Millbrook

Quality Report

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Date of inspection visit: 15 January 2019
Date of publication: 08/03/2019

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?	Good

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

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

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

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

Summary of findings

Overall summary

Our rating of this service stayed the same. We rated it as good because:

- Patients received safe care from well-trained staff who understood their needs.
- The hospital was clean and well maintained.
- Staff reported incidents and learned lessons when things went wrong.
- Staff assessed and managed risks to patients, protected them from abuse and achieved the right balance to maintain their safety in the least restrictive environment possible.
- The hospital team included or had access to a range of specialists required to meet the needs of patients on the ward. A number of staff were undergoing training to deliver psychological interventions.
- Care and treatment was delivered by a multidisciplinary team that maintained good links with other agencies that formed part of the patient's care pathway.
- Discharge was rarely delayed and meaningful activities were available for all patients.
- Patients and their families were treated with compassion and kindness and their dignity.
- Staff involved patients in decisions about their care and gave them opportunities to feed back on the service.
- The service worked to a recognised model of mental health rehabilitation. Governance processes ensured that ward procedures ran smoothly.

However:

- The provider did not offer the full range of psychological therapies for patients in line with national guidance on best practice.
- Discharge planning had not followed national guidance and had not started on admission or included clear goals for patients to follow.
- Records relating to patient care were not always up-to-date, easily accessible to all staff or accurate in reflecting how the service was supporting patients on a day to day basis.
- Governance and audit processes had not identified and corrected some issues we found at ward level.

Summary of findings

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

Summary of this inspection

Background to Millbrook

Millbrook is an independent mental health hospital owned by Alternative Futures Group Limited. The hospital is in a residential area of South Manchester and provides community based inpatient rehabilitation for men and women with mental health needs, some of who are detained under the Mental Health Act.

The purpose-built unit was opened in 2004 and provides accommodation for up to 12 patients. There is one main ward with communal areas including patient lounges and kitchens, eight ensuite bedrooms and four bed-sit style flats.

The care and treatment provided is recovery orientated and focusses on supporting people to build skills to become more independent in managing their mental health needs and be discharged successfully. Millbrook Hospital is registered with the CQC to provide the following regulated activities:

- treatment of disease, disorder or injury
- assessment or medical treatment for persons detained under the Mental Health Act
- diagnostic and screening procedures.

Millbrook Hospital has been registered with the CQC since 21 December 2010. There have been five inspections carried out at Millbrook, the most recent inspection took place on 18 February 2016 where Millbrook was rated as 'good' overall.

At the time of our inspection there was a registered manager in post who had been at the hospital since June 2018.

Our inspection team

The team that inspected the service included two CQC inspectors, one CQC assistant inspector and a specialist advisor who was an occupational therapist in mental health services.

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?

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit on the 15 January 2019 the inspection team:

- visited the hospital and looked at the quality of the ward environment and observed how staff were caring for patients

Summary of this inspection

- spoke to two patients
- gained feedback from three family members and carers of patients
- interviewed the registered manager and senior nurse practitioner on the ward
- spoke with other staff members including nurses, support workers and an activity coordinator
- sought feedback from an independent mental health advocate who worked with the service
- attended and observed activity sessions, community meeting and multidisciplinary reviews for three patients
- looked at care and treatment records of five patients in detail and checked all patients' Mental Health Act detention paperwork
- carried out a specific check of the medication management of the ward
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to two patients on the day of our inspection who told us they received good quality care and that the hospital was clean and safe. Patients said staff involved them in their care and treatment and activities were provided for them as part of their recovery pathway.

Results from the most recent annual patient feedback survey in August 2018 showed all 12 patients at the time agreed that staff members were responsive to their needs. Patients had also said staff supported them to build new skills and undertake activities to help them live healthier, more independent lives.

We received feedback from families and carers of patients that spoke highly of the service and the treatment their relatives were receiving. Carers were invited into meetings with patients to review their treatment and staff were good at responding to their questions or concerns. The service encouraged patients to maintain relationships with families but respected those who did not wish for them to be involved.

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

Our rating of safe stayed the same. We rated it as good because:

- Patients received care and treatment in a safe and clean environment that complied with national guidance on mixed-sex accommodation.
- There were enough staff, who understood the needs of the patients and had the right skills to deliver safe care and treatment and reported and investigated incidents well.
- The service managed risk well to maintain patient safety whilst providing the least restrictive environment for patients possible.
- Staff understood how to protect patients from abuse and followed best practice in managing behaviour that challenged others.
- Medication was well managed and staff worked with patients to support them to self-medicate where appropriate whilst monitoring any potential side effects

However:

- Records relating to patients' care and treatment were not always up-to-date and easily accessible to all staff delivering care and treatment.

Are services effective?

Good

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients and offered a range of meaningful activities that promoted patient self-care and the development of living skills.
- Patients had good access to physical healthcare and were supported to live healthier lives.
- Staff from different disciplines worked together as a team to benefit patients and the service had effective working relationships with external services involved in patients' care and treatment.
- All staff received training in and understood the principles of the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- The provider did not offer the full range of psychological therapies for patients in line with national guidance on best practice.

Summary of this inspection

- Reports from approved mental health professionals were missing for two detained patients.
- Care records did not detail how the service supported patients to progress though their recovery journey if they had chosen not to engage in the planning of their care or partake in activities.

Are services caring?

Good

Our rating of caring stayed the same. We rated it as good because:

- Patients were treated with compassion and kindness, and staff respected their privacy and dignity.
- Staff understood the individual needs of patients and supported them to understand and manage their condition.
- The provider actively sought patient and carer feedback on the quality of care provided.
- Patients and carers said staff were supportive and kept them informed and involved.
- Staff ensured that patients had access to independent advocacy and were supported to maintain their own cultural and individual beliefs and access spiritual support.

