

St Mary's 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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Overall summary

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

We undertook an unannounced focused inspection to review two requirement notices we issued following our last comprehensive inspection in January 2016. We published our inspection report in May 2016. The requirement notices related to the responsive key question, which we rated as requires improvement due to breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found breaches of regulation 9, person centred care and regulation 18, staffing. The provider submitted an action plan to outline how they would meet the required improvements.

We inspected St Mary's Hospital on 1 November 2016 to see if these improvements had been made. We also asked two key questions within the safe domain in relation to safe and clean environment and managing and assessing risk. We did this after we received some information about the hospital. We visited all five wards at the hospital. We found areas of good practice:

- The wards were clean tidy and there was ongoing maintenance work to ensure the buildings were adequately maintained. The hospital had systems and processes in place to ensure there was ongoing monitoring of the cleanliness of the hospital.
- There were adequate numbers of staff who were trained in basic and immediate life support across the hospital. This meant trained staff could respond and act in a medical emergency. The hospital had a clear policy in place for safe and supportive observations of patients. Staff followed the policy and governance audits took place to monitor staff compliance with the policy.
- The hospital had clear medicines management procedures in place. Staff had received refresher training in the administration of medication, and regular prescription chart audits were taking place.

- Staff were knowledgeable about safeguarding and were able to demonstrate the strategies used to safeguard patients and this was evidenced in care records.
- A weekly referrals meeting took place that assessed the suitability of all referrals and assessments. The hospital ran a permitted earnings scheme, where patients could apply for roles within the hospital and be paid for their services.
- Patients had access to a private pay phone, hot and cold drinks throughout the day and were able to personalise their bedrooms. The wards had streamlined the information displayed making it more accessible for patients.
- There had been a significant improvement in how the deaf patients' communication needs were considered and met which was clearly documented in their care records. There was an increase in the number of staff trained in and receiving training in British sign language.
- The hospital managed complaints in line with the provider policy and patients knew how to raise a complaint. Staff received feedback on complaints through team meetings.

The provider had met the required improvements within six months from the date of the last report being published. This meant we were able to re-assess the responsive domain of the report to a rating of good.

This did not affect the overall rating as this was already good.

However, we also found some areas for improvement:

- Patients told us there were not many diversionary activities that took place on the ward leaving them feeling bored.
- Patients had mixed views about the quality of the food they received.

Summary of findings

Contents

Summary of this inspection

| | Page |
|--|------|
| Background to St Mary's Hospital | 5 |
| Our inspection team | 5 |
| Why we carried out this inspection | 6 |
| How we carried out this inspection | 6 |
| What people who use the service say | 7 |
| The five questions we ask about services and what we found | 8 |

Detailed findings from this inspection

| | |
|-----------------------|----|
| Overview of ratings | 10 |
| Outstanding practice | 16 |
| Areas for improvement | 16 |

Good 

Location name here

Services we looked at:

Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults; Wards for people with learning disabilities or autism; and Services for people with acquired brain injury.

Summary of this inspection

Background to St Mary's Hospital

St Mary's Hospital based in Warrington provides specialist services for people with acquired brain injury and autistic spectrum conditions. It is part of the St George Care UK Limited, which also has two other locations within the North West.

St Mary's Hospital is a 58 bed hospital which has five wards:

Cavendish ward, an eight bed locked rehabilitation ward for males with an acquired brain injury, serving as a step down from low secure services.

Adams Ward, a 12 bed medium secure ward for men with an acquired brain injury with an additional four bed unit attached for people who are also hearing impaired.

Dalton ward, an 18 bed male low secure ward for people with an acquired brain injury.

Leo ward, an 11 bed locked ward for men with autistic spectrum disorder. Patients on the unit have a primary diagnosis of an autistic spectrum disorder often accompanied by co-morbid conditions and/or a history of challenging behaviour.

Hopkins ward, a four bed locked ward for females with autistic spectrum disorder. Patients on the unit have a primary diagnosis of an autistic spectrum disorder often accompanied by co-morbid conditions and/or a history of challenging behaviour.

