts. This was in addition to daily audits of the prescription charts by nursing staff. Incident forms were used to record medicine incidents. These were investigated by the clinical leads and actions completed for each incident.
- A visitors policy and procedure was in place and contained special consideration concerning child visitors. Children that visited the hospital were able to use a side access door to a visitors room, meaning they did not have to pass through clinical areas.

Track record on safety:

- There were no reported serious incidents at the Sedgleys Hospital in the 12 months prior to our inspection.
- During our inspection, staff were able to give us examples of changes in practice and improvements in safety that they had adopted following a serious incident at a sister hospital in the local area and had adopted the use of body maps to document distinguishing features that could be used to identify a patient.

Long stay/rehabilitation mental health wards for working age adults

Good

Reporting incidents and learning when things go wrong:

- All staff that we spoke with were aware of their responsibilities to report incidents and the systems and process in place which would support them to do so. All staff attended annual training to provide guidance on dealing with incidents at work and the attendance rate at the time of our inspection was 100%
- A regional clinical governance group was held on a three monthly basis and a local hospital governance group was held monthly with representatives from all staff groups. Lessons learned from incidents that had happened nationally and locally were discussed at these meetings and minutes were emailed to all staff.
- We reviewed the minutes from two of the most recent debriefs held by staff following incidents that had taken place and were led by the hospital manager. We found that learning from incidents had been identified and shared with staff from all grades and clinical backgrounds. Actions required to reduce the likelihood of reoccurrences were also identified and we found these had been implemented by the time we inspected the service.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care:

- As part of our inspection activity, we reviewed 15 records relating to the care and treatment of patients admitted to the service. We found that comprehensive and timely assessments had been completed for all patients following admission to the service and were reviewed routinely thereafter.
- Physical health monitoring was evident in all care records reviewed. Physical health checks were completed monthly and the frequency increased if patients had physical health issues, for example diabetes or were prescribed high dose anti-psychotic medication. The physical health checks completed by staff included blood tests, blood pressure monitoring, weight monitoring and electrocardiograms.
- All care records contained an up to date plan outlining the patient care that staff at the hospital would be providing. We found that care plans were recovery orientated, took into account a range of patient strengths and needs and were reviewed routinely by staff in collaboration with patients.
- All information needed to deliver care was stored securely and was available to staff when they needed it, and in an accessible form.

Best practice in treatment and care:

- Medication at the service was prescribed in line with guidance from the National Institute for Health and Care Excellence; cg178 Psychosis and Schizophrenia in adults, prevention and management. Care and treatment records contained detailed physical health monitoring for the side effects of medication and we saw that psychological therapies were promoted in combination with medication regimes.
- Psychological interventions were available for patients, either on a 1:1 basis, or as part of the therapeutic group activities provided. Interventions used included cognitive behavioural therapy techniques and wellness recovery action planning, this is an evidence-based system used worldwide by people to manage their mental health with a focus on recovery in line with National Institute of Health and Care Excellence guidance for the treatment of depression (CG90) and the treatment of schizophrenia (CG178).
- Staff at the hospital supported patients to access physical healthcare, including specialists where required, for example diabetic nurses. Effective links had been established with the local general practices where patients were registered which had resulted in the practice nurse providing an in reach service to the hospital on a fortnightly basis to meet with patients, complete physical health monitoring and specialist referrals if required.
- The Health of The Nation Outcome Scale was completed for all patients at the point of admission to the service and reviewed monthly by staff thereafter.

This is a measure of the health and social functioning of people with severe mental illness and contains 12 items measuring behaviour, impairment, symptoms and social functioning and can be used to measure the effectiveness of interventions being provided by clinical staff.

- Staff completed a range of audits to monitor service performance and drive improvement. An audit schedule was available for review and included the quality of care and treatment records, administration of medication and Mental Health Act and Mental Capacity Act documentation. We reviewed recent audits completed and found that actions plans had been devised to improve the service quality where needed and designated staff and time scales were documented for completion

Skilled staff to deliver care:

