

The Billingham Grange Independent Hospital

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?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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

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

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

Summary of findings

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


Overall summary

We rated The Billingham Grange Independent Hospital as outstanding because;

- Staff displayed a caring and compassionate approach to patients. Staff knew patients they cared for well and ensured that the support they gave was in line with their personal preferences.
- There was a strong governance structure in place, which displayed joined up working from ward to board level. The service was very well-led at ward and regional level. Staff and patients told us the hospital director was approachable and supportive. The company had clear vision and values which were clearly embedded in the running of the service. Values were demonstrated by staff who cared for patients in a kind and compassionate manner.
- Staff went the extra mile to ensure that patients were involved in decisions about their care and treatment. Staff made multiple attempts to engage patients and used different methods to help patients make choices. Where appropriate there was evidence of families being involved in decisions about care.
- Patients, families and carers participated in the formulation of care plans. Where people were reluctant to participate, they were encouraged by staff. Patients were involved in planning for discharge. Discharge planning was embedded in care delivery and was discussed in multi-disciplinary meetings and ward rounds.
- Patients who lacked capacity were automatically referred to independent advocacy services. Contact details for advocacy services were displayed throughout the service. Patients were supported and encouraged to access services in line with the Mental Health Act Code of Practice
- Staff encouraged and supported patients to access health screening tests. There was a registered general nurse on each ward to monitor the physical health of patients. Staff used recognised screening tools to help them monitor various aspects of physical health.
- All patients had a named nurse and secondary nurse. Photographs of named nurses were in patient's bedrooms to help them remember who the named nurse was. Patients had regular one to one time with their named nurse.
- There was minimal use of restraint and this was only used after verbal de-escalation had been attempted. Restraint was kept to low level holds and patients were given de-briefs following incidents.
- The provider kept staff, patients and visitors up to date with the running of the service and ratings from previous CQC inspections were posted in the hospital to ensure people could see them.
- Patients and carers were encouraged to give their feedback on the service and the care and treatment they received. The service had been proactive in capturing and responding to patients concerns and complaints.
- There was a good and varied activities programme which provided patients with activities seven days per week. There were a range of activities which helped with patients' physical and mental health and fitness.
- Poor performance was identified and dealt with quickly and effectively. There was clear learning from incidents and lessons learned were shared both during clinical governance meetings and with staff from national Barchester Healthcare services. This helped to prevent recurrences of incidents.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Outstanding 	
Wards for older people with mental health problems	Outstanding 	

Summary of findings

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Outstanding



The Billingham Grange Independent Hospital

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults; Wards for older people with mental health problems;

Summary of this inspection

Background to The Billingham Grange Independent Hospital

The Billingham Grange Independent Hospital is a 50-bed hospital that provides 24-hour support for people aged 18 or over. The hospital is a specialist service for people with mental health and physical health problems including progressive neurological illnesses or acquired brain injury that lead to cognitive impairment and complex and challenging behaviour.

The hospital has three wards which are situated over two floors;

- Grange – an 18-bed male ward for working age adults
- Wynyard – a 16-bed female ward for working age adults
- Hart – a 16-bed male ward for older adults

At the time of our inspection the hospital was providing care and support for 47 patients.

The hospital is registered with the Care Quality Commission to provide the following regulated activities;

- Assessment or medical treatment for persons detained under the Mental Health Act 2007.

- Treatment of disease, disorder or injury.

The service aims to provide a safe environment with accessible gardens which provide a basis for therapy and leisure.

The hospital's last comprehensive inspection was in September 2015 when the hospital was given an overall rating of good with requires improvement in the safe domain. A follow up inspection was carried out in May 2016 when the provider was found to have made improvements resulting in a rating of good in the safe domain.

A Mental Health Act Reviewer also carried out a visit to the service on 17 April 2018. At this visit the reviewer looked at three care plans. The reviewer raised concerns that patients were informed of their rights monthly not at the time their section was renewed or their treatment changed and that some care plans did not show clear evidence of patient involvement.

Our inspection team

The inspection team included two inspectors, one assistant inspector and three specialist advisors, which included a clinical psychologist, a mental health nurse and a social worker. The team also included a pharmacy inspector and an expert by experience.

Specialist advisers are experts in their field who we do not employ directly. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Looked at the environment to ensure it was safe.
- Spoke with eight patients.
- Spoke with four carers.
- Looked at 15 care and treatment records.
- Looked at 22 Mental Health Act files.
- Attended one heads of department meeting.
- Spoke with all three ward managers.
- Spoke with the hospital director and the divisional director.
- Reviewed the medications charts of all patients.
- Reviewed the medicines management and equipment within the clinic rooms.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with eight patients and four carers. All the people we spoke with were positive about the care and treatment they received at The Billingham Grange Independent Hospital. Patients told us staff were wonderful, very kind, genuinely caring and special people.

There were good relationships between staff and patients. Staff were kind and professional in their work and obviously knew the patients well. Interactions between staff and patients were thoughtful and caring, with staff checking on the wellbeing of patients regularly.

Carers told us the care their relative received was excellent. All the people we spoke with told us they would be confident to speak with staff about any concerns or complaints they had.

Patients gave feedback on the service and the care they received. Patients had personalised their rooms and staff had encouraged them to use rooms to express their likes and dislikes.

Staff made changes as a result of patient input and 'you said we did' boards were put up in the hospital to show patients how their input had helped to improve the service.

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?

We rated safe as good because:

- The service had all the equipment needed to carry out physical health checks.
- The hospital adhered to infection control principles. There were hand washing facilities and alcohol gel dispensers on wards.
- There were contracts in place with various outside agencies to service and repair equipment.
- Staffing levels throughout the service were appropriate to the needs of the patients.
- A recognised risk assessment tool was used to assess ongoing risks to patients. Regular reviews were carried out to monitor risks.
- There was minimal use of restraint and was only used after verbal de-escalation had failed.
- There were effective arrangements in place for the management of medicines. Controlled drugs were stored securely with restricted access to authorised staff.
- There were no serious incidents between 1 January and 31 December 2017.

However,

- Protocols for the use of when required medicines were not consistent throughout the service.

Good



Are services effective?

We rated effective as good because:

- Admissions to the hospital were planned to allow for a comprehensive pre-admission assessment to be carried out.
- Care plans were personalised, holistic, detailed and comprehensive. Care plans were well maintained, up to date and were securely stored.
- Regular reviews of care plans and risk assessments were carried out. Patients, families and carers participated in the formulation of care plans.
- Staff used recognised screening tools to help them monitor various aspects of physical health. Multiple audits were carried out to ensure the quality and safety of care in the service.
- All staff had regular supervisions and appraisals between 1 January and 31 December 2017. Poor performance was identified and dealt with quickly and effectively.

Good



Summary of this inspection

- All staff were trained in the Mental Health Act and Mental Capacity Act and associated Codes of Practice. Patients were able to access independent mental health advocates in accordance with the Mental Health Act Code of Practice.
- Capacity assessments were carried out if there were concerns about people's ability to understand and make decisions.

Are services caring?

We rated caring as outstanding because:

- People who used the service were continually positive about the way staff supported them. Patients had a named nurse and secondary nurse and there was a picture of them in their bedroom so they knew who that person was even if they found it hard to remember their name.
- Patients were supported by staff who were kind and compassionate. Staff knew patients well and supported them in a way that met their personal preferences and needs. For example, staff were seen sitting with patients at mealtimes and supporting them in discreet manner where needed.
- The care provided was very person centred and care plans included details such as the time people liked to go to bed or get up in the morning. The positive behaviour support plans also included details of how people wanted to be supported when they were distressed.
- Staff empowered patients to be active partners in their care and treatment. Staff made multiple attempts to engage patients and used different methods to help patients make choices. For example, patients were offered food to taste to help them decide what they wanted to eat. Where appropriate there was evidence of families being involved in decisions about care.
- Staff supported patients to communicate their needs, for example, using pictorial aids.
- Patients, carers with the support of advocates where needed were actively engaged in the operation of the service. Patients and carers gave their feedback on the service and the care and treatment they received. This could be done in a variety of ways including surveys, comment boxes and meetings. People who were reluctant to give their views were encouraged by staff. Changes were made as a result of this feedback such as the refurbishment of the communal bathrooms.

Outstanding



Are services responsive?

We rated responsive as good because:

Good



Summary of this inspection

- Patients were involved in decision making regarding their discharge. Discharge planning was embedded in the hospital and was discussed at multi-disciplinary meetings and ward rounds. There were no delayed discharges between 1 January and 31 December 2017.
- There was a good and varied activities programme which provided patients with activities seven days per week. There was a good range of facilities to support patients during their rehabilitation.
- Patients were asked for their views on how the service was run. Changes were made to the service based on patient feedback.
- Information was displayed throughout the hospital in relation to various subjects like advocacy, patient rights and complaints. Information leaflets were available in a range of languages and formats.
- Complaints were handled and investigated in line with the company complaints policy. Lessons learned were shared during clinical governance meetings and with staff from the hospital.

Are services well-led?

We rated well-led as outstanding because:

- The company had vision and values which were clearly embedded in the running of the service. Staff were highly motivated and demonstrated the use of these values in their work in their care and treatment of patients. Values were also embedded in staff development objectives and supervision.
- The service was well-led at ward, hospital and regional level. This leadership was inclusive and effective. The hospital director prioritised the engagement of patients and staff and we heard they were approachable and supportive.
- Staff success was celebrated through a range of staff awards and financial bonuses.
- The service promoted the development of future leaders. Staff had access to leadership training and were supported to develop their skills and experience.
- There was a strong governance structure in place, which displayed joined up working from ward to board level. Accurate information was collected on key areas such as incidents and physical interventions to monitor themes and drive internal decision making at clinical governance meetings.

Outstanding



Summary of this inspection

- The hospital was looking to continuously innovate and improve the treatment it was delivering. For example, they were monitoring the effectiveness of the key interventions in positive behaviour support plans to make ongoing improvements in their care and treatment.

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.

At the time of our inspection all the staff working in the hospital had completed their mandatory training in the Mental Health Act and the Mental Health Act Code of Practice. Staff we spoke with demonstrated a good working knowledge of the Mental Health Act and were able to identify the guiding principles of the Act.

Staff were aware of the need to receive consent to treatment and we saw evidence of consent being recorded in patient records. Where patients refused to consent to treatment, we saw evidence of second opinions being sought and outcomes recorded.

Patients were informed of their rights when they were admitted to hospital and monthly after that. However, the Mental Health Act reviewer who visited the service was concerned that patients were not advised of their rights

when their treatment changed or the section was renewed. We saw evidence of staff telling patients about their rights and where patients refused to listen, or didn't appear to understand, further attempts were made.

The service had a dedicated Mental Health Act administrator. Staff we spoke with were able to tell us who the administrator was and said they were able to speak to the administrator if they needed advice or guidance.

Detention documentation was completed accurately and was up to date in all the records we reviewed. We reviewed the section 17 leave forms held in the service and found that historic forms were securely archived.

Patients and staff told us section 17 leave was rarely cancelled. The provider did not formally monitor the amount of section 17 leave that was cancelled however, they were able to tell us that there had been no cancellations during the period from 1 January 2017 to 31 December 2017 due to insufficient staff.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act is legislation that maximises an individual's potential to make informed decisions wherever possible. The Act and associated Code of Practice provide guidance and processes to follow where someone is unable to make capacitated decisions.

At the time of our inspection 98% of staff working in the service had completed training in the Mental Capacity Act. Staff we spoke with demonstrated a good understanding of the Act and the five principles. Staff were confident in their knowledge of capacity and least restrictive practice.

Between 1 July and 31 December 2017 there were eight applications made under the Deprivation of Liberty Safeguards. The safeguards make sure that people in

hospitals are looked after in a way that does not inappropriately restrict their freedom. They set out a process the provider must follow if they believe it is in the person's best interest to deprive them of their liberty to provide particular care.

We reviewed the provider's policy which related to the Mental Capacity Act and its guiding principles. We found the policy was clear and explained the principles of the Act and contained relevant guidance.

Regular audits were carried out to ensure that documentation was completed correctly. Further audits were carried out to ensure that capacity assessments had been completed and where required, best interest decisions were recorded.

Overview of ratings






Our ratings for this location are:

Detailed findings from this inspection

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

Long stay/rehabilitation mental health wards for working age adults

Outstanding 

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

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

Good 

Safe and clean environment

At the time of our inspection the hospital was having refurbishment work carried out. However, we found it to be clean and tidy with fixtures and fittings in a good condition. The hospital had an environmental risk assessment in place which included a list of ligatures throughout the hospital. The most recent ligature risk assessment for all wards had been carried out on 31 January 2018. Ligature risk assessments were usually completed annually however, due to the presence of workmen in the service, additional checks were carried out when the workmen left for the day. This helped to ensure that there were ongoing checks and patients were kept safe while work was ongoing. The risk assessment showed all ligatures identified were mitigated against.

