Elysium Healthcare No. 4 Limited

Three Valleys Hospital

Inspection report

2 Burley Court
Steeton
Keighley
BD20 6TU
Tel: 01535657350
www.elysiumhealthcare.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location went down. We rated it as requires improvement because:

- The hospital was not well equipped, well furnished, or well maintained. Two communal bathrooms were cluttered and not accessible. Decor was tired with peeling paint and there was damage to areas of flooring. Some of the walls were stained and the ensuite bathrooms had staining around the top of the wall and ceiling. Some of the fixtures were in a poor state of repair and some of the furniture needed replacing. The internal doors were heavy and a person using a wheelchair independently could not safely access all areas of the service without support.

- Oakworth ward decor was not dementia friendly to aid orientation of the ward for patients. The design, layout, and furnishings of the ward did not always support patients' treatment, privacy, and dignity. Physical observations were sometimes taken in communal areas or areas that lacked privacy and there was a lack of observation panels in patients' bedroom doors.

- Dementia training and training in relation to caring for older people was not mandatory and was not always completed by staff.

- Oakworth ward did not hold regular community meetings, and this had been raised as a concern at our previous inspection.

- There was a large number of care plans which made finding available information difficult for staff. There was no formal system for auditing the quality of care plans.

- Not all risk assessments were up to date.

- Psychological treatments were limited at the time of our inspection, although the provider had recruited a clinical psychologist and was in the process of providing a greater range of psychological treatment options for patients and support sessions for staff.

However:

- Wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received supervision and appraisals. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients, families, and carers in care decisions.

- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for older people with mental health problems	Requires Improvement 	**Our rating of this service went down. We rated it as requires improvement because:** • The ward was not well equipped, well furnished, or well maintained. The communal bathroom was cluttered and not accessible. Décor throughout the communal areas and bedrooms was worn and not of a good standard. • The ward decor was not dementia friendly to aid orientation of the ward for patients. • The design, layout, and furnishings of the ward did not always support patients' treatment, privacy, and dignity. Physical observations were sometimes taken in communal areas and there was a lack of observation panels in patients' bedroom doors. • Dementia training and training in relation to caring for older people was not mandatory and was not always completed by staff. • The ward did not hold regular community meetings, and this had been raised as a concern at our previous inspection. However: • Wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. • Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.

Summary of findings

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received supervision and appraisals. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients, families, and carers in care decisions.

Long stay or rehabilitation mental health wards for working age adults

Good

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

- The wards had enough nurses and doctors. They minimised the use of restrictive practices and followed good practice with respect to safeguarding. Medicines were mostly managed safely although we found some errors in medicines documentation.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They mainly provided treatments to the meet the needs of the patients which were in line with national guidance. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- Although the ward environments were clean, they were not well maintained. Decor was tired with peeling paint and there was damage to areas of flooring, some of the walls were stained and the ensuite bathrooms had staining around the top of the wall and ceiling. Some of the fixtures were in a poor state of repair and some of the furniture needed replacing. The internal doors were heavy and a person using a wheelchair independently could not safely access all areas of the service without support.
- There was a large number of care plans which made finding available information difficult for staff. There was no formal system for auditing the quality of care plans.
- There was evidence of discharge planning in patients' records but this was difficult to find because it was not collated in 1 place. We found 1 record out of 8 that did not contain discharge plans.
- Not all risk assessments were up to date.
  - Psychological treatments were limited at the time of our inspection, although the provider had recruited a clinical psychologist and was in the process of providing a greater range of psychological treatment options for patients and support sessions for staff.

Summary of findings

Contents

Summary of this inspection

Background to Three Valleys Hospital

Three Valleys Hospital has been registered with the Care Quality Commission since August 2013 to carry out the following regulated activities:

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

Three Valleys Hospital is an inpatient locked rehabilitation service. It is a registered location of Elysium Healthcare Ltd. The service provides care for a maximum of 43 male and female patients across five wards.

Long stay or rehabilitation mental health wards for working age adults

- Ingrow is a 12 bedded female rehabilitation ward.
- Winfield is a four bedded 'step down' unit

Ingrow and Winfield ward are registered together and had the same manager and staff team.

- Oldfield is a 12 bedded male rehabilitation ward.
- Steeton is a six bedded 'step down' unit, designed to provide support for patients from Oldfield ward who are closer to discharge.

Oldfield and Steeton ward are registered together and had the same manager and staff team.

Wards for older people with mental health problems

- Oakworth ward is a nine-bedded service for men with a primary diagnosis of dementia or related neuropsychiatric conditions whose physical illness or frailty contributes to, or complicates, the management of their mental health problem.

The Care Quality Commission previously inspected Three Valleys Hospital in 2018. We rated the service as good across all domains. No breaches of regulation were identified at that inspection.

The hospital had a registered manager at the time of our inspection.

What people who use the service say

We spoke to 10 patients and 7 carers. Patients mostly told us that staff were polite, respectful and caring. Carers were positive about staff; telling us they were friendly, approachable and supportive. We observed warm and caring interactions between staff and patients and staff seemed to know patients well. Patients told us staff were visible on the wards and that there were enough staff to facilitate leave and run activities. Two patients on Oakworth ward said they did not always feel safe on the ward but felt able to raise concerns with staff. Patients said they had access to activities and could choose whether they participated or not but also told us activities were not available 7 days a week. Most patients told us there was a good choice of food on the ward.

Summary of this inspection

Most carers said communication was good and that they felt involved in their loved one's care. However, 1 carer did not feel fully involved or informed about their loved one's care. Carers told us they had received an information pack with details about how to give feedback or make a complaint. Several carers told us they wanted to thank the ward team for all they did for their relatives.

How we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

During our inspection we visited 3 wards and 2 step down units.

The team comprised 3 CQC inspectors, 2 specialist advisors, and an expert by experience.

During the inspection we:

- reviewed medication records on all units
- reviewed 12 care records.
- spoke with 10 patients.
- spoke with 7 carers.
- completed a short observational framework for inspection (SOFI).
- observed ward activities and interactions.
- attended a range of meetings that contributed to the running of the hospital.
- toured all the wards, step down units and clinic rooms.
- spoke with 14 members of staff including ward managers, nurses and recovery workers.
- spoke to external agencies who work with the hospital and,
- reviewed a selection of policies and documentation supporting the running of the service.

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

Outstanding practice

We found the following outstanding practice:

The ward worked with external agencies to ensure patients at the end of their life received the best palliative care possible. This included creating an effective working relationship with a local hospice and regular meetings with a palliative care clinical lead who had received multiple awards for their work. They worked with the local GP who had facilitated staff access to a 24/7 telephone service for people in their last year of life which was facilitated by senior nurses at a local hospital. The GP had provided senior staff with access to other services systems to access care notes by proxy of patients to ensure continuity of care.

Summary of this inspection

Areas for improvement

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

Action the service MUST take to improve:

Long stay rehabilitation service

- Regulation 12(2)(a)(b) The service must ensure that all risk assessments are up to date and have been reviewed in line with the providers policy.
- Regulation 15(1)(c)(e) The provider must ensure the premises are properly maintained and that all areas used by patients are safely accessible to them.

