Southleigh Community Independent Hospital

Quality Report

42 Brighton Road
South Croydon
Surrey CR2 6AA
Tel: 020 8256 0906
Website: www.inmind.co.uk

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

Ratings

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

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

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

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

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 Southleigh Community Independent Hospital as good because:

- Patients were partners in their care. No decisions were made to any aspect of care or treatment without the involvement of the patient.
- Patients' care plans were written in plain English and were specific and detailed. There was a strong recovery focus to care plans. Care plans were evaluated thoroughly and demonstrated patients' progress.
- Patients were involved in decisions about the service, including redecoration, the activity programme and the menu. A patient representative attended some of the hospital management meetings.
- The service had launched a family support service, tailored to the needs of relatives and carers. The service was flexible including home and evening visits.
- When there were not enough ward staff to escort patients on leave, members of the mutli-disciplinary team escorted the patients.
- Patients' bedrooms were redecorated before they were admitted. Where required, a new carpet was fitted.
- Where patients had progressed more quickly than expected, staff brought forward care programme approach meetings. This was to minimise the chance of the patient's discharge being delayed.
- Members of the MDT had their offices in patient areas. Patients were welcome to approach staff in their offices, unless a sign indicated they were busy.
- The hospital management team had developed a culture focussed on safe, high quality care.
- Staff morale was high. Staff felt able to do their job, and there was a strong sense that staff felt supported by the management team.
- Staff said they could confidently raise concerns and were sure they would be responded to appropriately.
- The governance system was robust with appropriate oversight from the quality and governance committee. There was an ongoing focus on quality and safety.

However:

- There were some gaps in recording decisions regarding medicines management.
- The majority of staff had little understanding of the Mental Capacity Act.
- All patients were required to provide alcohol and drug tests as a standard practice.
- There was one very small visiting room
- Patients using the patient phone could not do so in privacy.

Summary of findings

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Good

Southleigh Community Independent HHospital

Services we looked at

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

Summary of this inspection

Background to Southleigh Community Independent Hospital

Southleigh Community Independent Hospital provides care, treatment and rehabilitation for people with mental health problems. The service provides assertive rehabilitation for 25 male and female patients with complex mental health needs. The service consisted of a ward and s small number of semi-independent apartments. At the time of the inspection there were 22 patients at the service. Thirteen of the patients were detained under the Mental Health Act.

Southleigh Community Independent Hospital is registered to provide:

Assessment or medical treatment for persons detained under the Mental Health Act 1983; diagnostic and screening procedures and treatment of disease, disorder or injury.

There was a registered manager for the service. The registered manager was also the controlled drugs accountable officer.

The service received referrals from NHS organisations inside and outside of London.

We have inspected Southleigh Community Independent Hospital four times since 2010, most recently in January 2014. At the January 2014 inspection, Southleigh Community Independent Hospital met essential standards, now known as fundamental standards.

Our inspection team

Team leader: Steve George, Care Quality Commission

The team that inspected the service comprised two CQC inspectors, a Mental Health Act reviewer and a specialist advisor. The specialist advisor was a consultant psychiatrist in rehabilitation psychiatry. The inspection team also included an expert by experience. This is someone who has used, or cared for someone using, a similar service.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with eight patients who were using the service;
- spoke with two carers of patients using the service;

Summary of this inspection

- spoke with the registered manager and clinical nurse manager;
- spoke with eight other staff members; including a doctor, nurse, support workers, occupational therapist, psychologist and social worker;
- received feedback about the service from four care co-ordinators or commissioners;
- attended and observed a community meeting;
- collected feedback from one patient using a comment card;
- looked at nine care and treatment records of patients;
- carried out a specific check on medicines management in the service; and
- 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 two carers. We also received one comment card from a patient.

Patients spoke very positively about the staff. They felt able to raise any concerns with staff or the managers. Patients said that they felt safe and liked the hospital environment.

Patients told us they enjoyed the activities they undertook. They said activities and leave were rarely cancelled. Patients said they had copies of their care plans and felt involved in their care.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- The number of patients admitted to the service had been limited, to ensure safe and effective care could be delivered.
- All areas of the hospital were clean.
- Ligature risks were monitored and managed appropriately.
- All equipment was clean and maintained appropriately. Emergency equipment was checked every night.
- The average mandatory training rate for staff was 90%. All permanent and bank staff, including maintenance, gardening, catering and cleaning staff undertook ten types of mandatory training.
- Staff reviewed and updated patients risk assessments regularly.
- The management team were open and transparent when mistakes were made.
- The outcomes of incidents and investigations were fed back to staff. Where possiblechanges were made.

However:

- There were some gaps in recording decisions regarding medicines management.
- We could not establish how many staff had undertaken safeguarding children training.

Are services effective?

