Barchester Healthcare Homes Limited

Forest Hospital

Quality Report

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This report describes our judgement of the quality of care at this hospital. 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 hospital

Summary of findings

Letter from the Chief Inspector of Hospitals

Forest Hospital provides accommodation, care and support to up to 35 people caring for younger adults and older people who have dementia, mental health conditions, physical disabilities and people who misuse drugs and alcohol. People whose rights are restricted under the Mental Health Act 1983 may be accommodated there.

Our last inspection on 10 and 11 March 2015 resulted in a warning notice being issued on 31 March 2015 for failing to comply with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities). The service failed to comply with:

Regulation 9 (1) (a) (b) (i) (ii) and (iii) They were not taking proper steps to ensure that each service user was protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of the planning and the delivery of care to meet people's individual needs.

Regulation 10 The systems in operation at the service were failing to be effective because they did not adequately assess and monitor the quality of the services against the requirements of the regulations.

We inspected this service again on 24 June 2015 in response to our last inspection. This was an unannounced visit. The inspection team included four CQC inspectors, a CQC Mental Health Act Reviewer, a Specialist Advisor and an Expert by Experience. There were 11 patients using the service. We spoke with six patients and six members of staff including the interim manager and divisional director.

The hospital was being managed by an interim manager, who started at the hospital in March 2015. However he has a substantive post with the provider in another hospital. The interim manager was supported by the divisional director. A nurse prescriber based at another service provided additional support,. There was evidence in the form of regular audits that they had made regular contributions to the overall effectiveness of the service. The hospital awere recruiting a substantive manager however arewere yet to find an appropriate candidate.

The hospital had adopted a self-embargo. This meant they had agreed to put a hold on any further admissions until they had actioned all the requirements from CQC following our last inspection.

The hospital was a relatively new build and opened for admissions in March 2013. The hospital was clean and in very good repair. It had well maintained gardens which could be accessed by patients. All bedrooms were en suite. Air conditioning was provided. The reception area was homely and welcoming with comfortable seating and a pay phone for use. There was a well equipped café style lounge area and a family friendly visitor area. There were dementia friendly activity boards and patients had names or personal indicators on their doors to aid them in clearly identifying their rooms. The hospital had a designated mini bus for patient outings. Overall, we felt the hospital was a safe and clean environment. There were still some ligature risks identified and the manager told us that they would make changes to ensure patient safety.

- The hospital were consistent in their approach to training, supervision and appraisal. We found a commitment to the vision of the hospital. The right candidate to manage the hospital was being sought using the recruitment process. The divisional director assured us that there would be a thorough handover and on-going mentorship for the new manager when the interim manager leaves. The manager was to interview the following week for a nurse lead from within the current team to encourage better leadership and good practice.
- There were regular audits and a consistent commitment to ensure good practice. Areas for improvement were identified and recommendations followed and recorded.
- The manager told us that they had 'mock CQC visits', an internal initiative, with all staff within the hospital to keep the team focussed on improving and developing. There were staff briefings daily to share concerns and planning.

Summary of findings

- The hospital utilised resources from within the organisation. For example, the nurse prescriber had implemented a good governance framework that involved regular audits. There was a wide range of audits and monitoring systems. There was evidence of learning and action on recommendations. The records were organised and there were policies and procedures to hand.
- The manager acknowledged that staff felt insecure in light of the self embargo and our previous inspection.However he had adopted an open door policy to improve morale and encourage staff engagement. Staff felt there had been improvements made.
- There were systems and processes in place to report incidents and concerns. All patients spoken with told us they knew how to complain and they would if they had to. There was a folder of complaints however it was not up to date.
- There were patient meetings and minutes of these were kept. These were attended by three patients, an occupational therapist and an occupational therapist assistant. Menus, housekeeping and activities were discussed. Posters were displayed advertising IMHA services, whistle blowing and complaints. Staff attended a daily meeting to discuss any concerns. We observed this meeting and there were clear points raised and plans of action.
- There were improvements in multi-disciplinary and inter-agency team working. There were weekly multi-disciplinary team (MDT) meetings which included a doctor, the staff team and psychologist when they were able to. There was evidence to support learning from discussions from the MDT were shared with the rest of the team. Handovers were completed. One member of staff told us that they had not attended an MDT but they were provided with written feedback and had discussions during handovers.
- We looked at five patients records relating to their Mental Health Act (MHA) paperwork. We found that this was in good order and patients section 17 leave was up to date. There was a MHA administrator on site. We observed there were good systems and processes in place to support staff in adhering to the MHA and MHA Code of Practice. Files looked at showed that tribunals and managers hearings took place. Reports of these were available. Capacity assessments had been completed. Care programme approach reviews were evident. Family, community teams and commissioners had attended these.
- We saw a wide range of care plans in place for patients. They included personal care needs, mental health and communication needs and were specific to the individual's assessed needs. There was evidence of the patient's views and participation. Care plans were reviewed. Mental capacity assessments were decision specific. In one file a patient had capacity assessments attached to all their care plans.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe.