Are services responsive?

Good

Our rating of responsive went down from outstanding. We rated it as good because:

- Patients did not have excessive lengths of stay and delayed discharges were caused by a lack of suitable accommodation which the provider worked with other agencies and patients to resolve.
- A range of meaningful activities were available and patients had their own activity timetable detailing suitable activities for a rehabilitation service.
- The service was accessible to those with protected characteristics and kept patients safe from discrimination or victimisation.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the findings and shared these with the whole team and the wider service.

However:

- Discharge planning for five patients was not in line with national guidance as it had not started from admission and did not include personalised outcomes and goals.

Summary of this inspection

- In comparison to our last inspection the service was not as pro-active in building community links or encouraging patients to access local opportunities such as volunteering and education.

Are services well-led?

Good

Our rating of well led stayed the same. We rated it as good because:

- Leaders had skills, experience and understanding of the service they managed and adhered to a recognised model of rehabilitation care that followed the provider's vision and values.
- Patients and staff felt respected, valued and supported by visible leaders who they could raise their concerns or complaints with without fear of retribution.
- The provider promoted equality and diversity in its day to day work and in providing opportunities for career progression.
- Processes were in place to ensure the service ran safely and risks were managed well, with issues at ward level escalated to senior leaders.

However:

- Governance arrangements and audit processes had not identified issues we found or ensured corrective action had been taken in a timely way.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings to reach an overall judgement about the provider.

At the time of our inspection there were eight patients detained under the Mental Health Act. There was a service level agreement with a local mental health trust who provided administrative support and advice to the service regarding the Mental Health Act.

We reviewed the paperwork for all detained patients which was mostly correct. The section detailed on one patient's section 17 leave form was not correct, staff explained this was a typographical error and rectified the issue.

Reports from approved mental health professionals detailing the social circumstances of patients were missing for two patients. When we raised this with the service they explained that they had requested these reports and were monitoring the issue. Staff carried out monthly audits to review the completeness of Mental Health Act paperwork.

Certificates showing that patients had consented to their treatment or that it had been properly authorised were correct and in place. Staff had all received training in the Mental Health Act and explained to patients their rights under the Act every three months and following any tribunal or manager hearing. This was recorded in the patient's care records with it noted if they had understood the information at the time.

Patients had access to an independent mental health advocate who visited the hospital monthly. Information on how to contact the advocacy service was displayed on a noticeboard in the main corridor and staff knew how to contact the service if a patient requested support from an advocate.

Mental Capacity Act and Deprivation of Liberty Safeguards

Millbrook had good policies and procedures in place regarding the Mental Capacity Act and the Deprivation of Liberty Safeguards. No Deprivation of Liberty Safeguards applications had been made by the service within the last 12 months.

All staff delivering care and treatment had received training in the Mental Capacity Act and safeguards. Staff we spoke with showed an understanding of the Act and were aware of their responsibilities and the procedures involved in this.

We found evidence from care records we reviewed that mental capacity had been assessed and staff were applying key principles from the act in their everyday working such supporting patients in decision making.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

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

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

Millbrook hospital had one main ward with accommodation for up to 12 patients both male and female. The unit was shaped in a loop with an outside courtyard in the middle. There were eight bedrooms with ensuite facilities and four bed-sits that had their own bathrooms and kitchen facilities.

At Millbrook patients received care and treatment for their mental health needs and were supported to develop existing or lost skills so they could care for themselves more independently once discharged. The hospital environment reflected this and all patients had access to communal areas such as the kitchen, activity room, laundry room and outside areas. For security reasons the entrance door to the hospital was locked but all patients were given the code to the door. Informal patients could enter and leave the unit freely. The nursing station was positioned at the entrance so staff were on hand to assist any visitors and ensure those detained could only leave in line with their treatment.

The hospital was equipped, furnished and maintained well. There was information displayed throughout the hospital that told patients about activities and links to other services in the community that they could access. The unit has gym equipment that patients could use to maintain healthier lifestyles.

The environment at Millbrook was safe. Staff knew about any ligature anchor points and had taken steps to mitigate risks to patients who might try to harm themselves. Staff and patients had access to call alarms in every room of the hospital including patients' bedrooms and bathrooms. Clinic rooms were fully equipped and staff had access to resuscitation equipment that they checked regularly. There was an emergency 'grab bag' in place for staff to use with ligature cutters inside and personal evacuation plans were in place for patients that required them.

The ward complied with national guidance on mixed-sex accommodation. All patients had access to their own private ensuite facilities and there was a separate female lounge available. The ward promoted a lesbian, gay, bisexual and transgender environment and there was a mix of female and male staff members on duty.

All areas of the ward were kept clean and records were completed to show this. Hand washing facilities were available and a monthly infection control forum took place to ensure best practice was followed in the service.

There was no seclusion room at Millbrook and patients were not secluded or segregated within the hospital.

Safe staffing

The service had enough nursing and medical staff who knew the patients and received basic training to keep people safe from avoidable harm. Staff had the right skills to provide safe care and treatment and were supported by a registered manager and senior nurse practitioner. At night time staff could access support from an out of hours registered manager 'on-call' system and through the medical team at the local mental health trust.

The manager could bring in bank and agency staff if extra support was required to patients' needs. Registered managers from other Alternative Future Group services met at a monthly forum to proactively identify and plan to meet any additional staffing needs.

Patients were registered with a local GP who provided physical health care. A consultant psychiatrist from the local mental health NHS trust attended Millbrook on a weekly basis and each patient received a full review of their needs each month. During out of hours and when the psychiatrist was on leave or away, other members of their team were on call at the trust to provide cover. This arrangement had been arranged by the local clinical commissioning group and was reported to work well.

