Oak Lodge

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated Oak Lodge as outstanding because:

- The service had a person-centred approach to recovery. Patients were involved throughout their care and recovery plans. Individual goals and objectives were identified with each patient to help them achieve their preferred outcome. Staff respected and valued patients as equals. This was complemented by clear governance structure with a comprehensive range of audits which were fully completed to continuously drive improvement.
- Patients and staff worked in true partnership as equals in a range of ways and at all levels from involvement in their own individual care goals through to involvement in the management of the ward. This was exemplified by the manager who encouraged patient representatives to be not only fully involved in the preparation of a presentation to the Care Quality Commission inspection team but also actively presenting it.
- Discharge planning from the point of admission promoted links with the local community either by accessing services or volunteering at local community groups.
- Staff at all levels displaying an understanding of the individual needs of patients and acting upon those needs. Patients and relatives were universally positive about the staff and how they would make time to assist patients.
- The morale of staff was high and they reported strong working relationships with their colleagues. Staff felt supported by management and that they were encouraged to raise concerns with them. Staff spoke highly of the culture. Staff felt that senior management listened to them and included them in the development of the service.
- The hospital was recovery focused with care and support plans developed from the mental health recovery star tool. Patients received multidisciplinary input from a range of staff. Staff provided enthusiastic and individualised support to patients over daily tasks. There were good systems in place to support adherence to the Mental Health Act (MHA).

Summary of findings

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Services we looked at

Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to Oak Lodge

Oak Lodge is a single storey independent hospital, providing 12 rehabilitation beds for men and women with enduring mental illness. It is a inpatient community rehabilitation unit for adults of working age. The service accepts patients detained under the Mental Health Act (MHA). Three patients were detained under the MHA at the time of our inspection.

Oak Lodge is part of the Alternative Futures Group Ltd and was inspected by the Care Quality Commission on 3-4 August 2015 where it was found to be outstanding in Caring and good in all other domains.

The most recent Mental Health Act monitoring visit was on 20 February 2018. At this visit, we found good adherence to the Mental Health Act and Mental Health Act Code of Practice.

Our inspection team

Team Leader: Stephen Brown

The team that inspected the service comprised three CQC inspectors.

Why we carried out this inspection

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

How we carried out this inspection

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

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

Before the inspection visit, we reviewed information which was sent to us by the provider and considered the information we held about the service.

We completed an announced comprehensive inspection visit to this location on 18 June 2018.

During the inspection visit, the inspection team:

• looked at the quality of the ward environment and observed how staff were caring for patients;

• spoke with the registered manager;

• spoke with nine other staff members including nursing, support and domestic staff, the occupational therapist, pharmacist and the responsible clinician for the location;

• spoke with six patients who were using the service, three relatives / carers and the independent mental health advocate;

• attended and observed the community morning meeting, and a group activity;

• looked at ten care and treatment records of patients;

• carried out a specific check of the medication management in the hospital and looked at all relevant prescription charts;

• looked at a range of policies, procedures, audits and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

We spoke with six patients who used the service. Patients told us that staff were always approachable and would take time to speak with them. Patients explained that they were treated with respect by staff. They reported that they were included in their care plans and were able to help develop the service. All patients reported feeling safe on the ward and would raise any concerns if they needed to.

All three carers we spoke with were complimentary about the level of care. They all confirmed that they attended meetings and all felt they were involved in the care their loved ones received.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- The hospital was clean and well-maintained.
- There were sufficient numbers of staff on duty to meet the needs of the patients.
- There were appropriate admission assessments in place to ensure that patients could be cared for safely in a rehabilitation environment.
- Ligature risks were mitigated by appropriate assessment, individualised risk management and therapeutic engagement of patients.
- Staff completed thorough risk assessments and management plans of patients. Staff were aware of these risks and how to manage them appropriately.
- Nursing staff worked within appropriate medicine management arrangements.
- Staff understood safeguarding procedures. Safeguarding incidents were reported appropriately and recorded in a clear manner.
- The ward had minimal incidents but when these occurred they told us about them and took appropriate action to address them and learnt lessons. There was a thorough process in place to review these incidents and identify any actions or lessons to be learnt.

However:

- Not all staff received the mandatory training relevant to their role.

Are services effective?

Outstanding

We rated effective as outstanding because:

- The hospital was recovery focused.
- Care and support plans were developed from a recognised recovery based assessment tool (the mental health recovery star tool). These plans were developed with patients. The opinions and preferences of patients were reflected in the care and support plans.
- A physical health check was completed on admission. There was evidence of ongoing physical health monitoring.
- Staff engaged in clinic audits including medication management, multidisciplinary team records, patient involvement, risk management and infection control.

Summary of this inspection

- There were good systems in place to support adherence to the Mental Health Act (MHA).
- Where mental capacity assessments were carried out, these were decision specific and followed the principles and stages set out in the Mental Capacity Act.