Care was provided in a clean, hygienic and comfortable environment. Safety had been considered to reflect the needs of patients. Individual risk assessments were in place and were followed. There were vacancies at the hospital but recruitment was on-going and safe staffing levels were being maintained. Most patients did not have activities or leave cancelled on the basis of staff shortages. Staff had a good understanding of safeguarding processes and how to raise alerts. Incidents were reported, and information and feedback following incidents was shared through the hospital.

Are services effective?

The service was effective.

Patients received timely assessments after admission and these were reviewed and updated regularly. There was a multi-disciplinary team which included medical and nursing staff as well as psychologists, and occupational therapists. The team worked well together to ensure a range of treatment with a recovery focus was offered to patients. Patients had regular physical health checks which were recorded. Staff had access to supervision and daily team briefings took place. There was a good understanding of the Mental Health Act and Mental Capacity Act which was evidenced through speaking with staff and records.

Are services caring?

The service was caring.

We observed kind and respectful interactions between staff and patients. Most patients told us that they had positive experiences of the service and that they were treated with care and dignity. Patients had meetings which sought their views and ensured that actions were taken as a result of their input. There were efforts to involve families in patient's care and opportunities to access advocacy services.

Are services responsive?

The service was responsive.

Complaints processes were in place. Patients and staff felt comfortable with the process. Admissions and discharges were planned. Wards were suitably equipped and furnished to meet the needs of patients with outside access and a range of facilities.

Summary of findings

Patients told us that the food was good and there were some facilities to practice cooking skills. The service provided ways of meeting patient's individual needs in terms of their religion, culture and language. Information was available in different languages and formats. There was access for patient's with mobility difficulties.

Are services well-led?

The service was well-led.

Staff told us that they enjoyed working at the hospital. Staff felt increasingly supported. Senior managers in the service had a good knowledge of the service and its strengths and weaknesses. There were some projects being undertaken to ensure that the service was innovative, for example, occupational therapy audits and recommendations.

Summary of findings

Service	Rating	Why have we given this rating?

Forest Hospital

Detailed findings

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

Detailed findings

Contents

Background to Forest Hospital

Forest Hospital is a Mental Health Independent Hospital for up to 50 patients. Owned by Barchester Healthcare Homes Limited. The service provides assessment or medical treatment for persons detained under the Mental Health Act 1983.

Our inspection team

Our inspection team included four CQC inspectors, one specialist advisor and one expert by experience.

How we carried out this inspection

This was an unannounced inspection in response to requirements made at a previous inspection on 10 and 11 March 2015.

During the inspection visit, the inspection team:

- looked at the quality of the hospital environment and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke with the Interim Manager and Hospital Director for the provider
- spoke with four other staff members; including a qualified nurse and support workers
- we observed the lounge area and patient bedrooms.
- looked at five patient's records

We also:

- carried out a specific check of the medication management on the unit.
- looked at a range of policies, procedures and other documents relating to the running of the service.

At the time of our inspection there were 11 patients. Seven patients were detained on civil sections of the Mental Health Act 1983. Four patients were subject to the Deprivation of Liberty Safeguards (DOLS).