There is a registered manager, accountable officer and nominated individual for this location.

The service is registered to provide the following regulated activities:

Assessment or medical treatment for persons detained under the Mental Health Act 1983 and treatment of disease disorder and injury.

NHS England and the North West specialist commissioners fund the care of patients in the medium and low secure wards. The local clinical commissioning group funds patients admitted to the non-secure services. St Mary's Hospital accepts referrals from across the United Kingdom and from Ireland.

We have inspected the location on two occasions; the last inspection being in January 2016. We rated St Mary's Hospital as good overall with requires improvement in the responsive domain. We rated responsive as requires improvement because:

- Information displayed on the wards was found to be lengthy, wordy and difficult to understand. This did not meet the needs of the patient group in the hospital.
- British Sign Language interpreters were not used on a day-to-day basis and the hospital did not have enough sufficiently skilled staff in British Sign Language to ensure that the deaf population were able to communicate in their preferred way.

We found that on this inspection, these improvements had been made.

Our inspection team

Team leader: Allison Mayoh, Inspector, Care Quality Commission.

The team that inspected the service was comprised of one CQC inspector and one inspection manager.

Summary of this inspection

Why we carried out this inspection

We undertook an unannounced focused inspection to find out whether St George Healthcare Group had made improvements to St Mary's Hospital since our last comprehensive inspection at the location on 5 January 2016.

When we last inspected the location in June 2016, we rated St Mary's Hospital as good overall. We rated St Mary's Hospital as good for the safe, effective, caring and well-led key questions. However, we rated the responsive key question as requires improvements.

Following this inspection we told the provider that it must take the following actions to improve St Mary's Hospital:

- The provider must consider how it will support the communication needs of the deaf population on Adams ward.
- The provider must consider the format in which information for patients is provided

We also told the provider that it should take the following actions to improve:

- The provider should ensure that staff have completed mandatory training.
- The provider should ensure additional training in acquired brain injury and autistic spectrum conditions is made available to staff to ensure the staff have the skills required to meet the needs of the patient population.

- The provider should ensure that staff are bare below the elbow including false nails when undertaking clinical practice.
- The provider should consider how to present the patient with their care plans and how this will be done in a format that is accessible to the patients communication needs.
- The provider should consider how it would improve the patient's experience of food they receive.
- The provider should ensure that disposable sharps boxes are correctly labelled when opened.
- The provider should ensure that there is clear documentation for how the decision is made that a patient lacks capacity.

We issued the provider with two requirement notices which represented improvements required at St Mary's Hospital which related to breaches in:

- Regulation 9, person centred care.
- Regulation 18, staffing.

We also asked St Mary's Hospital a number of questions around the safe domain in relation to safe and clean environment and managing and assessing risk. We did this after we received some information about the hospital.

How we carried out this inspection

On this focused inspection, we asked the following questions:

- Is it safe?
- Is it responsive to people's needs?

On this inspection, we also assessed whether the provider had made improvements to the specific concerns we identified during our last inspection.

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

During the inspection visit, the inspection team:

- visited all five wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 10 patients who were using the service
- spoke with the registered manager and managers or acting managers for four of the wards
- spoke with 10 other staff members; including nurses, rehabilitation co therapists, and a speech and language therapist
- attended and observed one multidisciplinary meeting
- looked at 12 care records of patients
- reviewed the prescription charts of 13 patients; and

Summary of this inspection

- 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 10 patients, three of whom were deaf. They told us:

- That the ward environments were safe, clean and well maintained.
- That staff supported them with their spiritual needs.
- That their complaints were listened to.
- That they were confident that staff would deal with any complaints or concerns that they had.
- That information given to them was in a format they could understand.
- That they could understand and communicate with those staff who used British sign language.
- That there were not enough diversionary activities available for them on the wards.
- Patients had mixed views about the quality of food they received, some thought the food was good others felt that this could be improved.