At the time of our visit there were the following posts vacant at the hospital:

- one full time nurse
- four full time support workers
- one part time support worker
- one full time occupational therapist.

The service was in the process of recruiting new staff to these posts and we reviewed reasons why previous staff had left. Other staff had left to pursue a change of career or had moved to a new role within the Alternative Futures Group. Two of the support worker posts were new and created from additional funding Millbrook had secured. The occupational therapist post had been vacant for a month prior to our inspection and the registered manager had arranged temporary cover until a new starter was recruited.

The total permanent staff sickness rate was nine per cent, lower than last time we visited.

The service provided mandatory training to all staff in key skills needed to provide good care and treatment. All staff had completed mandatory training and the service used an electronic system called 'people planner' that would only allow staff that were up to date on their mandatory training to be rostered onto shifts. Senior staff said they like using 'people planner' as it allowed them to plan shifts ahead and arrange cover for when people wished to take annual leave.

Assessing and managing risk to patients and staff

Staff assessed and managed the risks to every patient. Staff from Millbrook visited patients before admission to assess their individual needs and potential risks to decide if Millbrook was the right service for them. Once admitted staff completed a full risk assessment and put risk management plans in place for every patient. We reviewed care records for five patients that showed risks for each patient were reviewed on a regular basis using a recognised assessment tool.

To support people's rehabilitation back into the community the service provided a good balance between maintaining safety and providing the least restrictive environment possible, with no blanket restrictions in place. Patients were supported to access laundry, cooking and local facilities in the community with plans in place to manage any potential risks. Staff understood the importance of positive risk taking as part of the patients' recovery pathways and could give examples of how they had supported previous patients to do this.

Staff followed best practice in anticipating and managing behaviour that challenged others. Staff did not use restraint or rapid tranquilisation and instead focused on using de-escalation techniques. This was part of Alternative Futures Group's wider restrictive intervention reduction programme that followed codes of practice provided by the British Institute of Learning Disabilities and the National Institute for Health and Care Excellence. Alternative Futures Group had also developed key performance indicators that reflected how services were delivering positive behavioural support into the organisation's business review cycle.

At ward level, staff at Millbrook who were delivering care were all trained in the 'therapeutic management of violence and aggression' and told us they felt confident in applying de-escalation techniques. There had been no incidents of restraint or seclusion used in the last 12 months. One lounge was given priority as a quiet space where patients were encouraged to go if they wanted to access an area away from the main ward without having to go to their bedrooms.

Staff followed good policies and procedures that protected patients' privacy during staff observations and if their bedroom had to be searched. The registered manager told us they would only ever search a patient's room in response to a specific concern and this was not a routine practice.

Long stay/rehabilitation mental health wards for working age adults

Good

Safeguarding

Staff knew how to protect patients from abuse and exploitation and the service worked well with other agencies to do so. All staff had received training on how to recognise and report abuse or risks of harm in adults and children. When we spoke to staff they could give examples of the different types of abuse and knew how to identify and report.

All staff had access to the provider's safeguarding policy that outlined when they should contact other agencies and work in partnership to protect those at risk of harm. Over a 12-month period Millbrook had raised two safeguarding concerns.

At a provider level there was a safeguarding forum and appointed lead who reviewed all safeguarding events across services to identify any areas for improvement. The safeguarding forum also linked in with external networks to ensure that national learning around safeguarding was shared across the Alternative Futures Group.

At Millbrook staff could give examples of how to protect patients from harassment and discrimination. This included patients with protected characteristics such as race, age, gender and disability as identified in the Equality Act.

Safe procedures were in place to protect any children visiting the service. Staff could pre-book rooms that were appropriate to facilitate the visit and were on hand to supervise if needed.

Staff access to essential information

We reviewed care records for five patients. Care records were split between paper folders and electronic systems. All information was securely stored and maintained patient confidentiality. However, it was not always clear to all staff where documents were stored. Some documents were kept separately to both the patient's individual paper care folders and the main electronic system used by the service. When we asked staff for records such as discharge plans and multidisciplinary meetings they were not always able to access them in a timely way or with great ease.

When we spoke to staff they clearly knew the individual needs of patients but some care records we reviewed were not kept up-to-date or written in detail. Daily records did not provide detail about the patient or what care they were receiving, often using generic terms to describe patients' behaviour such as 'kept a low profile'.

Medicines management

Staff followed best practice when storing, recording and giving patients their medication. The service had arrangements in place with the local pharmacy and GP to ensure patients received the correct medication to meet their needs. Staff completed a stock check on a regular basis to ensure that patients had access to enough medication and any overstock was accounted for.

Staff supported people though stages of self-medicating, an important goal in the rehabilitation care pathway. Patients that were self-medicating all had individual care plans in place and access to secure medication storage boxes in their rooms.

Staff regularly reviewed the effects of medication on each patient's physical health. Staff completed recognised outcome measures to monitor any potential side effects of antipsychotic medication and did regular audits of medication and physical health monitoring to ensure all information was captured correctly. For patients prescribed antipsychotics a separate care plan was in place that included the patient's perspective on taking this medication.

The registered manager attended a monthly medication management group to review any trends or lessons learnt in medication errors across other Alternative Futures Group services. A mental health pharmacist also attended this group to share changes in best practice and reviewed any medication errors found. The same pharmacist had also been to Millbrook to check the clinic room and review the medication and prescription charts to check if the service was managing medication safely.

We looked at medication records for six patients, including prescription cards, that were completed in full and demonstrated that medication was managed safely. Records contained patients' consent to treatment.

Millbrook did not subscribe to POMH-UK (The Prescribing Observatory for Mental Health), a national audit and quality improvement programme. However, internal medication audits did take place monthly at Millbrook that followed the same principles of POMH-UK.