Staffing consisted of two registered mental health nurses and five healthcare assistants during day shift and one qualified and three healthcare assistants at night.

Are services safe?

Our findings

Is Forest Hospital safe?

By safe, we mean that people are protected from abuse * and avoidable harm

*** People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse**

- Care was provided in a clean, hygienic and comfortable environment.
- Safety had been considered to reflect the needs of patients.
- Individual risk assessments were in place and were followed.
- There were vacancies at the hospital but recruitment was on-going and safe staffing levels were being maintained. Most patients did not have activities or leave cancelled on the basis of staff shortages.
- Staff had a good understanding of safeguarding processes and how to raise alerts.
- Incidents were reported, and information and feedback following incidents was shared through the hospital.

Safe and clean environment

- The layout did allow staff to observe all parts of the hospital. However, there was one female patient situated in the male ward. This was care planned for this particular patient because they had not settled in the female ward and could be easily observed from the nurses' station in the room she was placed. We found that there were ligature risks in this patient's room on the window and wardrobe. We were assured by the manager and the divisional director that these would be remedied.
- We observed that there was a key pad entry and exit system to and from wards. Staff told us that the patients had the code. However, we observed that given the nature of the some of the patient's illnesses, for example, dementia, meant that sometimes patients did not remember the code. We observed a patient requesting the code from a member of staff to gain access to another part of the ward. The manager told us they would remove the keypad security so that patients could move freely about the ward.
- At our last inspection we identified that there were ligature risks. Since then there were ligature audits completed and a policy developed. All staff spoken with were clear about assessment procedures, planning and observations for patients with any identified risks. Staff had a daily morning meeting to discuss any incidents and review patient care.
- The hospital was mixed sex accommodation, however there were separate male and female bedroom corridors and lounges.
- We saw that the clinic room was clean, tidy and organised. Records evidenced clear reconciliation. Fridges were clearly recorded without gaps and within range. We saw that monthly medication audits were completed and accurately recorded.
- There were infection control posters, policies and procedures in clear view in the clinic room. Staff were observed to follow good infection control, for example, washing their hands at appropriate times.
- The emergency bag was available and accessible.
- There was no seclusion room, we found no evidence that patients were secluded or segregated from other patients and staff.
- There was a house keeper employed full time. Housekeeping was observed seven days a week, with three full time domestics and one part time. We observed that audits were kept, incidents were reported and recorded and inductions for staff completed. Training for staff included infection control and break away techniques. The housekeeper completed six to eight weekly supervisions with domestic staff. The hospital was observed to be clean and tidy.
- There was an identified first aider with a poster on the wall indicating who the first aider was. There was a first aid policy and first aid boxes accessible to staff.
- All staff were trained in fire safety and there were policies and fire safety audits available.

Safe staffing

- At the time of inspection there were 11 patients. The manager told us that during the day there were usually two qualified nurses and four support workers. At night there was one qualified member of staff and at the time of inspection there were five support workers, however there were normally only four support workers. An additional support worker was employed to support a patient who required one to one.
- The hospital had a locum Occupational Therapist (OT) who had only been in post for one week. There was also an OT assistant. The hospital had asked the OT to review

occupational therapy. They had put forward a range of recommendations which the manager told us they would action. For example, they recommended Tai Chi and pet therapy and both were due to start the following week.

- The interim manager and divisional director told us that they had not recruited to the substantive manager post. However, they were continuing a recruitment campaign to find the right person. They told us that there would be a significant induction and that the interim manager would mentor and continue to have input. The hospital employed a nurse prescriber from one of their other hospitals to support the hospital to develop good governance, for example, regular and relevant audits.
- We observed staff with patients on the ward, in the lounge and in the garden. Three members of qualified and unqualified staff interviewed told us that the staffing levels were safe.
- The staff interviewed told us that they occasionally had to cancel leave for patients due to staff sickness.