Wards for older people with mental health problems

- Regulation 15 (1)(c)(d)(e)(f) The service must ensure that all rooms, including the communal bathroom, on Oakworth ward are cleared of clutter, and are accessible and fit for purpose.
- Regulation 15 (1)(c)(e) The service must ensure that Oakworth ward communal areas and patient bedrooms are well maintained.
- Regulation 15 (1)(c) The service must ensure that Oakworth ward has dementia friendly décor to support the care and treatment of patients.
- Regulation 15 (1)(c) The service must ensure that all doors in rooms on Oakworth ward used by patients have observation panels with integrated blinds / obscuring mechanisms.
- Regulation 9((3)(a)(c)(d)(f) The service must ensure that Oakworth ward holds minuted ward community meetings that are attended by patients and staff members.
- Regulation 9((1)(3)(c) The service must ensure that all staff who work on Oakworth ward have mandatory training that is specific to the care of older people.

Action the service SHOULD take to improve:

Long stay rehabilitation service

- The service should ensure all risk assessments for patients are up to date and reflect the patients' current health status.
- The service should ensure that staff are able to easily access important information about patients.
- The service should continue the quality assurance project pertaining to care plans, to ensure staff have easy access to information required to support patients.
- The service should ensure patients are able to access a full range of psychological activities to meet their needs.
- The service should ensure there are mechanisms in place to audit the quality of patients' care plans.
- The service should ensure privacy and dignity are maintained when carrying out physical health care observations.
- The service should ensure all patients have clearly identifiable discharge plans.
- The service should ensure medicines documentation is up to date.

Wards for older people with mental health problems

Summary of this inspection

- The service should ensure that the use of nurse call alarms and their placement in communal areas and bedrooms are effective.
- The service should ensure the care of older people is included in their policies, including the restraint of older people.
- The service should continue to review the quality of the care records as part of their care records quality improvement plan.
- The service should review their schedule of multidisciplinary meetings for patients to ensure it meets best practice guidelines.
- The service should ensure that all policies are reviewed and updated as set out by their own processes.
- The service should ensure privacy and dignity are maintained when carrying out physical health care observations and should knock on patients' bedroom doors and wait before entering unless there are concerns about their safety.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement

Requires Improvement

Wards for older people with mental health problems

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

Is the service safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

The ward was not well equipped, well furnished, or well maintained.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of the ward areas and removed or reduced any risks they identified. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe with the use of staff observation of patients. The ward had a completed ligature risk assessment (a ligature risk point is defined as anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation).

Staff could observe patients in all parts of the ward. The ward was laid out in an L formation. Staff were assigned to be on constant observations in the communal area and this area was also visible from the nurses' station. A camera had been placed on the patient bedroom corridor which was not visible from the nurses' station, or the communal lounge and a member of staff monitored the camera continuously.

Staff had easy access to alarms, but patients did not always have easy access to nurse call systems. The communal bathroom did have an alarm in place; however, it was located a significant distance away from the bathtub which meant a patient could have difficulty sounding the alarm if they required support. Not all bedrooms had nurse call alarms, and in those that did, the alarms were not always placed close to the patient's bed. Staff told us that access to a nurse call bell and its location was decided by each patient if they had capacity. Care records documented patients' capacity to use a nurse call alarm and if the patient lacked capacity the staff had a handheld monitor to be able to respond to the patients' requests.

Maintenance, cleanliness, and infection control

Ward areas were clean, but were not always well maintained, or well-furnished. The communal bathroom was cluttered with pieces of furniture, specialist equipment and miscellaneous items. There were 3 large bins in the bathroom, 2 were locked but 1 bin was accessible and was filled with used incontinence pads. The room was freely accessible by all patients and had been raised as a concern at our previous inspection due to the clutter. The Equality Act 2010 states

that any facilities being offered to building users must provide equal access for disabled people, as would be the case for non-disabled people. There was a small room accessed via the communal area that was cluttered with a range of miscellaneous items and was not accessible. The door from the communal area to the garden had a large gap between the top of the door and the door casing which let cold air into the ward. Patients we spoke to said they were cold and were seen wearing coats. Staff told us a contractor had been to fix the gap but on review could see the gap was still there. This was fixed within 24 hours of the issue being raised by us. The sensory room was very small and had a chair in that was stained and ripped. We were told it was due to be removed.

The wards communal areas and patient bedrooms were not in a good state of repair. There were significant water stains on most of the ceilings. There were significant gaps between the walls and flooring sealant and wall paint was crumbling and stained in multiple areas. Paint on the handrails was significantly worn in some areas.

An en-suite bathroom had a crack in the shower floor which had been filled with a water-resistant filler but had not been sanded down and was raised. The panelling in another en-suite bathroom was not securely fixed to the wall and was coming away from the fixtures.

Staff made sure cleaning records were up-to-date and the premises were clean. There was a designated housekeeper and night and day care staff completed regular cleaning tasks.

Staff followed infection control policy, including handwashing. There were multiple hand sanitisation stations across the hospital and the service had an infection control policy in place.

Clinic room and equipment

The clinic room was fully equipped, and the ward had accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment. However, the clinic room was not big enough for physical examinations or minor medical procedures. Some staff told us that physical health checks, including regular weigh-ins, were done in the communal area whilst other staff told us this was done in the physical health care suite located in a different part of 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.

Nursing staff

The service had enough nursing and support staff to keep patients safe. The provider accurately calculated and reviewed the number of nurses and recovery workers for each shift. In the previous 12 months there had been 6 shifts that were below the provider's safe staffing numbers as no agency or bank staff were able to fill the shortages. The service told us staff from other wards could support as well as the ward manager when required.

The ward had low vacancy rates and there were no vacancies for nurses or recovery workers at the time of our inspection.

The service had low rates of bank and agency nurses. Managers limited their use of bank and agency staff and requested staff familiar with the service. The ward had not used any agency nurses in the previous 12 months and bank nurses had covered 24 shifts.

Requires Improvement

Wards for older people with mental health problems

The service had low rates of bank and agency recovery workers. The ward used agency staff for 36 shifts out of 615 and 251 shifts had been covered by bank staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. During our inspection there were 2 agency recovery workers on the ward. We observed them to be knowledgeable about the patients and the service. The provider ensured that all agencies provided a detailed document which included the agency staff members right to work in the UK and training compliance. Each agency staff member completed an induction which was recorded on the services agency induction checklist.

There had been a staff turnover of 17%, with 15 members of staff who had left the hospital from January 2023 to January 2024. There had been 20 staff leavers at our previous inspection for Oakworth ward. We requested the data from exit interviews of leavers and were advised the data was currently unavailable. However, senior management confirmed that there had been 3 leavers in the previous 3 months, and none were from Oakworth ward.

Managers supported staff who needed time off for ill health. Levels of sickness were low. The hospital had an absence level of 2.7% from January 2023 until December 2023 which was lower than the 3.8% reported at our last inspection.

The ward manager could adjust staffing levels according to the needs of the patients. If a patient required one to one observation or additional staff assistance such as attending hospital, the service would add additional staff to the rota.

Patients had regular one-to-one sessions with their named nurse or recovery worker and rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. There were twice daily handover meetings and all staff who entered the ward were made aware of the status of the ward and patients' current presentation.

Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency. The service had an on-call doctor rota with 2 on call doctors available during any out of hours' time.