- The hospital had a full range of mental health disciplines that made up the multi disciplinary team including registered mental health nurses and nursing assistants. A senior occupational therapist had recently been appointed in post and specialist psychological interventions were provided by a clinical psychologist with support from two psychology assistants. The hospital employed maintenance, domestic, catering and administrative staff and representatives from each role were expected to attend the monthly local clinical governance group and staff meetings.
- Staff were experienced and qualified to undertake their roles. We reviewed three staff personnel files as part of our inspection activity. All files contained suitable references and pre-employment checks and disclosure and barring service checks had been completed.
- All staff were subject to a six month probationary period prior to being permanently appointed to their role. The hospital manager gave examples of where probationary staff had not met the required standard and employment had been terminated as result.
- Newly qualified nurses had access to a preceptorship programme to support them in their transition from student to qualified practitioner and described it as helping to alleviate anxiety, and provide guidance and support with professional development and clinical skills.
- Qualified staff were required to maintain current professional registration with regulatory bodies, including the Nursing and Midwifery Council and the Health Care and Professions Council for occupational therapists and psychologists. We found that confirmation of current professional registration was complete in all qualified staff's personal files that we reviewed during our inspection of the service. Both the consultant psychiatrist and specialty doctor at the service had been revalidated in line with requirements by the Royal College of Psychiatrists.
- At the time of our inspection, all staff eligible to have an appraisal had completed one with the registered manager and 91% of staff had received supervision from the registered manager or a senior member of the nursing team, above the services compliance target of 85%. Allied health professionals working for the service were able to access profession specific supervision and peer support groups and told us that this worked well and maintained their professional identities.
- A culture of staff development and in house training was in place, and staff were able to access specialist training to increase their effectiveness in their role. A total of 19 staff had been trained to carry out electrocardiograms to check the heart function of patients and 18 staff had been trained in phlebotomy, which is the process of taking blood from patients for testing and can be used to diagnose illness, evaluate the effectiveness of medications and determine whether a patient is receiving proper nutrition.
- The consultant psychiatrist and specialist doctor had recognised individual patients needs, and where required, had produced training for staff to help them effectively support and manage conditions, including polydipsia which is excessive thirst or excess drinking and may be life threatening if not managed successfully.
- The senior occupational therapist at the service had developed a training module for staff to increase their awareness and understanding of occupational therapy models, the need for activities to be meaningful to patients and reflective of their aims and goals, and the use of an occupational therapy model to deliver rehabilitation based intervention within a hospital setting.

- The heads of care for Sedgley Lodge and House had developed a least restrictive practice group for staff of all disciplines. The purpose of the group was to review the Mental Health Act updated Code of Practice 2015, the definition of blanket restrictions, and how staff at the service could work with patients in the least restrictive way, promoting their independence.
- We found evidence that poor staff performance was managed effectively by the hospital manager, including the timeliness of staff commencing their shift. Where poor staff performance had been identified, appropriate strategies had been implemented to support staff to improve, including increased frequency of supervision and performance improvement plans and had been documented fully in personnel files.

Multidisciplinary and inter-agency teamwork:

- A morning handover meeting took place daily and included the medics for the hospital, the hospital manager and heads of care for both Sedgley Lodge and House. A review of all patients took place, including any changes in risk and observation levels. Planned staffing and activities were also reviewed, including patient outings to ensure sufficient staff were available. Minutes from the handover meeting were typed up by the heads of care for each service and circulated via email to all staff on shift and we saw this in practice on the day of our inspection.
- Handovers took place twice daily as part of the staffing shift change. Staff that we spoke with reported that the handover system worked well and they were kept informed of changes to patients risk and wellbeing before commencing shifts.
- Staff reported effective links with organisations external to the hospital and we saw within care records that staff from community teams were routinely invited to attend patients care review and planning meetings. The registered manager and heads of care had also worked to develop links with local fire and police service representatives who had attended the hospital and explained their roles, for example in the detection and prevention of use of illicit substances.
- Staff at the service described effective working relationship and information sharing with the local general practitioner services. We saw evidence within care records of routine liaisons between the two services, sharing the outcomes of physical investigations and health monitoring.

