

Arbour Lodge Independent Hospital

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Requires improvement



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.

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 Arbour Lodge independent hospital as good because

There has been continued progress and improvement over time in this hospital.

Staff working within the service were aware of the risks presented by the environment. They completed individualised patient risk assessments. Staff were up to date with mandatory training, including life support training.

Staff within the service completed careplans which were individualised and they reviewed these regularly. Staff were regularly supervised and appraised. There was good knowledge and application of the Mental Health Act and Mental Capacity Act.

Patients and carers fed back positively about their care and treatment and short observational framework observations were used to record positive and caring interactions.

The service had incorporated elements of a dementia friendly service and all staff had received training in dementia. Occupational therapy staff organised a range of activity including art based activity, practical sessions such as gardening and exercise based activities. There were also regular community activities planned including trips to local museums, parks and garden centres.

However, there were concerns about falls risks not being addressed effectively. Moving and handling assessments were not sufficiently detailed to offer practical guidance to staff. Two patients had plans for repositioning if they were sat for extended periods, but there were no charts in use to show when this had happened.

Summary of findings

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Good



Arbour Lodge Independent Hospital

Services we looked at

Wards for older people with mental health problems

Summary of this inspection

Background to Arbour Lodge Independent Hospital

Arbour Lodge Independent Hospital is run by Barchester Healthcare Homes Limited. It is a hospital that provides 24-hour support, seven days a week, for up to 13 patients with organic and/or functional mental health problems. The focus is providing support to people whose behaviour may challenge. The service is for men aged 50 years old and above. At the time of this inspection, there were 13 patients living at the hospital.

The hospital was registered in May 2011. The regulated activities at Arbour Lodge Independent Hospital are assessment or medical treatment for persons detained under the Mental Health Act 1983; diagnostic and screening procedures, treatment of disease, disorder or injury, nursing care and personal care.

A registered manager was in post. The registered manager was also the controlled drugs accountable officer.

There have been seven previous inspections carried out at this service.

An inspection was undertaken in March 2017 and three requirement notices were issued for breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were regulation 9 relating to person centred care, regulation 13 Safeguarding service users from abuse and improper treatment and regulation 17 Good governance.

The provider had submitted an action plan to CQC outlining the actions they would take. At this inspection, these notices were all reviewed and the notices had been met.

Our inspection team

The team that inspected the service comprised two CQC inspectors, an assistant inspector and a specialist advisor who was an occupational therapist.

Why we carried out this inspection

This was an announced comprehensive inspection.

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 service.

During the inspection visit, the inspection team:

- toured the hospital and looked at the quality of the ward environment
- spoke with the hospital director and divisional director with responsibility for the service
- spoke with 13 staff members, including nurses, support workers, occupational therapist and occupational therapy assistant, the doctor and the mental health act administrator.
- spoke with three service users

Summary of this inspection

- spoke with six carers
- spoke with one care manager
- undertook two short observations using the short observation framework for inspection tool
- looked at six care records of patients
- attended the multidisciplinary team meeting
- carried out a specific check of the medication management and reviewed five prescription charts
- scrutinised two personnel records
- examined the observation prescriptions, observation records, allocations and staff duty rota
- requested feed back from the advocacy service
- checked complaint files and records 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 three patients. There was positive feedback about the environment, including cleanliness and furnishings. Patients were keen to plan further community activities and there was some frustration about the lack of drivers for a minibus that the service had. Patients fed back positively about staff, commenting that staff were helpful and caring.

We spoke to five carers. Carers spoke highly of nursing staff, the occupational therapist and the service manager saying they were kind and encouraging towards patients. They were positive about being able to visit throughout the day and being made to feel welcome when they

visited. Carers told us they knew how to complain if they needed to. Carers were aware of care plans and described being involved in these. Carers were able to be involved in leave and accompanying their loved ones on community leave. Some carers were in the process of planning the feasibility of home visits.

The care co-ordinator from the local health trust where some patients were funded from attended the hospital for many multidisciplinary reviews and care programme approach meetings. They gave positive feedback on the relationship with the hospital and working with nursing staff, the manager and the doctor.