Managers could call locums when they needed additional medical cover. Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The overall training compliance was 93%. Safe moving and handling: objects and people training was at 74% compliance, but staff were undertaking this training during our inspection, so this figure was due to improve. Managers monitored mandatory training and alerted staff when they needed to update their training.

The mandatory training programme was not comprehensive and did not always meet the needs of patients and staff. Although the training did include moving and handling, not all staff received training to achieve core competencies working in an older adult inpatient setting as per the Quality Network for Older Adults Mental Health Services standards. This included training in pressure area care, dementia awareness, and falls prevention. Senior leadership told us these would be added to their mandatory training requirements following our inspection.

Requires Improvement

Wards for older people with mental health problems

Staff were provided with online dementia training, which was completed annually, and dementia care mapping training had been made available for senior members of staff at the local university. Dementia care mapping uses observations and, where possible, the experiences of people affected by dementia such as patients and their families, so they can enhance patients' care.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating, and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff used a recognised risk assessment tool and completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff were able to identify and respond to any changes in risks to, or posed by, patients. The twice daily handover identified and discussed patients' current risks. The care records system alerted staff if a patient had a risk identified.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The provider policy gave clear instructions that staff should use the least restrictive practice where possible before implementing a search.

Use of restrictive interventions

Levels of restrictive interventions were low. There had been 15 incidents of restraint on the ward in the previous 12 months from 16 January 2023 to 16 January 2024. The services safe and therapeutic management of violence and aggression policy included reference to the Use of Force Act.

Staff participated in the provider's restrictive interventions reduction programme. However, there was no policy in place regarding the use of restraint of older people. The restraint reduction network training standards state that there must be specific considerations and adaptations to the training standards for services supporting older people and people who are living with dementia. The service told us they would look into this and implement a policy for older adults as soon as possible.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

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

Staff followed the National Institute for Health and Care Excellence guidance when using rapid tranquilisation. The provider's rapid tranquilisation policy had an appendix specifically for patients over 65 years old who may be physically frail and live with dementia. The ward had not used rapid tranquilisation in the 3 months prior to our inspection.

Safeguarding

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

Requires Improvement

Wards for older people with mental health problems

Staff received adult and children safeguarding training at a suitable level for their role. Compliance for safeguarding level 2 was 100% and safeguarding level 3 was 96%. The service completed an annual safeguarding assurance inspection to ensure staff had completed all aspects of training related to safeguarding.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding concerns were also reported to the Care Quality Commission. The service had an up-to-date safeguarding policy providing clear guidance to staff about how to identify and deal with safeguarding concerns. Details of the designated safeguarding officers and safeguarding leads were available in staff and patient areas. The ward had submitted 3 safeguarding alerts in the previous 6 months.

Staff followed clear procedures to keep children visiting the ward safe. There was a safeguarding children and child protection policy in place. Although most visits from children happened in the visitors' room or at venues external to the hospital, special agreements could be made for patients on end-of-life care.

Staff access to essential information

Staff did not always have easy access to clinical information. Staff maintained high quality clinical records – whether paper-based or electronic.

Patient notes were stored securely and were comprehensive. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. However, staff experienced challenges with the computer system which meant that staff could not always access information in a timely manner.

When patients transferred to a new team, there were no delays in staff accessing their records.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. An external pharmacy reviewed the medicines on a regular basis and produced a weekly report. Nurses wore a red "do not disturb" tabard whilst doing their medicines rounds to help reduce medicines errors. The ward manager and charge nurse completed regular medicines audits.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed the effects of each patient's medicines on their physical health according to the National Institute for Health and Care Excellence guidance. Staff ensured patients did not exceed the British National Formulary maximum of total prescribed antipsychotic medicines.

Staff stored and managed all medicines and prescribing documents safely. We reviewed all 9 patients' medicines records, and they were all accurate and up to date.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. The service's assessment process included a medicines reconciliation procedure which ensured patients had a supply of their medicines until the ward was able to access their own prescription.

Requires Improvement

Wards for older people with mental health problems

Staff learned from safety alerts and incidents to improve practice. The service received corporate safety alerts and safety alerts from the Medicines and Healthcare products Regulatory Agency. These were sent to all staff via e-mail and discussed at team meetings and governance meetings.

Track record on safety

The service had a good track record on safety.

The service had 1 serious incident in the previous 6 months. A root cause analysis and serious incident investigation were completed. The reports found good practice from staff and in care records.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents in line with provider policy which included falls and pressure ulcers.

Staff understood the duty of candour and gave patients and families a full explanation if and when things went wrong. The senior management team and complaints officer had completed training in relation to the duty of candour.

Managers investigated incidents, gave feedback to staff and shared feedback from incidents outside the service. There was evidence that changes had been made because of feedback.

Staff met to discuss the feedback and look at improvements to patient care. The service held Patient Incident Response framework (PSIRF) meetings three times per week. PSIRF responds to patient safety incidents for the purpose of learning and improving patient safety. The provider's governance structure meant all information was shared from team meetings, through governance to corporate meetings and back again.

Managers debriefed and supported staff after any serious incident. Staff were supported with debriefs and reflective practice sessions following an expected death of a patient. Staff were provided with opportunities to discuss the emotional impact prior to the patient dying.

Is the service effective?

Good

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

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 4 care plans, and all had their initial risk assessments completed on the day of admission.

Requires Improvement

Wards for older people with mental health problems

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. There was a designated physical health nurse for the service and regular GP input. Patients' nutritional needs were monitored, and they were weighed throughout their stay.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs and staff regularly reviewed and updated these care plans when patients' needs changed.

Care plans were personalised, holistic and recovery orientated. Each patient had a positive behaviour support plan in place which considered each patient's preferences, history, and unique needs. However, managers had identified that having large numbers of care plans on their system had an impact on ease of access and were starting a quality assurance project to ensure that staff had the information they needed to support patients' needs.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking, and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Senior leaders told us they followed the Gold Standards Framework in End-of-Life Care. It is a framework that supports people who were known to be or recognised to be in the last years of life to help them to live well. Staff had access to a 24/7 telephone service for people in their last year of life which was facilitated by the local hospital and had been given gold standard accreditation. The service had a psychologist who attended the site 3 days a week and 2 full time psychology assistants.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. The local GP visited the service once a month. There were regular referrals to physical health care specialists when required, including chiropodists, diabetic teams, and a mobile dentist who would visit the hospital on a regular basis.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. The clinical lead nurse was able to complete assessments for dysphagia and if required, could refer the patient to an external speech and language therapist.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service held monthly physical health strategy meetings and actions from these meetings included adapting menus to provide healthier options, replacing puddings with fruit and inviting patients to take exercise lessons with staff members.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. These included the malnutrition universal screening tool and national early warning score to identify acute deterioration.

Staff used technology to support patients. The service had a dashboard tool which alerted staff when due dates were coming up or there was missing required information in a patient's care plan.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives. The service had a clinical audit timetable and submitted audit findings to their corporate governance team. Managers used results from audits to make improvements.

Requires Improvement

Wards for older people with mental health problems

Skilled staff to deliver care

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

The ward had access to a full range of specialists to meet the needs of the patients on the ward. The ward had a dedicated ward psychiatrist who worked 2 days a week. There was an occupational therapy department and a psychology department who supported the ward. The ward had input from a GP, end-of-life specialist, and dentist.