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

- At the time of our inspection, all staff had received training in the updated 2015 Mental Health Act Code of Practice. All staff that we spoke with were able to discuss with the inspection team what the guiding principles of the Mental Health Act were and how this impacted on patient care.
- A Mental Health Act administrator was employed by the hospital to monitor completeness of the Mental Health Act paperwork and to carry our regular audits. Case tracking audits were completed three times a year. Audits reviewed Mental Health Act paperwork completeness, details of whether patients consent to treatment was contained within notes and whether section 132 rights had been read to patients on a regular basis and the most recent copy was in date.
- We found evidence in all care and treatment records reviewed that patients had their rights under section 132 of the Mental Health Act explained to them on admission and routinely thereafter. Evidence of this had been recorded and included the patients signature where possible.
- When people were detained under the Mental Health Act, the appropriate legal authorities for medicines-to be administered were in place and kept with the prescription charts. This meant that nurses were always able to check that medicines had been legally authorised before they administered any medicines.
- During our inspection we examined 19 sets of Mental Health Act documentation in relation to prescribing practice and prescription charts, we found only one minor discrepancy which was rectified by the consultant psychiatrist for the hospital immediately it was brought to his attention.
- Routine audits of all Mental Health Act paperwork was completed twice yearly by the regional Mental Health Act lead for the provider, the most recent being in

Long stay/rehabilitation mental health wards for working age adults

Good

December 2017. We found that where actions had been identified in the previous audit, these had been assigned to designated staff, completed and Mental Health Act paperwork was subsequently in good order.
- Patients were able to access independent mental health advocacy services and these had been commissioned by the local authority in accordance with the 2015 Mental Health Act Code of Practice.

Good practice in applying the Mental Capacity Act:

- At the time of our inspection, all staff had received training in the Mental Capacity Act. Most staff were able to discuss with the inspection team what the guiding principles of the Mental Capacity Act were and how they used these principles in their clinical work.
- Staff that we spoke with during our inspection had a good understanding of the Mental Capacity Act definition of restraint including the restriction of a patients freedom of movement and were able to explain how they used least restrictive practice as part of their clinical approach to providing care.
- There had been no Deprivation of Liberty Safeguards applications made by the hospital in the twelve months prior to our inspection and no patients were subject to Deprivation of Liberty Safeguards at the time of our inspection of the service. A policy was in place to provide guidance for staff on using Deprivation of Liberty Safeguards, and included an easy read flow chart for staff to identify whether their patient may be being deprived of their liberty and actions to take if so. The policy had been completed in October 2016 and had a review date of May 2019.
- Staff that we spoke with felt able to gain support and advice on the Mental Capacity Act from the Mental Health Act administrator based at the service or the consultant psychiatrist.

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

Good

Kindness, dignity, respect and support:

- Throughout our inspection of Sedgley House and Lodge, we observed staff treating patients with dignity and respect, recognising individual needs, promoting recovery and providing appropriate practical and emotional support.
- During our inspection of this service, we spoke with eight patients, all of whom reported that staff were kind and respectful during their interactions with them.
- We were given multiple examples by patients of occasions where staff had taken into account their individual needs and gone over and above their expectations to help them. This included supporting patients to maintain their links with family out of area and arranging visits and travel to ensure this took place.
- Staff had introduced an initiative for staff called "patient for a day", the aim of which was to increase staff's understanding of receiving care from a patients perspective. We received feedback from staff that had participated in the initiative and who reported that it had fostered a greater understanding of how patients could feel disempowered and how the value of having a meaningful activity schedule was important to patient mood and wellbeing.

The involvement of people in the care they receive:

- Patients that we spoke with told us that they received a welcome pack on admission to the hospital, including essential items for personal and dental hygiene. An information pack was also provided, containing details of the clinical team and their names, roles and responsibilities, community meetings, access to advocacy services and an introduction to the care planning process, including the expectation that care plans would be completed collaboratively where possible and reviewed at a minimum of monthly intervals.
- We found that in all care records, there was evidence of patient participation in multi disciplinary reviews if they

Long stay/rehabilitation mental health wards for working age adults

Good

wished to and that patients were routinely offered a copy of their care plan. However, we did not always find that the language used was the patients own, and we found that care plans could appear generic in terms of the range of needs and the interventions used by staff. This was brought to the attention of the hospital manager who was planning to review the effectiveness of the care records audit tool to seek future improvement.