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 wards were clean tidy and there was ongoing maintenance work to ensure the buildings were adequately maintained.
- The hospital had systems and processes in place to ensure that infection prevention issues, cleaning and maintenance were monitored and outstanding concerns were actioned quickly.
- The hospital had adequate numbers of staff who were trained in basic and immediate life support across the hospital which ensured that staff could respond and act in a medical emergency.
- The hospital had a clear policy in place for safe and supportive observations. Staff were following this policy and governance audits took place to monitor staff compliance with the policy.
- The hospital had clear medicines management procedures in place. Staff had received refresher training in the administration of medication, and regular prescription chart audits were taking place.
- Staff were knowledgeable about safeguarding and the procedures in place for reporting their concerns. Staff were able to demonstrate the strategies used to safeguard patients and this was evidenced in care records.

Good



Are services effective?

We did not inspect this domain during this inspection.

This domain was rated as good at the previous inspection in January 2016.

Good



Are services caring?

We did not inspect this domain during this inspection.

This domain was rated as good at the previous inspection in January 2016

Good



Are services responsive?

We rated responsive as good because:

- The wards had streamlined the information displayed making it more accessible for patients.
- There had been a significant improvement in how the deaf patients' communication needs were considered and met.
- There was an increase in the number of staff trained and receiving training in British sign language.

Good



Summary of this inspection

- The hospital held a weekly referrals meeting that assessed the suitability of all referrals and assessments.
- The hospital ran a permitted earnings scheme, where patients could apply for roles within the hospital and be paid for their services.
- Patients had access to a private pay phone, hot and cold drinks throughout the day and were able to personalise their bedrooms.
- Complaints were managed in line with the provider policy and patients knew how to complain. Staff received feedback on complaints through team meetings.

However;

- Patients told us there was not a lot of diversionary activities that took place on the ward leaving them feeling bored.
- Patients had mixed views about the quality of the food they received.

Are services well-led?

We did not inspect this domain during this inspection.

This domain was rated as good at the previous inspection in January 2016.

Good



Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|------|-----------|--------|------------|----------|---------|
| Services for people with acquired brain injury | Good | Good | Good | Good | Good | Good |
| Overall | Good | Good | Good | Good | Good | Good |

Services for people with acquired brain injury

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

Are services for people with acquired brain injury safe?

Good 

Safe and clean environment

During this inspection, we checked that all ward areas were clean and well maintained, with up to date cleaning records. We toured all five wards and found a refurbishment program was under way to update the environment and the kitchens on each ward. Some wards such as Dalston ward had already undergone redecoration and refurbishment.

We saw all wards were clean, tidy, and some wards were freshly painted. Others appeared tired in the decoration but all appeared to be well maintained. We reviewed the annual infection control audits that took place in September 2016. The provider set a minimum standard for the each ward to be 85% compliant with this audit. All wards with the exception of Leo, Hopkins and Adams ward had met this standard. St Mary's Hospital had already identified and acted on the issues on Leo and Hopkins ward prior to this audit. It was evident on the day of inspection that some of the maintenance works identified had been completed.

The registered manager, alongside the senior management team, had implemented a weekly ward manager check of the environment, which included both cleanliness and maintenance. We reviewed the checks completed for October 2016 for all five wards. These identified actions to be taken by the staff or the housekeeping team. This

showed that staff identified any environmental concerns quickly. We did not find any recurring themes in the checks or actions that had not been taken or were awaiting completion through the maintenance programme.

Cleaning schedules were in place for each ward. A lead housekeeper was employed to ensure standards were in place. The provider had increased the number housekeepers by a further two posts and are reviewing the introduction of a 7day rota for housekeeping staff. Overall, we found the standard of cleanliness and maintenance on the ward to be of a good standard and St Mary's Hospital had addressed any identified issues in a responsive manner. There were also clear processes in place to maintain this on an ongoing basis.