The hospital had disability access throughout and all areas that patients had access to were accessible to wheelchair users.

Wynyard ward and Grange ward were single sex accommodation and so were compliant with the Mental Health Act code of practice and the Department of Health guidance on eliminating mixed sex accommodation.

The hospital did not have a seclusion room and patients were not secluded in any other room of the hospital.

The hospital had a clinic room on each of the wards. We checked the equipment held in each of the clinic rooms and found they were all clean and tidy with adequate space available. Emergency equipment and drugs were easily accessible and well organised. Regular checks were carried out on the emergency equipment to ensure it was in working order and there was nothing missing or past its expiration date. Temperatures of all clinic rooms and linical fridges were checked and recorded twice daily.

The service had appropriate equipment available for the monitoring of physical health. This included blood pressure monitoring machines, weighing scales and blood monitoring machines. With the exception of blood monitoring machines, which were all replaced annually, the equipment held was regularly serviced and calibrated.

The hospital adhered to infection control principles. There were appropriate handwashing facilities and alcohol gel dispensers available for staff. This ensured they were able to maintain safety and cleanliness. The hospital employed domestic, housekeeping and maintenance staff to carry out immediate work within the service. Cleaning records were in place to ensure that all areas of the hospital were regularly cleaned. Cleaning records we looked at showed that staff had completed the required tasks in line with these requirements. Staff told us that spillages and body fluids were cleaned up immediately by domestic staff. During our inspection we saw domestic staff carrying out cleaning duties throughout the hospital. Infection control audits were carried out regularly and any identified actions were completed in a timely manner.

The hospital had annual fire assessments and we found that the service carried out monthly fire testing and drills

Long stay/rehabilitation mental health wards for working age adults

Outstanding



were carried out regularly. Fire evacuation training, fire drills and fire marshal training were all mandatory and compliance rates were 95%, 98% and 95% respectively. We saw documentation to support all the above.

The service had contracts with outside agencies to service and repair medical equipment. Equipment such as hoists, stand aids and wheelchairs located in the hospital had been recently serviced and cleaned. Records showed that this had been carried out regularly. Equipment used for patients was allocated to individuals and these were noted with the patient's name. This helped to ensure patients were not at risk of cross contamination.

All areas to which patients had access had nurse call systems. This included bedrooms, bathrooms, dining areas and activity rooms. Receiver boxes were positioned throughout the hospital to ensure staff were able to identify any areas where an alarm had been activated. All staff that went into ward areas carried alarms. These were used to summon help if staff felt they needed assistance urgently. Throughout our inspection staff responded to call systems and alarms quickly and effectively.

Safe staffing

The hospital employed 115 substantive staff including registered mental health nurses, registered general nurses, support workers, a psychiatrist, occupational therapist, occupational health assistants, music therapist, art psychotherapist and mobility massage therapist.

The hospital director used the accreditation for inpatient mental health service scheme as a guide to the number of staff and the skill mix. The recommended number of whole time equivalent staff for Grange Ward was two qualified and four support workers throughout the day, with Wynyard Ward requiring a minimum of one and a half whole time equivalent registered mental health nurses and three support workers throughout the day.

We were told by the hospital director that the hospital ran on staffing levels of 20-25% over the recommended amounts as standard. Staffing rotas we reviewed showed this to be an accurate reflection of staffing in the service. Staffing levels were discussed at the morning meeting each day to ensure that staff and patients were safe on the wards. At the time of our inspection there were two nurses and five support workers on day shift for each ward. Where patients were on enhanced observations or had an increased care need, additional staff were included in daily

figures. In addition, the hospital had several supernumerary nursing staff on duty each day, as well as the hospital director and ward managers who were registered mental health nurses, to provide nursing assistance. The hospital director told us that if more staff were required during shifts, she was able to call on a bank of staff to assist.

Between 1 October 2017 and 31 December 2017 there were no vacancies for registered mental health nurses or support workers on any of the wards. The hospital rarely used agency staff, with the last use being April 2017.

Bank staff use was kept to a minimum. When bank staff were required the service only used staff that were familiar with the running of the hospital and its patients. This helped to ensure continuity of care. Between the dates of 1 October and 31 December 2017 there were 11 shifts filled by bank staff. There were no shifts that were not covered. Bank and agency staff were required to participate in the induction process to ensure they were familiar with the provider's policies and procedures.

Sickness levels within the service were low. Between 1 July and 31 December 2017 sickness on Grange Ward was 1.1% and Wynyard ward was at 1.2%. There were nine substantive staff that left employment in the service during the same period.

All patients within the hospital had a named nurse and secondary nurse. Patients had regular one to one time with their named nurse or their secondary nurse if their named nurse was unavailable. Staff kept notes to show what had been done during one to one time and when these had been completed. Patient notes showed that regular one to one time had been completed with all the patients in the hospital. Patients we spoke with confirmed they had regular time with their named nurse.

Staff were visible on all wards. We saw staff spent time supporting patients with daily activities, engaging them in discussions and spending time on a one to one basis.

Staff and patients told us there were regular organised activities both in the hospital and outside. We looked at the activities timetable and saw that there was a comprehensive and varied activity programme. Staff told us that activities were rarely cancelled due to staff shortages. Section 17 escorted leave was rarely cancelled as there were sufficient staff on duty to ensure that leave was able to go ahead as planned. Section 17 leave is the

Long stay/rehabilitation mental health wards for working age adults

Outstanding



legal means by which a detained patient may leave a hospital site. Between 1 January and 31 December 2017 there was no Section 17 leave cancelled because of insufficient staff. During this period the only reasons for cancellation of leave were due to bad weather or because of deterioration in health of patients.

The hospital employed a nurse prescriber and had a Registered General Nurse employed for each ward. This meant the hospital was able to carry out tests to enable the monitoring of patient's physical health. For example, blood tests, blood pressure and weight.

The service had a dedicated consultant psychiatrist who worked in the hospital throughout the week. The psychiatrist worked across all the wards and conducted weekly ward rounds with other members of the multi-disciplinary team. Patients we spoke with told us they were able to see the doctor when they wanted to. We were told that this was usually within an hour of asking.

Out of hours arrangements were in place to ensure staff were able to access medical help if needed. The hospital had an arrangement in place to ensure the service had out of hours cover. The service psychiatrist was on call to deal with concerns, and during times when the psychiatrist was not available, a group of locum psychiatrists provided cover. The local GP practice provided out of hours cover for physical health concerns and the service was included in the out of hours arrangements for the GP practice. In addition, staff were able to call the hospital director out of hours if there was a need for help or advice.

The out of hours arrangements had been in place for a long period of time and staff we spoke with told us they could easily access help, out of hours and in an emergency. Care records showed evidence of these arrangements working in practice. Staff told us a doctor could be accessed within a matter of minutes during the day and out of hours a doctor was usually able to attend the hospital within an hour.

The Barchester Group and had a programme of mandatory training that staff are required to undertake. As well as supervision, appraisal and induction, mandatory training covered 26 areas which included clinical intermediate life support, clinical risk management, food hygiene, infection control, information governance and equality and diversity. Staff were also required to complete training in the Mental Health Act and Mental Capacity Act. All the mandatory training had a compliance rating above 90%. Staff appraisal

rates were 100% The staff we spoke with and hospital director told us that staff who failed to complete their mandatory training within a set period were prevented from working in the hospital until it had been completed.

Assessing and managing risk to patients and staff

We looked at the care records of 15 patients and found they were detailed and person centred. Staff completed individual risk assessments for each patient on their admission to the hospital and carried out regular monthly reviews. Additional reviews were carried out if patients had been involved in an accident or incident, or if staff noticed a change to a patient's presentation.

Staff used the accreditation for inpatient mental health services as a guide to assess ongoing risks to patients. This allowed staff to identify risks that were specific to the individual and use their knowledge of the person to mitigate the risk.

There were no blanket restrictions in place. Restrictions to patients were limited to the least possible. Any restrictions that were in place were identified in care records and the reason for the restriction was provided. For example, we saw some patients were not able to leave the hospital alone, this was due to concerns that the patient or others around them may be at risk if the patient was able to leave without supervision.

Access to wards was gained through locked doors which was only possible by using either a key pad or with a key fob. Informal patients were able to leave the ward at any time however, an immediate risk assessment would be carried out by a member of staff. The purpose of the risk assessment was to ensure patients were well enough to leave and were not at risk. If staff were concerned about patient's mental health they were able to prevent them from leaving the hospital by detaining them under the Mental Health Act. Staff we spoke with told us they had never had to this.

All staff at the service was trained in the use of restraint. The service used the management of actual and potential aggression using a positive behaviour support approach. Between 1 July 2017 and 31 December 2017 restraint was used 77 times, none of which involved the use of prone or supine restraint. All the restraint used was low level and records showed that verbal de-escalation was attempted in all cases prior to any restraint. Staff we spoke with told us that they didn't feel that they needed to restrain patients

Long stay/rehabilitation mental health wards for working age adults

Outstanding



and would always try to talk to them first. Patients we spoke with told us that staff were always respectful to them even if they needed to be restrained. We asked staff about the use of pain compliance and were told by all staff that this was never used and that the methods they used would not allow for this form of control.

Rapid tranquilisation had not been used in the core service in the last twelve months. The use of restraint and rapid tranquilisation was in line with the Mental Health Act Code of Practice. The long stay rehabilitation service did not have a seclusion room and did not use seclusion. Staff told us patients were never restricted to their room and we found no evidence to suggest this practice ever occurred.

Staff recorded all incidents, including the use of restraint and rapid tranquilisation in patient care records and on incident reports. All incidents were reviewed by the hospital director and the information contained was used, along with information from staff, to investigate and formulate lessons learned.

The provider carried out regular audits into the use of restraint. The findings were shared with staff working at the service and at monthly clinical governance meetings. This allowed for the sharing of information and potential changes to procedures.

All staff working at the hospital were required to complete safeguarding training in safeguarding of vulnerable adults. Compliance for this was at 98.%. Staff also completed child safeguarding training; however, this was not part of the mandatory requirements.

Staff at the hospital were aware of their responsibilities in relation to safeguarding and knew how to make safeguarding referrals. The hospital director told us the hospital had a good relationship with the local authority. The provider had a policy in place which related to safeguarding and all staff were aware of how to access the policy.

The provider had a policy in place that related to child visitors. Children could visit patients at the hospital if they were accompanied by an adult. In addition, child visitors were required to stay off the wards and the provider facilitated visits in other rooms.

We checked the provider's arrangements for the management of medicines on the wards. The provider's policy covered all aspects of medicines management. We

reviewed the processes that were in place for managing controlled drugs, (medicines that require extra checks and special storage arrangements because of their potential for misuse) We found that controlled drugs were securely stored in the relevant clinic rooms, with restricted access to authorised staff. The use of controlled drugs was recorded in a controlled drugs book, a running total of medicines were recorded and all of them were signed for by two staff members. We reviewed the controlled drugs books and all entries were completed correctly and the total medicines left matched the stock held.

The service was required to have an accountable officer for drugs management; this was the hospital director. There was good medicines management throughout the hospital. The service had a range of policies in place which were regularly reviewed. The service did not have a clinical pharmacist in post but had a close working relationship with a local pharmacy.

We found that medicines were stored securely and were only accessible to authorised staff. There were appropriate arrangements in place for the disposal of medicines waste. We checked the arrangements for the storage of medicines which required refrigeration and found staff monitored fridge temperatures in line with national guidance.

We checked the arrangements for managing medicines and equipment for use in a medical emergency. The resuscitation council produces a list of essential and recommended medicines and equipment for use in emergencies. The provider was able to give us a list of the medicines and equipment that were kept on each ward. We compared this to the resuscitation council list and found the service had a full stock of essential emergency medicines for each ward although some of the recommended items were not present. We spoke with the provider about this and they told us that not all staff were trained in the use of some recommended items meaning the hospital was not permitted to keep them. Emergency medicines were kept in clinic rooms of each ward and complied with requirements for these types of medicines.

We reviewed all the medicines charts and five patient records from each ward in detail and found staff kept accurate records of the treatment patients received. We reviewed consent to treatment documentation and found medicines were prescribed in accordance with the provisions of the Mental Health Act in all cases.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



The provider had robust systems in place to monitor patient's physical health. In all records we looked at physical health monitoring had been completed as per national guidelines. However, we did find that there was a lack of body maps in some care plans. Body maps are used to show staff where topical creams and ointments should be applied. We spoke to the provider about this issue and this issue was immediately addressed.

In order to ensure patients received prompt and effective physical health care the service had identified and trained individual nurses to enable them to lead on physical health issues across the whole hospital: This included wound Management, diabetes, electro-cardiograph monitoring, epilepsy care and healthy lifestyle choices and education.