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 requires improvement because:

- Moving and handling assessments and care plans were not completed for all patients who required these.
- Falls care plans were not completed for all patients who required these.
- Two patients had plans for repositioning if they were sat for extended periods, but there were no charts in use to show when this had happened.

However

- There were sufficient staff working within the service.
- Staff were up to date with mandatory training.
- Staff completed a risk assessment tool that was appropriate for the patient group, the galatean risk screening tool for older adults. This was reviewed regularly and updated when needed.

Requires improvement



Are services effective?

We rated effective as good because:

- Patient care plans were individualised and reviewed regularly.
- There was evidence of ongoing physical healthcare and monitoring by nursing and medical staff.
- Staff followed NICE guidance in terms of medication choices and monitoring.
- All staff within the service had completed dementia training.
- Staff were regularly supervised and appraised.
- A Mental Health Act administrator had been recruited to the service and they ensured that the act was followed in relation to renewals, consent to treatment and appeals against detention.
- All staff undertook Mental Health Act training and they understood how the Act applied to their role.
- There was a contracted independent advocacy service in place for patients.

Good



Are services caring?

We rated the service as good because

- We observed positive interactions using the short observation framework tool for inspection.

Good



Summary of this inspection

- There was good practice in patients being offered meal choices by showing the different choices well presented on plates so that patients could choose at the time of eating.
- Patients fed back positively about staff, commenting that staff were helpful and caring.
- Carers gave positive feedback about the service including staff, visiting and involvement in their relatives care.
- The mealtime experience meant mealtimes were relaxed and enjoyable.
- A patient's forum had been recently introduced and this was chaired by occupational therapy staff each month. The minutes were in an easy read format with large wording and pictures.

Are services responsive?

We rated responsive as good because:

- Patients were assessed by the service and admissions planned.
- Discharge planning was evident in patient's files and was discussed at review meetings with commissioners.
- The service had incorporated some elements of a dementia friendly environment.
- There was access to gardens for patients and carers with a range of seating areas.
- Patients had access to drinks and snacks from the kitchen. Fresh fruit was available in the lounge area.
- Occupational therapy staff organised a range of activity including art based activity, practical sessions such as gardening and exercise based activities. There were also regular community activities planned including trips to local museums, parks and garden centres.
- Patients and carers felt able to make complaints if they needed to.
- Staff were aware of the complaints policy and procedure and followed this.

Good



Are services well-led?

We rated well-led as good because:

- Staff knew the company vision and values and these were discussed in staff meetings.
- Staff knew the managers and senior managers responsible for the hospital.
- The service was managed well.
- Staff were aware of the providers whistleblowing policy. Staff said they felt able to raise concerns or suggestions for improvement.

Good



Summary of this inspection

- Staff described a good morale within the staff team and positive relationships with colleagues.
- The provider was running regular bi-annual conferences to share innovations and good practice across all its hospital services.

Detailed findings from this inspection

Mental Health Act responsibilities

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

A Mental Health Act administrator had been recruited to the service. They were being supported by the regional mental health act lead. They were available during the week to scrutinise detention papers prior to admission for patients. They also ensured that the Act was followed in relation to renewals, consent to treatment and appeals against detention.

A comprehensive audit had been completed several months before this inspection with all actions completed. Actions raised from a Mental Health Act monitoring visit earlier in the year had all been completed. Mental Health Act files were well organised and managed.

All staff undertook Mental Health Act training and at the time of inspection all staff had completed this. Staff understood how the Act applied to their role.

Forms authorising section 17 leave were in place for all patients and appropriately completed. This included space for staff to capture feedback following leave and any issues.

Consent to treatment forms were stored with medicines charts. We checked five charts and found the correct forms in place. The administrator ensured that treatment reviews were completed and sent to CQC when required.

Patients had their rights under the Act explained at admission and at appropriate intervals thereafter. We saw that staff would attempt to explain these more frequently for patients who needed assistance to understand or retain this information.

There was a contracted independent advocacy service in place for patients. The advocate visited when patients or staff requested they visit. A poster informing patients how to contact the advocate was displayed on the wall of the service.

Mental Capacity Act and Deprivation of Liberty Safeguards






All staff received training in the Mental Capacity Act and Deprivation of Liberty safeguards. At the time of inspection, all staff were up to date with the training.