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

Managers gave each new member of staff a full induction to the service before they started work. Each new starter received an induction pack which was to be completed within 3 months of starting and they were allocated a work colleague to be their mentor to support the learning. An observation competency assessment was completed for both permanent and bank and agency staff.

Managers supported staff through regular, constructive appraisals of their work. Appraisal compliance across the whole hospital at the time of our inspection was 79% for nursing staff and 83% for recovery workers with 81% for all staff across the site.

Managers supported staff through regular, constructive clinical and managerial supervision of their work. Managers provided staff with monthly supervision. Clinical supervision compliance levels across the hospital were 90% and managerial supervision compliance was 93%.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. All members of staff were invited to monthly team meetings, including agency staff. Minutes from the meetings were available for all staff to review.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service had an online learning platform where staff could access additional training. There were opportunities for all staff to attend the local university for professional development.

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

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

The Quality Network for Older Adults Mental Health Services standards state, “there is a clinical review meeting with the multidisciplinary team for each patient at least every week, or more regularly, if necessary, to which they and their carer/advocate are invited with the patient’s permission.” However, staff within the service were not complying with this requirement as they held multidisciplinary team meetings once a month only.

Requires Improvement

Wards for older people with mental health problems

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. A twice daily handover meeting was held and documented which detailed all aspects of patient care including any clinical changes, special dietary requirements, and current patient risks.

Ward teams had effective working relationships with other teams in the organisation. The managers of each ward across the hospital met daily to discuss the running of the service. The ward manager worked closely with the clinical lead nurse who had a background in dementia nursing. There were regular regional and local governance meetings with other service providers.

Ward teams had effective working relationships with external teams and organisations. The ward had linked in with a local hospice and specialist nurse who provided support for patients who were on an end-of-life pathway. The teams worked together to support with the management of palliative care and the specialist nurse attended multidisciplinary meetings. Senior leadership had created and delivered a delirium presentation to staff at a local hospice. The ward had a relationship with a local GP who had ensured senior staff could access patient records by proxy which were held in other services to ensure continuity of care.

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

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

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

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

Staff knew who their Mental Health Act administrators were and when to ask them for support. The ward provided patients with the contact information of the administrators should they wish to apply for tribunal or a hospital manager hearing. Solicitors' information was available.

Most of the policies and procedures within the service were clear and accessible. However, the provider's Section 17 leave (permission to leave the hospital) policy was due to be reviewed in October 2022, but this had not been done.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. An independent advocate visited the ward twice a week and was available if patients requested.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. There were information leaflets for informal patients which included details about their right to leave the ward if they wanted. However, there was no informal patients on the ward at the time of our inspection.

Staff made sure patients could take Section 17 leave when this was agreed with the responsible clinician and/or with the Ministry of Justice. The ward liaised with the Ministry of Justice regularly to ensure patients' leave met their clinical needs.

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

Requires Improvement

Wards for older people with mental health problems

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

Care plans included information about after-care services available for those patients who qualified for it under Section 117 of the Mental Health Act.

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

Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. There had been 1 Deprivation of Liberty Safeguard application made in the last 12 months.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Details in easy read format about the Mental Capacity Act and the Deprivation of Liberty Safeguards were provided on the patient notice board.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. The ward referred patients to an independent mental capacity advocate when required and information about the service was available on the patient notice board.

When staff assessed patients as not having capacity, they made decisions in the best interest of the patient and considered the patient's wishes, feelings, culture, and history. Following a Care Quality Commission Mental Health Act visit in January 2023, the clinical lead nurse completed a capacity and best interest decision audit. This was due to there not always being a recorded decision of best interests captured in the care records found during the visit at that time. The service monitored how well it followed the Mental Capacity Act and took action to address any areas that needed to improve. There were no concerns with the recording of capacity or best interest decisions in any of the 4 care records we reviewed.

Is the service caring?

Good

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

Requires Improvement

Wards for older people with mental health problems

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

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.

Staff were discreet, respectful, and responsive when caring for patients. We completed a short observational framework for inspection (SOFI) whilst on the ward. SOFI is a tool developed with the University of Bradford's School of Dementia Studies and is used by our inspectors to capture the experiences of people who use services who may not be able to express themselves. We observed staff give patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition.

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

Patients said staff treated them well and behaved kindly. However, patients told us that staff did not always knock on their bedroom door and wait before entering their room.

Staff understood and respected the individual needs of each patient. Night staff completed patients' laundry, including ironing, daily. However, some patients preferred to do this themselves and this preference was handed over to all staff.

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

Staff followed policy to keep patient information confidential. The service had a data protection and confidentiality policy and an information governance policy. The hospital had 2 senior managers who were the designated Caldicott Guardians. Caldicott Guardians ensured that personal information about those who use the service was used legally, ethically, and appropriately, and that confidentiality was maintained.

Involvement in care

Staff involved patients in care planning and risk assessment. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and other patients as part of their admission. A board in the communal area entryway identified each staff member with their photo, name, and job title. In each bedroom the patients had posters that identified who their primary nurse and recovery worker were. There was a patient admission handbook with an easy-read version available.

Staff involved patients and gave them access to their care planning and risk assessments. Staff supported patients to make decisions on their care.

Staff made sure patients understood their care and treatment but did not always find ways to communicate with patients who had communication difficulties. One patient we tried to speak to was supposed to have communication cards in place but supplies of these were no longer on the ward and had not been replaced. We raised this during inspection and the communication cards were replaced.

Requires Improvement

Wards for older people with mental health problems

Staff did not always involve patients in decisions about the service, when appropriate. The Quality Network for Older Adults Mental Health Services states that there should be "a minuted ward community meeting that is attended by patients and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the patient group." However, there were no community meetings. This had been raised as a concern at our previous inspection.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. The service provided a family and friends welcome pack to families and carers of inpatients which gave information about the service and what to expect including the different types of patient meetings, hospital contact details and visiting arrangements. The ward liaised with the Ministry of Justice for patients detained under a court ordered hospital order to ensure visiting agreements aided rehabilitation.

Staff helped families to give feedback on the service. They were given details of the service complaint contact details and organisations they could contact if they were not happy with the services response to their concerns. Carers told us they were sent questionnaires about the service and the care their family member was receiving.

Staff did not give carers information on how to find the carer's assessment. Staff told us that the local care commissioners completed this.

Is the service responsive?

Requires Improvement

Our rating of responsive went down. We rated it as requires improvement.

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay was 40.4 months on Oakworth ward which is just over 3 years.

The service mainly had out-of-area placements with 8 of the 9 patients not being from the local area.

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

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

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning. Discharges tended to happen during the beginning of the working week in the afternoon.

Requires Improvement

Wards for older people with mental health problems

Discharge and transfers of care

The hospital said there were no patients currently awaiting discharge or who had a delayed discharge. There had been no discharges from the ward for the previous 12 months, however, the ward patient group presented with illnesses that did mean end of life care was incorporated into their care. Three patients had died in the previous 12 months.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Care plans we reviewed evidence discharge planning and external agencies said the service planned discharge well.