Track record on safety

The service had a good track record on safety and managed incidents well. Over the previous 12 months, four serious incidents had been reported and we found evidence that action had been taken to investigate and

Long stay/rehabilitation mental health wards for working age adults

Good

learn from these incidents. The provider had worked with staff, those patients involved and other agencies to review, investigate and put corrective action in place. Where needed the service had introduced new protocols and procedures to avoid incidents from re-occurring.

Reporting incidents and learning from when things go wrong

Staff recognised incidents and used reporting systems to analyse and identify any lessons that could be learnt. Staff received training on how to report incidents using the in house electronic reporting system.

The registered manager monitored trends within the service and make changes. For example, staff had analysed incidents and saw there had been an increase in missing staff signatures on medication charts. To rectify this all nurses completed medication competency assessments and were reminded at team meetings to check for missing signatures. There were no missing signatures on the medication charts we reviewed on our inspection.

Staff were prompted by an electronic system to investigate any serious safety incidents in line with Alternative Futures Group's procedures. These procedures incorporated national guidance such as the 'Learning from Deaths and NHS England Serious Incident Framework' and instructed staff when to notify other relevant agencies such as the CQC.

Any lessons learnt from serious incidents was shared with staff through supervisions, team meetings and debriefs, the electronic staff portal and by displaying items on the staff notice board. Alternative Futures Group also had regional risk and governance leads and a forum that sent out alerts and bulletins to Millbrook about any lessons learnt from incidents across the organisation.

When things went wrong, staff apologised and gave patients honest information and support. There had been no notifiable incidents where duty of candour was applicable. The culture of the ward was open and patients were given written information from a national charity that explained what they should expect from the provider in a way that was easy to understand.

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

Staff assessed the physical and mental health of all patients. This assessment started before admission so staff could determine whether Millbrook would be a suitable placement for each patient. Once admitted the multidisciplinary team worked with patients to assess their physical and mental health needs and create holistic care plans. Patients were provided with copies of their care plans. If appropriate the service would use clinical scales to measure any symptoms patients experienced over time. Staff supported patients to use the 'Recovery Star', a recognised recovery tool, to plan their own recovery care pathway.

However, some of the records we reviewed showed that care planning had not always been completed in a timely way and did not include enough detail to show how the service was addressing individual needs. For example, five discharge plans we reviewed were not personalised, did not include specific goals and did not show how staff were supporting patients to make links with community resources. Additionally, four out of the five plans had started after three months of a patient arriving at Millbrook, this did not follow national guidance.

When we discussed this issue with staff they told us some patients had chosen not to engage in the planning of their care so it was difficult to include their up to date, personal views in care records. At multidisciplinary meetings we observed staff discussing this issue for specific patients and what they were doing to try and engage with them. However, care records did not detail how the service had supported patients, who had chosen not to engage in the planning of their care or activities, to progress though their recovery care pathway.

At the time of our inspection patients at Millbrook had chosen not to pursue volunteering or education opportunities that we had seen on our previous inspection at Millbrook. Staff told us how some of the current patients were at earlier stages of their treatment and did not feel ready to participate in activities or the planning of their care. However, it was not clear from the care records what staff were doing to address the issue of lack of engagement

within the current patient group over time. The service had not put any patient engagement plans in place or documented in the daily notes how staff were attempting to involve or motivate patients to engage with their recovery journey.

Staff ensured that patients' physical healthcare needs were met and they were supporting patients to live healthier lives. There was a service level agreement in place with two local GP surgeries who completed the physical health monitoring. Each patient received a full physical health check within two weeks. Staff worked with the GP to support patients with a range of physical health issues such as smoking, body mass index, blood glucose, blood lipids and blood pressure. Staff used health improvement plans to record physical health with patients and help them identify any risk reduction strategies or preventative steps they could take to improve their health.

Best practice in treatment and care

In the last 12 months Millbrook had successfully discharged seven patients. At Millbrook patients could build and practice skills needed to promote good self-care. Each patient had an activity planner with time dedicated to completing tasks like budgeting, cooking and cleaning. Staff also supported patients to complete their own applications for accommodation.

At the time of our inspection Alternative Futures Group did not have a designated clinical psychologist in place to provide rehabilitation therapies to patients at Millbrook. National guidelines from the National Institute for Health and Care Excellence state patients with long-term diagnosis of a psychotic illness should have access to psychological therapies such as cognitive behavioural therapy and family therapy. The service had recognised this gap and three of the nursing staff were training in psychological therapies and said they would make these available to patients once qualified. The registered manager supported these staff by giving them study time and Alternative Futures Group were contributing towards the costs of obtaining the qualifications. Staff also had access to separate supervision led by the course providers to aid their professional development. In the meantime, there were other pathways for patients to access psychological therapies from local NHS community or specialist services if needed.

Alternative Futures Group did not formally participate in any external audits, national-benchmarking or accreditation schemes but had its own internal processes to measure service quality.

Skilled staff to deliver care

In the last 12 months all staff had received an appraisal and all clinical staff had received managerial supervision every six weeks. The registered manager ensured all staff were provided with an induction, completed mandatory training and could access further training to gain new skills. This included training support workers as service leads in topics such as housing and advocacy so that they could support patents to fill in forms and liaise with external services more effectively. One support worker was completing training to become a qualified nurse.

Staff received clinical supervision on a quarterly basis. Staff said they felt supported and could access support from senior staff when they needed it. The manager and senior staff had an open-door approach to support which we observed on the day.