Safe staffing

On this inspection, we asked St Mary's hospital to provide information relating to the number of staff who had completed basic and immediate life support mandatory training. The hospital reported 84% of staff across all the five wards had completed basic life support training and 95% of staff had completed immediate life support training. This meant staff were able to give life support to patients should there be a medical emergency.

Assessing and managing risk to patients and staff

During this inspection, we reviewed St Mary's use of safe and supportive observations of patients. The provider had a clear policy in place that explained what each level of observation consisted of, how patients should be supported, and the documentation that should be completed. We reviewed the documentation of three patients on enhanced observations across the hospital. We found the documentation to be completed with relevant information about the patient's presentation, and all

Services for people with acquired brain injury

documentation to be signed and dated as per the providers' policy. St Mary's Hospital had also conducted audits on each ward against their own observation policy for the period July 2016 to September 2016.

St Mary's Hospital continued to report high levels of safeguarding concerns to the Care Quality Commission through statutory notifications. These incidents were mostly low-level patient on patient clinical incidents, which did not meet the local authority safeguarding process threshold. However, we reviewed two incidents of safeguarding that had been reported to the CQC to ensure that measures had been taken to reduce the risk of these incidents reoccurring. We found staff knowledgeable about the safeguarding procedures in place. Staff could identify the lead person for both child and adult safeguarding at the hospital. We found that in the two records we reviewed where safeguarding incidents had been reported there were clear risk management plans and care plans in place to manage safeguarding or risk concerns. St Mary's Hospital continued to have good links with the local safeguarding team.

We reviewed 13 prescription charts. We found that these were in line with prescribing guidelines of the British National Formulary. Prescription charts contained names, dates of birth, and allergy information in line with best practice guidance.

From July 2016 to September 2016, there were 49 medication errors reported at St Mary's Hospital with Dalston ward having the highest number of medication incidents at 19. On reviewing the medication incidents, we found that there were a number of duplicated incidents therefore there were only 42 medication incidents over that period. The category of incidents were:

- Supplying – 11 incidents
- Administration – 28 incidents
- Prescribing – three incidents

These incidents ranged from staff not signing for given medication, staff giving too much or too little medication, or issues with the supply chain with the local pharmacy and GP. The provider made us aware that the number incidents had been recognised and had been placed on the risk register. Work had been completed around communication with the GP and local pharmacy around the supply issues. The local pharmacy had also completed training for all staff in relation to administration medication incidents. Most

staff had been retrained at the time of the inspection. The Hospital also undertook a full prescription chart audit in September 2016; the provider set the compliance rate for this audit at 85%. All wards met 85% except for Cavendish who achieved 79% and had an action plan in place for identified areas of improvement.

Are services for people with acquired brain injury effective? (for example, treatment is effective)

Good 

We did not inspect this domain during this inspection. This domain was rated as good in the previous inspection in January 2016.

Are services for people with acquired brain injury caring?

Good 

We did not inspect this domain during this inspection. This domain was rated as good in the previous inspection in January 2016

Are services for people with acquired brain injury responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

The hospital offered medium and low secure and locked rehabilitation services and accepted referrals from a national catchment area. The hospital did not accept emergency admissions. The hospital assessed and pre planned all admissions. However, if beds were available admission could happen quickly.

Referrals for patients requiring secure care were received from NHS England. For those who were requiring locked rehabilitation, referrals were received from locality teams

Services for people with acquired brain injury

around the country. All referrals were discussed at a weekly referrals meeting. This was followed by an assessment from a responsible clinician and nurse from an identified ward. All assessments that were completed were discussed in the weekly referrals meeting to look at the person's suitability for admission.

The average length of stay for each area was:

- Adams ward – 988 days
- Adams ward deaf unit – 342 days
- Leo ward – 606 days
- Hopkins ward – 778 days
- Dalston ward – 1098 days
- Cavendish ward – 744 days

Patients were not moved between the wards as routine but could be stepped down to low secure or to the locked rehabilitation services. However, this needed discussion with the patient's locality team usually through the care programme approach process and also funding agreed through NHS England or locality Clinical Commissioning Groups.