Assessing and managing risk to patients and staff

- Six patients told us they felt safe at the hospital.
- The hospital had key pads for security and safety of patients.
- Keys were observed to be firmly attached to staff when on duty and staff had personal alarms to ensure their safety.
- Risk assessments were completed for all patients. Staff were MAPA (management of actual or potential aggression) trained and used de-escalation techniques where possible.
- Staff interviewed told us that restraint was rarely used and any incidents would be recorded in the daily log and incident reports completed.
- All staff told us that they were aware of safeguarding procedures, identifying abuse and reporting.
- Staff told us they used risk assessments and care plans that involved appropriate professionals to manage risk to patients. For example, one member of staff told us that a patient was at risk of choking. The patient had clear risk management plans to instruct staff on how to care for them. The Speech and Language Therapist was involved to outline procedures for managing the risk of choking and the plan was reviewed regularly.
- We saw evidence of risk assessments and risk management plans. In one file a risk assessment was completed on the 24 May 2015 stating the patient had a history of suicide attempts. It stated the patient did not currently express suicidal ideas. However, their risk assessment had not been reviewed since to ensure there continued to be no risk.

Track record on safety

- There were no on-going safeguarding investigations for the hospital.

Reporting incidents and learning from when things go wrong

- All staff told us they knew how to report incidents, what needed to be reported, who to report to and that a de-brief took place after serious events.

Are services effective?

Our findings

Is Forest Hospital effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- All patients notes inspected included a risk assessment on admission and risk management planning took place within 72 hours of admission. Pre-assessment risk planning also took place to inform planning.
- Patient notes were contemporaneous. Patients were immediately informed of their rights on admission and given information about their advocacy service.
- There was a cohesive multi-disciplinary team. Handovers were observed to be attended by all staff on duty where discussions took place about what was happening on the ward. They clearly demonstrated day to day knowledge sharing and good practice that would support good rehabilitation for patients.

Assessment of needs and planning of care

- We looked at five care records and observed there were a wide range of care plans in place for patients. They were specific to the assessed needs of the individual patients.
- There was evidence that care plans were reviewed. We also saw capacity assessments were decision specific. In one file we observed the patient had capacity assessments attached to all of their care plans.
- In all files there was a completed document called 'this is me' (produced by the Alzheimer's Society). This document included a photo of the patient together with important information about the patient such as family, likes, hobbies and food.

Best practice in treatment and care

- Records showed patients had a physical health examination on admission. There was evidence of on-going physical care.
- We found reference to NICE (National Institute for Health and Care Excellence) guidelines and its use.
- Other agencies and professionals, for example, Huntingdon Chorea's Nurses and the Parkinson's Team within general hospitals, were included in care plans and management to support rehabilitation.

Skilled staff to deliver care

- The manager told us a doctor worked at the hospital two days a week. There was a psychologist and occupational therapist and they were interviewing for a clinical lead internally the following week.
- There was a Mental Health Act Administrator on site.
- The hospital had an occupational therapist reviewing the activities and resource requirements.
- A pharmacist was available and we saw evidence of regular medicines audits and action taken to make improvements.
- We saw evidence of training, supervision and appraisal for all staff.
- One staff told us that Barchester were good with training and offered nurse specific training and advancement including the opportunity to do nurse prescribing.
- We spoke with all staff about supervision. The manager informed us that he had completed 80% of staff supervisions and other staff were booked in to receive this.
- All staff interviewed told us they had an appraisal or had one booked.
- Two members of staff told us they did not always get time off the ward to do their training.

Multi-disciplinary and inter-agency team work

- Multi-Disciplinary Team (MDT) meetings happened once a week and included a doctor, the staff team and psychologist when they were able to. There was evidence to support learning from discussions with the MDT were shared with the rest of the team. Handovers were also completed. One member of staff told us that they had not attended an MDT but they were provided with written feedback and had discussions during handovers.
- Care programme approach reviews were evident in the files we looked. Family, community teams and commissioners attended these.
- There was evidence of occupational therapy assessments including a timetable detailing the type of activity and what the patient felt about the activity. The most recent timetable was dated 25 May 2015.
- In all the files we saw that patients were registered with their local GP. Staff told us the GP visited the hospital every week. We saw evidence that physical health care checks were completed.