Are services caring?

Outstanding 

We rated caring as outstanding because:

- Feedback about the staff from patients and relatives was universally positive. Patients described how staff would always make time for them and would address any issues immediately. Staff truly respected and valued patients as individuals.
- Patients were equal partners and were encouraged to be involved in many decisions. For example, patients were actively involved in the presentation that the managers of the ward gave to us.
- Patients at the hospital were thoroughly involved in their care. Patients were able to influence the care provided by the service through a variety of methods including daily meetings and joint staff training days. The care records reflected that patients were included in discussions and decisions about their care. Patients were empowered as partners in their care.
- Relationships between staff and patients were positive and person-centred. Staff spoke to patients in a supportive and considerate manner. Staff treated patients with dignity and respect and staff demonstrated a passion for helping the patients.
- Staff empowered patients to positively engage in the local community. They took on active roles with local charities and youth groups.

Are services responsive?

Good 

We rated responsive as good because:

- Patients who had recently been admitted to Oak Lodge had received a gradual process of visits, overnight stays and extended leave before being transferred fully.
- Discharge planning began on admission and patients had clear goals and objectives.
- The hospital provided vegetarian options and Halal food to meet the needs of current patients.
- A complaints procedure was in place and patients knew how to complain. Staff also understood the complaints procedure. Complaints were usually settled locally, with no complaints being addressed formally over the past 12 months.

Summary of this inspection

- There was a positive atmosphere at Oak Lodge, the gardens and central courtyard provide a light open feel. Patients were able to personalise their bedrooms and had access to a range of facilities.

However:

- Some patients when asked about the quality of the food provided feedback that it could be better.

Are services well-led?

Good

We rated well-led as good because:

- All staff gave positive feedback about the teamwork that was displayed at Oak Lodge. Staff felt supported by their colleagues and by senior management. Staff welcomed the views of people who used the service, relatives and stakeholders and saw this as a vital way of improving the service.
- The registered manager had a clear oversight of the service. There was a clear governance structure to drive improvements and create high-quality person-centred care. Staff felt that issues got resolved quickly and that any changes implemented by management were well communicated to the staff.
- There were high levels of staff satisfaction. Staff were proud to work at Oak Lodge and spoke highly of the culture.
- Staff were actively encouraged to raise concerns and changes had been made to address staff concerns.
- There was strong collaboration and a common focus on improving quality of care and patients' experiences.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

All nursing staff had attended training in the Mental Health Act. Support staff received a mental health awareness course that covered some aspects of the Mental Health Act.

There was a service level agreement with a local mental health trust who provided the services of a Mental Health Act administrator who was responsible for ensuring all paperwork was completed correctly and stored in the appropriate place. They carried out bi-annual checks to audit compliance. Staff also carried out monthly audits.

Patients' rights under the Mental Health Act were explained to them every three months and following any tribunal or manager hearing. This was monitored on a tracker, and the administrator prompted nurses to remind them to do this. When the rights were explained, this was recorded in the patient's care notes and on an electronic record.

At the time of the inspection there were three detained patients. We reviewed the section 17 leave files of these patients. We found that these files contained comprehensive information and were up to date.

Certificates showing that patients had consented to their treatment (T2) or that it had been properly authorised (T3) were completed and attached to medicine charts where appropriate.

The status of all patients was documented in the support plan and care records. All patients consent to care and treatment was well recorded. Informal patients were free to leave and a sign on the door reflected this.

Patients had access to an independent mental health advocate. The advocacy service attended the hospital once a month. Information on how to contact the advocacy service was displayed on a noticeboard in the main corridor. Staff were aware of the advocacy service and knew how to contact the service if a patient requested support from an advocate. Patients gave examples where they had accessed the service.

Mental Capacity Act and Deprivation of Liberty Safeguards

All nursing staff had attended training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Support workers had received some information during a mental health awareness course.

In all ten care records reviewed, we found evidence that mental capacity had been assessed. Staff we spoke with showed an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. They were aware of their responsibilities and the procedures involved in this.

Oak Lodge had a policy regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. No application for Deprivation of Liberty Safeguards had been made in the last 12 months.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

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

Long stay/rehabilitation mental health wards for working age adults

Outstanding ☆

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

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

Good

Safe and clean environment

The ward was laid out around an internal courtyard with additional garden space around the outside. The location of the nurses' office was by the front door and staff were observed interacting with patients in communal areas.

There were twelve en-suite bedrooms in total, of which eight were fitted with anti-ligature furniture. There were four bedsit rooms that had small kitchens to promote rehabilitation and recovery of patients. These rooms were not ligature risk free. The hospital had a number of safety and ligature risks throughout the unit. Ligature risks are places to which patients intent on attempting suicide by hanging might tie something to strangle themselves.