Staff supported patients when they were referred or transferred between services or wards. Managers and staff worked together to ensure patients were transferred. We observed one patient who had moved from one of the rehab wards due to a deterioration in their physical health.

The service followed national standards for transfer.

Facilities that promote comfort, dignity, and privacy

The design, layout, and furnishings of the ward did not always support patients' treatment, privacy, and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. However, none of the patient bedroom doors had vision panels so all prescribed observations by staff members were done by opening the patient's bedroom door and sometimes using a torch to ensure patients safety. These observations could continue through the night and disturb the patient's sleep.

The bedroom doors provided limited information to patients to aid with orientation. Where bedroom doors had once had dementia friendly shadow boxes in place, there were now screws which were a safety concern as they stuck out from the door. Shadow boxes, also known as memory boxes, facilitate the display of memories and keepsakes while providing the functionality required in a care environment. Only one door still had a box attached to the door and this was empty. The NHS Health Building Note 08-02: Dementia-friendly health and social care environments guidance states that wards should use personal items to identify personal or private space, such as on doors to bedrooms. Some doors had dementia friendly pictures of a bed to show patients what was in the room, however, not all the doors had these.

Patients had a secure place to store personal possessions. Following our Mental Health Act visit in January 2023, each room had been provided with a lockable safe. Patients were assessed to ensure they had capacity to hold the key. Some patients had access whilst others had their key held in the ward manager's office.

Staff used a full range of equipment to support treatment and care. Patients had access to a wide range of supportive equipment such as hoists, shower chairs and handrails. At the time of our inspection there was training in the use of hoists happening. However, there was not a full range of rooms that patients could effectively use. There was the communal area, a laundry room, a kitchen, and a sensory room. The sensory room was very small and on collecting a patient from the room we heard them say "I feel trapped." The patient was in a wheelchair and the wheelchair filled the available space in the room.

The service had a visitors' room where patients could meet with visitors in private. This was in the main hospital and could be used by all patients across all the wards at the hospital. Families and carers could visit the patient on the ward if agreed.

Patients could make phone calls in private and had access to the internet

The service had an outside space that patients could access easily. Patients could freely access the back garden and smoking area.

Patients could make their own hot drinks and snacks and were not dependent on staff. Access to the kitchen was available to all and there were no restrictions on what food and drink patients could get.

The service offered a variety of good quality food. There were dining tables in the communal area and patients could decide what they would like to eat and where they would like to eat. Mealtimes were protected from outside distractions and appointments from visiting professionals.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education, and family relationships.

Staff made sure patients had access to opportunities for education and work and supported patients.

Staff helped patients to stay in contact with families and carers.

Staff encouraged patients to develop and maintain relationships both within the service and the wider community. The service had a weekly visit from a therapy dog. Patients could access the occupational therapy hub for activities with patients from across the hospital. The hub was a small purpose-built building in the hospital grounds.

Meeting the needs of all people who use the service

The service did not always meet the needs of all patients. Staff helped patients with communication, advocacy, and cultural and spiritual support.

The service did not always support or make adjustments for disabled people and those with communication needs or other specific needs. We observed staff attempting to talk to a patient who had communication needs. After raising this as a concern we were told the patient did have communication cards, but they had gone missing, these were replaced the next day.

The ward was not dementia friendly and did not always support disabled patients. The NHS Health Building Note 08-02: Dementia-friendly health and social care environments guidance states wards should not have unnecessary clutter which we saw in both the communal lounge side room and the communal bathroom. The hospitals own literature stated the ward was uncluttered. The guidance states that wards should avoid long corridors of institutional character, however, the L design layout of the ward meant this guidance could not be adhered to or changed. The pale wall colours used in the communal areas and bedrooms did not consider the need for high-level contrasting colours between different elements of the environment for those who may suffer from contrast sensitivity.

The information booklet about Oakworth ward stated that an accessible bathroom was available on the ward. However, due to the amount of clutter within the room and the lack of accessible features such as contrasting handrails required under the Building Regulations 2010 and the Equality Act 2010, the bathroom could not be classed as being accessible.

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

The service could access information leaflets available in languages spoken by the patients and local community. There were forms readily available about the Mental Health Act in Arabic in the communal areas.

Managers made sure staff and patients could get help from interpreters or signers when needed. These could be accessed via the telephone or video calls.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Several patients had diabetes and/or dysphagia (difficulty or discomfort in swallowing) and were offered foods that fitted in with their eating plans. Patients were supported with specialist feeding aids such as spill proof cups. Patients were provided with culturally appropriate menus such as halal and vegetarian options.

Patients had access to spiritual, religious, and cultural support. Patients were supported to attend their local place of worship if they wanted to. The hospital had a multi-faith room, and the hospital could request for specific religious figures to attend the ward if required.

Listening to and learning from concerns and complaints

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

Patients, relatives, and carers knew how to complain or raise concerns. There had been 1 complaint in the previous 6 months. The service adequately reviewed the complaint, reported the details to the Care Quality Commission, the local authority safeguarding team and carried out its own internal investigation.

The service clearly displayed information about how to raise a concern in patient areas. This included details of the services complaints process and other third-party organisations patients could contact if their concerns continued.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The hospital had a complaints officer whose information was provided on the patient notice board.

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

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

Managers shared feedback from complaints with staff and learning was used to improve the service. The service completed an annual complaints assurance inspection to ensure they were adhering to the provider's complaints policy and procedure.

The service used compliments to learn, celebrate success and improve the quality of care. The service had received 4 compliments in the previous 6 months. These ranged from staff support of a student nurse to the care and treatment provided to a patient on end-of-life care.

Requires Improvement

Wards for older people with mental health problems

Is the service well-led?

Good

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

Leadership

Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

There was a clear management structure in place to support staff on the ward. All staff we spoke to said that the leadership team at the hospital were approachable and supportive. The hospital director regularly visited the wards and was very knowledgeable about each of the patients. We observed caring and supportive interactions between the senior leadership team, patients, and staff.

Vision and strategy

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

Staff knew about the organisation's values which were kindness, teamwork, integrity, and excellence. Staff told us that teams also focussed on recovery and having an open and transparent culture. The provider's values were discussed in supervision and embedded into team meetings.

Culture

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

Both the ward manager of Oakworth and the hospital director had an open-door policy which we observed throughout the inspection. Staff were positive about working within the service and felt respected and valued by their managers. The provider had a freedom to speak up and raising concerns policy.

There was information in staff areas about speaking up if staff had concerns. This included a designated e-mail address for the reporting of allegations of racism, a staff concern line, and the provider's freedom to speak up guardian. The hospital reported that no concerns had been raised by staff to the freedom to speak up guardian in the previous 6 months.

The staff survey showed that 87% of staff felt positive about themselves at work and 87% of staff felt they were encouraged to develop new and better ways of helping patients.

The service had many staff wellbeing initiatives which included the provider's star award to recognise excellence, corporate monthly wellbeing draws and the directors' award for living our values.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Requires Improvement

Wards for older people with mental health problems

The service had systems in place to ensure there was enough staff who understood how to safeguard patients and reported incidents appropriately. Staff received regular supervision and appraisals and attended team meetings. Patients were treated with respect and staff took complaints seriously and managers investigated them thoroughly.