Staff had completed decision specific capacity assessments and best interests' decisions where these

were needed. Carers and relatives were involved in these. These were reviewed as situations changed. We saw one capacity assessment with incorrect patient details on and this was immediately removed.

One patient had deprivation of liberty safeguards authorised and staff had been proactive in requesting this be extended due to difficulties in finding suitable discharge accommodation.

Wards for older people with mental health problems

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are wards for older people with mental health problems safe?

Requires improvement 

Safe and clean environment

The hospital was a one storey building with two bedroom corridors leading off a large, open plan lounge and dining area. The hospital had been recently decorated and the fixtures and fittings were of a good quality and in good condition. Whilst the layout did not allow staff good observation from the nursing office, there was good observation of the main corridors from the communal lounge and staff used individual observation levels to ensure patient's safety.

There were ligature points on the ward; ligature points are places where patients intent on self-harm could tie something. In this type of setting, there are also risks associated with patients becoming inadvertently tangled. The registered manager completed audits every six months. The most recent audit identified all risks and staff were aware of ligature points throughout the hospital and mitigation for these.

The service complied with guidance on same sex accommodation and was for men only.

The service had an equipped clinic room. The room was fitted with air conditioning to ensure medicines were stored at correct temperatures. Resuscitation equipment was stored in the nurse office to ensure it was accessible in an emergency. Nurses checked the equipment on a weekly basis.

There was no seclusion facility at this hospital and no use of seclusion or long-term segregation.

Staff were trained in infection control. There was suitable equipment available in areas of the hospital where staff needed this, including aprons and gloves.

The hospital was clean and tidy. A domestic worked each day and cleaning schedules were up to date. One bedroom had a strong odour and the provider was addressing the likely cause being related to damage to the floor and wardrobe and these needing replacement. There were two crash mats in use which were ripped which may pose an infection risk.

Staff carried personal alarms and there were call buttons throughout the service including in all patient bedrooms.

Safe staffing

There were sufficient staff working in the service to meet patients' needs and maintain their safety. There were seven qualified nurses working within the service, with one vacancy. There were nine support workers employed with one post vacant. Both posts were being recruited to.

Staff worked 12-hour shifts. Staffing establishment levels through the day were three support staff and one qualified nurse and at night were one qualified nurse with two support workers. During day shifts, the clinical lead nurse would provide support as an additional nurse. Rotas reviewed confirmed that the hospital maintained these staffing levels.

Between February – April 2018, there had been 133 shifts filled by bank and agency nurses. This had been to cover vacancies which were now recruited to and to cover increased observation levels. There had been no shifts unfilled.

Wards for older people with mental health problems

The manager ensured that agency staff were booked for repeat shifts were possible and that staff were familiar with the service. Agency staff completed an induction prior to starting work in the service.

There were enough staff so that patients could have regular one to one time with their named nurse.

Escorted leave or activities were not cancelled due to staff shortages. Additional staff were booked to ensure community leave went ahead.

Medical cover was provided by a consultant psychiatrist who attended the service for two half days per week. The GP attended the service each week. There was on call medical cover in place.

Staff had received mandatory training and the average mandatory training rate was 95%.

Assessing and managing risk to patients and staff

There had been eight occasions where restraint was used in the last six months. This had involved four different patients. There had been no use of prone restraint.

This service did not use seclusion or long term segregation.

The team reviewed six care records. Staff completed a risk assessment tool that was appropriate for the patient group, the galatean risk screening tool for older adults. This was reviewed regularly and updated when needed.

We reviewed falls risk assessments. Two falls risk assessments for patients had been incorrectly completed. One had been wrongly scored for gender initially and then at each review. This patient had also been scored positively for footwear whereas at inspection they were wearing badly fitting slippers, increasing the risk of falling. One had been incorrectly calculated for two reviews, meaning the patient was assessed as a lower risk than they were. Both these patients were assessed as high risk for further falls but only one patient had a care plan as per the provider policy. This was not sufficiently detailed and offered no practical guidance for staff if the patient were to fall what assistance was needed. Where incidents occurred, these were managed well by staff and incident reviews showed actions taken in relation to falls prevention.

We reviewed two moving and handling assessments. These were not sufficiently detailed to guide staff and there were no detailed moving and handling plans produced from these.