However, these risks were mitigated by robust individualised admission assessment processes to ensure that only those patients who could safely be managed with these risks were accepted for admission, utilising positive risk taking approaches.

A ligature audit was in place describing how these risks could be reduced including staff observation and awareness; monitoring access to certain areas and individually risk assessing patients. Staff carried out further risk assessments when deciding whether a patient was ready to move from a single room into one of the bedsits.

The ward complied with the Department of Health's guidance on mixed-sex accommodation with a designated female lounge and all rooms had ensuite shower rooms, ensuring patients' safety, privacy and dignity. There was one communal bathroom with equipment for people with physical disabilities, which was locked when not in use. The explanation given was because of ligature risk and modesty, to prevent different genders entering the bathroom whilst in use. Patients had to notify staff if they wanted to use it and staff accompanied them. All bedrooms and community rooms had alarms and nurse call systems.

The clinic room was clean and tidy. The clinic rooms and refrigerators were checked daily by nursing staff to ensure that medicines were stored at the correct temperature and were safe to use. The clinic room had resuscitation equipment, including a defibrillator which was checked daily to ensure it was working correctly.

All areas we inspected were visibly clean. Regular checks on the environment included health, safety and fire arrangements and cleanliness of the communal areas. There were daily cleaning schedule records and checks on the operating and storage of food temperatures of fridges and freezers in the kitchen. Patients confirmed the communal areas were regularly cleaned and maintained.

Oak Lodge did not have a seclusion facility. They had a low stimulus room called The Retreat from which patients could come and go at will. If patients could not be de-escalated, staff at Oak Lodge could access the on call services of a psychiatric doctor from a local NHS mental health trust. There had been no incidents of restraint in the previous twelve months.

The consultant psychiatrist who provided care and treatment for all patients at Oak Lodge also worked at this trust and should a placement become unsuitable was able to help facilitate a speedy transfer to a more suitable setting.

There was a range of comprehensive health and safety checks which were completed regularly to ensure that all appropriate health and safety regulations were met. There was a monthly infection control audit which showed staff were adhering to prescribed infection control measures including hand hygiene, waste and clinical waste disposal and immunisation checks.

Safe staffing

There were 6.5 qualified whole time equivalent nurses employed at Oak Lodge and 12.5 support staff, there was also an occupational therapist. Oak Lodge had no staff vacancies.

Since 18 April 2017 354 shifts had to be filled by bank or agency staff to cover sickness, absence or vacancies. We were told this number reflected a decision to provide cover for staff to engage in additional training and that this cycle had now been completed. There were no shifts in this period that did not have the expected staff numbers on shift. In the last 12 months, Oak Lodge had nine staff leaving over the last year which led to a staff turnover of 40.09%. This was accounted for by staff moving to new roles within the Alternative Futures Group. It had a sickness rate of 7.01%.

Staff could tell us detailed information about the needs of the patients including their strengths, interests and support needs. Patients therefore received care from regular staff who knew their needs and helped promote their recovery.

On each day shift, there was one staff nurse, with an additional staff nurse on duty every Tuesday to complete service users reviews and on Thursday's to complete clinical reviews and multi discipline team meetings. They were assisted by three Support Workers. During the day these were supported by one senior nurse practitioner, one occupational therapist,one clinical lead. During the night there is one staff nurse, and two support workers.

Staffing levels could be adjusted to reflect patients' needs, whether this is due to additional activities or increased observational levels. The service had additional cover from a doctor “on call” system, that covers over a 24 hour period, seven days a week.

There were twelve patients at Oak Lodge during our inspection visit. One patient was being discharged during the inspection. Patients told us and records confirmed that that there were sufficient staff and activities, and escorted leave and one to one named nurse sessions occurred without being cancelled.

Patients were registered with a local GP who provided medical input for physical health conditions and also completed the physical health checks. A consultant psychiatrist based from the local mental health NHS trust provided consultant psychiatrist input to Oak Lodge which had been arranged through the clinical commissioning group contract. The psychiatrist attended weekly and reviewed two patients every week, meaning they saw each patient on a six weekly rota. They were also allocated additional report and supervision time.

During out of hours and when the psychiatrist was on leave or away, psychiatric input came from the doctor on call from the trust. This arrangement was reported to work well and there was formal service level agreement. The consultant psychiatrist confirmed that staff at Oak Lodge liaised appropriately with the medical team raising any concerns ensuring patients could be seen where necessary. This ensured the monitoring and management of patients’ mental health and medication, optimised recovery and managed any anticipated risks.

Staff records showed which mandatory training they had attended. The ward used a training matrix which showed when training was due and whether a member of staff had attended training. This showed that there was a clear difference between clinical and support staff. The support staff were above the mandatory training target of 75% in all training subjects. However, clinical staff training reflected the recent recruitment of new staff with some mandatory training falling below this figure. Therapeutic management of aggression was at 45% and first aid was at 66%. The only staff who required training were recently employed and had been booked on the first available course and the manager told us they were committed to ensure all staff attended any outstanding training. The training schedule examined indicated that all staff would be fully qualified within a very short period of time. Rotas had been adjusted to ensure qualified staff were on duty at all times. There had been no restraints used in the last twelve months.