Adherence to the MHA and the MHA Code of Practice

Are services effective?

- Approved Mental Health practitioner (AMHP) reports were not available. This was highlighted to the MHA administrator on the day.
- We looked at five patients records relating to their Mental Health Act (MHA) paperwork. We found that this was in good order and patients section 17 leave was up to date.
- In the files we looked at there was evidence of Mental Health Act tribunals and managers hearings taking place. Reports of these were in the files. In one file we saw a statement of capacity completed by the Responsible Clinician regarding legal representation prior to a tribunal.
- There was a MHA administrator on site. We observed there were good systems and processes in place to support staff in adhering to the MHA and MHA Code of Practice.
- All three care records observed clearly indicated that patient rights had been explained and reviewed on a monthly basis. We saw that the information was provided in an appropriate and accessible format.
- There was evidence in patients files that they were made aware of Independent Mental Health Advocacy (IMHA) services. In two of the three files, referrals had been made to IMHA services.
- We saw evidence of a range of policies available to staff, for example, 'informing patients of their rights under Section 132, 132A and 130D of the Mental Health Act (1983)' and 'the rights of patients under the Mental Health Act'.
- In one file a Section 61 “review of treatment” report had not been submitted to the Care Quality Commission (CQC). Section 61 of the MHA requires that, where a patient has received treatment certified by a Second Opinion Appointed Doctor under Section 58, a report on the treatment and the patient's condition must be given to the CQC by the approved clinician in charge of the patient's treatment. These reports are required generally when a patient's detention is renewed following a second opinion or when the CQC requires one. We spoke with the MHA administrator about this and saw evidence that the report would be completed and submitted on the 25 June 2015.
- Leave from the hospital for patients who were detained under the MHA was authorised through a standardised system. This included the conditions, the start and expiration date and purpose of leave. Leave specific risk assessments were completed. It was unclear if the patients and their carers had received a copy of the leave forms as this was not completed on the appropriate area on the form.
- The outcome of leave was recorded on a specific form. This included the views of staff about how the leave went. However, the patients views were not recorded.

Good practice in applying the MCA.

- There were policies available to inform good practice, for example, 'The Mental Capacity Act Implementation'.
- We saw evidence of the responsible clinician’s assessment of capacity at the most recent authorisation of medication. This was recorded on a “functional assessment of capacity” form for each patient.
- We saw capacity assessments were decision specific. In one file a patient had capacity assessments attached to all their care plans.

Are services caring?

Our findings

Is Forest Hospital caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

- We identified that patients and their families and carers were involved in their care and care planning.
- We observed some good interaction and communication between some staff and patients.
- We completed a Short Observational Framework (SOFI) to capture the experiences of patients who may not be able to express this for themselves. There were two patients and three staff observed during a baking session. There was good interaction between staff and patients. Staff were seen to empower and enable patients.

Kindness, dignity, respect and support

- We observed that all patients were clean, tidy and well kempt.
- The environment was well maintained, clean, decorated and furnished to a very high standard.
- We observed staff knocked on bedroom doors before entering. All patients interviewed told us that they felt the staff respected them.

The involvement of people in the care they receive

- All care records looked at had evidence of patient's views and participation. They were specific to the assessed needs of the individual patients. Care plans were reviewed.
- A female patient was accommodated in the male corridor. We did not find a care plan for this. The manager explained why the patient was there and told us that their care plan would be updated.
- In all of the files there was a completed document called “This is me” (produced by the Alzheimer’s society). This document included a photo of the patient together with important information about the patient such as family, likes, hobbies and food.

Are services responsive?

Our findings

Is Forest Hospital responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- There was a complaints policy and system in place to support complaints and respond to them.
- We observed a suggestions box at the entrance to the ward.
- There were facilities available to patients to promote recovery, for example, fully equipped kitchens, and we observed baking as an activity.
- There were activity boards and recommendations for specific activities to promote well being by the occupational therapist, for example, using a variety of communication aids.
- There was a visiting policy for friends and family and this was child specific. There was a family friendly area in the hospital including a well equipped café style lounge.
- All staff interviewed told us that section 17 leave was rarely cancelled and reported one recent occasion due to staff sickness.