Good

We rated effective as good because:

- Staff ensured atients had an annual health check including an electrocardiogram (ECG). This was in accordance with National Institute of Health and Care Excellence (NICE) guidance. When patients received high doses of antipsychotic medicines they had additional ECGs. Their physical health was also monitored more closely. All patients' physical health was monitored in accordance with best practice guidance, including NICE guidance.
- Patients care plans were written in plain English and were specific and detailed. Areas of patient risk were included in care plans. There was a strong recovery focus to care plans. Patients had care plans regarding their daily living skills, social network, education and leisure. Care plans were evaluated thoroughly and demonstrated patients' progress.
- Patients' progress notes were very detailed, and noted which care plans were being reported on.

Summary of this inspection

- Staff prescribed medicines, and treatment was offered, in accordance with NICE guidance.
- Staff used the 'recovery star' with patients. This widely recognised tool supported and monitored patients progress and outcomes. All nursing staff had received recovery star training.
- There were over 20 types of clinical audit undertaken in the service. Most audits were undertaken monthly. The audits were used to identify any issues and to reinforce and support safe and high quality care.
- All staff received regular supervision. They also had informal supervision in between formal supervision meetings.
- Sometimes, at short notice, there were not enough ward staff to escort patients on leave. At these times, members of the multidisciplinary team escorted the patients.
- There were effective working relationships with a number of organisations.
- Mental Health Act administration was of a high standard. Patients' consent to treatment was assessed and reviewed regularly.
- The consultant assessed patients' capacity for specific decisions appropriately. Patients were supported to make their own decisions. Capacity assessments were well documented.

However:

- The majority of staff had little understanding of the Mental Capacity Act.
- All patients were required to provide alcohol and drug tests as a standard practice.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- Patients were partners in their care. All patients were involved in developing their care plans. Patients attended ward rounds and were supported to arrive at decisions. No decisions were made to any aspect of care or treatment without the involvement of the patient. All patients had a copy of their care plan and care programme approach documents.
- Patients were involved in decisions about the service. The patient representative attended the hospital health and safety and quality and governance meetings. When rooms were redecorated, patients decided on the colour. Patients also decided parts of the activity programme and the menu.

Summary of this inspection

- Members of the MDT had their offices in patient areas. Patients were welcome to approach staff in their offices, unless a sign indicated they were busy.
- The service had launched a family support service. Relatives and carers could use this service for support, tailored to their needs. The service included the social worker conducting home visits and evening visits when required.
- Staff communicated with patients sensitively, and in a kind and respectful manner. Staff spoke about patients as individuals. Patients and carers described staff in very positive terms.
- Staff had a good understanding of individual patients' needs and their progress.
- Patients could choose if they wanted to attend the community meeting. There was also a patient forum in the service. Any issues identified at these meetings were fed back to staff and changes were made.

Are services responsive?

Good

We rated responsive as good because:

- Patients' bedrooms were redecorated before they were admitted. Any maintenance was undertaken, and where required, a new carpet was fitted.
- All patients had a yearly CPA meeting. Where patients had progressed more quickly than expected, staff brought forward CPA meetings. This was to minimise the chance of the patient's discharge being delayed.
- Following risk assessment, some patients were able to keep their own mobile phones.
- Following patient complaints, the patients' menu had been changed. The majority of patients were positive about the food.
- Patients had keys to their bedrooms. They were able to personalise their bedrooms.
- There was a mix of recovery-orientated and leisure activities every day. Patients were involved in reviewing the activities programme.
- Patients had jobs in the hospital as part of the work scheme. All patients, regardless of their stage of recovery, could take part in the work scheme.
- The service had conducted a green light toolkit audit. As a result of this audit, learning disability awareness training was being organised. The service was also considering providing easy read information leaflets.
- Patients who had made complaints were asked for their views on the complaints process.

However:

Summary of this inspection

- There was one very small visiting room.
- Patients using the patient phone could not do in privacy.

Are services well-led?

Good

We rated well-led as good because:

- The hospital management team had developed a culture focussed on safe, high quality care.
- All of the management team were visible to patients and staff.
- Staff morale was high. Staff felt able to do their job, and there was a strong sense that staff felt supported by the management team.
- Staff said they could confidently raise concerns and were sure they would be responded to appropriately.
- The management team were open and transparent.
- Staff provided mutual support to each other, irrespective of role or grade.
- All staff shifts were covered with a sufficient number of staff to provide safe and effective care.
- The governance system was robust with appropriate oversight from the quality and governance committee. There was an ongoing focus on quality and safety.
- The clinical nurse manager had the authority to make decisions and respond to any major issues. They were able to increase staffing whenever this was required.
- The management team and staff learnt from incidents, complaints and patient feedback.
- Staff told us that managers listened to them. They felt engaged and able to provide input into changes in the service.