Every patient had a variety of specific risk assessments specific to physical health care which were completed each month in order to proactively inform: potential or required treatment. These risk assessments also informed the monthly reviews of care and treatment plans, external professional referrals and ensured equity of care for both physical and mental health needs

We found protocols in place for when required medicines although these were inconsistent. For example, we looked at two records that were prescribed the same medicine to be used to for distress or agitation. In one of these records this detailed signs and symptoms of when this medicine should be administered whilst the other only detailed the dose and frequency. In addition, we also found on two occasions that this medicine had been administered with no record made in the daily notes. This is not in line with the provider's current medicine policy. We spoke with the provider about this and inconsistencies were rectified immediately. Internal investigations were carried out in relation to these errors and findings were shared with staff in meetings and supervisions. Findings were also escalated through governance meetings in order to ensure lessons learned were shared throughout the company.

Audits were carried out monthly for each unit. Whilst these audits were extensive the questions did not always match with procedures in the hospital. For example, audit questions surrounding omission codes detailed omission codes the hospital did not use. The contracted pharmacy had also undertaken an audit in February 2018; this audit had highlighted some issues which had been actioned immediately.

We discussed prescribing practices with the consultant psychiatrist for the service. The doctor told us that continual reviews were carried out to ensure that patients' physical health was monitored for side effects.

Track record on safety

Between 1 January and 31 December 2017 there were no serious incidents. This was due to the proactive approach staff at the service took to protecting patients. For example, staff noticed some professional visitors to the service were aware of the codes for keypads on secure doors. As soon as this was noticed the keypads were removed and changed to key fob access. This helped to enhance the safety of patients in the service.

Reporting incidents and learning from when things go wrong

The hospital used a paper based reporting system and all staff could report and record incidents using this system. Incident report forms were reviewed and signed off by the hospital director. Incidents were logged and uploaded onto the clinical governance database and reviewed in the daily meeting, weekly multi-disciplinary team meeting and again in the ward round. Monthly analysis was completed for each ward and for the hospital, with a further review during local, divisional and corporate clinical governance meetings. In addition, incidents are discussed with lead commissioners during quarterly meetings.

All incidents were investigated and the details of the investigation as well as the findings were submitted electronically to head office. Audits were carried out on incidents reported and this allowed senior staff to establish if there were any common themes or causes. The hospital director told us that incident trends varied across wards depending on patient acuity.

At the time of our inspection there was a drive within the hospital towards improved reporting of low level incidents which required verbal de-escalation, distraction and disengagement. As a result, a new reporting form was implemented and information recorded was included on the clinical governance systems. This allowed the service to capture information on low level incidents and interventions.

Staff we spoke with were clear about what should be reported and were able to give examples. Staff were aware of the forms they needed to complete to report the incident

Long stay/rehabilitation mental health wards for working age adults

Outstanding



and what information they should record. Staff and patients were debriefed after incidents to allow for discussion and support. There was a clear process in place for the monitoring and investigating of incidents.

We reviewed the information held regarding some of the incidents that had occurred over the last six months and found that reporting forms had been completed at the time of incidents, and that managers had reviewed what staff had said. We also found that managers had spoken with staff about the incidents and support had been offered. We found investigations had been carried out in a thorough and timely manner with findings and lessons learned recorded.

Staff were given feedback from investigations and were told of lessons learned through team meetings and supervisions. Staff we spoke with told us they were given information about outcomes of investigations and lessons learned were shared not just in the hospital but also to other services within the group.

Where incidents occurred and lessons were learned, changes were made as a result of this feedback.

The provider complied with the regulation regarding the duty of candour. We reviewed information relating to concerns and incidents that had occurred and were reportable under the duty of candour. The duty of candour is when something has gone wrong and the service is required to be open, honest and transparent with patients and carers alike. For example, if a patient has been given incorrect medicines they should be informed.

Are long stay/rehabilitation mental health wards for working-age adults effective?
(for example, treatment is effective)

Good



Assessment of needs and planning of care

All admissions to the hospital were planned. Prior to admission staff visited the prospective patient and carried out a comprehensive pre-admission assessment.

Assessments included physical health needs as well as mental health and were used as a basis to patient's care plans. If it was felt that the hospital was unable to care for the person, they would not accept the admission.

We reviewed the care and treatment records of 15 patients and found that all were holistic, detailed and comprehensive. All the care plans we looked at had been completed soon after admission with the majority completed on the day of admission. Risk assessments and risk management plans were in place for all patients and had been completed at the same time as individual care plans.

Staff regularly reviewed care plans and risk assessments. We found that reviews were carried out if the patient had been involved in an incident or accident and if there were changes to patient's individual needs.

Patients and where appropriate, their families participated in the formulation of care plans. If patients were unable or unwilling to participate, staff noted the record but continued to encourage participation. For example, we found two care records where the patient was found to lack the capacity to make decisions about their care however, staff still involved the patient and noted the patient's thoughts. Where patients were happy to have family involvement, we saw evidence of family input into care plans and details of patient's history. We found one care plan which had been noted to say the patient did not wish to have their family involved and another which showed the family did not want to participate in their relative's care.

There was good evidence of physical health monitoring being carried out. All patients had undergone a physical exam on admission to the hospital. This included weight, blood pressure, temperature, pulse and blood tests. In addition, staff checked the dates of previous optician, dentist and chiropody appointments to ensure patients could have their next checks carried out on time.

Patients were offered monthly physical health checks. The majority of patients had monthly physical health checks however, this was carried out more regularly for patients who needed more regular reviews. Some patients refused to participate in health checks and this was noted on care records. Staff continued to persuade patients that health checks were beneficial to them. Patients had regular weight checks, nutritional reviews, tissue viability checks,

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Outstanding



choking assessments and general observations. In addition, the hospital ensured patients were registered with a local GP, optician, dentist and chiroprapist, all of whom visited the service regularly.

Patients were offered an annual health check which included electrocardiographs, full physical health check and a review of medication. Most patients had received full annual checks however there were some patients who did not which to have these checks. Patients who refused to participate in health checks were encouraged by staff who advised patients of the benefits these checks could have. If patients continued to refuse, care plans were noted to say this. Care plans showed staff continued to ask patients about health checks regularly.

Staff supported patients to attend routine screening appointments and a range of specialists, such as speech and language therapists, physiotherapists and tissue viability specialists attended the hospital regularly. Patients were also able to take advantage of annual flu vaccines.

Patients who had physical health concerns were supported to attend outpatient appointments and treatment appointments at other hospitals and services. Where ongoing treatment was required, staff helped patients to understand the treatment and supported them to make changes if required. For example, patients with sleep apnoea may have been required to use a form of ventilator while sleeping.

Physical health care plans were in place along with relevant risk assessments and risk management plans. Care records were holistic and recovery oriented, with details of where patients had difficulties and steps toward improvement and recovery. The hospital employed a registered general nurse for each of the wards, to oversee patients' physical health, one of whom was the hospital's wound management champion.

All care records were paper based and contained all the relevant information to the patient's health and wellbeing. Care plans were well maintained and up to date and were kept stored securely in nursing offices on individual wards. All care staff could access patient records when required.

When patients were transferred to other services, patient records were copied and passed on to the new team. Any documents that were kept by the long stay rehabilitation service were securely archived.

Best practice in treatment and care

Staff followed best practice in delivering care and treatment to their patients. The hospital followed guidance from the National Institute of Health and Care Excellence in relation to assessment and treatment.

Patients had physical health checks completed on admission to the hospital, including blood tests, height and weight measurements, and staff carried out regular physical health monitoring. Staff used recognised screening tools and rating scales to help them identify issues which may have an impact on patient health. For example, we saw evidence of staff using the Malnutrition Universal Screening Tool to help them monitor nutritional intake, Waterlow score to monitor tissue viability, and the model of human occupation screening tool to measure functional ability. Other ratings scales and screening tools used included:

- Health of the Nation Outcome Scale.
- Functional Independence Measure and Functional Assessment Measure.
- National Early Warning Score Tool.

In addition, the service has developed and introduced a monthly nutritional review based on both the Malnutrition Universal Screening Tool outcome scores and monthly clinical governance analysis to ensure they were proactive in meeting patients nutritional needs.

The service undertook a variety of audits to monitor the quality and safety of the service. Audits also helped staff within the service to ensure they were constantly driving improvement. There was a clinical audit programme in place that included the following:

- High dose antipsychotics.
- Care plans.
- Nutritional audit.
- Safeguarding referrals.
- Quality first audit.
- Regulatory team audit.
- Medicines management.
- Capacity assessment and best interest document audits.

The results of audits were shared in clinical governance meetings and with staff working in the service. This meant

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Outstanding



that staff were knew where they were doing well and which areas required improvement. It also allowed managers to identify common themes and make changes where necessary.

Skilled staff to deliver care

The hospital employed a wide range of staff including clinical lead nurses, registered general nurses, senior occupational therapist, nurse prescriber, support workers, occupational therapy assistants, music therapist, art psychotherapist, mobility massage therapist, and a dance instructor. There was also a registered mental health nurse who was qualified to deliver Indian head massage, reiki and sound therapy and an external pharmacist attended the hospital to carry out medicines audits and medicines reconciliation and to support staff and patients. These audits were in addition to those carried out by hospital staff.

Staff employed at the hospital were experienced and qualified to carry out their roles. Prior to starting work at the service staff were required to provide suitable references and to have disclosure and barring checks carried out. All staff working in the service had the relevant pre-employment checks completed.

The fundamental standards of care for inpatient mental health rehabilitation services state that providers should offer patients' evidence based psychological interventions and access to occupational therapy. The hospital employed a full time occupational therapist and three occupational therapy assistants. The senior occupational therapist had the knowledge and skills to deliver the support patients needed to move on to alternative accommodation. The hospital had an arrangement in place with another service which allowed patients to access psychological therapies when required. There was also an art psychotherapist employed at the service to assist patients.

All staff working in the hospital were required to participate in a company induction. This included information on the company itself and the policies and procedures that were in place both nationally and locally. Staff were also given information on Quality First audits and how these fit with improving quality.

Staff were required to have regular supervisions and appraisals. Supervisions were to be carried out six times over a year with appraisals completed mid-year and at the

end of the year. If needed, supervisions could be increased to ensure staff were receiving help and support when required. All staff had received supervision and appraisal within the last 12 months.

Specialist training was available to staff and allowed them to increase or enhance their skills. Recent training had included root cause analysis, seated exercise, phlebotomy and venepuncture. The senior occupational therapist at the hospital provided nursing staff and support workers with training required to assist with patient rehabilitation. This included carrying out clinical supervision, providing education around smart goal setting and arranging for representatives from specialist clinics to visit and demonstrate rehabilitation assessment tools.

In addition to mandatory training nursing staff were required to complete and maintain compliance in various other areas. This included dysphagia and choking, clinical risk management, safe and therapeutic observation and engagement and supportive management of reduced mobility and risk of falls, also known as 'Footsteps'.

The ward managers and hospital director all told us they felt confident to deal with poor performance. Where there were concerns about a staff member's performance there was the option of increased supervision to assist and support them however, this was not always possible and depended largely on the concern. If there was serious misconduct the staff member could be suspended whilst an investigation was carried out. The outcome of the investigation would be the deciding factor in what the next steps were. We saw evidence of the process being carried out and of different actions resulting from this process.

Multi-disciplinary and inter-agency team work

Handovers were carried out twice daily on each ward and formed part of the staff shift change process. All staff that were beginning their shift were required to attend handovers. Information relating to the patients on each ward was written onto a handover sheet and included details of patient observations, leave, health concerns and identified risks. Staff we spoke with told us the handover worked well and gave them important information regarding patients' health and wellbeing before the shift started.

Multi-disciplinary meetings were held weekly and there were additional meetings every morning. Meetings

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Outstanding



included a full complement of staff and were patient focussed and comprehensive. Staff we spoke with told us meetings were well attended and all the attendees actively participated.

Staff we spoke with told us there were good working relationships with external stakeholders. This included the local GP practice, local authority, safeguarding team, local pharmacy, commissioners and specialist practitioners.

Adherence to the MHA and the MHA Code of Practice

At the time of our inspection all the staff working in the hospital had completed their mandatory training in the Mental Health Act and the Mental Health Act Code of Practice. Staff we spoke with demonstrated a good working knowledge of the Mental Health Act and were able to identify the guiding principles of the act.

Staff were aware of the need to receive consent to treatment and we saw evidence of consent being recorded in patient records. Where patients refused to consent to treatment, we saw evidence of second opinions being sought and outcomes recorded.

Patients were informed of their rights when they were admitted to hospital and monthly after that. We saw evidence of staff telling patients about their rights and where patients refused to listen, or didn't appear to understand, further attempts were made. Patients were further advised of their rights if there were changes in their treatment or if there were changes to their Mental Health Act Status.