- Patients were offered a range of activities to develop their independence, participate in social activities and develop skills to assist them in their recovery. During our inspection we found examples of patients being supported to manage their own medication and physical health care including taking their own physical health observations following a period of instruction and observation by the occupational therapist.
- The Sedgley Hospital held an annual talent show, giving patients the opportunity to showcase their skills and talents including guitar playing, reciting poems and singing to African dancing. Performances were judged by staff and patients and prizes awarded and we received feedback from patients that the event was well run and a triumph.
- Staff at the hospital had developed a recovery college in collaboration with patients, the focus being on the acquisition of skills that would be useful when patients returned to independent living in the community, including DIY and first aid. At the time of our inspection, an award ceremony was being planned to celebrate patient achievements and staff were reviewing the possibility of further courses that could be provided.
- The psychologist for the service had developed a mindfulness training module for patients, using a psycho educational and experiential approach to the concept of mindfulness and its application to daily living tasks and stress management. Feedback from patients who had attended the group cited it as being useful in practical situations and that they found the interventions taught as useful for the management of stress.
- Staff at the hospital had supported patients to undertake a camping trip in the local area and patients were given support to erect a tent, cook and navigate at night. Feedback from patients who attended was that it was amazing being treated and working as part of team, and that it was a fabulous and fantastic experience.
- Independent mental health advocacy services were available for patient use and were commissioned by the local authority in concordance with the 2015 Mental Health Act Code of Practice. Patients that we spoke with were able to describe the process for accessing advocacy services and told us that they visited the service frequently and were accessible if required.
- We saw evidence with care records of the involvement of families and carers, including their attendance at regular care reviews and discharge planning meetings. Families and carers that we spoke during our inspection fed back that they felt valued and listened to, and that staff at the hospital were accessible and responsive if they wished to discuss aspects of the care being provided.
- Patients were asked to provide feedback on the service annually through the use of a patient survey, last completed in January 2018 and we reviewed the outcomes of this as part of our inspection activity. Feedback from the most recent survey was very positive, with 88% of respondents reporting that they felt staff were polite and approachable, treated them with respect, they felt safe at the hospital and their individuality was respected.
- Patients at the service were able to be involved in making decisions about the service, including being involved in the recruitment of staff. Patients provided feedback that they had been able to develop their own questions to ask prospective staff at the interview stage, which empowered them to ensure staff were recruited that would care for them effectively with a clear understanding of the recovery approach underpinning a rehabilitation service.
- Staff at the service had undertaken an initiative to ensure that all patients were supported to complete an individual wellness recovery action plan including strategies to keep them well and actions to take if their mental health or wellbeing deteriorated.

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

Long stay/rehabilitation mental health wards for working age adults

Good

Good

Access and discharge:

- During the period January 2017 to December 2017, the average length of stay for patients discharged from Sedgley House was 914 days and the average length of stay for patients discharged from Sedgley Lodge was 322. Both totals were within the national guidance for admission to a community rehabilitation unit of between one and three years.
- Average bed occupancy for Sedgley House and Lodge from January 2017 to December 2017 was 100%, there had been no use of a psychiatric intensive care unit bed during this time period.
- During the period January to December, there were five discharges from the service of patients to community based placements and seven transfers of patients from Sedgley House to the Lodge as a result of making positive progress in their rehabilitation. All of the discharges from the service to external placements were classed as successful, meaning they had progressed to a less supported placement, rather than a more intensive service resulting from a deterioration in their health and wellbeing.
- During the six month period prior to our inspection, there had been no patients admitted to either Sedgley House or Lodge that had an address over 50 miles away. Staff reported that beds were available for patients living within the local area, and this was taken into account during the pre admission assessment of patient needs.
- Staff and patients reported that patients were always able to access a bed on return from leave away from the hospital. A clinical pathway was in place for admission to Sedgley House, followed by step down to Sedgley Lodge, and movement between the two was always as a result of collaborative care planning with patients and to reflect their increasing independence and progress in their recovery.
- There were no reported delayed discharges for patients in the six months prior to our inspection. During our inspection we reviewed 15 records relating to the care and treatment of patients, and we found that discharge planning was evident in all records.