The was a range of meetings held to share information. Managers held monthly clinical governance meetings and operational meetings. These fed into monthly team meetings. There was an operations meeting 3 times a week, which was attended by the hospital director, the clinical nurse lead, the register clinicians, and the lead occupational therapist.

Information from meetings was shared at a senior level in the organisation and the hospital manager attended daily operations meetings to share information about the service and receive information from the provider which was disseminated to staff at team meetings.

There was a range of governance policies in place which provided guidance to staff. Most of these were reviewed regularly and were in date and relevant to the service.

Managers carried out a range of audits including monthly controlled drugs audits, daily primary nurse session audits and monthly National Early Warning Score 2 audits. The results of these audits were discussed in team meetings. However, they did not complete an audit to check the quality of care plans. Managers had identified there were some concerns with the volume of care plans and were in the process of starting a quality improvement project to streamline care plans and improve the accessibility of information.

Staff were encouraged and supported to carry out extra professional training at a range of levels as part of their professional development.

Management of risk, issues, and performance

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

The service had a local risk register which contained a range of risks relevant to the service. The register was updated regularly, and mitigation measures were detailed within it. The service was in the process of having closed circuit television installed. This was due to be installed at the end of January.

Information management

Staff engaged actively in local quality improvement activities.

The service had a dashboard which captured a range of key information including care plan reviews, risk assessment reviews, primary nurse one to one sessions and Mental Health Act compliance information. These dashboards supported managers to monitor the effective running of the service.

The service had key performance indicators which included monitoring information on supervision, training, and staff meetings.

Engagement

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

Requires Improvement

Wards for older people with mental health problems

The service attended daily meetings with other Elysium providers in their area to discuss any concerns or issues and share learning and examples of good practice. The service had good links with the local GP and hospice and had regular meetings with them onsite.

Learning, continuous improvement and innovation

Staff were provided with a range of learning and training opportunities. Managers encouraged and supported staff to attend courses that would benefit the service, for example a ward manager attended a dementia mapping course at university, and an associate nurse was carrying out a registered mental health nurse course to become a fully qualified nurse.

Long stay or rehabilitation mental health wards for working age adults

Good

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

Is the service safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

Most areas of the wards were safe, clean and well equipped. However, wards were not always well furnished or well maintained.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff carried out a monthly safety checklist and daily checks to identify risk on the ward. The service had an up-to-date fire risk assessment.

The wards complied with guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Managers had carried out ligature risk assessments which were in date and provided guidance on mitigating and managing ligature risks. There were heat maps on the walls of the offices showing high risk areas and staff knew where to access ligature cutters.

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

Maintenance, cleanliness and infection control

Most areas of the wards were clean. However, wards were not always well-furnished or well-maintained. We found a large number of cigarette ends in the garden on Winfield ward and the disabled toilet in the hub was cluttered and contained equipment which would make it difficult for a person with mobility needs to use the toilet independently. We raised these issues at the time and these were resolved during the inspection.

The décor on some of the wards was tired. Paint was cracked and peeling in some of the bedroom corridors. Areas of the flooring on Steeton ward were damaged. We found stains around 1 of the showers, and stains on the walls of 1 of the bedrooms. Some of the furniture was badly stained and the sink and toilet in 1 of the bedrooms was in a poor condition, making it difficult to clean.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff made sure cleaning records were up-to-date. The service had a maintenance team who carried out repairs. Most reported repairs were fixed in a timely manner.

Staff followed infection control policy, including handwashing. Hand sanitiser was available on all wards and there was a robust and up to date infection control policy in place.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. The clinic room was clean and tidy, and checks had been carried out on resuscitation equipment. Staff checked, maintained, and cleaned equipment.

Safe staffing

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

Nursing staff

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

The service had low vacancy rates. The service had 1 vacancy at the time of our inspection.

The service had low rates of bank and agency staff and used regular bank staff who knew the ward and patients. Managers limited their use of bank and agency staff and requested staff familiar with the service.

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

The service had reducing turnover rates. Turnover rates for the hospital were 17.25%.

Levels of sickness were low, the absence level for the hospital was 2.7%.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. Ward managers could adjust staffing levels according to the needs of the patients. Extra staff were sourced when required such as when patients needed increased observations.

Patients had one- to-one sessions with their named nurse. The frequency of sessions varied between patients and information in patient records did not always show how often patients should receive one to one sessions.

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

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. Staff carried out thorough handovers which included reminders about patient risk.

Long stay or rehabilitation mental health wards for working age adults

Good

Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency. The service had an on-call doctor and nurse, and staff told us they could easily access a doctor when required.

Managers could call locums when they needed additional medical cover. Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The overall training compliance was 93%. The service had 1 course which was below 75% compliance, this was the safe moving and handling which was at 73.6% compliance. Extra sessions had been planned for January 2024 to ensure staff were compliant with this training, and moving and handling training was taking place during our inspection.

The mandatory training programme was comprehensive and met the needs of patients and staff. Training included conflict resolution training, Oliver McGowan training, infection control training and professional boundaries training. Training consisted of a mixture of online and face to face training.

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

Assessing and managing risk to patients and staff

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

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool. Staff did not always review risk assessments regularly. We reviewed 8 risk assessments and found 3 that were outside of the 3-month requirement for updating risk assessments.

Staff used the Short-Term Assessment of Risk and Treatability (START) risk assessment tool which is a recognised risk assessment tool.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Key patient risks were highlighted in care plans as alerts and shared during staff handovers.

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

Staff followed procedures to minimise risks where they could not easily observe patients. Staff were present in key areas of the service and carried out increased observations where there were concerns about patient risk.

Staff followed provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. There was an up-to-date search policy available to staff.

Long stay or rehabilitation mental health wards for working age adults

Good

Use of restrictive interventions

Levels of restrictive interventions were low. There were 173 instances of restraint across all wards in the last 12 months, 99 of these were low level friendly come along interventions. Most instances of restraint took place on Ingrow ward due to the acuity and needs of the patients.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Each ward had a restrictive practice register which was up to date. There were low levels of blanket restrictions, and these were reviewed regularly to check they were still necessary and proportionate.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

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

Staff followed the National Institute for Health and Care Excellence guidance when using rapid tranquilisation.

The service did not have a seclusion room and did not seclude patients.

Safeguarding

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

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

Staff kept up to date with their safeguarding training. Staff received adult and children safeguarding training at a suitable level for their role. Compliance for safeguarding level 2 was 100% and safeguarding level 3 was 96%.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding concerns were also reported to the Care Quality Commission. The service had an up-to-date safeguarding policy providing clear guidance for staff about how to identify and deal with safeguarding concerns.

Staff followed clear procedures to keep children visiting patients safe. Children were not permitted to visit the ward but there was a visitor room off the wards where visits could be facilitated.

Staff access to essential information

Staff did not always have easy access to clinical information. Staff maintained high quality clinical records.

Patient notes were comprehensive. However, staff experienced challenges with the computer system which meant that staff could not always access information in a timely manner.

Records were electronic and were stored securely.

Long stay or rehabilitation mental health wards for working age adults

Good

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. The service had good links with the GP services and had 2 non-medical prescribers.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about prescribed medicines. Leaflets containing information about patient's medicines were available on the wards.