Long stay/rehabilitation mental health wards for working age adults

Outstanding ☆

Assessing and managing risk to patients and staff
There was a robust pre admission assessment in place to ensure patients were well enough to be cared for in a rehabilitative environment. The hospital did not have a seclusion room and did not use restraint. Staff used de-escalation methods to support patients who presented with occasional disturbed behaviour. Staff worked with patients to address any anger issues and helped them develop alternative coping strategies to deal with this. We saw evidence of this planning in patient files and patients were actively involved in developing these plans.

Staff risk assessed patients prior to and at the time of admission to Oak Lodge. The team reviewed these assessments on a regular and ongoing basis. Where there were concerns, assessments would be reviewed if required. We reviewed ten care records and these had up-to-date risk assessments with detailed individualised risk management plans. These management plans detailed the action staff needed to take to minimise the risk to and from individual patients.

We spoke to the consultant psychiatrist who worked at the local mental health trust and was currently the responsible clinician for all the patients at Oak Lodge. They said that staff provided appropriate support to monitor and manage risk using positive risk taking approaches. Staff worked well with patients and had a good track record of supporting patients who exhibited behaviour which was difficult to manage back into community settings.

Oak Lodge was an community inpatient rehabilitation whose objective was to move patients onto community based supported accommodation. There were no blanket restrictions in place, patients had access to fresh air, mobile phones and their possessions.

Patient records were held electronically with some paper records. Records were held securely in the staff office. Staff were aware of their responsibilities to keep patient information confidential.

Staff described the safeguarding reporting process, they did report any incidents to the nurse in charge or manager. This would then be referred to the local authority and NHS trust which had placed the patient at Oak Lodge. Alternative Futures had its own safeguarding policy and procedure and had copies of the relevant local authority and NHS trust safeguarding policy for staff to refer to. There were posters in the reception area for patients, to inform them of their right to raise a safeguarding alert directly to the local authority. Staff had raised one alert regarding an allegation of theft and assault between two patients in twelve months.

Medicines were stored securely, in a locked cupboard in a locked room. Audits of the management of medicines took place on a weekly and monthly basis. The hospital had appropriate arrangements for managing controlled drugs which were drugs which required special storage and additional record keeping rules. The registered manager was the controlled drugs accountable officer. Medicine charts showed that patients received the medication they were prescribed.

Staff supported patients on the pathway to self-manage medication. There was a four step program towards this goal. Patients could recount where they were on the pathway and staff could give examples where due to observations they had become concerned that a patient was not taking their medication and intervened to support them.

Visits by children to Oak Lodge were prearranged and there was a suitable room used to facilitate these visits. Visitors were allowed access at all times and during the inspection we saw visitors arrive unannounced and visit patients.

Oak Lodge had their own local risk register. The risks identified included the care of two patients who whilst residing at Oak Lodge were still under the care and treatment of another NHS consultant under a step down pathway agreement after being discharged from that particular ward. There were controls on all the risks identified in the risk register and there were fire and emergency plans in place.

Track record on safety
We looked at the incidents that had occurred recently at Oak Lodge. From April 2017 there had been nine reported incidents but no serious incidents had been reported.

A range of performance indicators were monitored every month and reported centrally. Governance arrangements were in place to ensure there were appropriate reviews of incidents and complaints, and action on audits.

Reporting incidents and learning from when things go wrong
Staff were aware of the systems to report and record. Incidents were reported on an electronic incident recording

system which automatically alerted the manager and Alternative Futures senior management about the incident. As part of this process the manager investigated reported incidents under the supervision of an internal Alternative Futures incident management review committee. We saw that no serious incidents had occurred at the hospital.

Staff felt that incidents were reduced by the therapeutic relationship they had with patients such as knowing patients well, reducing triggers and identifying early warning signs. Staff and patients expressed they felt equal and that both had a code of conduct. There was a policy to promote equality. One example was a morning meeting where staff and patients discussed issues and jointly devised action plans.

When incidents occurred, there was a debriefing session, which looked at what led up to the incident and helped staff consider issues that had arisen, how staff reacted and how things could be done differently next time. We saw that there was a system to ensure lessons had been learnt, for example, Alternative Futures has a risk and governance forum which was responsible for issuing alerts.

Duty of Candour

Staff were aware of their responsibilities around duty of candour which required staff to be open and offer an apology when an incident occurred resulting in patient harm. There had been no incidents which met this at Oak Lodge.