The service had a dedicated Mental Health Act administrator. Staff we spoke with could tell us who the administrator was and said they were able to speak to the administrator if they needed advice or guidance. The Mental Health Act administrator was responsible for ensuring that all paperwork in relation to the Act was correctly and fully completed and that staff were applying the Act appropriately. We found the administrator had robust systems and processes in place to ensure that detained patients had their rights protected.

We reviewed the provider's policy for the administration of the Mental Health Act (2016). The policy referred to the legislation including the Mental Health Act Code of Practice which all staff had access to.

Detention paperwork was completed accurately and was up to date in all the records we reviewed. We reviewed the section 17 leave forms held in the service and found that historic forms were securely archived.

Patients and staff told us section 17 leave was rarely cancelled. The provider did not formally monitor the amount of section 17 leave that was cancelled however, they were able to tell us that there had been no cancellations during the period from 1 January 2017 to 31 December 2017 due to insufficient staff. If patients had leave cancelled, this was recorded in the care record with the reason for cancellation.

Patients could access independent advocacy services which were provided by a local organisation, this was in accordance with the Mental Health Act Code of Practice. We saw evidence in patient care records of advocates being regularly utilised. If patients wished to have a representative present, advocates could attend meetings, tribunals and ward rounds.

Good practice in applying the MCA

The Mental Capacity Act 2005 is legislation that maximises an individual's potential to make informed decisions wherever possible. The Act and associated Code of Practice provide guidance and processes to follow where someone is unable to make capacitated decisions.

At the time of our inspection 98% of staff working in the service had completed training in the Mental Capacity Act. Staff we spoke with demonstrated a good understanding of the Act and the five principles. Staff were confident in their knowledge of capacity and least restrictive practice.

Between 1 July and 31 December 2017 there were 11 applications made under the Deprivation of Liberty Safeguards throughout the hospital. The safeguards make sure that people in hospitals are looked after in a way that does not inappropriately restrict their freedom. They set out a process the provider must follow if they believe it is in the person's best interest to deprive them of their liberty to provide particular care.

We reviewed the provider's policy which related to the Mental Capacity Act and its guiding principles. We found the policy was clear and explained the principles of the Act and contained relevant guidance including updates from the 2014 supreme court judgement in relation to Deprivation of Liberty Safeguards.

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Outstanding



We saw examples of multi-disciplinary notes relating to discussions around patient capacity and the need for capacity assessments to be completed. Where relevant, we saw evidence of patients' families or advocates being involved in discussions around capacity and best interest decisions. We also saw evidence of specific capacity assessments being completed and of best interest decisions being made. In all cases we found the relevant documentation had been completed correctly.

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

Outstanding



Kindness, dignity, respect and support

There was a good staff presence on all wards and staff told us they were happy in their roles, demonstrating kindness and compassion throughout our inspection of the service. Visitors to the hospital included the GP, local pharmacist and advocates. All the people we spoke with about the service were very positive about the way it was run and the person-centred culture.

Staff engaged with patients in a way that was respectful and caring, spending time carrying out activities with patients and providing emotional support where patients appeared concerned or distressed. Staff told us that they enjoyed working with patients and showed they were passionate about their care. Some staff who had been working at the service for several years, told us they did not apply for any form of promotion as they wouldn't get as much time with the patients.

Patient care records showed staff had taken time to get to know their patients. Care plans demonstrated that staff had used the knowledge gained to complete patient histories, giving information about family members, marital status, employment, significant events and any other important details. In addition, there was information about when people preferred to get up in the morning or go to bed, what they liked to wear and their food preferences.

We saw staff supported patients during meal times. We observed two meal times during our inspection and found staff supported patients to make choices dependent on

their preferences. Patients who had difficulties verbal communication were supported to choose their meals by staff who offered them taster plates of each meal choice. This allowed patients to indicate which they preferred to eat. This allowed patients to remain independent.

Staff used their knowledge of patients to engage them in activities which were of interest and part of their planned care. For example, helping with crosswords and quizzes, spending time in the garden and going on visits to local shops and markets. This helped patients to continue to be involved in the community.

All patients had a named nurse and a secondary nurse who was available to provide support if their named nurse was off work. We saw that the name and a picture of the named nurse was in patient's rooms. The hospital director told us this was to ensure that if patients forgot the name of their nurse they would still know who it was.

Patients we spoke with were very positive about the service and told us they felt safe there. Patients told us staff were caring and understood their needs. Patients said they were involved in their care and said staff explained to them about their treatment and medication. Patients told us they were able to speak with the psychiatrist if they wanted to and staff supported them to understand about their illness.

We spoke with staff about how they ensured they protected patients' dignity and supported them in a way they preferred. Staff told us that they tried to protect people's dignity by ensuring curtains and doors were closed and talking to them in private where possible. Staff were aware of what their patients liked as care plans were detailed and personalised, they also told us that they asked patients what help they would like.

Staff were aware of how important relationships were to patients and supported them to maintain relationships where possible. Staff encouraged patients to leave the hospital and supported them if needed, to ensure they could continue to visit people who were important to them.

Patients told us that staff looked after them well and took time to get to know them. Staff spent time with patients and carers talking to them about their lives and things they had done. All the people we spoke with told us that staff genuinely cared for them and were interested in what they

Long stay/rehabilitation mental health wards for working age adults

Outstanding



said. We also spoke with the pharmacist and the local GP who visited the service while we were inspecting. We were told that staff displayed a caring approach to patients and were quick to raise concerns if they were worried.

The service received 23 compliments between 1 July 2017 and 31 December 2017. Compliments came from a variety of sources, including patients, carers, external care providers, and trainee nurses on placement. In addition, staff at the service were commended by a Crown Court Judge on their treatment of a patient.

The involvement of people in the care they receive

During our inspection we reviewed the care records of 12 patients and found they were all individual to the patient, person centred and included evidence of patients being involved in planning of care. Prior to our inspection a Mental Health Act reviewer visited the service. The reviewer visited Grange ward and looked at the care records of three patients. At the time of their visit they found that some of the files they looked at did not fully reflect patient involvement. However, at the time of our inspection this had been addressed.

Patients who were new to the ward were welcomed by their named nurse who showed them around and gave them information on the service. Patients had a photograph and the name of their named nurse in their room to help them remember who it was.

Where patients had participated in the care plan and risk assessments, we found they contained patient's wishes and preferences. We saw evidence of care plans being updated to take account of a patient's change in preference. Care plans we reviewed showed evidence of interventions patients found helpful and steps to take if these interventions did not work adequately.

The service used positive behaviour support plans and we saw good evidence of patient and carer involvement with all aspects of the care provided. Positive behaviour support plans were introduced to promote collaborative proactive interventions and reduce the need for physical intervention which was in line with the Department of Health's Positive and Proactive Care initiative.

The hospital director told us that they have taken this approach to a higher level by introducing a further stage to

help patients maintain a sense of calm following a period of distress. This additional support helped to prevent further distress. The service was able to produce evidence of this in practice.

All positive behaviour support plans were colour coded to help patients better understand their levels of distress. This allowed them to independently identify what may cause this to increase or decrease. Patients and carers worked with their named nurse to identify challenging behaviours and triggers. Patients were then able to tell staff what actions could be taken to support them to remain calm.

Patients were encouraged to participate in the compilation of care plans and risk assessments, and where permission was provided, carers also participated. We found evidence of involvement from patients, carers and advocates in care plans we reviewed. If the patient did not wish to participate in the care planning process or did not want others involved, patient files were noted to say this was the case. Staff members made ongoing efforts to involve patients who had refused to participate and noted all attempts in patient records. We saw evidence of patients becoming involved in parts of their care after they had previously refused.

Patients who were found to lack capacity to make decisions about their care were still involved in the care planning process. Where patients had difficulty, or were unable to communicate verbally, we saw staff used different methods to communicate, for example, pictorial aids, signers and interpreters, therefore enabling them to participate in care planning. Patient care records showed information about communication methods and how patients communicated.

Patients, carers and advocates were invited to participate in multi-disciplinary reviews of care, tribunals and ward rounds as well as participating in meetings and the completion of surveys. This helped to ensure that everyone could keep up to date with care and treatment practices as well as giving opinions on the running of the service.

All patients in the hospital had access to advocacy services. Patients who were found to lack capacity were automatically referred to advocacy services as part of a best interest decision to ensure their care and treatment was understood and somebody independent could help them to make important decisions. Although patients were

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Outstanding



referred to advocates we saw evidence recorded in care plans of patients being offered services but refusing to use these. Information was kept in patient care records about patient refusals and their preferences.

Patients were encouraged to give their feedback on the service and the care and treatment they received. The service used annual surveys, comments boxes and meetings to gather information relating to the running of the service. In addition, there were regular meetings in the service for patients, families and carers. Minutes were recorded and were available for people to keep a copy. The hospital manager was able to show us clinical, environmental and operational changes which had been implemented as a result of feedback from patients and carers.

The hospital director encouraged patients to speak directly to them or another member of staff if they wanted to raise an issue. Any issues raised were dealt with in a timely manner and patients received feedback on any concerns raised. We saw evidence of this happening in practice and of the actions taken to rectify the situation. There was a copy of a written response which was sent to the patient and of lessons learned.

We saw evidence of patients' involvement in the running of the service. We found there were 'you said, we did' boards in the service and some patients were able to participate in the recruitment of staff members. We saw changes had been made throughout the hospital as a result of patient feedback. For example, all the communal bathrooms had been refurbished.

At the time of our inspection none of the patients who were resident at the hospital had advance decisions in place. We spoke with the hospital director about this and were advised that patients could make advance decisions which would be recorded on patient care records however currently no one wanted to do so.

We found information and notices around the hospital informing patients and visitor of the provider's duty of candour policy and of the requirements in relation to this. All the people we spoke with were aware of this and told us that staff were open and honest about the service and when things went wrong.

The service held regular events for patients and carers to encourage participation and ensure important relationships were retained.

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

Good



Access and discharge

All admissions to the hospital were planned. Prior to any admission trained staff visited the patient and carried out a pre-admission assessment to determine if the service would be able to meet the needs of the patient. The assessment also allowed staff to gain knowledge of any issues or risks they would need to plan for on admission. The pre-admission visits also allowed patients and carers to ask questions about the service and the care they would receive.

When patients were admitted to the service they were given a named nurse who was responsible for helping to orient the patient to the ward and to complete the care plan and risk assessment.

At the time of our inspection there were 47 patients resident at the hospital. The hospital accepted referrals for patients from around the country and for both publicly and privately funded. To ensure that patients admitted to the service were able to receive appropriate care and treatment there was specific admission criteria. This meant that all the patients had complex care needs.

Discharge planning was well embedded in the hospital and was discussed at multi-disciplinary meetings and ward rounds. In the twelve months from 1 January 2017 to 31 December 2017 there were 12 discharges from the service. Grange and Wynyard wards had average stays of over 40 months.

All admissions and discharges were planned. This meant patients were transferred to and from the hospital at an appropriate time. There were no delayed discharges from the service between January and December 2017. The hospital and its staff were proactive in working with external services to reduce delayed discharges and this was reflected in the absence of any delays.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



The facilities promote recovery, comfort, dignity and confidentiality

There were a good range of facilities to support patients during their rehabilitation. Each ward had a communal lounge area and outside space. A multi-faith room was available to all patients and provided a safe space for spiritual reflection and for patients to practice their faith.

The service had an activities of daily living suite. The suite was used to support patients to develop or regain basic life skills and activities of daily living to promote their recovery. The suite consisted of a kitchen, dining area, lounge and large garden area. Patients were also able to use this area to cook for and entertain guests.

In addition, patients were supported to learn how to maintain healthy lifestyle choices, arrange and attend appointments with external healthcare professional, arrange and engage in leisure opportunities and learn budgeting skills.

The hospital director told us the aim was to provide a proactive discharge pathway which was tailored to meet individual needs with a view to reducing the risk of re-admission or restriction, whilst promoting continuity of care.

Patients could access a telephone and were able to make calls in private, unless there was a valid reason this was not possible. Patients were able to access drinks and snacks 24 hours a day.

At the time of our inspection the hospital was undergoing a major refurbishment. Staff and patients had been asked for their views on changes to be made to the service. As a result of this, all the bathrooms in the service were in the process of being replaced with spa baths. Dining areas had been changed to look more like restaurants with table cloths, menu boards and condiments on the tables.

We found patients had personalised their rooms to their own taste and had contributed ideas on the decoration of communal areas and corridors. We looked at some patient rooms and found they were all uniquely decorated. Ward environments were decorated in a homely manner and each of the wards gave patients access to an outside area with seating and shelter.

Patients could store property securely if they wished. All patients had access to lockable storage in their bedrooms in which they could put personal or valuable possessions. Further secure storage was also available to patients who preferred their possessions kept away from the ward.