In relation to falls and moving and handling, it seemed that staff practice and knowledge of patient's needs was good but that this was not being drawn together into care documentation.

Two patients had plans for repositioning if they were sat for extended periods, but there were no charts in use to show when this had happened.

Staff completed choking risk assessments for all patients. One patient's assessment was incorrectly scored, meaning the patient was assessed at a lower risk level, however a plan was in place to manage the risk appropriately. Other choking assessments were well completed. Speech and language therapy assessments were incorporated into care plans and therapists would be asked to review if risks changed.

The hospital had been reviewing the use of blanket restrictions and restrictive practices. Where there were restrictions, this was justified for safety, for example, the assisted bathroom was locked when not in use as there were ligature points and fittings which patients could become trapped or tangled in. Patients had access to bedrooms throughout the day. The hospital allowed visiting throughout the day and evenings. Some patients had their own bedroom keys. Both garden areas were open and accessible for patients, with one designated for use as a smoking area. Snacks and drinks were available throughout the day. The hospital was locked but signs advised informal patients to speak to staff if they wished to go out.

The service had good procedures for observations, with staff ensuring the hospital environment was regularly checked for problems. The multidisciplinary team discussed patient observation levels regularly and these were documented in observation prescriptions. These could be increased by nursing staff if necessary. We saw that when staff were allocated to patient observations this was generally for no longer than an hour at a time as the policy advised. Observation forms were completed as per the policy, detailed and signed each shift handover by the nurse in charge.

Restraint was rarely used in the service and we saw staff using de-escalation skills with patients. Staff clearly knew patients well and were able to assist when patients

Wards for older people with mental health problems

became agitated. We saw two positive behavioural support plans in place for patients who required these, with personalised details of how to assist patients when they became agitated or upset.

There was no use of rapid tranquilisation in this service.

All staff were trained in safeguarding and when we spoke to staff they gave safeguarding examples and knew how to make a safeguarding alert.

Staff followed good medicines management practice. Medicines were stored securely in the clinic room. Medicines that required refrigeration were stored in the fridge and checks were made daily to ensure this was at the correct temperature. Medicines audits were undertaken by the visiting pharmacy provider. The company has a schedule of annual and bi-annual quality visits where the care and performance of the hospital was audited.

Emergency equipment was stored in the nurses' office in grab bags to ensure it was accessible in an emergency. Nurses checked the equipment was in good working order on a weekly basis. The service was compliant with controlled drugs legislation. The registered manager was the controlled drugs accountable officer.

The service had a procedure for child visiting. We saw in records that grandchildren had been able to visit with family members.

Track record on safety

There had been no serious incidents in this service in the last 12 months.

Reporting incidents and learning from when things go wrong

All staff knew how to report incidents. Incident reports were completed by staff members as soon as an incident occurred. These were reviewed by the registered manager and any immediate actions taken. If an incident required further investigation, these were completed by the registered manager.

Staff were open and transparent and apologised to patients when mistakes were made. We saw that carers and relatives were informed when incidents occurred that affected their loved one.

Incidents which had occurred within the other hospital services were discussed at clinical governance meetings and learning shared. Learning from incidents within this service and others was shared at regular staff meetings and morning meetings.

Duty of Candour

There was a policy outlining the duty of candour that provided guidance for staff. The policy set out the provider's approach to the duty of candour and what action it would take if an incident occurred that prompted the duty. There had been no incidents in the last 12 months which had required consideration of duty of candour.

Staff showed understanding of the duty of candour. We saw that staff apologised and offered explanations when incidents occurred.

Are wards for older people with mental health problems effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

We reviewed six care and treatment files. Staff had completed comprehensive assessments following admission. There was evidence of ongoing physical healthcare and monitoring by nursing and medical staff.

Care records contained a range of care plans which centred around activities of daily living. In all files reviewed, these were personalised and with evidence of patient or carer involvement. Staff reviewed care plans regularly.

Care records were in paper format, which meant they were accessible to staff when needed. Occupational therapy records were stored in stand-alone files, with documentation including activity plans and "my life story" books.