Detailed findings from this inspection

Mental Health Act responsibilities

- Ninety one per cent of staff had received training in the Mental Health Act (MHA). Staff had received additional training regarding section 132 MHA and consent to treatment.
- Patients' capacity to consent to treatment was assessed at regular intervals. When patients did not have the capacity, the appropriate treatment forms were completed and attached to their medicine administration charts.
- Patients were informed of their rights under the MHA on admission to the hospital, and at regular intervals.
- There were monthly audits to ensure MHA documentation was complete and procedures were working appropriately.
- For one patient, the form recording their admission (H3) could not be found. However, all other patients' MHA paperwork was correctly completed and stored in a clear, logical manner.
- An independent mental health advocate (IMHA) visited the hospital twice per month.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety one per cent of staff had training in the MCA.
- The majority of staff in the service could not describe the five principles or the capacity test. However, all staff supported patients to make day-to-day decisions regarding their care. The consultant, social worker and clinical nurse manager did had a good understanding of the MCA.
- Capacity assessments were thorough and respected the patients' previous preferences and history. Decisions were made in the patients' best interests.
- There were no deprivation of liberty safeguards (DoLs) applications in the previous six months. None of the patients were subject to DoLs. Eight patients' were subject to appointeeship. This meant that patients were unable to manage their own finances.
- The provider had policies for the MCA and DoLs. These were available for staff electronically and in a policy folder.

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

- The front door to the hospital was locked at all times. Patients in the semi-independent apartments had their own key. Informal patients told staff when they wanted to go out. A sign on the front door reminded informal patients of this.
- Staff were unable to observe all patient areas. There were no convex mirrors in place to assist staff in observing blind spots. Staff undertook hourly checks around the building to mitigate this risk.
- The hospital had four floors. The ground floor had communal areas and the occupational therapy kitchen. The other floors had patient bedrooms and offices for the multi-disciplinary team. There was a rear garden and beyond that, six semi-independent apartments.
- There were ligature points throughout the building. Staff undertook hourly checks around the building to mitigate this risk. The risk was also mitigated by regular and ongoing risk assessment of patients. Ligature risks were recorded on the service risk register. There was a comprehensive, detailed ligature risk assessment. This had been reviewed following a serious risk incident in an NHS service.
- The service complied with same sex accommodation guidance. The first and second floor of the building had male bedrooms. The third floor of the building had female bedrooms. All of the bedrooms were ensuite. A key was needed to open the lift on the third floor, and only female patients had these keys.
- The clinic room was clean. However, it was a small room and there was not enough room for an examination couch. Equipment included a sphygmomanometer, for measuring blood pressure, and weighing scales. There were also ligature cutters. All of the equipment was clean and maintained appropriately. Staff checked the automated external defibrillator (AED) and resuscitation equipment every night. Ninety one per cent of all staff had been trained to use the AED.
- All areas of the hospital were clean. A cleaning schedule was in place, and there was a monthly cleaning audit. There was a separate monthly audit for catering cleanliness. Although some furnishings were worn, they were clean and of good quality. Staff undertook daily environmental checks. There was a monthly maintenance audit.
- Following concerns about the cleanliness of patients bedrooms, a bedroom audit was undertaken. As a result of the audit, some bedroom furniture was replaced. Action also included for staff to plan with and support patients with cleaning their rooms. Since then, a weekly bedroom check had been undertaken. This check identified any maintenance issues and monitored the cleanliness of bedrooms.
- Prior to patients being admitted, their bedroom was decorated. Maintenance work was undertaken, and if required, the bedroom had a new carpet.
- Ninety six per cent of staff had undertaken infection control training. Staff followed infection control procedures. A small number of patients had physical health needs which posed an infection control risk.

Long stay/rehabilitation mental health wards for working age adults

Good

These risks were managed appropriately. An infection control audit was undertaken monthly. This included auditing of hand hygiene, the environment, waste disposal, spillages and personal protective equipment. Action was taken as a result of the audits, and infection control risks were discussed at the health and safety committee.

- An environmental risk assessment had been undertaken and environmental risks were minimised. Where an increased risk remained this appeared on the service risk register.
- Wall mounted alarms were available throughout the building for patients and staff to summon assistance. Staff could also access personal alarms when they assessed they were needed.