There were seven delayed discharges across the hospital at the time of the inspection. Delays that occurred were due to difficulties in finding placements for patients who were ready to be discharged from the hospital. This was due to the complexity of needs of the patient groups, particularly around finding placements that were able to manage individual's long-term when their presentation included behaviour other than challenging or where they had complex physical health care needs.

The facilities promote recovery, comfort, dignity and confidentiality

Each ward differed in its design; all wards were single sex. There were clinic rooms in each ward area that were spacious and contained enough equipment to carry out routine physical examinations. However, there were no examination couches in these areas and any examination that required patients to lie down was conducted in the patients' bedrooms.

Each ward had quiet areas or areas where patients could spend some time. There were off the ward facilities such as a gym, café, and therapy centre. Each ward had an off the ward visiting area for patients to meet with their visitors in private, which was accessible from the ward area.

The hospital offered a permitted earnings scheme to patients over a 12-week period. Patients who were interested in an advertised job role completed an application form and then the therapy team, alongside the multidisciplinary team, considered whether they should take on the role. The jobs available included assisting in the tuck shop and cleaning the outside quad area. The roles varied in the length of time and the number of days patients would be expected to complete their role, and patients were paid money for completing their tasks.

There was a payphone in a private space on each ward. The deaf patients on Adams ward had access to their mobile phones so they could use video, text messaging and emails to communicate with others.

Patients had access to hot and cold drinks 24 hours a day on all the wards, and snacks were available on request. Patients were able to personalise their bedrooms. Patients were risk assessed to allow them to have access to televisions, DVD players and other electrical equipment in their rooms.

Patients we spoke with told us they felt bored on the ward the majority of the time because there were not many diversionary activities taking place. We reviewed individual activity planners and saw that all patients had activities in place, which included groups, diversionary activity and therapy team run groups. Ward activity schedules were displayed on all the wards, which included all the activities available that week. Community meetings and patient forum minutes we reviewed showed that patients were asked about their preferences for groups and their ideas about what they would like to do in the future. We also saw that they contained information about groups that had taken place such as football tournaments, Halloween competitions, and a bake off. The hospital completed an outcome tool for each patient receiving 25 hours' worth of meaningful activity. All patients with the exception of where there were clinical reasons met the standard of 25 hours of activity.

Meeting the needs of all people who use the service

All wards had door spaces that would allow access for those requiring disabled access, and en suites had wet rooms. Dalston and Adams ward were based on the first

Services for people with acquired brain injury

floor of the building and lifts were available for those unable to use the stairs. All patients who resided on the first floor had a personal emergency evacuation plan tailored to meet their individual needs.

During our previous inspection in January 2016, we found all the wards had information displayed that was lengthy, wordy and difficult to follow, which did not meet the needs of the patient group.

During the recent inspection, we found the information displayed on all the wards had been streamlined. Information displayed was organised onto different boards and it was clear what was presented on each board and in easier to read formats. For example, ward activities, patient information, and infection control. The registered manager told us that an accessible information group had been set up following our previous inspection. This was led by the speech and language therapist and included the hospital manager and patient representatives. This group reviewed all information boards across the hospital, streamlined the information and produced easy read or widget versions of the information. There was a clear remit of the group to review all information before it was agreed that it would be displayed on the wards.

All the patients we spoke with told us that the information displayed and that they received was in an understandable format. We found that for the deaf patients information was offered in pictorial format where patients had agreed that this was a preferable form of communication. Overall, we found that there had been a significant improvement in the information displayed and given to patients. We found that there were also ongoing processes in place to ensure that this was continued and reviewed regularly.

During our previous inspection in January 2016, we found that staff were not sufficiently trained in British sign language to a standard that would allow fluent conversation and British sign language interpreters were not used on a daily basis. Patients told us that they did not feel that their communication needs were met.