The facilities promote recovery, comfort and dignity and confidentiality:

- A range of rooms and facilities were available for patients, including large lounge areas and a therapy kitchen for patients to practice activities of daily living and practice skill acquisition groups, including meal planning and preparation.
- Visitor rooms were available for use and patients were able to access outside areas including enclosed courtyards. Laundry rooms were available for patient use, and they were supported by staff to undertake personal activities of daily living including cleaning and washing bed linen and clothes.
- Sedgley House and Lodge participated in the national Food Standards Agencies publication and display of food hygiene or food safety inspection results. The Food Standards Agency had visited the hospital in March 2017 and awarded a rating of 5 stars, the maximum achievable rating.
- Patients that we spoke with reported that food was of good quality, sufficient quantity and that they were offered menu choices, including being supported by staff to shop for and prepare their own meals. Staff supported patients to lead healthy lifestyles and offered dietary and nutritional advice and had held "fakeaway" evenings with patients where healthy variants of popular takeaway choices were cooked using healthy alternatives by staff and patients.
- Patients were able to access their bedrooms and were offered a room key on admission following a risk assessment by the multi disciplinary team. All bedrooms were single occupancy with en-suite toilet, shower and washbasin. Lockable bedrooms provided secure storage for possessions and patients demonstrated to our inspection team how they had been supported by staff to personalise and decorate their bedroom area. Patients at the hospital had access to their own mobile phones, and were able to use them to make calls in private if required, a payphone was also available for patient use if required.
- Activities were available for patients, including a range of community based activities to promote social inclusion. During our inspection of the service, we attended a variety of occupation based activities, led by therapy staff and found them to be well attended with

positive feedback provided by patients. Weekend activities were also available and were planned according to patients requests in the community meetings held weekly.

- The provision of activities and leave was monitored for each patient as part of the hospital's key performance indicator system. The service aimed for 25 hours of meaningful activity per patient per week and in the three months prior to our inspection the average rate of achievement for all patients was 100% for Sedgley Lodge and 85% for Sedgley House, both of which were above the providers target of 50%

Meeting the needs of all people who use the service:

- Adjustments were in place to meet the needs of patients with reduced mobility, including level access and the provision of a passenger service lift at Sedgely House. Designated parking was available for visitors requiring disabled access and bathroom facilities were available with safety rails and call alarms for staff assistance.
- A range of dietary options was available for patients, including vegan and gluten free options. All meat provided by the hospital was halal approved and patients were also able to prepare their own meals in the therapy kitchen as part of their therapeutic activity plan. Halāl refers to what is permissible or lawful in traditional Islamic law. It is frequently applied to permissible food and drinks for people following the Islamic faith.
- Accessible information was available for patients in communal areas and included details for the advocacy service, the providers whistleblowing policy and patients rights. Information was also available in the reception area for visitors, including the services fire action plan, search policy and guidance on the use of hand sanitising gel.
- Patients that we spoke with told us that staff supported them to access spiritual support where required, including visiting local places of worship appropriate to their faith. A prayer room was also available in a quiet area of Sedgley House, with prayer mats provided for patient use.

Listening to and learning from complaints and compliments:

- During the period January to December 2017, the Sedgleys Hospital reported receiving nine complaints, three of the complaints were upheld and none of the complaints received were referred to the independent sector complaints adjudication process or ombudsman service. The three complaints that were upheld related to the sharing of information within clinical meetings, information recorded within notes and a report of a fellow patient making homophobic comments. All patients that we spoke with during our inspection said they felt able to make a complaint if required and that they would be supported by staff to do so.
- All complaints had received a written acknowledgement from the senior leadership team at the hospital, with timescales documented for investigation and a response to be provided. The investigation and outcomes were also explained via written feedback and the lessons learned were shared locally and regionally at monthly and quarterly clinical governance meetings.
- A complaints policy was in place and available to staff. Staff were aware of their responsibilities to assist patients in using the complaints process and said they would feel able to do so if required.
- Information was available throughout the service for patients on the provider's complaints process and policy. Information for access to external organisations was also provided, including local advocacy services and the Care Quality Commission.
- During the period January to December 2017, The Sedgleys hospital received five compliments using the providers formal feedback process for patients. However, we were provided with evidence of a range of other compliments and thanks that patients had provided for staff, citing them as going over and above their expectations to provide a high quality and rehabilitation focussed service.

Long stay/rehabilitation mental health wards for working age adults

Good

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

Outstanding ☆

Vision and values:

- The Sedgleys hospital had a vision "to enable each and every one of the individuals in our care to achieve their personal best as defined by them". Staff that we spoke with told us that the values of the service were to support an individual to achieve and sustain skills and knowledge that would enable them to lead a safe, meaningful and fulfilled life in the future. Staff that we spoke with were also able to describe the visions and values of the hospital and could give examples of how they inform their clinical practice.
- Senior managers within the hospital's parent organisation were described as accessible and responsive to changes at the service. During our inspection of the Hospital we met with the regional operations manager and registered manager who described a working relationship that promoted candour, a commitment to service improvement and patient safety.