Safe staffing

- The nursing establishment at the hospital was nine registered nurses and 12 support workers. Four nurses and 11 support workers were permanently employed at the hospital. This meant 44% of nursing posts were vacant. The hospital had recently tried to recruit more nurses, but was unsuccessful. In a three month period, 327 shifts had been filled by bank and agency staff. There had been no shifts left unfilled.
- Permanent staff undertook additional bank shifts. The hospital also had 11 bank nurses and three bank support workers. The majority of these bank staff had been employed by the hospital as permanent staff. We heard that staff left the hospital for various reasons, such as family commitments or professional development. They returned as regular bank staff, with the flexibility to choose when they worked. This arrangement worked well. The regular bank staff knew the patients well, there was no impact on patient care or safety.
- Recently, the hospital had been unable to fill some nurse shifts with bank staff. When agency nurses were required, the service used the same four agency nurses. They had all received an induction before their first shift.
- Staff sickness in the previous year was 2.5%.
- Staff turnover in the previous year was 38% (11 staff).
- Staffing had been reviewed and increased to meet the changing needs of patients admitted. During the day, two nurses and three support workers were on shift. At night there were two nurses and two support workers. Two nurses always worked every shift. During weekday office hours, two occupational therapy assistants also worked with patients. Additional staff were also on the ward during ward rounds.
- Permanent staff undertook additional bank shifts. The hospital had 11 bank nurses and three bank support workers. The majority of these bank staff had been employed by the hospital as permanent staff. We heard that staff left the hospital for various reasons, such as family commitments or professional development. They returned as regular bank staff, with the flexibility to choose when they worked. Recently, the hospital had been unable to fill some nurse shifts with bank staff. When agency nurses were required, the service used the same four agency nurses. They had all received an induction before their first shift.
- The clinical nurse manager was able to increase staffing levels when required.
- Outside of normal working hours, the hospital director or clinical nurse manager were available by telephone.
- Patients had a minimum of a one-to-one meeting with their primary nurse each week. Staffing levels ensured these meetings could take place.
- Staff undertook training to manage any incidents of violence and aggression. There were always enough staff on duty to manage such incidents safely.
- The consultant psychiatrist for the service worked two and a half days per week. There were no other medical staff at the hospital. The psychiatrist could also be contacted outside of normal working hours. Patients' physical health problems were managed by a local general practitioner. For urgent physical health problems, emergency services were contacted.
- The average mandatory training rate for staff was 90% in the previous year. All bank and permanent staff, including maintenance, gardening, catering and cleaning staff, undertook ten types of mandatory training.

Assessing and managing risk to patients and staff

- The service did not have a seclusion room. There had been no instances of de facto seclusion or long term segregation.
- There had been no instances of restraint in the six months prior to the inspection. During this time there had been eight incidents of violence and aggression. Six of these incidents were between patients and two involved patient aggression towards staff.

Long stay/rehabilitation mental health wards for working age adults

Good

- A risk assessment was undertaken when patients were assessed for their suitability for the service. Risk assessments were reviewed and updated by the multidisciplinary team at each ward round.
- The patient risk assessment tool used at the service had been developed locally. The reliability and validity of the tool was, therefore, unknown.
- The hospital could accommodate up to 28 patients. However, the hospital director had decided there should be a maximum of 25 patients, including six patients in semi-independent apartments. This decision was made to ensure that the service could be delivered safely and effectively.
- There were no blanket restrictions which applied to all patients. Twelve patients had individual restrictions which applied to them. The restrictions varied, and included restricting the patients' access to money or cigarettes. Each restriction was specific to the patient with a clear reason related to risks. Each patient had a care plan regarding the restriction. Some patients agreed to restrictions, other patients did not have the capacity to agree or disagree. A best interests decision was then made. A restrictive practice register detailed the restrictions applying to each patient. Safeguards were in place and restrictions were reviewed regularly.
- Prior to the inspection, staff had identified a degree of bullying amongst some patients. This was related to trading personal items. Staff had intervened to minimise the risk of this happening again. Patients said that they felt safe.
- A search policy was in place. One patient was subject to searches when returning from leave. Searching was conducted in the least intrusive way possible.
- Ninety three per cent of staff had undertaken safeguarding adults training. Staff demonstrated an excellent knowledge of safeguarding vulnerable adults. They described all types of potential abuse and knew how to report it. Safeguarding was a standing agenda item in staff supervision. Safeguarding children training was not mandatory. It was unclear how many staff had undertaken safeguarding children training.
- Patients could not be visited by children at the hospital. We were told that this was due to a lack of suitable facilities. One patient saw their child away from the hospital.
- Overall, medicines were managed safely. When patients were admitted to the service their current medicines were appropriately checked and administered. Any patient allergies to medicines were clearly recorded. Staff undertook medicines management training. The procedure for patients to self medicate was safe. However, one patient had been administered 'as required' (PRN) medicine on three occasions. Clinical notes for the patient did not record why the patient required the medicine. This had not occurred with other patients, and was an isolated issue. Another patient had refused one of their medicines for a significant period of time. There was no record of why the medicine continued to be prescribed or how important it was for the patient to have the medicine.
- Fire equipment was maintained, and the fire alarm was tested weekly. Fire drills were conducted regularly.

Track record on safety

- There had been no serious incidents in the hospital in the previous year.
- Forty seven incidents had been reported in the previous six months. These included verbal abuse and threats, medicine errors, attempted self harm, health and safety and clinical incidents. Staff consistently reported all incidents and there were no themes or trends causing concern.