Multidisciplinary and inter-agency team work

Staff from different disciplines worked together as a team to benefit patients and ensure their needs were met. Medical cover was provided by the local mental health trust. A consultant psychiatrist, junior doctor and medical registrar attended multidisciplinary meetings with staff at the hospital on a weekly basis to review patient care. Patients were also invited to these meetings and any other relevant people involved in a patient's care pathway including family members and independent advocates. The service had effective working relationships with staff from services that would provide aftercare following the patient's discharge. Care coordinators and social workers were invited to multidisciplinary meetings and staff liaised with them on a regular basis.

Millbrook had service level agreements in place with two local GP surgeries and worked collaboratively with the surgeries to ensure patients' physical health care needs were met. As part of this staff could access other professionals by referral through the GP, for example dieticians.

The registered manger attended a weekly bed management meeting with other services across the local area to allocate patients to the most suitable service to meet their needs. Staff gave examples where they had

Long stay/rehabilitation mental health wards for working age adults

Good

visited prospective discharge placements with patients and where the patient had declined the placement, had then worked closely with care coordinators and social services to find a more suitable option.

Adherence to the Mental Health Act and Code of Practice

Staff understood their roles and responsibilities under the Mental Health Act 1983 and knew the key principles of the Act and the accompanying Code of Practice. All clinical staff had received training in the Mental Health Act which was mandatory and refreshed on an annual basis. The Alternative Futures Group ensured all relevant policies and procedures reflected the most recent national guidance and was available to all staff at Millbrook through its electronic portal. The local mental health trust provided administrative services and legal advice on implementation of the Mental Health Act and staff said they could access support when they needed it.

A notice was displayed on the ward to tell informal patients that they could leave the ward freely. The access code to unlock the front door was clearly displayed at the entrance of the hospital and information for informal patients was displayed in communal areas. The nurses station was positioned at the entrance to the hospital and a staff member was present to ensure that detained patients could not leave the hospital outside the conditions of their section 17 leave (if granted). Staff ensured patients could take section 17 leave when this had been granted and completed pre- and post-leave assessments to assess and manage any risks associated with patients taking leave.

Patients had easy access to information about independent mental health advocacy and those that wanted to use the service were supported to access an advocate. Patients were explained their rights under the Mental Health Act in a way that they could understand. Staff ensured that they did this on a regular basis, recorded when they had done it and if the patient had understood the information.

We examined mental health paperwork and found the correct documentation in place to show patients were lawfully detained. The section 17 leave form for one patient was incorrect with the wrong section detailed on the form. Staff explained this was typographical error and rectified the issue.

Reports from approved mental health professionals detailing the social circumstances of patients were missing for two patients. The service was able to explain that they had requested these reports and were trying to retrieve them.

Good practice in applying the Mental Capacity Act

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

All staff delivering care had received mandatory training in the Mental Capacity Act. Staff described how they would support patients in line with the principles of the Act and gave examples of where they had worked with patients to support them to make decisions about finance and budgeting including best-interest decisions.

There had been no Deprivation of Liberty Safeguards applications made for patients within the last 12 months.

The service had systems in place that could monitor adherence to the Mental Capacity Act and monitor the progress of any deprivation of liberty applications.

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

Good

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. We observed staff providing patients with help, emotional support and advice in a way that was discreet and respectful. The patients and carers we spoke to told us that staff showed genuine interest in them and were responsive to all their needs. The service invited patients to keep in touch after discharge if they required any emotional support.

The service had recently introduced the 'Cherry blossom tree' where each month a patient would be nominated by other patients and staff to win an award of recognition for something they had achieved as part of their rehabilitation pathway.

Long stay/rehabilitation mental health wards for working age adults

Good

Patients' privacy and dignity was respected. Care records were stored safely to maintain confidentiality and staff knocked on patients' doors before entering. Patients told us that they could choose what activities they participated in and could access their own bedroom when they wished. If a patient did not wish for their family or carers to be involved, staff were made aware and their privacy respected.

Staff understood the individual needs of patients and supported them to understand and manage their care, treatment or condition. Patients and carers told us staff knew them as individuals and they had received information on their treatment, including any medication. Staff could describe in detail how they were supporting their patients and reviewed how the service was meeting patient needs at multidisciplinary meetings.

Information was provided to patients about other local services they could access as part of their treatment. For example, contact details for the local citizens advice bureau and details of local gyms and libraries were displayed in communal areas and in patients' admission packs.

Staff actively sought patient feedback on the service through an annual patient survey, anonymous comment box and during one to one sessions. Community meetings were held weekly for patients to discuss the service and plan any upcoming events they wanted to organise such as quiz nights and group trips out in the community.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.

Involvement in care

Staff involved patients in the planning of their care and risk assessments where possible. All patients were invited to attend multidisciplinary team meetings monthly to discuss their treatment and had one to one time with a named nurse and support worker. Patients were asked to complete an interest checklist and to work with staff to set their own goals in care plans, if patients had chosen not to engage this was recorded. However, it was not always clear from daily records how staff were working to encourage patients who had choose not to engage with the care planning process.

Staff communicated with patients so that they understood their care and treatment and found effective ways to communicate with patients with communication barriers.

Resources were available for patients who required information in an 'easy-read' format and the service could provide interpreters for those patients whose first language was not English.

The admission process was used to inform and orient patients to the service. Staff also supported patients during the admission process and invited prospective patients to visit the ward before admission. Staff also encouraged patients to contact the service before they arrived if they needed any assurance or clarity about their move to Millbrook.

Staff ensured that patients had easy access to independent advocates. Although patients were not automatically referred to advocacy staff encouraged people to use the service at community meetings and there was information on how to contact the advocate available on the ward. The advocate attended multidisciplinary team meetings and visited the ward every six weeks or whenever a patient requested them to.