Best practice in treatment and care

Staff followed NICE guidance in terms of medication choices and monitoring. The company had purchased electrocardiograph machines to enable monitoring to be completed within the service when needed. Staff were awaiting training for using this.

Wards for older people with mental health problems

There was good access to healthcare, including podiatry services, dental services and a visiting optician service. All patients were registered with a local GP practice and specialist referrals were arranged by the GP. Nursing staff could refer directly to local speech and language therapy and physiotherapy services.

Service users nutritional and hydration needs were monitored where necessary using food and fluid balance charts. Nurses weighed patients on a weekly basis. We saw appropriate rating scales in use, for example, the waterlow assessment for risk of developing pressure ulcers.

Regular audits were undertaken in the service to assess the quality of documentation including care plans.

Skilled staff to deliver care

The hospital multidisciplinary team consisted of a responsible clinician who worked within the service for one and a half days per week, an occupational therapist for one day per week, an occupational therapy assistant three days per week and nursing staff.

The hospital did not have a clinical psychologist or psychology provision. Previously, the GP had accessed this by referring to primary care mental health services. At this inspection, none of the patients had been assessed as needing psychological interventions.

Staff completed an induction when they commenced work and mandatory training within the first three months.

All staff within the service had completed dementia training.

Staff were supervised every 6-8 weeks and records confirmed this was happening. Appraisals had been completed for three quarters of staff eligible with dates planned in for the remaining staff.

Staff meetings took place every eight weeks, although we saw that issues were also discussed and documented in daily planning meetings.

The provider had a performance policy for managing staff performance. Managers followed this for staff requiring additional support.

Multi-disciplinary and inter-agency team work

Multidisciplinary meetings took place weekly. Information was compiled by staff prior to the meeting including nursing and occupational therapy staff. A set format was

used to ensure that topics were discussed, including leave updates, medication changes and actions needed. The psychiatrist, occupational therapy assistant and a qualified nurse attended the reviews. Care programme approach meetings were held at intervals of approximately six months and were often attended by family and local care co-ordinators.

The care co-ordinator from the local health trust where some patients were funded from attended the hospital for many multidisciplinary reviews and care programme approach meetings. They gave positive feedback on the relationship with the hospital and working with nursing staff, the manager and the doctor. Staff described good relationships with other care managers and commissioners.

Qualified nurses led handovers between the two nursing shifts and written records were completed for these. Handovers also took place for visiting professionals, for example, when the occupational therapist visited.

The registered manager had introduced a daily planning meeting during the week to ensure that activities and leave were planned and sufficient staff were available or booked. The planning meetings also allowed staff to highlight any incidents or issues which needed addressing including maintenance issues.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

A Mental Health Act administrator had been recruited to the service. They were being supported by the regional mental health act lead. They were available during the week to scrutinise detention papers prior to admission for patients. They also ensured that the act was followed in relation to renewals, consent to treatment and appeals against detention.

A comprehensive audit had been completed several months before this inspection with all actions completed. Actions raised from a Mental Health Act monitoring visit earlier in the year had all been completed. Mental Health Act files were well organised and managed.

All staff undertook Mental Health Act training and at the time of inspection all staff had completed this. Staff understood how the Act applied to their role.

Wards for older people with mental health problems

Forms authorising section 17 leave were in place for all patients and appropriately completed. This included space for staff to capture feedback following leave and any issues.

Consent to treatment forms were stored with medicines charts. We checked five charts and found the correct forms in place. The administrator ensured that treatment reviews were completed and sent to CQC when required.

Patients had their rights under the Act explained at admission and at appropriate intervals thereafter. We saw that staff would attempt to explain these more frequently for patients who needed assistance to understand or retain this information.

There was a contracted independent advocacy service in place for patients. The advocate visited when patients or staff requested they visit. A poster informing patients how to contact the advocate was displayed on the wall of the service.

Good practice in applying the Mental Capacity Act

All staff received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. At the time of inspection, all staff were up to date with the training.

Staff had completed decision specific capacity assessments and best interests decisions where these were needed. Carers and relatives were involved in these. These were reviewed as situations changed. We saw one capacity assessment with incorrect patient details on and this was immediately removed.

One patient had deprivation of liberty safeguards authorised and staff had been proactive in requesting this be extended due to difficulties in finding suitable discharge accommodation.