Reporting incidents and learning from when things go wrong

- Staff reported a range of incidents. Incidents were initially reviewed by the clinical nurse manager or hospital director. Each incident was also reviewed at the quality and governance meeting held every two months. Incidents were analysed for themes or trends, and decisions were made regarding further investigation. The hospital manager also reviewed themes and trends over a longer period.
- The management team were open and transparent when mistakes were made. One example was where the hospital director had written an apology to a patient and their solicitor regarding a mistake. Staff understood that when mistakes were made the patient should receive an apology.
- The outcomes of incidents and investigations were fed back to staff in a variety of ways. The minutes of the quality and governance meeting were shared with staff. Feedback was provided to staff during the staff meeting, shift handovers, and the staff reflective practice group. Incidents were also discussed in the relevant patients' ward round.

Long stay/rehabilitation mental health wards for working age adults

Good

- Following incidents, where possible, changes were made. Staff were informed and fully involved with making these changes.
- Staff and patients received support and debriefing after incidents.

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

- Patients were referred to the service by NHS organisations. Prior to admission all patients were assessed by staff from the service. Two members of the multi-disciplinary team (MDT) undertook these assessments. Assessments were comprehensive and detailed. On the basis of these assessments, a decision was made whether the service could help the patient.
- All patients attended their general practitioner (GP). Patients' physical health and physical health problems were assessed when they were admitted to the service. They were also monitored on an ongoing basis.
- Nine patients' care plans were reviewed. All of them were written in plain English and were specific and detailed. Each patient had a care plan for each of their needs. Areas of patient risk were included in care plans. For patients subject to appointeeship or whose money was restricted, their care plan was reviewed every three months. Some patients had detailed physical health care plans. There was a strong recovery focus to care plans. Patients had care plans regarding their daily living skills, social network, education and leisure. Care plans were evaluated thoroughly and demonstrated patients' progression.
- Nursing staff wrote progress notes at the end of their shift. The progress notes were very detailed. These entries also noted which care plans were being reported on. Some entries were relevant to three, four or more care plans. This was best practice, and meant that staff had a good understanding of individual patients' needs and their progress.
- All patients were required to provide a regular alcohol breath test and a urine specimen for drug testing. Alcohol breath and drug testing was a blanket practice. Some patients were required to provide these tests more frequently than other patients. However, there was no clear process for reviewing if these tests were required for every patient.
- Patients' clinical records were stored securely. All of the clinical records were kept in good order and staff could access information they needed without difficulty.

Best practice in treatment and care

- Patients medicine administration records showed medicines were prescribed appropriately. Patients' medicines were prescribed in accordance with national guidance such as psychosis and schizophrenia in adults: treatment and management (National Institute of Health and Care Excellence [NICE], 2014).
- The service was able to offer a wide range of psychological interventions. This included cognitive behavioural therapy which is recommended by NICE. Individual and group psychological treatment took place. The service was not able to offer family therapy. However, the social worker was due to undertake training in this area to offer to patients and carers. Patients were also supported with substance misuse problems. This was through partnership working with a substance misuse agency.
- Patients had an annual health check at their GP. Patients also received an annual electrocardiogram (ECG) in accordance with NICE guidance. When patients received high doses of antipsychotic medicines they had additional ECGs. Their physical health was also monitored more closely. The service used the positive cardiometabolic health resource. This is a tool supported by NICE, Royal Colleges and others to ensure patients' physical health is appropriately monitored.
- Staff used the 'recovery star' with patients. This is a widely recognised tool to support and monitor patients progress. All nursing staff had received recovery star training.
- Staff recorded patient outcomes using the recovery star.
- There were over 20 types of clinical audit undertaken in the service. The majority of these were undertaken by the clinical nurse manager and nurses. Most audits were undertaken monthly or quarterly. Audits ranged from physical health monitoring and medicine administration records to the quality of care plans. Some audits specifically related to following NICE guidance.

Long stay/rehabilitation mental health wards for working age adults

Good

Skilled staff to deliver care

- The multi-disciplinary team (MDT) included a full time psychologist, social worker and occupational therapist. Two occupational therapy assistants facilitated rehabilitation activities. The nursing team was led by a clinical nurse manager, and there was a part-time consultant psychiatrist. The service had recently arranged input from a pharmacist who undertook medicines audits.
- Staff members were skilled and qualified to undertake their roles. Nursing staff included mental health and learning disability nurses. Members of the MDT had extensive experience in mental health.
- Some patients required regular blood tests due to the medicines they were prescribed. However, some patients were very reluctant to attend the GP for these blood tests. Three members of the nursing team had undertaken training to be able to take blood samples. This meant patients could have their blood taken at the service and did not need to attend their GP for this.
- All staff received an induction when they started working at the hospital. This included bank and agency staff.
- All of the staff received supervision every eight weeks. However, any member of staff was able to have informal supervision in between formal supervision dates. Staff told us that informal supervision occurred regularly. Fifty one per cent of staff had received an appraisal within the previous 12 months. However, some staff had not worked at the service for a year, and all appraisals were due to be completed in the next four months. All staff were able to attend team meetings. The psychologist facilitated a weekly reflective practice group for staff.
- Staff were able to undertake specialist training for their role. Nursing staff undertook recovery star training. The social worker was due to commence family therapy training, following the launch of the family support service.