Staff informed and involved families and carers appropriately. We spoke to three carers who said the care and treatment their relatives received was good. They said staff treated patients well and behaved appropriately towards them. Families and carers could attend meetings with patients and were able to visit patients every day. One carer spoke very highly of the service and said they staff were always caring and listened to any feedback they had.

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

Good

Access and discharge

Senior staff at Millbrook attended a weekly bed management meeting with other providers in the area to discuss and review referrals for admissions. Staff said by attending these meetings they worked with services to ensure a more coordinated approach in meeting the needs of patients across the area. People were referred to the most suitable service for them and patients who were currently placed out of area were brought back into services closer to their local communities.

Long stay/rehabilitation mental health wards for working age adults

Good

From August 2017 to July 2018 the average bed occupancy at Millbrook was 98%. Beds were not reallocated until a patient had been discharged so patients could always return to their own room after leave.

Waiting times from referral to treatment and arrangements to admit and treat patients were in line with good practice. The service assessed people who had been referred within two weeks. During this time two members of staff would visit the prospective patient and discuss their initial assessment at multidisciplinary meetings.

The average length of placement at Millbrook was between 12 and 18 months. At the time of our inspection there were three patients whose discharged had been delayed as no suitable accommodation was available. Staff were working with care-coordinators and commissioners to address this.

If patients' needs could not be met at Millbrook, staff would work with other local services to find a more appropriate place for them to go to.

Although the service had discharged seven patients in the last year the planning process for discharge did not currently follow national guidance. All discharge plans we reviewed were not personalised and did not include clear records of what personal goals and outcomes patients were expected to achieve on their rehabilitation care pathway. Four out of the five plans we reviewed had not started within in the first three months of admission and did not include any details of how staff were supporting patients to make links with community resources.

We addressed our concerns with the registered manager who told us Millbrook had recently implemented a new approach to improve discharge planning. As part of this planning for discharge would start at admission and include a detailed care pathway with outcomes and specific goals patients could use to measure their progress against. The registered manager told us current patients would work with staff to update any previous discharge plans into comprehensive, goal orientated ones. As this new approach had only begun a fortnight before our inspection and no new patients had been admitted we were unable to assess if it had been successful in making Millbrook's discharge planning process more responsive to patients' needs.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity. All communal areas were well-maintained, bright, clean and had information displayed about what was going on in the hospital and local community. On the unit patients could access three lounges including one that was female only, a rehabilitation kitchen, an activity room and laundry facilities. There were also quiet areas on the ward where patients could meet visitors.

There were two outdoors spaces that patients could access at all time. In the main garden there was a vegetable plot were patients grew their own vegetables. To encourage exercise, gym equipment was available on the ward and there was a poster showing how many laps of the building patients would need walk to reach a mile in distance.

Patients had their own bedrooms that they could personalise and had ensuite facilities. As part of building independent self-care skills, staff supported patients to keep their own bedroom clean. All patients could store their personal belongings safely in their rooms. Most patients had their own mobile phones but a phone was available for patients to use in private if they wished.

A range of social and leisure activities were available in the evening at weekends. A group timetable of activities was available and patients had their own activity timetable for the week that included activities that were aimed at living healthier lifestyles and accessing local facilities.

All patients were participating in activities such as laundry, cleaning their bedrooms and taking escorted and unescorted leave in the community. Some patients did not always choose to engage in all activities available at Millbrook and said the range of activities did not meet their interests. The service had acted to try and resolve this and the activity coordinator was pro-active in trying to engage with patients. However daily notes of patients' interaction and activity did not capture staff attempts to motivate and support patients well.

The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater. All patients were encouraged to cook for themselves at least once a week and in the four bed-sits each patient had their own fully equipped kitchens. Staff supported patients to budget,

menu-plan and cook for themselves and an allowance of £35 was available to spend on food per patient. Patients who did not wish to cook were still able to access food catered by the provider.

Patients' engagement with the wider community

Although staff supported patients to access local facilities the service was not as pro-active in building community links or encouraging patients to access local opportunities such as volunteering and education, in comparison to our last inspection. Senior staff described how they would encourage people to access education and volunteering opportunities and could give past examples of how the service had supported patients to do so. At the time of our last inspection patients were accessing local volunteering opportunities and attending the 'back on track programme', a short six-week course that helped improve people's English and maths. Staff told us that patients on the unit at the time of our current inspection did not wish to access these services.

Patients were supported by staff to go out into the community to use facilities such as local shops, hairdressers and the dentist and staff provided practical support such as helping patients use public transport. At Christmas the Salvation Army held a carol service and mince pies event on the ward and the feedback from patients and staff had been positive.

Daily notes we reviewed used short, generic statements such as 'remained in bedroom' to describe the presentation and activity of patients during the day. Discharge plans did not include any goals relating to patients accessing these opportunities. Therefore, it was unclear how staff had attempted to support or motivate current patients to engage in more complex community based activities that would move them further along their care pathway. When we raised this with the registered manger they outlined plans to grow further community links with groups that could offer patient meaningful development opportunities and recognised patient engagement was a challenge.

Meeting the needs of all people who use the service

The service was accessible to patients with specific needs including those with impaired mobility. All bedrooms had an ensuite that was wheelchair friendly and there was a large assisted bathroom that patients could use if they wanted to have a bath. Further adjustments had been made on the unit such as the installation of slow door stops to allow people with walking aids enough time to pass through. The registered manager said British sign and foreign language interpreters could also be accessed if needed. For patients who did not speak English as their first language written information was available in their own language.

Staff ensured that patients could obtain information on treatments, local services, patients' rights and how to complain. This information was displayed on the notice board in communal areas of the ward and within patients own admission packs. Patients said they were given information about their treatment. Staff knew about the different services they could signpost patients to, such as substance misuse services. All areas of the hospital had wi-fi connection that patients could use to access any additional information.