Are wards for older people with mental health problems caring?

Good 

Kindness, dignity, respect and support

We observed positive interactions using the short observation framework tool for inspection. Inspectors use this tool to capture the experiences of people who use services who may not be able to express this for themselves. During two half hour observation periods,

fourteen positive interactions with patients were observed. There were 32 positive observations during these times with eight different patients. There were no neutral or negative interactions noted. Staff were noted to be facilitative of patient needs, empowering and encouraging and displayed genuineness and acceptance of the patients views and reality.

We observed two mealtimes. Patients were offered support and practical assistance. There was good practice in patients being offered meal choices by showing the different choices well presented on plates so that patients could choose at the time of eating. There was sufficient food for all patients to choose. The staff had made changes to the dining area to be more café like, with attractive tablecloths, branded condiments and napkins. Menus for the day were displayed on a blackboard and these were easy to read.

We spoke with three patients. There was positive feedback about the environment, including cleanliness and furnishings. Patients were keen to plan further community activities and there was some frustration about the lack of drivers for a minibus that the service had. Patients fed back positively about staff, commenting that staff were helpful and caring.

We spoke to five carers. Carers spoke highly of nursing staff, the occupational therapist and the service manager saying they were kind and encouraging towards patients. They were positive about being able to visit throughout the day and being made to feel welcome when they visited. Carers told us they knew how to complain if they needed to. Carers were aware of care plans and described being involved in these. Carers were able to be involved in section 17 leave and accompanying their loved ones on community leave. Some carers were in the process of planning the feasibility of home visits.

The involvement of people in the care they receive

When patients were first admitted, they were allocated a member of staff to help orientate them to the building and provide reassurance. Patients and carers were encouraged to visit the service prior to admission if possible.

Patient's views and involvement in careplans was sought, and carers were also involved in ensuring care planning was person centred.

Wards for older people with mental health problems

Patients were able to contact the advocate by telephone and one patient we spoke with said they had contacted them.

A patient's forum had been recently introduced and this was chaired by occupational therapy staff each month. The minutes were in an easy read format with large wording and pictures.

A local patient survey had recently been undertaken within the service, with four patients completing these. Patients were positive about the care and treatment within the service.

Patients and carers were able to use leave in the hospital grounds and local area and this was encouraged.

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

(for example, to feedback?)

Good 

Access and discharge

Bed occupancy for the last six months had been 100%. Patients were assessed by the service and admissions were planned. Patients were all from the north-west area, with no patients placed a substantial distance from their home area.

There were no delayed discharges. Discharge planning was evident in patient's files and was discussed at review meetings with commissioners. There were timescales set at admission for the likely length and aims of admission. A local care manager attended the service weekly to review patients placed there and co-ordinate discharge planning. The service was also working closely with other care managers regarding identification of suitable step-down or community placements.

The average length of stay for current patients was three years and average length of stay for patients discharged in the last twelve months was two years.

The facilities promote recovery, comfort, dignity and confidentiality

The service had one main ward area. The communal lounge was open plan, with access to an open plan kitchen area and dining area. A quiet lounge was situated off the main lounge and was open for patients to use. This was also sometimes used for visits or activities.

The service had incorporated some elements of a dementia friendly environment, for example, puzzles and activities on the walls in corridors and baskets with tactile items in. We saw patients using these at times and they provoked conversations and interest. Bubble lamps had been placed in the quiet lounge to encourage a relaxing and calm environment.

There were two outside spaces which were accessible from the main ward area. An inner courtyard garden had several seating areas with garden furniture and planters. A balcony area had seats and a sun roof, this was also the designated smoking area.

A meeting room separate to the main ward area was used for patient review meetings and visits with children.

Patients could use cordless phones provided by the service to make calls.

Patients and carers told us the food was of good quality and that there was plenty of choice. The chef would ensure that specific dietary needs could be catered for. Patients had access to drinks and snacks from the kitchen. Fresh fruit was available in the lounge area.

Patient bedrooms were pleasantly decorated with space for personal belongings and storage. Signs at each bedroom showed the patient name and photograph to aid orientation. The two bedroom corridors had different contrast colours which also helped patients with orientation.