Multi-disciplinary and inter-agency team work

- The MDT met every weekday morning. There was a handover of information regarding each patient. The MDT also discussed incidents, and changes to practice as a result of these. A ward round was held every week and all members of the MDT attended.
- In addition to the MDT handovers of patient care, nursing staff had early afternoon and evening handovers. These handovers were effective. All relevant information on patient care was communicated to the next nursing shift.
- Traditional professional roles were flexible when this was for the benefit of patients. Sometimes, at short notice, there were not enough ward staff to escort patients on leave. At these times, members of the MDT escorted the patients.
- There were effective working relationships with other organisations. Community teams and commissioners spoke highly of the service. There was a very close working relationship with the local GP. Nursing staff had worked with the GP to develop a more effective physical health monitoring form for patients. There were good relationships with a local college, charity shops, and with a substance misuse mutual aid organisation.

Adherence to the MHA and the MHA Code of Practice

- Ninety one per cent of staff had received training in the Mental Health Act (MHA). Staff had received additional training regarding section 132 MHA and consent to treatment.
- Patients' capacity to consent to treatment was assessed at regular intervals. When patients did not have the capacity, the appropriate treatment forms were completed and attached to their medicine administration charts.
- Patients were informed of their rights under the MHA on admission to the hospital. Staff reminded patients of their rights every three months. The providers' electronic management system produced alerts when each patient was due to be reminded of their rights.
- The service support manager managed MHA documentation. They undertook monthly audits to ensure MHA documentation was complete and procedures were working appropriately. Audits concerned section 17 leave, patients' consent and capacity, and results from hearings and tribunals. Second Opinion Appointed Doctor (SOAD) attendances were also audited monthly.
- For one patient, the form recording their admission (H3) could not be found. However, all other patients' MHA paperwork was correctly completed and stored in a clear, logical manner.
- An independent mental health advocate (IMHA) visited the hospital twice per month. They facilitated a patient

Long stay/rehabilitation mental health wards for working age adults

Good

forum meeting. At the meeting patients could express their views. The IMHA would then feed back these views, anonymously, to the social worker in the service. They also provided individual support to patients at ward rounds and care programme approach meetings.

Good practice in applying the MCA

- Ninety one per cent of staff had training in the MCA.
- The majority of staff in the service could not describe the five principles or the capacity test. However, all staff supported patients to make day-to-day decisions regarding their care. The consultant, social worker and clinical nurse manager did had a good understanding of the MCA.
- Where patients' capacity might be impaired, the consultant assessed their capacity and recorded the assessment appropriately. We saw that such assessments were undertaken for specific decisions. Patients were supported to make their own decisions.
- When decisions were made on patients' behalf, they were made in the patients' best interests. There was a clear record that patients' own wishes, feelings and background were taken into account.
- There were no deprivation of liberty safeguards (DoLs) applications in the previous six months. None of the patients were subject to DoLs.
- Eight patients' were subject to appointeeship. The appointee was the patients' local authority. This meant that these patients' were unable to manage their own finances. Patients collected their money from staff on a daily or weekly basis. One patient subject to appointeeship had the capacity to manage their own finances. The service requested to have appointeeship removed. Until then, there were minimal restrictions regarding the patient accessing their money.
- The provider had policies for the MCA and DoLs. These were available for staff electronically and in a policy folder.

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

Outstanding ☆

Kindness, dignity, respect and support

- We observed staff interacting with patients positively. Staff listened and communicated in a kind and respectful manner. Some patients' health needs or behaviour impacted on other patients. When these issues were raised by patients, staff were very sensitive and maintained confidentiality. Staff spoke about patients as individuals.
- Members of the MDT had their offices in patient areas. Patients were welcome to approach staff in their offices, unless a sign indicated they were busy.
- All patients were complimentary about the staff. They described staff in very positive terms. Patients also knew the management team and felt able to ask for support from them.
- Every month an evening meal outside of the hospital was arranged. Patients whose birthday was in the month had their meal paid for by the service.