Staff mostly completed medicines records accurately and kept them up-to-date. We reviewed 27 medicines charts and found 5 missing signatures on medication charts. We also found 5 medicines charts, that did not contain a picture of the patient.

Staff stored and managed all medicines and prescribing documents safely.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

The service had 1 serious incident in the last 6 months. Serious incidents were investigated thoroughly and learning was shared with staff.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff reported serious incidents clearly and in line with the provider's policy.

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

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff received feedback from investigation of incidents, both internal and external to the service. Lessons learned were shared in the operational governance meetings and included plans for improvements to the service as a result. These were then shared with staff at the team meetings and via email. There was evidence that changes had been made as a result of feedback. For example, managers introduced a crib sheet of prompts to improve documentation following a restraint incident where there were concerns about documentation of the incident.

Is the service effective?

Good

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

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. This was completed by the ward manager and the responsible clinician.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff carried out weekly patient weight checks. However, 1 patient had not been weighed for 6 weeks and physical health observations had not been recorded for 2 months.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Patients had multiple large care plans, which sometimes made it difficult to identify relevant information quickly and actions relating to risk concerns were not always easy to identify. Patients on Oldfield and Steeton had one-page profiles which meant that staff could see information about patients at a glance. However, patients on Ingrow ward and Winfield did not have these so finding important information could be difficult.

Managers had identified that having large numbers of care plans was an issue and were starting a quality assurance project to ensure that staff had the information they needed to support patient's needs.

Staff regularly reviewed and updated care plans when patients' needs changed. Care plans were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included support for self-care and the development of everyday living skills and meaningful occupation. Patients did not have access to a full range of psychological therapies. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. The service had an occupational therapy team who provided group and one to one activities to patients. The service had two psychology assistants and

a part time psychologist. Challenges recruiting psychology staff had led to a limited range of psychological treatment options being offered. These included psychology drop-in sessions and cognitive stimulation therapy. However, the team had plans in place to expand the treatment they were offering. Staff delivered care in line with best practice and national guidance.

Staff identified patients' physical health needs and recorded them in their care plans.

Staff mostly made sure patients had access to physical health care, including specialists as required. The service had a physical health nurse and a nurse prescriber who oversaw patients' physical health needs. Patients were all registered with the local GP and staff liaised with the GP regarding physical health concerns.

We found 2 records which did not reflect that the monitoring of the patients' blood glucose was no longer necessary. We raised this with managers within the service and received assurances the issue had been addressed.

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

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service held monthly physical health strategy meetings with all departments of the service. Actions from these meetings included adapting menus to provide healthier options, replacing puddings with fruit and inviting patients to take exercise lessons with staff members. The occupational therapy department offered a range of exercise options including swim and gym sessions, yoga and dance classes.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

Staff used technology to support patients.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers carried out a range of audits including primary nurse 1-1 audits, controlled drugs audits and National Early Warning Scores 2 audits. Ward managers checked care plans but this was not carried out as a recorded audit. The provider also had an audit timetable in place and required annual audits on a range of issues including closed cultures, complaints assurance and service user experience. Managers used results from audits to make improvements.

Skilled staff to deliver care

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

The service had access to a full range of specialists to meet the needs of the patients on the ward. The service had experienced some challenges recruiting a psychologist but had recruited a part time psychologist who supported 2 psychology assistants. The service worked closely with the local GP to manage patient's physical health needs and had access to a mobile dentist who visited the service monthly.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers gave each new member of staff, including bank and agency staff, a full induction to the service before they started work. This included an observation competency assessment for both permanent and bank and agency staff.

Managers supported staff through regular, constructive appraisals of their work. Appraisal compliance at the time of our inspection was 81%.

Managers supported staff through regular, constructive clinical and managerial supervision of their work. Managers provided staff with monthly supervision. Clinical supervision compliance levels were 90% and managerial supervision compliance was 93%.

Managers made sure staff attended regular team meetings or gave information for those unable to attend.

Managers identified any training needs staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had access to a range of training including university courses and managers encouraged staff to pursue training they were interested in and that benefitted the service

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

Multi-disciplinary and interagency teamwork

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Patients were offered a monthly multidisciplinary meeting. Meetings were detailed and holistic.

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

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations.

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

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

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff were 95% compliant with Mental Health Act training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had policies and procedures that reflected relevant legislation and the Mental Health Act Code of Practice. However, the provider's Mental Health Act policy was brief and did not contain clear guidance for staff. The Section 17 leave policy was out of date.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. There was information about advocacy in the patient induction booklet and displayed on notice boards around the service.

Staff explained to each patient their rights under the Mental Health Act in a way they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Staff read patients' rights either monthly or 3 monthly, dependent on the patient's individual needs.

Staff made sure patients could take Section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Staff requested an opinion from a Second Opinion Appointed Doctor when they needed to.

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

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

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

Good practice in applying the Mental Capacity Act

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

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff were 95% compliant with the Mental Capacity act and Deprivation of Liberty Safeguards training.

There were no Deprivation of Liberty Safeguards applications made in the last 12 months.

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

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

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

Long stay or rehabilitation mental health wards for working age adults

Good

Is the service caring?

Good

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

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. Patients told us staff were respectful. We observed staff responding quickly to patients and giving them an explanation if they were unable to respond immediately.

Staff gave patients help, emotional support and advice when they needed it. We observed caring interactions between staff and patients. Patients said staff treated them well and behaved kindly. All patients told us that staff were polite and respectful.

Staff supported patients to understand and manage their own care, treatment or condition.

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

Staff understood and respected the individual needs of each patient. Staff knew patients well and considered their individual interests and needs.

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

Staff followed policy to keep patient information confidential.

Involvement in care

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

Involvement of patients

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

Staff involved patients and gave them access to their care plans. Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Staff shared ways they had supported patients to engage with treatment at their own pace and focussed on patient's skills to develop their confidence.

Long stay or rehabilitation mental health wards for working age adults

Good

Patients could give feedback on the service and their treatment and staff supported them to do this. There was a patient co-production meeting twice a week which provided an opportunity for patients to share any concerns they had about the service and plan what they would like to do going forward. Staff involved patients in decisions about the service, when appropriate. Two patient representatives from the co-production meetings were invited to part of the clinical governance meeting to share patient's views.

Staff supported patients to make decisions on their care. Staff were respectful of patients' opinions about their care and helped patients to understand their options.

Staff made sure patients could access advocacy services. Advocates visited the service twice a week and there was information about advocacy displayed on the walls and in patient induction booklets.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff mostly supported, informed and involved families or carers. One carer told us they had not been invited to a multidisciplinary meeting and 1 carer told us they felt they did not have enough involvement in their loved one's care. Carers mainly told us that staff communicated with them regularly and kept them informed about their loved one's progress and care.

Staff helped families to give feedback on the service. Families told us they knew how to give feedback on the service.

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

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff mostly planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

The service had a high number of out-of-area placements. There was 41 out of area placements at the time of our inspection.

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

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

Long stay or rehabilitation mental health wards for working age adults

Good

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient. Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed. There were no delayed discharges at the time of our inspection. Patients did not have to stay in hospital when they were well enough to leave. The service was a long stay rehabilitation service. The average stay was 1-2 years. However, a number of patients had been at the service for over 2 years and 1 patient had been at the service for nearly 10 years. This was due to the needs of the patients.