Access and discharge

- The manager told us that the pathway for patients was a step down approach to care homes and that most patients were placed there from other areas. There had been no recent discharges. One patient had been taken off a section under the MHA 1983. Best interest meetings that related to patient's discharge plans were recorded.

The facilities promote recovery, comfort, dignity and confidentiality

- One patient told us they were extremely fond of classical music and also that the occupational therapist led a sing-along session. All patients told us there were a range of activities.
- One patient was observed making their own snacks in the kitchen. There were a range of snacks and food on the shelves in the kitchen.
- All patients told us their family could visit when they liked and one patient told us they visited their family whenever they liked.
- There was a visiting policy in place for families and children.
- All patients interviewed told us they were happy with the food choices.
- There were separate lounge areas for men and women but we also observed patients mixed together in communal areas.
- We observed one patient sitting in the garden and they told us that they could go out when they liked. They told us they had a whiteboard in their room to inform them when they preferred to have a cigarette. However, we saw this was not up to date.
- Bedrooms were found to be clean, tidy and contained patients' personal belongings.
- There were family rooms, a lounge area in the reception and a fully equipped café style lounge for all to use.
- Family rooms were also used to facilitate prayers if needed.
- We observed an equality and diversity board.

Listening to and learning from concerns and complaints

- All patients told us they knew how to complain and they would if they had to.
- There was a complaints policy. There was a folder of complaints however it was not up to date.
- There were patient meetings and minutes were kept of these. They were attended by three patients, an occupational therapist and an occupational therapist assistant. Menus, housekeeping and activities were discussed.
- Posters were displayed advertising Independent Mental Health Advocacy (IMHA) services, whistle blowing and complaints policies.
- Staff attended a daily meeting to discuss any concerns. We observed this meeting and there were clear points raised and plans of action.

Are services well-led?

Our findings

Is Forest Hospital well – led?

- We found a commitment to the vision of the hospital.
- The right candidate to manage the hospital was being sought using the recruitment process. The divisional director assured us that there would be a thorough handover and on-going mentorship for the new manager when the interim manager leaves.
- There were regular audits which were, recorded and reviewed and a consistent commitment to ensuring good practice. For example, an administration of medicines audit on 13 March which was then reviewed again on 27 March 2015. Areas for improvement were identified and recommendations followed and recorded.
- The manager told us that they were interviewing the following week for a nurse lead from within the current team to encourage better leadership and good practice.
- There was a staff appraisal and supervision system.

Vision and values

- The manager told us that they had 'mock CQC visits' with all staff within the hospital to keep the team focussed on improving and developing.
- There were daily staff briefings to share concerns and planning.

Good governance

- There was a governance framework.
- There were a wide range of audits and monitoring systems. There was evidence of learning and action taken following requirements and recommendations.
- The records were organised and there were policies and procedures to hand, for example, the clinic had medicines management policy and audit information on the shelf.

Leadership, morale and staff engagement

- The manager acknowledged that staff felt insecure about the future of the hospital following our last inspection and that he had an open door policy.
- Staff told us that improvements had been made.
- Regular supervision had been received by all staff.
- Three staff spoken with said they felt happy in their job, however, it was acknowledged that there was a level of insecurity due to changes in staffing and the self imposed embargo on new admissions.
- One of the three members of staff told us they did not feel safe to raise concerns for fear of victimisation.

Commitment to quality improvement and innovation

- A clear commitment to quality and improvement was observed throughout the inspection and since the last inspection. For example, a clinical governance structure and regular audits had been implemented and changes were made to the way the hospital was managed.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

The provider should ensure that improvements made since our last inspection are continued and embedded within the service.

The provider should ensure that the keypad security is removed so that all patients can move freely around the ward.

The provider should ensure that patient's care plans are updated when the patient's needs or care and treatment changes.

The provider should ensure that patient's views about their authorised leave are recorded.

The provider should ensure that Approved Mental Health Practitioner (AMHP) reports are available.

The provider should ensure that the complaints folder is up to date.