Staff supported patients to access community faith groups and gave examples where they had helped patients celebrate religious festivals such as Eid. Patients had a choice of food to meet their dietary requirements, including Halal and Kosher.

Listening to and learning from concerns and complaints

Patients told us they knew how to complain or raise concerns and posters about how to complain were on display in the hospital. Staff explained how they would protect patients who raised concerns from discrimination and harassment. The service had a complaint leaflet available with free postage to a central complaints co-ordinator.

The service treated concerns and complaints seriously and had processes in place that meant they were investigated. Staff received feedback on the outcome of any complaints through team meetings and the quarterly risk and governance report. All comments and complaints across Alternative Future Group services were logged on an electronic system and an annual report was produced across the group analysing the results.

Between July 2017 and August 2018 one complaint had been received from a patient's relative. Although the complaint was not upheld, the manager contacted the complainant and put plans in place to address their concerns.

Long stay/rehabilitation mental health wards for working age adults

Good

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

Good

Leadership

The service was led locally by an experienced registered manager who was based on site. The registered manager had good knowledge of rehabilitation services and understood the legal frameworks in which the hospital operated. A senior nurse practitioner who had worked at Millbrook as a nurse two years prior to their current role provided deputy clinical support to the registered manager.

Staff told us that they felt supported in their work and that they could raise any concerns or issues they had with the registered manager who was visible in the day to day running of the hospital. Senior leaders from the Alternative Futures Group visited Millbrook to provide support when needed through ad-hoc visits and organised 'safety walk arounds', which was last attended by one trustee, three directors, the regional business manager and the head of quality and operations.

As well as mandatory training staff were encouraged to access new training as part of their career progression including leadership training.

The registered manager also encouraged staff to take the lead on any improvements they wanted to make to the service to improve the quality of care and treatment patients received. For example one staff member had suggested patients needed more designated time to look at 'life skills' such as housing and keeping in touch with friends. To facilitate this with weekly one to one sessions were put in place with patients and a named support worker to focus on discussing how patients were maintaining relationships outside of the service and accessing community services.

Vision and strategy

The service had a clear vision to create a 'world where people control their lives'. This vision had shaped the delivery of the service that focused on giving patients the right to choose and achieve their aspirations. This vision was underpinned by the following values displayed in the hospital:

- we are one
- we raise the bar
- every person matters
- we make a positive difference
- we take ownership.

Senior staff at Millbrook demonstrated these values and had communicated the vision of the service to frontline staff during the interview process and induction. The values were then used at supervision and appraisal to inform staff objectives for the following months.

When we spoke to staff they knew and understood the provider's vision and values and how they applied them in providing care. One patient told us that staff at Millbrook were interested in them as a person and not just as a patient. Carers we spoke to told us the service had made a positive difference to the lives of their families and friends.

Culture

The culture at Millbrook was open and honest. Patients said they felt they were treated fairly and made aware of any changes to their treatment and, for those who chose to engage, were involved in the planning of their care. There was a clearly outlined procedure in place for duty of candour and patients were given information on what to expect with regards to this on admission. Reporting of compliments or complaints was shared with staff and analysed through a local governance risk and performance report.

Staff felt respected, supported and valued. They told us the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. The team at Millbrook recognised patient and staff success within the service. Staff who had gone above and beyond were selected to receive gift vouchers, presented at team meetings. The service had introduced the 'Cherry Blossom Tree' a peer-led initiative where patients could nominate other patients for an award for achieving milestones in their care pathway.

Equality and diversity at Millbrook was protected and promoted. The service had adjusted the hospital and care provided to ensure it was accessible to all, including people who had impaired mobility and communication needs. All staff received mandatory training in equality and diversity. Alternative Futures Group also developed and reviewed all its procedures and policies used at Millbrook using an

equality impact assessment tool, to ensure the principles of equality and diversity were imbedded in routine operations. Alternative Futures Group also conducted an annual equality and diversity audit on an annual basis.

Governance

Alternative Futures Group had governance processes in place to manage performance and risk at all its services including Millbrook. A 'Care Governance Structure' was in place that connected operational leadership and governance groups to the staff and patients at services across its service portfolio.

At Millbrook there were thematic leads given to different staff members at ward level such as safeguarding and physical health. Staff leads from all services would then attend regional groups to improve areas of practice such as mental capacity, quality improvement, physical health and risk governance. Patients and their families also attended some of these groups to represent patient perspective. Any emerging themes or trends identified within these groups and forums were escalated to senior leaders within the organisation to ensure they had the oversight of quality and operational performance.

At a local level the registered manager at Millbrook implemented an annual audit calendar that staff followed and adapted to monitor the different aspects of the care and treatment provided. An electronic reporting system allowed the registered manager to retain oversight of the service and any incidents that occurred.

Whilst we found evidence that governance arrangements and clinical audits were generally efficient, some issues we found at ward level had not been identified and corrected in a timely way:

- Discharge care planning processes that had not followed national guidelines.
- Organisation of care records meant that they were not always complete, kept up to date and easily accessible to all staff.
- The service did not maintain daily records that gave details about how the service was supporting patients who had chosen not to engage in activities or the planning of their care pathway.

Despite these issues Millbrook did have systems in place to ensure the care and treatment provided for patients was safe and discharges were only delayed due to unsuitable accommodation being available or for clinical reasons.

Staff ensured patients could safely complete activities that would help build rehabilitation skills such as cooking and cleaning, and they supported patients to access local facilities if they wished to do so.

The hospital had well maintained facilities in place for patients to use as part of their recovery such as an activity room, gym equipment and laundry. The registered manager ensured that the staffing mix at Millbrook had the right multidisciplinary skills and knowledge to meet the mental and physical health needs of patients. All staff received training and regular supervision to support them in providing effective care and treatment.