During our recent inspection we spoke with two of the four deaf patients on Adams deaf unit, the other two patients declined to speak with us. They told us 'some staff sign, some don't' that there was only an interpreter on the ward one day per week, on a Tuesday. They said they could understand the staff if they were able to sign. We reviewed

the interpreter booking and attendance information that was held by the hospital. From August 2016 to October 2016, the hospital employed a British sign language interpreter for 195 hours during that period.

We asked the provider for information on staff trained in British sign language. We found that there was an increase in the number of staff who were trained or completing training in British sign language. On Adams ward eight staff had completed level one training, with a further four more in training. Two staff had completed level two training with eight staff completing the training, five staff were completing level three training and a further three staff were completing higher education. Further staff across the hospital had also completed varying degrees of training.

We reviewed two care plans of deaf patients and found that there were communication plans in place. These identified preferred methods of communication for both patients including whether they wish to have information in pictorial format. We observed during our tour of the ward that there were positive interactions with the deaf patients and effective two-way communication took place. However, the majority of staff were not trained in higher levels of British sign language this would mean that staff would not be able to engage in more detailed and complex conversations with patients.

A specialist deaf multidisciplinary team provided support to deaf patients. During our inspection, we observed one patient's multidisciplinary meeting. The nurse and the consultant used sign language to introduce themselves and there was an interpreter present who also interpreted the meeting for the patient.

There was a significant improvement in the hospitals efforts to improve communication with the deaf people on Adams ward. There were no direct concerns raised by the patients other than there were some staff that could and others could not sign. However, we saw that the hospital was working towards ensuring that staff were trained in British sign language and that there was training available at the higher levels. Care plans showed different methods of communication were considered. This included different styles of British sign language.

The food menu was based on a four-week rota. Patients were able to choose at the start of each week what meals they would like for that week. We were told as there was in house catering and that all food was freshly cooked, this

Services for people with acquired brain injury

was to allow the ingredients to be bought for that week. We were told that there was an option that if patients changed their mind that catering could be contacted and the meal option changed. The patients we spoke with gave mixed views about the food. Some patients told us that the food had improved or that it was 'great'. All patients told us there was a variety and choice available for them to choose from. Others told us that the food was 'not too bad' and 'sometime good sometimes bad'; we had two reports of the food not being at the right temperature when it was served. On reviewing, the complaints for the period April 2016 to October 2016 there had been three complaints about food. All three complaints related to portion size and two of the three complaints said the food was cold. We saw that the catering manager attended patient forums to receive feedback and provide updates to patients. In the October staff meeting on Adams ward it was highlighted that patients had complained about the food being cold. The staff were aware of the issues regarding a broken hot lock trolley which delivered the meals to the ward and this was under repair.

The hospital supported patients to attend their preferred place of worship, there was also a chaplain that visited the unit on a sessional basis. Those patients we spoke with that identified that they were religious told us that the hospital supported their spiritual needs.

Listening to and learning from concerns and complaints

All the wards had compliments and complaints boxes in the day areas that were emptied each day. The hospital

had a good complaints procedure in place, where the patient safety and quality manager dealt with any complaints. Patients would be spoken with following making a complaint and written to within 48 hours to acknowledge their complaint. The complaint would be investigated and completed within 20 working days.

St Mary's Hospital received 22 complaints during the period April 2016 to September 2016. Dalston ward received the highest number of complaints with 10 and Adams ward received the lowest number of complaints with one. Out of the 22 complaints four complaints were fully upheld, 12 were partially upheld and six were not upheld.

All the patients we spoke with told us they knew how to make a complaint and the majority of the patients told us that they were confident their issues would be fully investigated. Staff were aware of the complaints procedure and what to do should they receive a complaint. Staff we spoke to said that they received feedback on complaints either individually through supervision or through team meetings.

Are services for people with acquired brain injury well-led?

Good 

We did not inspect this domain during this inspection. The domain was rated as good in the previous inspection in January 2016.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that it continues to work with patients to improve their experience of the food they receive.
- The provider should consider how it will work with patients to improve the diversionary activities on the wards
- The provider should continue to support all staff in completing training in British sign language.