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

(for example, treatment is effective)

Outstanding ☆

Assessment of needs and planning of care

During the inspection we reviewed ten care plans. Each contained a comprehensive pre-admission assessment. Care and support plans had been developed with the use of a recovery based assessment tool, the mental health recovery star. This tool assessed and provided guidance on recovery based support to people with mental health needs. The mental health recovery star is a collaborative tool and allowed patients to set goals and map their own progress against these goals.

We saw evidence that this assessment tool was being used by staff to plan care with patients. This was developed into a collaborative care plan that enabled recovery and social inclusion. The care plan clearly identified patients goals and, where there was further needs or goals identified by staff, these would be separately recorded. This helped to ensure that patients that lacked insight still developed and worked towards their own recovery goals but this was augmented by staff identifying goals to work with individual patients, for example, staff supporting patients to gain improved insight.

Care plans, which included health improvement and wellness recovery plans, provided good information for patients and staff (including new staff) to fully understand what patients' strengths and needs were and how their needs were being met. The support plans that staff and patients produced together using the recovery star assessment tool were of a good standard to meaningfully maximise recovery from mental health problems, independence, functional ability, achievement of self-care and patient goals. This meant that patients received a holistic multidisciplinary assessment and formulation of their individualised needs.

Physical health was assessed on admission and there was evidence in the care plans that staff continued to monitor patients' physical health with the modified early warning score being utilised. Patients were registered at a local GP practice and were booked in for a physical examination upon admission. Continuing physical health checks, including those required for the use of medications took place at the local GP practice as a part of the therapeutic practice ensuring patients have a good knowledge of the local healthcare system upon their return to living in the community. The use of community health systems were included as part of the discharge plan.

Best practice in treatment and care

Oak Lodge could evidence that they were providing care and treatment to ensure effective rehabilitation to patients. This was underpinned by principles of further recovery, optimising medication regimes, engagement in psycho-social interventions and gaining skills for more independent living. This clearly evidenced the characteristics of an effective rehabilitation unit as detailed in recent best practice guidance for commissioners of rehabilitation services for people with complex mental health needs.

Patients had access to occupational therapy providing a wide range of treatments to aid their recovery in line with best practice and we witnessed art and reading groups taking place. Each patient had an individual occupational therapy intervention plan. Several of the clinical staff were also qualified to provide cognitive behavioural therapy and these were timetabled into the patients care plan.

National Institute for Health and Care Excellence guidance recommended cognitive behavioural therapy for people with a long-term diagnosis of a psychotic illness. While the hospital did not have a designated clinical psychologist onsite, there were different pathways for patients to access clinical psychology. In addition, there were staff trained to deliver psychosocial interventions using cognitive behavioural approaches to degree or Masters level and they were using it with patients on the ward. Patients therefore had access to nurse led psychosocial approaches, clinical psychotherapy from the staff or through arrangements with the local NHS community or specialist services.

At Oak Lodge each member of staff was a thematic lead and was responsible for auditing a range of activities including medication, clinical files, infection control and a variety of Mental Health Act audits. Where actions were identified as part of these audits we observed that action plans had been put in place to address any issues. These audits were also discussed and reviewed at governance meetings. Staff were able to describe their involvement in audits and the reasons why they were required.

Oak Lodge did not formally participate with the Royal College of Psychiatrists' peer review network which provided accreditation of rehabilitation services.

Skilled staff to deliver care

We spoke to a full range of staff. This included the registered manager, clinical lead, consultant psychiatrist, staff nurses, occupational therapist, pharmacist and recovery support workers. Staff were positive about their work and motivated to provide quality care and treatment. Staff were able to show they had expertise to support patients' recovery and address patients' complex and diverse needs, including supervising patient medication regimes (including assessing and overseeing patient self-management), physical health promotion, psychological interventions, self-care, everyday living skills and support with meaningful occupation.

Staff confirmed they had received additional training, including "away days" as a whole team to develop better care pathways. Some were undertaking additional qualifications such as masters degrees, and a support member of staff was undertaking nurse qualifications supported within the workplace.

We found that staff had access to regular supervision and had received annual appraisals with all staff having had an appraisal in the last year.

Multidisciplinary and inter-agency team work

Patients received MDT input from medical staff, registered nursing and unregistered nursing staff and other professionals including an occupational therapist, while MDT meetings occurred every week only two patients were seen, meaning a patient had a MDT meeting every six weeks. This system was flexible to meet patient need between MDT appointments. Patients were registered with their local GP for physical health assessment and ongoing checks. Staff could access other professionals for patients via referral through the GP, for example a dietician. Some patients attended weight watchers. There was a dual domestic and chef role employed on a contract basis by a third party company.

The care coordinator attended MDT meetings and all beds at Oak Lodge were commissioned by a local mental health care trust. All patients were from within the local area which maintained contact with the community. Whilst we were at Oak Lodge several patients received visitors including a vicar visiting a member of his congregation. Family and carers are invited to all MDT meetings, those carers we spoke to stated they were involved in care planning and decision making about treatment options. Oak Lodge also offered family interventions as part of their overall care planning.