The involvement of people in the care they receive

- Patients received an orientation to the service on admission. They also received a recovery folder. This provided lots of different information, including, groups, activities and how to complain.
- Patients were partners in their care. All of the patients were involved in developing their care plans. Some patients wrote their views directly onto the care plan. Patients attended ward rounds and were supported to arrive at decisions. No decisions were made to any aspect of care or treatment without the involvement of the patient. Patients' requests at ward round were considered seriously. All patients had a copy of their care plan and care programme approach (CPA) documents.
- An IMHA visited the service twice per month. They facilitated a patient forum for all patients. They also provided individual support to patients at ward rounds and CPA meetings. The patient representative in the hospital was also able to attend these meetings and advocate for the patient.
- With patients' consent, family members and carers were involved in patient care. The carers we spoke with were very positive regarding the hospital, and praised the staff highly. There was an annual carers day. The service had launched a family support service. Relatives and carers could use this service for support, tailored to their

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Good

needs. This could be one phone call or ongoing meetings. If relatives found it difficult to come to the hospital, the social worker would arrange home visits. This included evening visits.

- The service operated a weekly community meeting for patients which was attended by the hospital director. Patients could choose if they wanted to attend. This meeting was for patients to feedback on issues and to suggest changes. The advocate facilitated the patient forum. This was where patients could feed back without being identified. Any issues highlighted at these meetings were fed back to staff and changes were made.
- Patients were involved in decisions about the service. A patient volunteered as the patient representative for the hospital. They attended the health and safety and quality and governance meetings. When rooms were redecorated, patients decided on the colour. Patients also decided parts of the activity programme and the menu. Patients had suggested having a 'movie night' which they then organised, planned and operated.

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

Good

Access and discharge

- The average bed occupancy in the six months prior to the inspection was 94%. The service did not accept emergency or unplanned admissions.
- The average length of stay was one to two years. A small number of patients had been at the hospital for much longer.
- Patients' bedrooms were redecorated before they were admitted. Any maintenance was undertaken, and where required, a new carpet was fitted.
- There were two clear pathways for patients to be discharged from the service. Some patients would first move to the semi-independent flats at the rear of the hospital. Other patients would move directly to a community service.
- Discharge planning took place at an early stage. All patients had a yearly CPA meeting. Where patients had progressed more quickly than expected, staff brought forward CPA meetings. This was to minimise the chance of the patient's discharge being delayed.
- Before discharge, some patients had leave to their future home. During leave the patient's bedroom was locked until their return.

The facilities promote recovery, comfort, dignity and confidentiality

- There were a range of rooms to support treatment. These included an occupational therapy kitchen and an activity room. The clinic room was small and unsuitable for treating patients.
- There was one very small visiting room. It was too small for lengthy visits and restricted the number of visitors a patient could see.
- There was a patient's phone in the main corridor of the hospital. There was no hood, and privacy during phone calls could not be maintained. Following risk assessment, some patients were able to keep their own mobile phones.
- There was a spacious garden area at the rear of the main building. Patients were able to access the garden area at any time.
- Following patient complaints, the patients' menu had been changed. The majority of patients were positive about the food.
- Some patients were supervised by staff to self-medicate. These patients were progressing to discharge from the hospital.
- Some patients told us that they had to be in their room by a certain time of night. They could not have hot drinks or snacks at night. However clinical records documented how some patients were awake at various times of the night. They were able to have drinks and light snacks.
- Patients were able to personalise their bedrooms. There were no restrictions on patients about how they did so.
- All patients had keys to their bedrooms. They could keep their personal belongings and valuables secure.
- An activities programme operated seven days per week. Patients attended group and individual activities. The activities were a mix of recovery-orientated and leisure activities, and included attending college courses. Most

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Good

leisure activities were at the weekend. Several patients spoke positively about the activities which they attended. The activities programme was developed jointly with patients.

- Patients had jobs in the hospital as part of the work scheme. All patients, regardless of their stage of recovery, could take part in the work scheme. Jobs included taking refrigerator and freezer temperatures, cleaning the garden, and emptying the waste bins.

Meeting the needs of all people who use the service

- The building had disabled access and a disabled toilet on the ground floor.
- A number of patients had a mild learning disability in addition to their mental health problems. The service had conducted a green light toolkit audit. This is a tool for mental health services to improve support for people with learning disabilities. The results were positive, but noted some improvements to be made. These were in the areas of assessment, reasonable adjustments, attitudes and information. As a result of this audit, learning disability awareness training was being organised. The service was also considering providing 'easy read' information leaflets for patients.
- There was a range of information available for patients. Information was available on local services and resources, the MHA, complaints and patients' rights. At the time of the inspection all patients spoke English. We were told that information in other languages could be obtained when required.
- The service had details for interpreters when they were required.
- Patients had a choice of food, and specific diets were catered for. There was always a healthy option for lunch. There was always a vegetarian choice at mealtimes.
- A number of patients visited a place of worship in accordance with their faith. Some patients were escorted by staff. If a patient did not have leave, the service was able to arrange for the patient to be visited by a faith representative.
- Some patients identified walking as an important part of their lifestyle. One of these patients had daily escorted walks. Another patient attended football training and football matches.