Patients could participate in a variety of activities. An activities co-ordinator planned group and individual activities throughout the week and weekends. Staff working at the service supported patients to carry out activities. When they were admitted to the hospital, patients were given an 'activities and therapy menu' which asked patients about activities they enjoyed and would be interested in participating in. Activities were extensive and varied ranging from cognitive stimulation therapy and social interaction to horse riding and visits to museums. Other activities included gardening and horticulture, art, craft and needlework and visits to local attractions.

Staff in the service encouraged patients to remain active and joined in with activities where possible. In addition to the regular activities there were other things available to assist with health and mobility. Seated exercise was available and dance fitness had proved to be popular with patients.

Patients were encouraged to give feedback on activities and changes they would like through the use of comments cards, meetings and surveys.

Meeting the needs of all people who use the service

The service was set out over two floors. Access to the first floor was via stairs or lift, allowing patients with mobility issues to access all areas of the hospital. All rooms could be accessed by patients or visitors in wheelchairs.

All patients had bedrooms with en-suite facilities which were accessible for patients with mobility problems. Rooms within the hospital had been adapted to suit the needs of individuals. For example, we found one room had a ceiling hoist to assist with the transferring of a patient to and from their bed. Another room had soft furnishings to help prevent the patient injuring themselves due to regular seizures and falling.

The hospital had emergency evacuation equipment, ensuring patients who needed assistance would be able to leave the hospital in an emergency and personal emergency evacuation plans were in place for patients.

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Outstanding



Throughout the hospital we saw notice boards which provided patients and carers with information on a range of subjects including, local advocacy services, patient rights and making a complaint. There was also information regarding patient survey results and a calendar of daily activities. Further information in the form of 'you said we did' boards was in different areas of the hospital.

Fact sheets relating to detention under the Mental Health Act were accessible to patients and carers. This included access to advocacy services, patient rights, 'why you are detained' and information about the Care Quality Commission.

Information leaflets were available in a range of languages and formats. The director of the hospital had looked at the demographics of the area and had a library of leaflets available in the most common languages in the area, as well as additional formats such as, braille, audio and large print. Ratings from the previous inspection were posted in the reception area of the service.

Each of the wards had an outside area with seating and shelter. Patients used these regularly to carry out activities and they encouraged patients to spend time talking to each other. The outside areas for each ward were big enough to allow them to be used in different ways at the same time. Access to outside areas was via doors which had been made wide enough to accommodate wheelchairs and other medical equipment which patients used. This ensured all patients were able to enjoy the facilities. We saw patients being helped to go outside throughout our inspection.

The outdoor areas of the service felt open and welcoming. There were flower beds which patients helped to cultivate, well-tended gardens and fences were the type found in private gardens rather than security fences.

The hospital was able to accommodate all dietary requirements. On admission to the hospital patients were asked about their diet including, preferred foods, any medical needs in relation to diet and religious, spiritual and cultural requirements. Patients were given food choices at meal times and staff were always prepared to provide an alternative if patients didn't like the choices available for the day. Patients we spoke with told us that they enjoyed the meals and there was a good variety.

All patients who used the service were able to access food and drinks when they wanted them, although some patients who had strict dietary requirements, due to medical need, had to have assistance.

Patients had access to a multi-faith room and if required and the majority could attend local services. The hospital director told us that they could arrange for a representative of an appropriate religion to attend the service if patients wished this. We saw examples of patients accessing spiritual support outside of the hospital, such as attending church or a mosque.

Listening to and learning from concerns and complaints

The hospital received three complaints in the period from 1 January 2017 to 31 December 2017. Two of the complaints were upheld and one was partially upheld. None of the complaints was referred to the ombudsman. The service and its staff worked with complainants to resolve their complaints in a timely way before the formal process was required.

The hospital director reviewed all complaints and ensured they were handled and investigated in line with the formal company policy. Complaints were taken seriously and the hospital director ensured that patients were encouraged to give feedback.

Barchester Healthcare had a formal complaints policy in place which set out the process staff were required to follow when investigating a complaint. All concerns were managed according to the Barchester Healthcare complaints policy. This involved an investigation and risk assessment linked to possible harm and patients and carers were kept informed and given feedback regarding outcome of any investigation and actions taken.

Formal and informal complaints were responded to, in writing within three working days, with a full investigation and outcome expected within 28 working days. All the complaints we reviewed had met this target.

Patients and staff told us that the hospital director treated every concern formally, carrying out an investigation and speaking with patients or families involved as well as writing to them.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



Patients received information on how to make a complaint when they were admitted to the hospital. We saw information around the hospital giving information to patients and carers on their right to complain. Patients we spoke to told us they knew how to make a complaint.

All complaints, whether formal or informal, were recorded in the complaints log. We reviewed the complaints log and found it to be up to date and it contained an outline of all complaints received, the date and copies of all correspondence between the complainant and the hospital along with the outcome of the investigation and decision in relation to the complaint.

Complaints and lessons learned and actions were shared at shift handovers, patient and staff meetings and local, divisional and corporate clinical governance meetings. This helped to ensure that information and practice was shared throughout Barchester Healthcare and not just the hospital. We saw evidence of this in practice following a complaint from a patient, in relation to a new policy. Staff identified the potential of a blanket restriction being imposed and that the policy would have a negative impact on patient choice which they escalated to divisional level then board level. This resulted in a positive outcome for both the patient raising the concern and other patients as it elicited a policy change across the whole of the Barchester group relating to patient choice and involvement.

We reviewed the results of the most recent patient survey and found 55% of patients completed the survey. The results of the survey were positive overall with 96% of patients happy with the care they received and 88% saying they were always treated with kindness and understanding. Survey results were shared with patients and action points or information points were included.

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

Outstanding



Vision and values

Barchester Healthcare had an overall vision, "To provide a premium caring experience delivered by our great teams to those we care for."

The company values were:

- Respect – considerate to one another and the people we care for.
- Integrity – honest, fair and open in our actions.
- Passionate – about our company and in our approach to everything we do.
- Empowerment – empowering our patients and being motivated to do the right thing.
- Responsibility – responsible for our actions and being personally committed to provide excellent care and customer service.

Staff we spoke with were able to tell us the provider's values and how they fit into the day to day activities of the hospital. Company values formed the basis of staff objectives and were the focus of staff supervision. Staff were proud to work for the company and enjoyed their roles.

Staff working in the hospital knew who the senior managers of the organisation were because they visited the service regularly. The hospital director told us that there was a divisional review twice per year and as part of this, members of the senior management team visited services. These managers also participated in one to one meetings with the hospital's employee of the month. Clinical governance meetings took place each month with a regular change of location this also meant staff could meet senior managers when they attended for these meetings.

Good governance

The hospital had a clear governance structure in place. Monthly clinical governance meetings were carried out with standard agenda items in place. This included incidents, safeguarding, audits and quality assurance.

Hospitals were required to complete month end reports giving information key information about the hospital and its patients. This included nutrition, restraint, when required medication, tissue viability and regulatory notifications amongst other things. Information was shared at clinical governance meetings allowing for information to be analysed with a view to sharing and improving practice. We were able to review the minutes of clinical governance meetings and saw evidence of information sharing in practice.

Hospital governance structures were effective and well established. Staff received regular supervision and

Long stay/rehabilitation mental health wards for working age adults

Outstanding



appraisal and had opportunities for additional training and development. Staff within the service was planned and managed well. The hospital director ensured that staffing levels for all wards were safe for staff and patients alike. Mandatory training compliance was high with an average completion rate of 99%.

Staff took part in regular clinical audits to identify gaps in the service and drive improvement. These included care plan and risk assessment audits, Mental Health Act audits, medications audits and nutrition and hydration audits. There was ongoing improvement with lessons learned identified from all areas including incidents, audits and complaints.

Patients, carers and staff were encouraged to provide feedback on the service and the care provided in various ways including, comment cards, surveys and meetings. We saw evidence of these during our inspection. The majority of feedback received, in relation to the hospital, staff and activities was positive although one person did submit negative feedback.

Regular team meetings were held allowing staff discuss concerns, participate in educational or clinical supervision, debrief following incidents and to learn from previous issues.

The service worked to several key performance indicators to measure quality and safety. These included agency usage, staff grievances, training compliance and internal regulation inspections. The service performance was measured against other Barchester Healthcare services to indicate any areas where their performance differed from others.

The hospital had a risk register in place which fed into a corporate register. Staff at the hospital were able to add items to the risk register. The hospital director was able to escalate concerns and feed them into the corporate register. There were no local concerns entered on the corporate risk register.

Leadership, morale and staff engagement

The hospital director promoted and encouraged team ethics and a positive work culture throughout the service. Staff morale was very good and all the staff we spoke with

had a clear commitment to their roles. Staff told us they felt supported and valued by local management and peers. One staff member told us of the valuable support received from the hospital director following personal difficulties.

The hospital director and ward managers told us they felt well supported by management while still having enough autonomy to carry out their roles effectively.

Staff sickness rates throughout the hospital were low with the average sickness rate for permanent staff from 1 July to 31 December 2017 being 1.2%.

Staff were provided with opportunities for development within their roles. This included specialist training, lead roles and the support to complete a nurse conversion course. We saw evidence of several staff who had completed this training and had returned to work at the hospital in their new role, as well as staff who had continued to work at the service whilst doing their training.

The service offered all staff the opportunity to participate in leadership and management training with a view to enhancing staff skills and ensuring diversity across the workforce. Seminars and conferences were also promoted with both internal and external bodies and included Mental Health Act and Mental Capacity Act, nurse mentorship training and safeguarding. All staff were able to request non-mandatory/statutory training.

Staff morale was very high and staff reported they felt supported and valued by the managers. Staff were proud of their workplace and the care provided and there was a common focus across the team on improving the quality and sustainability of care and patients' experiences'.

Barchester Healthcare had an employee assistance programme which staff could use if they needed advice or support. Some of the staff we spoke with had used the service however, they all told us that they could speak with managers if they needed additional support.

The service operated an employee of the month scheme and winners were rewarded for their achievement. In addition, all staff were included in a company profit share scheme which gave bonus payments to staff when the service was performing well.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



The service invited their staff and patients to participate in surveys each year. The results of each were collated, reviewed and used to establish the positive and negative aspects of the surveys and any changes that would be beneficial to the service.

Staff were aware of whistleblowing and how to raise concerns. Staff we spoke with told us they would try to speak with their line manager or the hospital director and felt any allegations would be dealt with confidentially. Staff also told us Barchester Healthcare had put a whistleblowing line in place to allow staff to pass on information anonymously. There had been no incidents of bullying or harassment in the service between 1 January and 31 December 2017.

Managers within the service promoted an open and honest culture. All staff had received training on their responsibilities under the duty of candour and additional information was available on the Barchester intranet. This included guidance on forms staff needed to complete.

Barchester Healthcare had reviewed its policy and guiding principles in relation to the duty of candour, and it now included incidents resulting in moderate harm. The provider had a regulations team in post that were responsible for monitoring incidents and ensure staff adhere to guiding principles. Compliance with the duty of candour was audited by the divisional director monthly and by the regulations manager on a quarterly basis.

Commitment to quality improvement and innovation

The long stay rehabilitation service does not currently participate in any accreditation or peer review schemes. The service was previously part of the Accreditation of Inpatient Mental Health Services however, due to the renovation work being carried out, the accreditation lapsed and the service was looking for re-accreditation.

The hospital's responsible clinician had been carrying out research in high dose antipsychotic treatments with a view to reducing them by 10%. We saw evidence that there had been some success with this but that work was ongoing.

The service carried out analysis on incidents within the service and used this to inform them if measures being taken were effective. For example; Analysis into the percentage of incidents de-escalated via primary and secondary positive behaviour support interventions

(non-physical interventions) was shown to have increased month on month since the introduction of positive behaviour support plans. Data showed in January 2018 the figure was 79% and by April, this figure had risen to 96%.

The hospital director told us they were constantly making efforts to improve the service. This was evidenced with the improved care plans, risk management plans and positive behaviour support plans. The service shared good practice with other Barchester Healthcare services. The service provided work placements for student nurses and welcomed previous employees who had been through conversion courses.

Barchester Healthcare held regular events to celebrate the success of the business and individual services. Staff were rewarded for their positive efforts and bonuses were awarded to services with proven positive outcomes. This ensured that staff morale and motivation was excellent and innovation was recognised, encouraged and supported across all staff grades.

The implementation of the team's innovative therapies improved patient engagement in evidence based therapeutic interventions, resulting in improved outcomes and experiences for patients across several domains.

Senior staff within the hospital also worked with various external agencies and professionals to ensure and improve quality. This included;

- Thrive.org – Therapeutic Horticulture and Gardening. The programme in place was evidence based and provided clear outcome measures. Patients had shown improvements in their physical health and overall physical and mental health wellbeing. We saw evidence of this during our inspection. They also won a competition for their exotic garden, patio gardens and vegetable garden.

- Nouveau Wellbeing CIC (Dance Classes). This therapeutic activity was introduced to promote healthier lifestyle choices. The programme had been running for over one year.