The registered manager told us that some discharges were delayed due to difficulty accessing appropriate community placements but they were working closely with care coordinators to plan for future need.

Adherence to the Mental Health Act (MHA) and theMHA Code of Practice

We carried out a routine Mental Health Act (MHA)monitoring visit in February 2018. On that visit we found good overall adherence to the MHA and MHA Code of

Long stay/rehabilitation mental health wards for working age adults

Outstanding ☆

Practice. We identified the following shortfalls on that visit, about a blanket ban on energy drinks, different forms being used to record patients receiving their rights and responding to complaints.

Oak Lodge had submitted an action statement in response. On this inspection we saw that the issues raised had been addressed.

There was a service level agreement with as local mental health trust who allocated a mental health act manager to ensure all records were accurate. There was also a weekly audit conducted by Oak Lodge staff. The records we saw of the three detained patients were well kept;

- There was a full set of detention papers
- Good evidence of patients being informed of their rights as detained patients including the right to access independent mental health advocacy services. However most patients seem to have recorded they did not want the advocate told of their presence. This was at odds with patients and the advocate all reporting the use of this service on their monthly visits
- Good records of section 17 leave, including the recording of copies given to patients carers
- Good arrangements to seek informed consent for treatment for mental disorder for detained patients with all patients having the appropriate legal authority
- Evidence of hospital managers hearings and mental health tribunals occurring
- There were regular and robust audits of the hospitals MHA duties
- There was evidence of medical scrutiny of detention papers through arrangements with clinicians in the mental health NHS trust.

All nursing staff had received training and had a good awareness of their duties. All support staff had received a different course which delivered training to lower standard.

Good practice in applying the MCA

In all ten care records reviewed we found evidence that mental capacity had been assessed. Staff we spoke with showed an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. They were aware of their responsibilities and the procedures involved in this. All nursing staff had received the appropriate training.

Staff provided information to patients to enable them to make informed choices. Patients' capacity to understand their responsibilities to keep medicines safe was assessed prior to agreeing a staged process for self-medication.

Informal patients were consenting to stay on the unit, were free to leave and were not subject to restrictions. Patients had a high degree of autonomy, including being able to leave the hospital.

Oak Lodge had a policy regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. The service had made no applications for Deprivation of Liberty Safeguards in the last six months.

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

Outstanding ☆

Kindness, dignity, respect and support

We spoke with six patients who used the service, two carers and one family friend. Patients reported that staff treated them with kindness and dignity. Patients felt that staff listened to them and respected their opinions and preferences. Patients told us that staff would always make time to talk to them and would address any issues or requests that they may have. This was evident during our time at the hospital, as we observed positive interactions between staff and patients. Staff engaged patients in conversation and responded to any questions or concerns immediately. Patients were also complementary about the medical input they received, stating that the doctor listened to them fully and acted on their concerns.

Patients told us that there was a good variety of activities available to them, including arts, trips out and cooking. Patients commented that the activities met their needs and interests and kept them busy. We observed the reading group where patients read out loud and discussed what they were reading.

Patients also received ongoing support and encouragement to help them reach their rehabilitation potential, for example with support to cook independently. There was evidence that outside garden space was by used

to grow vegetables. Some of vegetable beds were not in use. The explanation given was that current residents were not keen to take up gardening as previous patients had been.

Patients were given a budget and encouraged to use the occupational therapy kitchen to prepare meals.

The involvement of people in the care they receive
Management at Oak Lodge told us they promoted the ethos that patients were equal partners reflecting one of Alternative Futures values "we are one". Patients gave examples of how the staff had been proactive in promoting their own rehabilitation whilst also supporting patients to speak up about changes they would like to see made on the ward.

Patients told us that they were meaningfully involved in their care and treatment. One patient was involved in the initial presentation that the hospital managers and staff gave to us about the ward. All the patients and staff through the daily meeting had designed and written the presentation. Their full involvement was actively encouraged by the registered manager.

Where staff had identified further needs that the patient had not considered or the patient did not always agree with, staff wrote supplementary details in the care plan to identify professionally identified needs or goals.

Patients were involved in the running of Oak Lodge. The daily meeting addressed the day to day running of the ward including activities, the environment including any repairs required, patient suggestions and changes in the running of the ward. The minutes showed that staff acted promptly to address matters brought up at these meetings.

Patients also told us they had been involved in the recruitment of staff working on the ward.

There was clear evidence that staff and patients had joint training events. One such event had recently delivered training on race and diversity. This was illustrated by workshop material displayed in the corridors celebrating the success of the event.

Patients were encouraged to develop community links and as patients progressed community volunteer opportunities were available. One volunteered at a youth group and another at a food bank. Patients told us they were oriented towards achieving a volunteer role. Patients accessed a range of community facilities such as the local GP to encourage community engagement.