Good governance:

- Systems were in place to ensure that staff access to and attendance at mandatory training was provided and monitored, at the time of our inspection, the average training compliance rate across the service was 95% across all topics covered, and there were no areas of training where the compliance rate was below 75%.
- Staff received regular clinical and managerial supervision and reported that this worked well, promoting professional development and reflective practice. Staff from clinical specialities, including psychology and occupational therapy were able to attend meetings with peers from other hospitals to develop their clinical practice and core skills.
- There were no incidents in the six months prior to our inspection of staffing at the hospital falling below safe levels. Staff and patients that we spoke with reported that there were sufficient staff at the hospital to ensure that planned activities and one to one sessions with patients took place and that staff were able to maximise their time on direct care activities.
- A programme of clinical audit was in place and included audits of care records, Mental Health Act and Mental Capacity Act paperwork and medication reconciliation and prescribing practice. We found that audits had been used to improve the performance of the service, and that time specific action plans had been developed and acted on as a result of the auditing schedule.
- A range of key performance indicators were in use at the hospital to monitor the services performance and included incident monitoring, patient engagement in meaningful activity and staff sickness and turnover. Outcomes from key performance indicators were accessible by the registered manager through the use of a performance dashboard and were benchmarked against the providers other rehabilitation services.
- The hospital manager reported having sufficient autonomy to carry out their role effectively, with support from administrative staff, senior managers in the organisation and the regional operations manager. A risk register was in use to identify new and emerging risks, either from a service delivery or corporate perspective and the registered manager for the service was able to access and contribute to this if required.

Leadership, morale and staff engagement:

- Sickness rates at the hospital were low and less than three per cent during the period January to December 2017. The turnover rate for staff was higher at 21%. We raised this with the registered manager at the time of our inspection, contrasted to the low sickness rate. The registered manager attributed the majority of the higher turnover rate to new staff not successfully completing their probationary period and stated that new staff were required to demonstrate not only the core clinical competencies, but the values and holistic approach to care that was essential to the wellbeing of patients receiving care.
- At the time of our inspection, there were no grievance procedures being pursued within the team and there were no allegations of bullying or harassment.
- All staff that we spoke with were aware of the hospitals policies and procedures for raising concerns, either with

senior managers or using the whistleblowing process. All staff that we spoke with said they would feel able to raise concerns if required and felt they would be supported to od so by the hospitals management team.

- Morale amongst all staff we spoke with was excellent. The registered manager and consultant psychiatrist were described as accessible, leading by example and maintaining a culture of ensuring patients and staff felt listened to and valued. We were given multiple examples by staff of where they had been supported to develop professionally, including the provision of specialist training by the consultant psychiatrist and specialty doctor and all staff we spoke with told us that they felt empowered in their role to drive service improvement, irrespective of their grade or seniority amongst the wider clinical team.
- Staff reported that they were supported to undertake professional and leadership development and gave examples of their clinical expertise being recognised within the service and being encouraged to seek promotion, with success.
- All staff that we spoke with described a culture of mutual team working and support including celebrating the teams successes when things had gone well, and completing debriefs and sharing lessons learned when things had not gone as planned. Staff reported that the service had a culture where candour was encouraged and the clinical team sought to continually improve the care provided.
- Team meetings were routinely held and we reviewed minutes of these during our inspection of the service. Staff that we spoke with reported that they were supported and offered the chance to provide feedback on the service and how improvements could be made, and these were implemented by the senior leadership team where practicable.

Commitment to quality improvement and innovation:

- Medical staff at the hospital had produced a research paper for publication focussing on balancing physical and mental health treatments, and the importance of physical health monitoring in patients experiencing psychosis and schizophrenia.
- A senior occupational therapist had recently been appointed to post and had undertaken a therapy service review and produced a development plan for the year 2018 to 2019, this included a focus on improving the therapeutic environment, embedding specialist assessments and analysis of patient need and developing collaborative working with staff within the multi disciplinary team.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should ensure that staff are aware and document actions taken if medication storage fridges deviate from the safe operating range.
- The service should ensure that care and treatment records are completed using accessible language and terminology and that the patients involvement is evidenced using their own words where practicable.

This section is primarily information for the provider

Enforcement actions

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.