- External Dietary Advisor (Slimming World). Upon their dietitian's advice the service introduced alternative ingredients and preparation of meals without compromising patient's choice or preference.






Long stay/rehabilitation mental health wards for working age adults

Outstanding



- North Tees & Hartlepool NHS smoking cessation services (The service now has several nurses trained to deliver smoking cessation to patients as a result of this partnership).

Wards for older people with mental health problems

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

Are wards for older people with mental health problems safe?

Good 

Safe and clean environment

At the time of our inspection there was significant work being carried out throughout the hospital. Despite this we found Hart ward to be clean, tidy and safe. An environmental risk assessment had been completed and included potential risks that may have arisen due to the refurbishment.

Hart ward was situated on the first floor of the service and was accessible via lift or stairs. This meant wheelchair users were able to access the lower floor and exit if needed.

The clinic room on Hart ward was fully stocked with all the necessary equipment to ensure staff could assist patients in an emergency. The clinic room was clean and well organised and staff were able to easily locate items they needed. Temperatures of the clinic room and clinical fridges were checked and recorded regularly. All recorded temperatures were found to be within the recommended limits.

Emergency medicines and equipment were easily accessible and well organised. Staff carried out regular checks to ensure that all emergency equipment was in date and in working order.

Physical health monitoring was carried out for all patients on Hart ward. The clinic room contained the necessary

equipment needed to ensure physical health checks were thorough and there were contracts in place for the servicing and calibration of equipment to ensure test results were accurate.

There were appropriate areas for staff and patients to wash their hands and alcohol gel dispensers were available to staff. Housekeeping and maintenance staff carried out work on the ward to ensure patients were in a safe environment. Spillages were cleaned immediately to ensure that patients were not at risk of slips and there were no infection control risks.

All staff were trained fire marshals and the service carried out regular fire testing and drills. All patients on Hart ward had personal emergency evacuation plans in place and these were updated regularly to take account of patients changing needs.

Nurse call systems were in place throughout Hart ward, including in bedrooms, bathrooms and communal areas. During our inspection we heard alarms being used and saw staff responded to them quickly and calmly. Staff on Hart ward carried personal alarms which were used to summon help if they needed assistance urgently. We did not see these alarms being used during our inspection however, staff told us they were aware of what they sounded like and always got help when it was needed.

Safe staffing

A recognised tool was used to assess the number of staff required on each shift. The service used the accreditation for inpatient mental health service scheme risk assessment tool as a guide to calculate the number of whole time equivalent staff that were required for each shift, on each ward. Hart ward was assessed as requiring a minimum of one and a half whole time equivalent registered mental



Wards for older people with mental health problems

health nurses and three support workers throughout the day. However, we found that staffing numbers on the ward were higher than those required. The hospital director told us this was the basic level and the ward operated at a level between 20 and 25% higher than those recommended to ensure there were enough staff available to care for patients. We reviewed the staff rota for the ward and found there was a consistently higher number of staff on duty than required.

Bank and agency use was kept to a minimum. Where bank or agency staff were used the hospital, director tried to ensure they were familiar with the service and had completed shifts there already. This helped patients to recognise staff and helped to ensure continuity of care. Between 1 October and 31 December 2017 there were 11 shifts filled by bank staff throughout the hospital.

Sickness levels within the service were low. Between 1 July and 31 December 2017 sickness on Hart ward was 1.2% and there were three substantive staff that left employment during the same period.

All patients had a named nurse and secondary nurse. Patients had the name and a photograph of their named nurse in their bedrooms. This was to help patients remember who their named nurse was. Patients had regular one to one time with their named nurse and notes were completed to show this had been done.

Patients on Hart ward told us they took part in daily activities. This included trips out to local attractions, seated exercise and dance classes. During our inspection staff were seen spending time with patients on Hart ward, assisting with activities, taking patients out to local shops and talking to them about subjects they were interested in. The activity timetable showed activities were carried out every day of the week and included excursions at weekends.

Hart ward had a Registered General Nurse employed full time. This nurse monitored the physical health of patients and carried out tests to assist with ongoing health monitoring and could look for the early warning signs of physical health problems.

The service had a dedicated consultant psychiatrist who worked in the hospital throughout the week. The psychiatrist worked across all the wards and conducted weekly ward rounds with other members of the

multi-disciplinary team. The hospital's psychiatrist was on call for mental health concerns and the service had an arrangement with a local GP practice to provide out of hours cover for physical health concerns.

The Barchester Group had a programme of mandatory training that staff are required to undertake. As well as supervision, appraisal and induction, mandatory training covered 26 areas which included clinical intermediate life support, clinical risk management, food hygiene, infection control, information governance and equality and diversity. At the time of our inspection all the staff on Hart ward had completed their mandatory training.

Assessing and managing risk to patients and staff

We looked at the care records of five patients on Hart ward and found they were all detailed and person centred. Individual risk assessments had been completed for each of the patients using the Sainsbury's risk assessment tool. Where additional concerns had been found, for example pressure sores or falls, additional risk assessments had been completed. Regular reviews were carried out to ensure that patients care was appropriate and risks were managed effectively.

Restrictive practices were limited as much as possible. We found care plans were in place for patients who had restrictions placed on them. For example, some patients were not able to freely access food and drinks. This was because there was a risk they could choke and therefore a staff member needed to be present when they had food and fluids.

Access to Hart ward was gained through locked doors which were opened with the use of a key fob. Informal patients could leave the ward following an immediate risk assessment being carried out. This ensured that patients were well enough to leave the ward and were not a risk to themselves or others. If staff were concerned about patient's mental health, staff were able to take steps to prevent them leaving the ward. This would only be done as a last resort and staff we spoke with told us they had never had to do this.

Staff working on the ward were trained in restraint and used this, in conjunction with positive behaviour support to manage aggression and physical violence. All restraint used was low level and verbal de-escalation was always



Wards for older people with mental health problems

attempted prior to restraint being used. Between 1 July 2017 and 31 December 2017 restraint was used 77 times throughout the service; none of these episodes involved the use of prone or supine restraint.

Rapid tranquilisation was used only once during the previous twelve months. Staff recorded all incidents, including the use of restraint and rapid tranquilisation in patient care records and on incident reports. All incidents were reviewed by the hospital director and the information contained was used, along with information from staff, to investigate and formulate lessons learned.

Regular audits were carried out on the ward into the use of restraint. The findings were shared with staff working at the service and at monthly clinical governance meetings. This allowed for the sharing of information and potential changes to procedures.

All staff working at the hospital were required to complete safeguarding training in safeguarding of vulnerable adults. At the time of our inspection 98% of staff working at the service had completed this training.

Staff who worked on Hart ward were aware of their responsibilities in relation to safeguarding and knew how to make safeguarding referrals. The hospital director told us the hospital had a good relationship with the local authority. The provider had a policy in place which related to safeguarding and all staff were aware of how to access the policy.

Medicines that were kept on Hart ward were stored in the clinic room. Medicines were stored in lockable storage cupboards and access to all medicines was restricted to authorised staff. Controlled drugs were stored in line with the providers medicines policy and administration of these was recorded in a controlled drugs book. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse.

The resuscitation council produces a list of essential and recommended medicines and equipment for use in emergencies. The provider was able to give us a list of the medicines and equipment that were kept on Hart ward. We compared this to the list from the res council and found the service had a full stock of essential emergency medicines for each ward.

We reviewed all the medicines charts and five patient records in detail and found that records of treatment were

accurate and up to date. Consent to treatment documentation showed that medicines were prescribed in accordance with the provisions of the Mental Health Act in all cases.

Patients on Hart ward were encouraged to have physical health checks. Some medications require patients have regular tests to ensure that there are no adverse effects on their health. There were good systems in place to ensure patients' physical health was monitored. All the records we looked at showed physical health monitoring had been completed as per national guidelines. However, not all patients had body maps in their care plans. Body maps are used to show staff where topical creams and ointments should be applied. We told the provider about this and immediate action was taken to address the issue.

The provider had appropriate policies and procedures in place for the use of when required medicines. Care records we looked at showed that staff followed these procedures.

Monthly audits were completed in relation to medications. In house audits were extensive; however, the questions on the audit did not always match the hospital procedures. For example, the audit looked at omission codes; however, those detailed in the audit were not used on Hart ward. Regular audits were also carried out by the pharmacy who supplied the ward's medication. We looked at the audit for February 2018 and found that identified issues had been actioned immediately.

Track record on safety

Between 1 January and 31 December 2017 there were no serious incidents. Staff took a proactive approach to safety and this helped to ensure that patients were kept safe.

Reporting incidents and learning from when things go wrong

A paper based reporting system was in operation on the ward meaning all staff were able to report and record incidents. If incidents occurred on the ward, incident forms were passed to the hospital director who reviewed all incidents.

All incidents were discussed in daily meetings, weekly multi-disciplinary team meetings and again in the ward round. Monthly analysis is completed for each ward and for



Wards for older people with mental health problems

the hospital, with a further review during local, divisional and corporate clinical governance meetings. In addition, incidents are discussed with lead commissioners during quarterly meetings.

Incidents were investigated and details of the findings were submitted electronically to head office. Audits were carried out on incidents reported and this allowed senior staff to establish if there were any common themes or causes. There were no identified trends on Hart ward at the time of our inspection.

Hart ward was participating in the hospital drive towards improved reporting of low level incidents which required verbal de-escalation, distraction and disengagement. A new reporting form had been implemented as a result and information recorded was included on the clinical governance systems.

Staff we spoke with were clear about what should be reported and were able to give examples. Staff were aware of the forms they needed to complete to report the incident and what information they should record. Staff told us debriefs were carried out after incidents to allow for discussion and support.

We reviewed the information held regarding some of the incidents that had occurred over the last six months. None of these related to Hart ward. However, we found that there was guidance in place for staff and a clear process to follow in relation to investigations.

Staff were given feedback from investigations and were told of lessons learned through team meetings and supervisions. Staff we spoke with told us they were given information about outcomes of investigations and lessons learned were shared not just in the hospital but also to other services within the group.

Where incidents occurred and lessons were learned, changes were made as a result of this feedback. The provider complied with regulation regarding the duty of candour. The duty of candour is when something has gone wrong and the service is required to be open, honest and transparent with patients and carers alike; for example, if a patient has been given incorrect medicines they should be informed.

Are wards for older people with mental health problems effective?

(for example, treatment is effective)

Good



Assessment of needs and planning of care

All admissions to the ward were planned. Prior to admission staff visited the prospective patient and carried out a comprehensive pre-admission assessment. Assessments included physical health needs as well as mental health and were used as a basis to patient's care plans. If it was felt that the hospital was unable to care for the person, they would not accept the admission.

We reviewed the care and treatment records of six patients and found that all were holistic, detailed and comprehensive. All the care plans we looked at had been completed soon after admission with the majority completed on the day of admission. Risk assessments and risk management plans were in place for all patients and had been completed at the same time as individual care plans.

All patients had daily physical health monitoring carried out and a variety of risk assessments specific to the patient were in place. These were used to ensure that potential or required treatment, reviews of ongoing treatments and referrals to external professionals were carried out.

Care plans and risk assessments were regularly reviewed. We found that reviews were carried out if the patient had been involved in an incident or accident and if there were changes to patient's individual needs.

Patients and, where appropriate, their families participated in the formulation of care plans. Where patients were unable or unwilling to participate, staff recorded this in the care plan but continued to encourage participation. Where patients were happy to have family involvement, we saw evidence of family input into care plans and details of patient's history.

There was good evidence of physical health monitoring being carried out. All patients had undergone a physical exam on admission to the hospital. This included weight, blood pressure, temperature, pulse and blood tests. Staff



Wards for older people with mental health problems

ensured that patients could attend scheduled appointments with specialists and made appointments for opticians, dentists and chiropodists to visit the ward and carry out routine checks.

The service had trained individual nurses to lead on physical health concerns throughout the hospital. Training included wound management, epilepsy care, electro-cardiograph monitoring and healthy lifestyle choices and education.

All patients on the ward were encouraged to have monthly physical health checks however, this was carried out more regularly if needed. Patients who refused to participate in health checks had their refusal noted in their care records. Staff continued to persuade patients that health checks were beneficial to them. Patients had regular weight checks, nutritional reviews, tissue viability checks, choking assessments and general observations.

More comprehensive annual health checks were offered to patients on Hart ward including electrocardiographs, full physical health check and a review of medication. Staff encouraged all patients to have annual reviews to ensure they were kept healthy. Care plans showed patients who refused and conversations held to advise patients of the benefits.

Staff supported patients to attend screening appointments for age related illnesses and diseases including, mammograms, cervical and bowel screening. Specialists such as speech and language therapists, physiotherapists and tissue viability specialists attended the ward regularly. Patients were also offered an annual flu vaccine which nurses were able to deliver on the ward.