Patients had access to advocacy input via a telephone call or by completing a referral form. This included independent mental health advocacy support specifically for patients detained under the Mental Health Act to help patients understand their rights.

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

Good

Access and discharge
The average occupancy at Oak Lodge over the last six months was 94%.

Oak lodge recently changed its pathway from two years to twelve months and the average length of stay over the last twelve months was 346 days. Nine patients had been discharged from June 2017.

All the beds at Oak Lodge were blocked booked by a local clinical commissioning group, a local NHS trust provided consultant and Mental Health Act services resulting in close working in accessing and discharge. Staff had a two week target to carry out assessments of patients who were usually already in another hospital to consider the appropriateness of admission for rehabilitation to this hospital. Staff liaised with NHS staff to coordinate the transfer of patients from acute mental health wards and secure care, including transferring patients who were already detained under the Mental Health Act.

A joint allocation panel headed by the clinical commissioning group and social services that monitored suitable accommodation and support. The registered manager reported that while they had a good relationship with care coordinators the change in pathway from two to one year had made it more difficult for care coordinators to attend multi disciplinary meetings.

The ward started planning for patient discharge from when patients were first admitted. Patients' recovery care plans identified what assessments and treatment would promote recovery, including mental health promotion and equipping patients with daily living skills.

Patients told us they had assessments and acclimatisation visits before being admitted. Patients also progressed towards longer leave with many returning to families overnight and at weekends.

The facilities promote recovery, comfort, dignity and confidentiality

There were a range of rooms at Oak Lodge including a lounge, dining area, skills kitchen, quiet room, female only lounge and activity room. All patients had access to their own bedroom throughout the day. All patients had keys to their own bedrooms so could lock these when they left. Patients were able to personalise their rooms and we saw evidence of this.

There were two types of rooms at Oak Lodge. Firstly a normal en-suite room and then as patients progressed towards discharge there were four flats with a fully equipped kitchen promoting independence.

There was access to a telephone in the quiet room that would ensure privacy. Patients also had access to mobile phones. Patients also had wi-fi access and had laptops in their rooms.

Patients had access to the outdoor space at all times. A large internal courtyard contained a shelter to allow cover when outside and there was plenty of seating available. These were well maintained and provided seating as well as a smoking shelter for patients to use. Oak Lodge was surrounded by gardens and there was evidence that patients were involved in growing their own vegetables.

Patients had a mixed response to the food, some complained about the standard. We spoke to the chef who told us that patients ordered off the rolling menu the day before and frozen 'convenience' style meals were cooked on the premises. We were told that all diets, religious and cultural needs could be catered for but some patients thought the quality of these options was not as good as the mainstream offering. The catering at Oak Lodge had been outsourced to a third party company. Patients could access hot and cold drinks during the day or night. However patients were encouraged to prepare and cook meals in the rehab kitchen.

There were well maintained notice boards with a range of information on Oak Lodge, mental ill health and local community service, including advocacy services.

Meeting the needs of all people who use the service

Patients had a weekly activity timetable which was developed with them. This included activities that matched their interests and to help them reach their rehabilitation goals. Activities were provided by the multidisciplinary team. Patients were supported to access local amenities such as public transport, local libraries, shops or the gym.

In May 2017 a patient survey was carried out at Oak Lodge which explored the patient experience at Oak Lodge. Eighty percent of the patients were satisfied with their experience. Patients and staff attend an away day every year where they discuss how to improve the service.

Listening to and learning from concerns and complaints

Information about how to make a complaint was clearly displayed on the noticeboards for patients to read. Patients had daily community meetings where they could raise issues and concerns informally. Patients told us they felt well supported by staff in raising issues and staff looked to address and resolve issues. Patients were aware of the complaints procedure.

There had been no complaints at Oak Lodge for the last 12 months. Patient told us they could talk to staff if they had any concerns and were confident that their complaint would be taken seriously. Staff were open and encouraged patients to talk through any concerns they had, which meant they could often deal with a problem quickly and reduce the need to formally complain. Staff were aware of their responsibilities to offer an apology where appropriate.

Within the same period they had received seven compliments about the service at Oak Lodge.

Long stay/rehabilitation mental health wards for working age adults

Outstanding ☆

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

Good

Vision and values

Alternative Futures Group have recently launched new values;

- We are one
- We succeed together with a shared purpose and vision
- We inspire others, take pride in what we do and trust each other
- We all have a part to play. Every person matters
- We are people focused and value skills, gifts and potential
- We listen. How people think and feel matters; everyone has a voice
- We make a positive difference
- We change lives.

These values were in addition to a refreshed vision and mission business statement;

Staff were aware of the visions and values. They felt that they were used on a day to day basis by the team. During the inspection, we observed staff displaying these values by treating patients as individuals and being aware of their likes and dislikes. Both staff and patients were given opportunities to have a voice within the service. When staff and patients raised concerns or issues, it was clear that senior management made changes based on these in a proactive manner.