Staff who delivered care were compassionate and made a difference to people's lives. Of the patients and carers who did wish to speak to us they were pleased with the service delivered at Millbrook and that staff treated them as individuals. In the last 12 months the service had successfully discharged seven patients and we found evidence that showed the service worked well with other agencies involved in the discharge process such as care-coordinators, social workers and housing associations.

At Millbrook staff and patients including those with protected characteristics did not face discrimination or difficulties in using services and all patients were safeguarded from abuse. Staff felt able to raise concerns without fear of retribution and could talk to their line manager about any issues they had. Staff also knew how to use the whistleblowing process and where to find it on the provider's electronic portal.

Management of risk, issues and performance

The service had effective systems for identifying risks and issues and planning to eliminate or reduce them. The registered manager at Millbrook monitored trends in incidents being reported in the hospital and put action into place to address them and respond to emerging risks that could affect quality and safety of the care provided.

For any serious and untoward incidents there was clear guidance in place and staff told us they understood and could access this guidance. Alternative Futures Group had a specific management review committee in place to evaluate all serious incidents at a provider level. This

committee would put action plans in place that outlined key learning points and worked with local registered managers to ensure action had been taken to prevent the incident from re-occurring.

Millbrook worked well to address wider risks identified on the provider's risk register such as a national shortage of clinical staff. Millbrook worked with local universities to engage with student nurses and was accredited to take student nurses on placement in the hope it would attract new recruits to work for Alternative Futures Group once qualified. A student lead had also been appointed to mentor new nurses during their placements at Millbrook.

Staff performance was well managed. Although the service's staff sickness and absence rate was 9%, higher than the national average, we found only two staff members were absent from the service. The registered manager explained how staff were supported to return to work from long periods of absence but only when they felt able to. Staff could also access external emotional support through a counselling provider Alternative Futures Group worked with.

The service operated in line with Alternative Futures Groups' policy and procedures on managing poor staff performance. Any performance issues were identified and rectified through regular supervision and there was a clear disciplinary procedure in place. The registered manager gave examples of where performance plans had been put in place to support staff to improve.

The hospital had recruitment systems in place to ensure that all staff were employed only after the correct checks had been completed to ensure suitable staff worked with vulnerable patients. This included taking up references, disclosure and barring checks, photographic ID checks and checking nurses' registration.

Alternative Futures Group also had resources to bring in external auditors to assess the performance of its services if needed.

Information management

The service collected, analysed, and used information to support all its activities. An electronic system provided an effective tool for staff at Millbrook to report incidents and store information for each patient in a secure way. The senior staff used the information collected about the service to identify key trends and areas for improvements at Millbrook such as medicines management.

Patients care records were split between paper and electronic folders. Although information was stored in a secure way that protected patient confidentiality it was not always clear where certain paperwork could be found. For example, notes from multidisciplinary meetings were not always stored alongside the main care plans for each patient and although we observed detailed records being made at these meetings, staff we asked did not always know where to find the most recent records. Brief, generic terms were frequently used in daily records to describe the patient's demeanour and daily presentation such as 'stayed in bedroom'.

Engagement

Staff and patients had access to up-to-date information about the work of the provider and the services they used. Communication was relayed to staff through electronic internet portal and social media. There was also a national employee partnership forum developed so all levels of staff had some where to discuss their issues and have the forum raise them with senior management on their behalf. On a local basis the registered manager disseminated key information to staff and patients at Millbrook through monthly team meetings and weekly community meetings.

An annual national staff survey took place across the organisation. Alternative Futures Group then held presentation sessions to explain the results of the survey to employees across its services. Following this 'action-planning sessions' had been facilitated for regional teams to identify ways to improve services. Some of the questions that scored the highest positive response with staff were 'I know what I'm expected to do at work' and 'We have high standards in our work'.

One of the lower scored questions, indicating a negative response with staff was 'I think I am paid fairly in comparison with people who work in similar organisations'. The organisation had made a commitment to staff to act upon these negative findings and communicate any progress. For example, human resource managers were holding drop in sessions in the local area to discuss potential changes to sleep- in rates of pay with all Alternative Futures Group staff.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. There were a number of channels people who used the service could provide feedback, which

included surveys, comment boxes and weekly community meetings. There was also a central complaint office within the Alternative Future Group that patients and carers could send any issue or complaints to.

Patients and carers also had opportunities to be involved in wider decisions about changes at services via the Alternative Future Group care governance structure that ensured patient representation was present at all their working groups and forums.

Learning, continuous improvement and innovation

Staff were supported to access additional training so they could improve the quality of care delivered. Three members of the nursing team were studying psychological therapies such as cognitive behavioural therapies so that they could provide these to patients at Millbrook in the future. Alternative Futures Group had contributed to the financial cost of these qualifications and the Registered manager ensured these staff could access protected study time.

At the time of inspection Millbrook was not accredited with the Royal College of Psychiatry quality network. The registered manager did attend a 'Quality Leads Group' working with other providers across greater Manchester to develop a framework of quality improvement items and projects.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should ensure patients are offered suitable psychological therapies as part of their treatment in line with national guidance on best practice
- The service should ensure that its discharge planning process follows national guidance starting from admission and that staff work with patients to set personalised recovery outcomes and goals.
- The service should ensure that care records are easily accessible to all staff, are kept up-to-date and reflect what support is provided to patients who choose not to engage in the planning of their care or activities provided.
- The service should ensure all reports for approved mental health professional are in place for all detained patients.
- The service should review its audit processes to ensure any issues that affect the quality of service delivered are identified and corrected in a timely way.