Patients who had physical health concerns were supported to attend outpatient appointments and treatment appointments at other hospitals and services. Where ongoing treatment was required, staff helped patients to understand the treatment and supported them to make changes if required. For example, patients with type 2 diabetes may require a change in diet.

Care records were holistic and recovery oriented, with details of where patients had difficulties and steps toward improvement and recovery. The hospital employed a registered general nurse for each of the wards, to oversee patients' physical health, one of whom was the hospital's wound management champion.

All care records were paper based and contained all the relevant information to the patient's health and wellbeing. Care plans were well maintained and up to date and were kept stored securely in nursing offices on individual wards. All care staff could access patient records when required.

When patients were transferred to other services, patient records were copied and passed on to the new team. Any documents that were kept by the service were securely archived.

Best practice in treatment and care

Staff followed best practice in delivering care and treatment to their patients. The hospital followed guidance from the National Institute of Health and Care Excellence in relation to assessment and treatment.

Physical health checks were carried out on admission to the ward and regularly after that. Staff used recognised screening tools and rating scales to help them identify issues which may have an impact on patient health. For example, we saw evidence of staff using the Malnutrition Universal Screening Tool to help them monitor nutritional intake, Waterlow score to monitor tissue viability, and the model of human occupation screening tool to measure functional ability. In addition, the service had developed and introduces a monthly nutritional review based on the malnutrition outcome scores and clinical governance monthly analysis.

Other ratings scales and screening tools used included:

- Health of the Nation Outcome Scale.
- Functional Independence Measure and Functional Assessment Measure.
- National Early Warning Score Tool.

The service undertook a variety of audits to monitor the quality and safety of the service. Audits also helped staff within the service to ensure they were constantly driving improvement. There was a clinical audit programme in place which included the following:

- High dose antipsychotics.
- Care plans.
- Nutritional audit.
- Safeguarding referrals.
- Quality first audit.



Wards for older people with mental health problems

- Regulatory team audit.
- Medicines management.
- Capacity assessment and best interest document audits.

The results of audits were shared in clinical governance meetings and with staff working in the service. This meant that staff were knew where they were doing well and which areas required improvement. It also allowed managers to identify common themes and make changes where necessary.

The fundamental standards of care for inpatient mental health rehabilitation services state that providers should offer patients' evidence based psychological interventions and access to occupational therapy. The hospital employed a full time occupational therapist and three occupational therapy assistants. The senior occupational therapist had the knowledge and skills to deliver the support patients needed to move on to alternative accommodation. There were arrangements in place with another service which allowed patients from the ward to access psychological therapies when required. There was also an art psychotherapist employed at the service to assist patients.

Skilled staff to deliver care

The hospital employed a wide range of staff to support patients on the ward.

Staff employed at the hospital were experienced and qualified to carry out their roles. Prior to starting work at the service staff were required to provide suitable references and to have disclosure and barring checks carried out. All staff working in the service had the relevant pre-employment checks completed.

Staff were required to have regular supervisions and appraisals. Supervisions were to be carried out six times over a year with appraisals completed mid-year and at the end of the year. If needed, supervisions could be increased to ensure staff were receiving help and support when required. All staff had received supervision and appraisal within the last 12 months.

Specialist training was available to staff and allowed them to increase or enhance their skills. Recent training had included route cause analysis, seated exercise, phlebotomy and venepuncture.

The service employed a senior occupational therapist and an occupational therapy assistant remained on the ward. Care staff told us they had requested some training so that they would be able to assist with patient rehabilitation. We saw that this training had been recently delivered and had included carrying out clinical supervision, providing education around smart goal setting and arranging for representatives from specialist clinics to visit and demonstrate rehabilitation assessment tools.

The manager of Hart ward told us she felt confident to deal with poor performance. Where there were concerns about a staff member's performance there was the option of increased supervision to assist and support them or to go to more formal actions. This included the possibility of suspension or dismissal.

Multi-disciplinary and inter-agency team work

There were two handovers carried out each day on Hart ward and this formed part of the staff shift change process. All staff that were beginning their shift were required to attend handovers. Information relating to the patients on the ward was written onto a handover sheet and included details of patient observations, leave, health concerns and identified risks. Staff we spoke with told us the handover worked well and gave them important information regarding patients' health and wellbeing before the shift started.

Multi-disciplinary meetings were held weekly and there were additional meetings every morning. Staff we spoke with told us meetings were well attended and all the attendees actively participated. We attended one of the morning meetings and found it was informative and useful in obtaining information about the patients.

Staff we spoke with told us there were good working relationships with external stakeholders. This included the local GP practice, local authority, safeguarding team, local pharmacy, commissioners and specialist practitioners.

Adherence to the MHA and the MHA Code of Practice

At the time of our inspection all the staff working on ward had completed their mandatory training in the Mental Health Act and the Mental Health Act Code of Practice. Staff we spoke with demonstrated a good working knowledge of the Mental Health Act and were able to identify the guiding principles of the act.



Wards for older people with mental health problems

Ward staff were clear about the need for consent to treatment and we saw evidence of consent being recorded in patient records. Where patients refused to consent to treatment, we saw evidence of second opinions being sought and outcomes recorded.

Patients were informed of their rights when they were admitted to ward, when there were changes to the Mental Health Act status, when there were changes to patient's treatment and on a monthly basis. If patients did not appear to understand their rights, staff continued to make attempts to explain them and care plans were updated to reflect this.

Ward staff were aware that there was a dedicated Mental Health Act administrator and were able to tell us who it was. Ward staff knew they could contact the administrator if they needed help or advice in relation to the Mental Health Act.

Ward staff had access to the provider's policy for the administration of the Mental Health Act and the Mental Health Act Code of Practice.

Patients and staff told us section 17 leave was rarely cancelled. Section 17 leave had not been cancelled for any of the ward patients between the period 1 January and 31 December 2017 except for safety concerns, either due to inclement weather or patient safety.

Patients were able to access independent advocacy services which were provided by a local organisation. This was in accordance with the Mental Health Act Code of Practice. We saw evidence in patient care records of advocates being utilised.

Good practice in applying the MCA

The Mental Capacity Act is legislation that maximises an individual's potential to make informed decisions wherever possible. The Act and associated Code of Practice provide guidance and processes to follow where someone is unable to make capacitated decisions.

Staff we spoke with demonstrated a good understanding of the Act and the five principles. Staff we spoke with were able to speak to us confidently about capacity and least restrictive practice.

Between 1 July and 31 December 2017 there were three applications made under the Deprivation of Liberty Safeguards. The safeguards make sure that people in

hospitals are looked after in a way that does not inappropriately restrict their freedom. They set out a process the provider must follow if they believe it is in the person's best interest to deprive them of their liberty to provide particular care.

We reviewed the provider's policy which related to the Mental Capacity Act and its guiding principles. We found the policy was clear and explained the principles of the Act and contained relevant guidance including updates from the 2014 supreme court judgement in relation to Deprivation of Liberty Safeguards.

Care plans we reviewed contained notes regarding patient capacity and capacity assessments. We saw evidence of patients' families or advocates being involved in discussions around capacity and best interest decisions. We found capacity assessments were completed for specific reasons and saw that staff recorded these fully.

Are wards for older people with mental health problems caring?



Kindness, dignity, respect and support

We observed kindness and compassion throughout our inspection of the older people's services. We saw staff engaging with patients in a way that was respectful and caring, with staff spending time carrying out activities with patients and providing emotional support where patients appeared concerned or distressed.

We observed staff during mealtime and saw patients who needed assistance were treated well throughout. We saw staff assisting patients to cut their food into manageable amounts and encouraging them to eat meals. If patients didn't want to eat the food they were offered, staff asked what they would like to eat and would try to accommodate their requests. Staff talked to patients while they were assisting them and invited and encouraged relatives to do the same.

Patient care records showed staff knew their patients well. Care plans contained information about patient histories and the things they used to enjoy. This information was used to help staff to have meaningful conversations with



Wards for older people with mental health problems

patients. Care plans also showed people's preferred routines, when they liked to get up, whether they liked to have a bath or shower and if they liked any special products to be used.

All patients had a named nurse and a secondary nurse who was available to provide support if their named nurse was off work. We saw that the name and a picture of the named nurse was in each patient's room. The hospital director told us this was to ensure that if patients forgot the name of their nurse they would still know who it was.

Patients we spoke with were very positive about the service and told us that staff treated them well, understood their needs and helped them to feel safe. Carers told us that they were happy with the care patients received. Staff were helpful to patients and carers and took pride in their work. Patients and carers, we spoke with told us they were involved in their care and said staff explained to them about their treatment and medication.

Staff used their knowledge of patients to engage them in activities which were of interest to them. For example, helping with crosswords and quizzes, spending time in the garden and going on visits to local shops and markets. This helped patients to continue to be involved in the community.

Staff were aware of how important relationships were to patients and supported them to maintain relationships where possible. Staff encouraged patients to leave the hospital and supported them if needed, to ensure they could continue to visit people who were important to them. Visitors were always welcome in the service and staff encouraged them to participate in events and meetings.

We spoke with staff about how they ensured they protected patients' dignity and supported them in a way they preferred. Staff told us that they tried to protect people's dignity by ensuring curtains and doors were closed and by speaking to them privately where possible. Staff also told us they talked to people whilst they were assisting them as this helped them to relax. Staff were aware of what their patients liked help with and knew which personal care products they preferred, as care plans were detailed and personalised, although staff told us they always asked patients how they could help.

Patients and carers told us that staff took time to get to know the patients, talking to them about their lives and family and listening to their answers. We were told staff

were interested in patients and genuinely cared for them. During our inspection we spent time speaking with the visiting pharmacist and local GP. We were told that everyone in the service made them welcome when they attended and that they always saw staff behaving in a courteous and caring way to patients and visitors.

The service received 23 compliments between 1 July 2017 and 31 December 2017. Compliments came from a variety of sources, including patients, carers, external care providers, and trainee nurses on placement.

The involvement of people in the care they receive

We reviewed the care records of six patients and found they were all individual to the patients. All the care records we looked at showed clear evidence of multiple attempts to involve patients.

Where patients had participated in the care plan and risk assessments, we found they contained patient's wishes and preferences. We saw evidence of care plans being updated to take account of a patient's change in preference.

We saw evidence of patient and carer involvement with all aspects of the care provided. Care records contained written consent for friends or relatives to be kept informed and be involved with the planning of care.

Patients participated in the compilation of care plans and risk assessments, and where permission was provided, carers also participated. Patients who did not wish to take part in discussions were encouraged by staff who explained the benefits of their involvement. We found evidence of involvement from patients, carers and advocates in care plans we reviewed. Staff members made ongoing efforts to involve patients who had refused to participate and noted all attempts in patient records. We saw evidence in care records of patients becoming involved following encouragement from staff.

The service used positive behaviour support plans where appropriate and these were used as a basis for the reduction of physical interventions. Positive behaviour support plans were colour coded to assist with collaborative working and for helping patients to identify their personal triggers. This allowed staff and individuals to identify causes and triggers to their behaviour.

Patients who were found to lack capacity to make decisions about their care were still involved in the care



Wards for older people with mental health problems

planning process. Where patients had difficulty, or were unable to communicate verbally, we saw staff used different methods to communicate, for example, pictorial aids, signers and interpreters, therefore enabling them to participate in care planning. Patient care records contained information relating to communication methods which had been tried and how the patient preferred to communicate.

Patients, carers and advocates were invited to participate in multi-disciplinary reviews of care, tribunals and ward rounds as well as participating in meetings and the completion of surveys. This helped to ensure that everyone could keep up to date with care and treatment practices as well as giving opinions on the running of the service.

We spoke with four carers, all of whom were very positive about the care treatment their family members received. The carers told us they felt staff were supportive, caring and knowledgeable in their roles and they felt involved in their relative's care and treatment.

Patients were encouraged to give their feedback on the service and the care and treatment they received. The service used annual surveys, comments boxes and meetings to gather information relating to the running of the service. Regular meetings were held for patients and visitors to the service, which helped to ensure feedback was received and acted upon.

The hospital director told us that the aim was to ensure that patients truly had a voice and were empowered to influence all areas of their care at local and national level.

All concerns were dealt with via the service complaints policy. This involved investigations and where appropriate a link to patient risk assessments. Any issues raised were dealt with in a timely manner and feedback was given on any concerns raised. We saw evidence of this happening in practice and of the actions taken to rectify the situation.

We saw evidence of patients' involvement in the running of the service. We found there were 'you said, we did' boards in the service and some patients were able to participate in the recruitment of staff members.

We saw evidence that staff supported patients needs and respected their right to make choices. This was demonstrated throughout our inspection and particularly at meal times when staff were observed assisting patients.

Where patients were unable to verbally communicate, staff supported patients to choose their meals by offering taster plates. This allowed patients to communicate their preference without the need for verbal communication.

At the time of our inspection, none of the patients who were resident at the hospital had advance decisions in place. We spoke with the hospital director about this and were advised that patients could make advance decisions which would be recorded on patient care records, however currently no one wanted to do so.