Good governance

Oak Lodge had systems in place to ensure regular monitoring of care and treatment. There was a clear and comprehensive audit plan. We observed that a range of audits had been completed including incidents, supervision records, medication, Mental Health Act, health and safety. Where the audits indicated that improvements could be made, we saw evidence that actions had been created to address this with a timescale attached. Audits were discussed at governance meetings to ensure the registered manager had oversight of the findings, actions and how they were progressing.

A clear governance structure was in place that allowed efficient reporting. There were designated leads for all audits ensuring that staff understood the importance of the audits. The registered manager told us that the governance structure helped them to delegate and have a good oversight of the service. Staff gave positive feedback about the openness of the registered manager and that any issues could be taken to them.

Oak Lodge used the following processes to support patient engagement in their treatment and risk planning;

- Clinical review
- Service user review
- CPA review
- Clinical risk assessment and management.

This ensured patients were included and encouraged to engage in the planning of their care and treatment plans. This included assessment and management of risk. The Recovery Star was embedded within the patient reviews. The reviews, a one to one session with their named nurse, identified patients views on progress made, and consensus on areas of development for further progress.

We saw that risks were managed through regular health and safety audits. There was clear evidence that action had been taken very quickly to address any issues which were found during any of the health and safety audits. We saw that any maintenance issues were recorded and actioned immediately.

Staff did not raise any concerns about staffing levels at the time of the inspection and we observed the service had processes in place to manage staffing levels. Staff knew who the senior managers of Alternative Futures were and praised the availability of them.

The hospital had systems in place to ensure that staff were recruited appropriately with the correct checks to ensure that the right staff worked with vulnerable patients. This included taking up references, disclosure and barring checks, photographic ID checks and checking nurses' registration.

Leadership, morale and staff engagement

The registered manager was an experienced clinical leader who had very good clinical and managerial oversight of the hospital. The registered manager had an excellent understanding of the legal frameworks in which the

hospital operated including the regulations we inspect against, the Mental Health Act and the Mental Capacity Act as well as services locally. They were supported by a committed clinical nurse manager.

Staff were proud to work at Oak Lodge and spoke highly of the culture. Staff said they were actively encouraged to raise concerns and changes had been made to address staff concerns. Morale was reported to be very good with a real commitment to teamwork to ensure patients' needs were met. A recent innovation was a positivity tree at the entrance where staff and patients were encouraged write positive comments about change.

All staff spoke positively about the registered manager and reported that they were supported in their work and encouraged development. Staff were aware of the whistleblowing policy and told us that they knew how to raise any issues through this process or anonymously. Information on reporting concerns about patient care was displayed in staff and public areas.

Staff felt that they could take any issues to the senior management team and that they would be listened to. We observed strong working relationships between the team and registered manager that had a positive impact on the running of the ward.

Commitment to quality improvement and innovation

Oak Lodge had completed the implementing recovery through organisational change (ImROC) programme. ImROC aimed to change how the NHS and its partners operated so that they could focus more on helping those people with their recovery. They had been a member for several years and there were displays about ImROC however not all staff were able to explain what it was.

At the time of inspection Oak Lodge was not accredited with the Royal College of Psychiatry quality network. Although there was a commitment to become AIMS accredited.

Alternative Futures has introduced a new quality and improvement committee which provides a governance structure to ensuring policy and systems are implemented and audited, ensuring patients received the appropriate treatment as agreed with them and their clinical team and within the agreed time frame.

Outstanding practice and areas for improvement

Outstanding practice

There was strong person centred, clinical leadership and governance arrangements, led by a well-respected registered manager who clearly articulated the changes they had made to the hospital through listening to staff, patients and other stakeholders. They had fully embraced the vision “we are one” by having daily staff and patient meetings which discussed all ward issues including staff duties and hosting joint training and feedback away days. Patients played a major role in presenting information about the service to the inspection team.

This was complimented by a comprehensive range of audits which, were allocated individually not only to registered nursing staff but also to support staff. This created an atmosphere where staff understood the clinical need for audits and the need for compliance as they were all responsible for an area of performance. These were used to continuously drive improvement.

Patients and staff worked in true partnership as equal partners with a focus on shared decision making and community engagement. Decisions around patient care were taken to reflect this community engagement. Positive risk taking approaches empowered patients to take on good citizenship roles within the community. Patients took on different community roles reflecting their own personal interests, they were active in diverse roles within local charities and youth organisations.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should develop a detailed and specific plan to provide designated regular clinical psychology input to patients at Oak Lodge.
- The provider should become accredited with the Royal College of Psychiatry quality network and develop clinical outcomes through this process.
- The provider should ensure all staff receive mandatory training relevant to their role.