Listening to and learning from concerns and complaints

- In the previous year, there had been nine complaints about the service. Two complaints had been upheld, and two complaints were being investigated at the time of the inspection.
- Each patients' recovery folder contained a complaints leaflet. There was also a complaints box at the front of the hospital.
- All staff knew how to handle complaints from patients. Nurses and support workers described how they documented formal complaints from patients. They then passed these complaints to the clinical nurse manager or hospital director.
- Patients who had made complaints were asked for their views on the complaints process.
- When formal or informal complaints were made, staff received feedback. Feedback was as a group, or to individual staff members.

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

Good

Vision and values

- The provider had recently introduced new values and these were not yet fully embedded. However, the hospital management team had developed a culture focussed on safe, high quality care. Staff reflected this culture.
- Some staff had met some of the senior managers in the organisation.

Good governance

- Staff had undertaken 90% of mandatory training.
- Staff received regular formal and informal supervision.
- All staff shifts were covered with a sufficient number of staff to provide safe and effective care.
- Staff actively participated in clinical audit.
- Safeguarding children training was not mandatory and it was unclear who had undertaken training. However, children did not visit the service.
- The management team and staff learnt from incidents, complaints and patient feedback.
- Mental Health Act requirements and procedures were followed.

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Good

- The governance system was robust with appropriate oversight from the quality governance and health and safety committees. Audits were reviewed by the appropriate committee and actions were discussed. Different members of the MDT were the designated lead person for specific areas of governance. For instance, the clinical nurse manager led on quality, whilst the psychologist was the lead for patient experience and complaints.
- The quality and governance committee discussed the action to be taken following the green light toolkit audit. The committee reviewed and discussed areas ranging from menus and care plans to patient involvement. There was an ongoing focus on quality.
- The health and safety committee discussed and reviewed areas of risk within the service. These included safeguarding, incidents, infection control, legionella checks, and the service risk register. The service ligature risk assessment had been repeated following a serious incident in an NHS service. The outcome of the risk assessment was discussed by the committee. Where issues were identified and action had been taken, this was reported back to the committee. There was an ongoing focus on safety.
- The clinical nurse manager had the authority to make decisions and respond to any major issues. They were able to increase staffing whenever this was required.

Leadership, morale and staff engagement

- Staff sickness in the previous year was 2.5%.
- There had been no cases of bullying or harassment in the previous year.
- Staff were aware of the providers' whistleblowing policy. All staff said they could confidently raise concerns with the hospital director or clinical nurse manager. Staff were sure that any concerns they raised would be responded to appropriately.
- All of the management team were visible to patients and staff.
- Staff morale was high. Staff felt able to do their job, and there was a strong sense that staff felt supported by the management team. All of the staff we spoke with were very positive about the management team.
- Staff provided mutual support to each other, irrespective of role or grade.
- The management team were open and transparent.
- The staff union health and safety representative undertook the service health and safety audit with one of the management team.
- Staff told us that managers listened to them. They felt engaged and able to provide input into changes in the service. Staff were confident to bring their ideas to their managers. The social worker had brought the idea of a family support service to the hospital director. The family support service started shortly after this.
- Following staff feedback, staff had improved restroom facilities and the lowest paid staff received a significant increase in pay.

Commitment to quality improvement and innovation

- There was an overarching quality improvement strategy. This was underpinned by clinical and corporate governance.
- The service had undertaken the green light toolkit, to improve the quality of care for patients with a mild learning disability.

Outstanding practice and areas for improvement

Outstanding practice

- Patients were partners in their care. All patients were involved in developing their care plans. Patients had care plans regarding their daily living skills, social network, education and leisure. Patients attended ward rounds and were supported to arrive at decisions. No decisions were made to any aspect of care or treatment without the involvement of the patient.
- Patients were involved in decisions about the service. The patient representative attended the hospital health and safety and quality and governance meetings. When rooms were redecorated, patients decided on the colour.
- The service had launched a family support service. Relatives and carers could use this service for support, tailored to their needs. The service included the social worker conducting home visits and evening visits when required.
- Patients' bedrooms were redecorated before they were admitted. Any maintenance was undertaken, and where required, a new carpet was fitted.
- Members of the MDT had their offices in patient areas. Patients were welcome to approach staff in their offices, unless a sign indicated they were busy.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that when 'as required' (PRN) medicine is administered, the reason for administration is always documented. Where a patient continuously refuses medicine this should be reviewed.
- The provider should ensure that appropriate staff undertake safeguarding children training. A record of attendance at such training should be maintained.
- The provider should review if alcohol and drug testing is required for all patients.
- The provider should ensure that all appropriate staff have a working knowledge of the Mental Capacity Act and deprivation of liberty safeguards.
- The provider should ensure all patients are aware they can access drink and snacks at night. All patients should be aware that they do not have to be in their bedrooms at a set time.