We found information and notices around the hospital informing patients and visitor of the provider's duty of candour policy and of the requirements in relation to this. All the people we spoke with were aware of this and told us that staff were open and honest about the service and when things went wrong.

Are wards for older people with mental health problems responsive to people's needs?

(for example, to feedback?)

Good



Access and discharge

All admissions to the ward were planned. Trained staff visited the patient prior to admission to carry out a pre-admission assessment which helped to determine if the service would be able to meet the needs of the patient.

On admission to the ward patients were given a named nurse who was responsible for helping to orient the patient to the ward and to complete the care plan and risk assessment.

At the time of our inspection there were 15 patients on Hart ward. The ward accepted referrals for patients from around the country and for both publicly and privately funded. In order to ensure that patients admitted to the service were able to receive appropriate care and treatment there was specific admission criteria.

Between 1 January 2017 and 31 December 2017, the average bed occupancy for the ward was 96%.



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Discharge planning was well embedded in the hospital and was discussed at multi-disciplinary meetings and ward rounds. The average stay on Hart ward between 1 January and 31 December 2017 was 22 months.

Patients were always admitted and discharged from the ward at reasonable times. There were no delayed discharges from the ward between 1 January and 31 December 2017. The staff on Hart ward worked proactively to reduce the possibility of delayed discharges and this was reflected in the low figure.

The facilities promote recovery, comfort, dignity and confidentiality

Hart ward had a communal lounge area and outside space. A multi-faith room was available to all patients and provided a safe space for spiritual reflection and for patients to practice their faith.

The service had an 'activities of daily living' suite which was used to assist patients who were nearing discharge to develop and regain basic life skills like budgeting, planning and preparation of meals, doing laundry and environmental hygiene. This provided patients with the opportunity to prepare for discharge in a safe and supportive environment with staff assisting patients to learn how to engage in social and leisure activities, healthy lifestyle choices and meaningful occupation.

The suite also consisted of a dining and lounge area and a garden. These allowed patients to invite family and friends and promoted independence prior to discharge, with a view to reducing the need for further admissions.

Patients on Hart ward could access a telephone and were able to make calls in private. Patients were able to access drinks and snacks 24 hours a day although due to the potential risk of choking for some patients, this may have to be with assistance. Staff had put notices on the walls to ensure that patients were aware of this.

Staff and patients were asked for their views on changes to the service. As a result of this, all the bathrooms on the ward had been fitted with spa baths. Dining areas had been changed to look more like restaurants with table cloths, menu boards and condiments on the tables.

We found patients had personalised their rooms to their own taste and had contributed ideas on the decoration of communal areas and corridors. We looked at some patient rooms and found they were all uniquely decorated. Ward environments were decorated in a homely manner.

Patients could securely store property if they wished. All patients had access to lockable storage in their bedrooms in which they were able to put personal or valuable possessions. Further secure storage was also available to patients who preferred their possessions kept away from the ward.

An activities co-ordinator planned group and individual activities. Staff supported patients to carry out activities. On admission to the ward patients were asked to complete an 'activities and therapy menu' which asked about activities they enjoyed and would be interested in participating in. Activities were extensive and varied and included cognitive stimulation therapy, horse riding, museum visits gardening and horticulture, art, craft and needlework and visits to local attractions.

Staff encouraged patients to remain active and joined in with activities where possible. Regular activities were available to assist with health and mobility. Seated exercise was available and dance fitness had proved to be popular with patients. Patients were encouraged to give feedback on activities and changes they would like through the use of comments cards, meetings and surveys.

Meeting the needs of all people who use the service

Hart ward was situated on the first floor of The Billingham Grange Independent Hospital and access was via stairs or lift, allowing patients with mobility issues to access all areas of the hospital. Rooms within the hospital had been adapted to suit the needs of individuals. For example, patients who required help when transferring from a wheelchair to bed had a ceiling hoist fitted.

Hart ward had an outside area with seating and shelter. Patients were able to access the outside space at any time during the day and the area was in constant use. Patients who were not able to mobilise unaided or who required specialist equipment were also able to go outside as doors had been made big enough to accommodate this equipment. During our inspection, we saw staff helping patients to go outside.



Wards for older people with mental health problems

All patients on the ward had personal emergency evacuation plans in place. Emergency evacuation equipment was available to ensure that patients who needed assistance would be able to leave the hospital in an emergency.

Throughout the ward there were notice boards which provided patients and carers with a range of information on subjects like, local advocacy services, patient rights and making a complaint. The results of patient surveys were shown and there was a calendar of daily activities.

Fact sheets relating to detention under the Mental Health Act were accessible to patients and carers. This included access to advocacy services, patient rights, 'why you are detained' and information about the Care Quality Commission.

The hospital was able to accommodate all dietary requirements. On admission to the ward patients were asked about their diet including, preferred foods, any medical needs in relation to diet and religious, spiritual and cultural requirements. Patients were given food choices at meal times and staff were always prepared to provide an alternative if patients didn't like the choices available for the day.

Listening to and learning from concerns and complaints

The ward received one complaint in the period from 1 January 2017 to 31 December 2017. The complaint was upheld and lessons learned were fed back to the staff in the hospital. The patient and their family received an apology from the hospital director following this complaint.

Barchester Healthcare had a formal complaints policy in place which set out the process staff were required to follow when investigating a complaint. The hospital director treated all complaints in the same way. Formal and informal complaints were responded to, in writing within three working days, with a full investigation and outcome expected within 28 working days.

All lessons learnt and actions taken in relation to these were shared with staff at shift handover, patient and staff meetings and clinical governance meetings. This helped to ensure that changes to practice were reflected throughout Barchester Healthcare. In addition, complaints, concerns

and lessons learnt were shared with commissioners at quarterly meetings. All meetings had relevant minutes recorded ensuring that they were available to staff, patients and visitors to the service.

Patients and their families were asked for their views on the service. Details on the findings of the most recent patient survey were displayed on the ward. Results were not divided into wards; however, we saw that 55% of patients completed the survey. The results of the survey were positive overall with 96% of patients happy with the care they received and 88% saying they were always treated with kindness and understanding.

Patients and staff told us that the hospital director treated every concern formally, carrying out an investigation and speaking with patients or families involved as well as writing to them. We saw evidence of this in the hospital's complaints file.

Are wards for older people with mental health problems well-led?

Outstanding



Vision and values

Barchester Healthcare had an overall vision, "To provide a premium caring experience delivered by our great teams to those we care for." The company values were;

- Respect – considerate to one another and the people we care for.
- Integrity – honest, fair and open in our actions.
- Passionate – about our company and in our approach to everything we do.
- Empowerment – empowering our patients and being motivated to do the right thing.
- Responsibility – responsible for our actions and being personally committed to provide excellent care and customer service.

Staff on Hart ward were aware of the provider's values and how they fit into the day to day activities of the ward. Company values formed the basis of staff objectives and were the focus of staff supervision.



Wards for older people with mental health problems

Staff working on the ward knew who the senior managers of the organisation were. Clinical governance meetings took place each month with a regular change of location. This meant staff were able to meet senior managers when they attended for these meetings.

Good governance

The hospital had a clear governance structure in place. Monthly clinical governance meetings were carried out with standard agenda items in place. This included incidents, safeguarding, audits and quality assurance.

Hospitals were required to complete month end reports giving information key information about the hospital and its patients. This included nutrition, restraint, when required medication, tissue viability and regulatory notifications amongst other things. Information was shared at clinical governance meetings allowing for information to be analysed with a view to sharing and improving practice. We were able to review the minutes of clinical governance meetings and saw evidence of information sharing in practice.

Hospital governance structures were effective and well established. Staff received regular supervision and appraisal and had opportunities for additional training and development. Staff within the service was planned and managed well. The hospital director ensured that staffing levels for all wards were safe for staff and patients alike. Mandatory training compliance was high with an average completion rate of 99%.

Staff on Hart ward took part in regular clinical audits to identify gaps in the service and drive improvement. These included care plan and risk assessment audits, Mental Health Act audits, medications audits and nutrition and hydration audits. There was ongoing improvement with lessons learned identified from all areas including incidents, audits and complaints.

Patients, carers and staff were encouraged to provide feedback on the service and the care provided in various ways including, comment cards, surveys and meetings. We saw evidence of these during our inspection.

Processes were in place to ensure that patients detained under the Mental Health Act had their rights protected and that they were informed of their rights regularly. Documentation relating to the Mental Health Act and Mental Capacity Act was completed and stored correctly.

Regular team meetings were held allowing staff discuss concerns, participate in educational or clinical supervision, debrief following incidents and to learn from previous issues.

The service worked to several key performance indicators to measure quality and safety. These included agency usage, staff grievances, training compliance and internal regulation inspections. Service performance was monitored to ensure it did not deteriorate and to allow the service could be measured against similar Barchester Healthcare services.

The hospital had a risk register in place which fed into a corporate register. Staff at the hospital could add items to the risk register. The hospital director was able to escalate concerns and feed them into the corporate register.

Leadership, morale and staff engagement

The hospital director promoted and encouraged team ethics and a positive work culture throughout the service. Staff morale was very good and all the staff we spoke with had a clear commitment to their roles. Staff told us they felt supported and valued by local management and peers. One staff member told us of the valuable support received from the hospital director following difficulties at home.

The hospital director and ward manager told us they felt well supported by management while still having enough autonomy to carry out their roles effectively.

Staff sickness rates throughout the hospital were low with the average sickness rate for permanent staff from 1 July to 31 December 2017 being 1.2%.

Staff were provided with opportunities for development within their roles. This included specialist training, lead roles and the support to complete a nurse conversion course. We saw evidence of several staff who had completed this training and had returned to work at the hospital in their new role, as well as staff who had continued to work at the service whilst doing their training. Staff were able to request additional speciality training which included, dysphagia and choking, unexpected death, tissue viability and clinical risk management. In addition, staff were able to participate in leadership and management courses which could assist with advancement in their careers.

Barchester Healthcare had an employee assistance programme which staff could use if they needed advice or



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support. The service operated an employee of the month scheme and winners were rewarded for their achievement. In addition, all staff was included in a company profit share scheme which gave bonus payments to staff when the service was performing well. This ensured that staff morale and motivation was excellent and innovation was recognised, encouraged and supported across all staff grades.

Staff were aware of whistleblowing and how to raise concerns. Staff we spoke with told us they would try to speak with their line manager or the hospital director and felt any allegations would be dealt with confidentially. Staff also told us Barchester Healthcare had put a whistleblowing line in place to allow staff to pass on information anonymously. There had been no incidents of bullying or harassment in the service between 1 January and 31 December 2017.

Managers within the service promoted an open and honest culture. All staff had received training on their responsibilities under the duty of candour and additional information was available on the Barchester intranet. This included guidance on forms staff needed to complete.

Barchester Healthcare had reviewed its policy and guiding principles in relation to the duty of candour, and it now included incidents resulting in moderate harm. The provider had a regulations team in post that were responsible for monitoring incidents and ensure staff adhere to guiding principles. Compliance with the duty of candour was audited by the divisional director monthly and by the regulations manager on a quarterly basis.

Commitment to quality improvement and innovation

The service did not currently participate in any accreditation or peer review schemes. The service was previously part of the Accreditation of Inpatient Mental Health Services however, this was allowed to lapse while the renovation work was completed.

The hospital's responsible clinician had been carrying out research in high dose antipsychotic treatments with a view to reducing them by 10%. Care records showed there had been some success and that the work was ongoing.

The hospital director told us they were constantly making efforts to improve the service. This was evidenced with the improved care plans, risk management plans and positive behaviour support plans. The service shared good practice with other Barchester Healthcare services. The service provided work placements for student nurses and welcomed previous employees who had been through conversion courses.

The implementation of the team's innovative therapies improved patient engagement in evidence based therapeutic interventions, resulting in improved outcomes and experiences for patients across several domains.

Senior staff within the hospital also worked with various external agencies and professionals to ensure and improve quality. This included;

- Thrive.org – Therapeutic Horticulture and Gardening. The programme in place was evidence based and provided clear outcome measures. Patients had shown improvements in their physical health and overall physical and mental health wellbeing. They had also won a competition for their exotic garden, patio gardens and vegetable garden.
- Nouveau Wellbeing CIC (Dance Classes). This therapeutic activity was introduced to promote healthier lifestyle choices. The programme had now been running for over one year.
- External Dietary Advisor (Slimming World). Upon their dietitian's advice the service had introduced alternative ingredients and preparation of meals without compromising patient's choice or preference.
- North Tees & Hartlepool NHS smoking cessation services (The service now has several nurses trained to deliver smoking cessation to patients as a result of this partnership).

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that protocols in relation to when required medicines are consistent throughout the service.
- The provider should ensure that body maps are in place for patients who have creams or ointments prescribed.