Staff mostly planned patients' discharge well and worked with care managers and coordinators to make sure this went well. There was evidence of discharge planning in patients' records but this was difficult to find because it was not collated in 1 place.

We found 1 patient who was near to discharge who did not have a discharge plan in place.

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

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward mostly supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise.

Patients had a secure place to store personal possessions.

Staff did not always have access to a full range of rooms and equipment to support treatment and care. Physical observations took place in a room within the lounge and lacked privacy. The premises appeared to lack space and some rooms such as the disabled toilet had been used for storage. However, the service had a hub which provided patients with extra space including a small relaxation room and an arts and craft room.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private.

The service had an outside space that patients could access easily.

Patients could make their own hot drinks and snacks and were not dependent on staff. Drinks and snacks were available 24 hours a day.

The service offered a variety of good quality food.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff made sure patients had access to opportunities for education and work, and supported patients.

Staff helped patients to stay in contact with families and carers. Families and carers told us that staff facilitated and supported visits with them.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. The occupational therapy department supported patients to engage with services and facilities in the local community.

Meeting the needs of all people who use the service

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

The service supported and made adjustments for disabled people and those with communication needs or other specific needs. The service had a lift and a disabled toilet. Staff accessed equipment for people with poor mobility, for example, some patients had a shower chair to support them and maintain their independence whilst showering. However, some of the internal doors on the ward were heavy and patients in wheelchairs could not use these safely without support.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. This information was displayed on the walls.

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

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

The service provided a variety of food to meet the dietary and cultural needs of individual patients. A range of food options were available including vegetarian, vegan and halal diets.

Patients had access to spiritual, religious and cultural support. Some patients were supported to go to church and the service arranged for religious leaders to visit patients who were unable to leave the hospital.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns.

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

Staff understood the policy on complaints and knew how to handle them and complaints were responded to in a timely way.

Managers investigated complaints and identified themes. Ward managers had a logbook for informal complaints and the service had a complaints officer who managed formal complaints.

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

Long stay or rehabilitation mental health wards for working age adults

Good

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

Managers shared feedback from complaints with staff and learning was used to improve the service. Lessons learned were discussed at clinical governance meetings and morning meetings and shared with all staff.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Good

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

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

There was a clear management structure in place to support staff on the wards. Ingrow ward and Winfield were managed together and had the same ward manager and staff team. Steeton ward and Oldfield ward were also managed together. Senior staff were managed by the hospital director and consisted of a clinical nurse lead, an administration and governance lead, a lead occupational therapist, a psychologist and 3 consultant psychiatrists.

Staff told us senior managers were regularly present on the ward. Senior managers knew individual patients and understood challenges within the service. Staff told us managers had an open-door policy and felt supported by the managers within the service.

Vision and strategy

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

Staff knew about the organisation's values which were kindness, teamwork, integrity and excellence. Staff told us that teams also focussed on recovery and having an open and transparent culture. The provider's values were discussed in supervision and embedded into team meetings.

Culture

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

Staff were positive about working within the service and felt respected and valued by their managers. The service had a freedom to speak up guardian and staff were able to raise any concerns without fear of reprisals.

The staff survey showed that 87% of staff felt positive about themselves at work and 87% of staff felt they were encouraged to develop new and better ways of helping patients.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers placed a focus on staff culture. Managers were present and accessible and there were measures in place to help staff feel valued. These included gift bags for staff, support days, and raffles for shopping vouchers. The staff team celebrated special days such as nurses' day and the service celebrated success with star awards and directors' awards.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The service has systems in place to ensure there was enough trained staff, who understood how to safeguard patients and reported incidents appropriately. Staff received regular supervision and appraisals and attended team meetings. Patients were treated with respect and there were systems in place to ensure their views were listened to and acted upon. Staff took complaints seriously and managers investigated them thoroughly.

The was a range of meetings held to share information. Managers held monthly clinical governance meetings and operational meetings. These fed into monthly team meetings. There was also a morning operations meeting 3 times a week which was attended by the hospital director, the clinical nurse lead, the register clinicians, and the lead occupational therapist.

Service user representatives were invited to attend the morning operations meeting once a week. Information from meetings was shared at a senior level in the organisation and the hospital manager attended daily operations meetings to share information about the service and receive information from the provider which was disseminated to staff at team meetings.

There was a range of governance policies in place which provided guidance to staff. Most of these were reviewed regularly and were in date and relevant to the service.

Managers carried out a range of audits including monthly controlled drugs audits, daily primary nurse session audits and monthly National Early Warning Score 2 audits. The results of these audits were discussed in team meetings. However, they did not complete an audit to check the quality of care plans. Managers had identified there were some concerns with the volume of care plans and were in the process of starting a quality improvement project to streamline care plans and improve the accessibility of information.

Staff were provided with a range of training suitable for their roles and staff were encouraged and supported to carry out extra professional training at a range of levels as part of their professional development.

Management of risk, issues and performance

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

The service had a local risk register which contained a range of risks relevant to the service. The register was updated regularly, and mitigation measures were detailed within it. The service was in the process of having closed circuit television installed. This was due to be installed at the end of January.

Information management

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

Long stay or rehabilitation mental health wards for working age adults

Good

The service had a dashboard which captured a range of key information including care plan reviews, risk assessment reviews, primary nurse one to one sessions and Mental Health Act compliance information. These dashboards supported managers to monitor the effective running of the service.

The service had key performance indicators which included monitoring information on supervision, training and staff meetings.

Engagement

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

Managers had daily meetings with other Elysium managers and worked closely with them. Managers worked with other services in the local community to provide opportunities for service users, for example patients were able to access the local college and play golf, pool at local community venues. The service had good links with the local GP and had regular meetings with them onsite.

Learning, continuous improvement and innovation

Staff were provided with a range of learning and training opportunities. Managers encouraged and supported staff to attend courses that would benefit the service, for example a ward manager attended a dementia mapping course at university, and an associate nurse was carrying out a Registered Mental Nurse course to become a fully qualified nurse.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The service should ensure that Oakworth ward holds a minuted ward community meeting that is attended by patients and staff members. (Regulation 9((3)(a)(c)(d)(f)) The service must ensure that all staff who work on Oakworth ward have mandatory training that is specific to the care of older people. (Regulation 9((1)(3)(c))

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider must ensure the premises is properly maintained and that all areas used by patients are safely accessible to them. Regulation 15(1)(c)(d)(e)(f) The service must ensure that all rooms on Oakworth ward, including the communal bathroom, are cleared of clutter, and are accessible and fit for purpose. (Regulation 15 (1)(c)(d)(e)(f)) The service must ensure that Oakworth ward communal areas and patient bedrooms are well maintained. (Regulation 15 (1)(c)(e)) The service must ensure that Oakworth ward has dementia friendly décor to support the care and treatment of patients. (Regulation 15 (1)(c)) The service must ensure that all doors in rooms used by patients on Oakworth ward have observation panels with integrated blinds / obscuring mechanisms. (Regulation 15 (1)(c))

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose The provider must ensure that all risk assessments are up to date and have been reviewed in line with the providers policy. Regulation 12(2)(a)(b)