Activities were arranged in the service on a four week rota. This included a range of activity including art based, practical sessions such as gardening and exercise based activities. There were also regular community activities planned including trips to local museums, parks and garden centres. Patients also used leave to walk in the hospital grounds.

Meeting the needs of all people who use the service

Wards for older people with mental health problems

The service was located on the ground floor and disabled parking was available at the entrance. Inside and outside space was accessible for wheelchair users. Flooring was in a good state of repair and even for patients or visitors who used mobility aids.

Information provided to patients was in English, which was appropriate to the client group at the time of inspection. A translation service could be accessed if needed. Information displayed was in pictorial and large print format, which was easier for patients to read.

Photographs of all staff were displayed at the entrance to the hospital with the name and role of the member of staff.

Food could be prepared to meet the needs of people with dietary requirements. There were regular meetings where patients and staff met with the chef regarding menu choices.

Listening to and learning from concerns and complaints

In the last 12 months there had been 10 complaints received by the service. The provider proactively recorded feedback and informal complaints through the complaints process so that actions were recorded and any themes were captured. All complaints had been reviewed and resolved at a local level.

Patients and carers felt able to make complaints if they needed to. One patient wasn't sure of the official procedure but said they would approach staff.

Staff were aware of how to manage complaints appropriately and the provider policy.

Outcomes from complaints and any actions were fed back to staff at planning or staff meetings. Compliments were also recorded in the daily meetings and fed back to staff, with 41 compliments recorded over the last 12 months.

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

Good 

Vision and values

The company vision and values were:

Respect: Considerate to one another and the people we care for

Integrity: Honest, fair and open in our actions

Passion: About our company and in our approach to everything we do

Empowerment: Valued, trusted and motivated to do the right thing

Responsibility: Personally, committed to provide excellent care and customer service

These had been discussed in daily meetings and staff meetings. Staff members understanding of what these values mean to them and how they were applied in practice was audited by the company.

Staff knew the managers and senior managers responsible for the hospital.

Good governance

The service was managed well. Staff received mandatory training to ensure they had the skills to do their job. Staff were appraised and supervised. There were sufficient staff working within the service. Incidents were reported and staff received feedback from incidents, complaints and investigations.

The service was audited every six months by senior managers. Performance and outcomes were reviewed at regular clinical governance meetings and performance assessed against similar services within the group.

Hospital directors had autonomy to make changes for the benefit of their own services. The hospital had just recruited an administrator to ensure that there was effective support for staff and managers.

The hospital director maintained a local risk register, this fed into a corporate hospitals wide risk register. There was evidence that actions were taken to reduce risks in a timely fashion.

Leadership, morale and staff engagement

Sickness and absence rates were low, with an average of 3.6% over the last 12 months. There were no cases of bullying or harassment which had been reported. Staff were aware of the providers whistleblowing policy. Staff said they felt able to raise concerns or suggestions for improvement.

Wards for older people with mental health problems

Nursing staff described a good morale within the staff team and positive relationships with colleagues. Staff were able to nominate colleagues for an employee of the month award. Some staff had attended companywide conferences where good practice was shared. The company had incentive schemes in place for staff including share bonus schemes and shopping vouchers / competition prizes.

The clinical lead post had been recruited to in the last 12 months and there was management training provided as part of this role. The clinical lead was receiving regular support from a divisional clinical lead who visited the service regularly.

Staff spoke highly about the recruitment of an occupational therapist and occupational therapy assistant, who had focused primarily on activity provision. As the service continues to develop, their role may move to needs assessment and intervention and their skills are likely to be valuable in approaches for moving and handling and falls prevention.

Commitment to quality improvement and innovation

The provider was running regular bi-annual conferences to share innovations and good practice across all its hospital services. The provider does not participate in any national quality improvement programmes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that moving and handling assessments included risk assessments for specific equipment and care plans are completed and kept up to date for all patients who required these.
- The provider must ensure that falls risk assessments are completed correctly and that falls care plans kept up to date are completed for all patients who required these.
- The provider must ensure that re-positioning is taking place where indicated and recorded by staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not always assess the risks to the health and safety of service users of receiving the care or treatment.</p> <p>The provider did not ensure that the equipment used by the service provider for providing care or treatment was safe for such use.</p>