

Affinity Healthcare Limited

The Priory Hospital Middleton St George

Inspection report

Middleton St George Hospital
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Most patients felt staff treated them with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They involved patients and families and carers in care decisions.
- The service was well led and the governance processes ensured that ward procedures ran smoothly.

However, we found the following issues that the provider needed to improve:

- We found a blanket restriction within the hospital during our inspection. Patients on Chester ward were being made to use plastic cutlery. However, we were informed shortly afterwards that metal cutlery had been ordered so the provider had addressed this.
- Managers did not always ensure staff received regular supervision. An action plan was in place for low compliance with supervision on Birch ward.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Long stay or rehabilitation mental health wards for working age adults

Good



Please see the overall summary for this location above for further information.

Acute wards for adults of working age and psychiatric intensive care units

Good



Please see the overall summary for this location above for further information.

Summary of findings

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Summary of this inspection

Background to The Priory Hospital Middleton St George

The Priory Hospital Middleton St George is a 101-bed hospital that provides 24-hour support seven days a week for people aged 18 years and over with mental health problems, personality disorders or both.

Patient accommodation comprises:

- Birch ward – psychiatric intensive care unit for men (12 beds)
- Chester ward – psychiatric intensive care unit for women (12 beds)
- Oak ward – acute admission ward for women (15 beds)
- Thoburn ward – acute admission ward for both women and men (22 beds)
- Dalton ward – locked rehabilitation ward for women (13 beds)
- Hazelwood ward – locked rehabilitation/personality disorders ward for women (13 beds)
- Linden ward – locked rehabilitation ward for men (15 beds).

The hospital director is the registered manager and has been in post since February 2020.

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

- assessment or medical treatment for people detained under the Mental Health Act 1983
- treatment of disease, disorder or injury.

There have been 12 inspections carried out at the Priory Hospital Middleton St George in the last nine years.

The most recent inspection took place in September 2020. This was a focused responsive inspection of Hazelwood, Oak, Thoburn, Birch and Chester wards following concerns raised by whistle blowers and notifications from the provider relating to patients being able to self-harm and ligature whilst on enhanced observations. We looked at specific key lines of enquiry issues under the safe and well led key questions.

This resulted in this location being rated as inadequate overall and placed into special measures because we identified serious concerns. These included concerns about:

- low staffing numbers
- the competency and training of agency staff
- the poor quality of documentation on the wards
- staff undertaking patient observations for excessive hours
- staff being unable to take breaks during 12-hour shifts
- a lack of management oversight.

We also took enforcement action against the provider and required the management team to provide fortnightly updates on how it was addressing the issues we had identified. We issued requirement notices in relation to the issues we found within the acute and psychiatric intensive care unit service.

What people who use the service say

Summary of this inspection

We spoke with 46 patients and the overwhelming majority felt staff gave patients help, emotional support and advice when they needed it. However, on Oak ward we observed staff did not respond to two patients who had made frequent requests for help.

Patients said staff supported them to understand and manage their own care, treatment or condition.

Most patients we spoke with said staff treated them well and behaved kindly. However, four patients on Oak ward said some staff members could be abrupt towards them at times.

Staff involved patients and, in most cases, gave them access to their care planning and risk assessments. However, four out of the 46 patients who spoke with us within the hospital said they had never seen their care plan.

We spoke with two carers within the long stay rehabilitation service. The first carer said that staff had informed them about the change to their loved one's medicine. A second carer told us that they had concerns their loved one's medicine was ineffective and had been told they would have to wait until the following week to see a doctor about it. We raised this with the provider and the patient was seen by a doctor later that day, had their medicine changed and was told they would be discharged the following week.

We saw a summary of the results of feedback provided on discharge over the previous 12 months. The results showed 92 per cent of patients who completed the survey agreed staff respected their privacy and dignity, were caring and supportive and communicated well with them. Eighty-five per cent of patients agreed they felt supported to stay in contact with the important people in their lives. Eighty-five per cent of patients would recommend the service to family or friends and felt staff were caring and supportive. The results also showed 85 per cent of patients agreed the skills they had learnt would help them manage their life as they move on from treatment.

How we carried out this inspection

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

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

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

- visited all seven wards within the hospital
- spoke with the hospital director
- spoke with the director of clinical services
- spoke with 46 patients who were using the service and two carers
- spoke with all seven ward managers within the hospital
- spoke with 23 staff members including nurses and healthcare assistants
- checked the quality, safety and cleanliness of the environment of the wards
- looked at 31 patient care records

Summary of this inspection

- looked at the medicines management arrangements across the seven wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

A staff member had developed a contact card for patients going out into the community. This was developed as there are many out of area patients and therefore the area is unfamiliar. The card consists on an emoji with key contact numbers such as the ward, the hospital and the Samaritans. If a patient is lost or confused they can use the card to contact the hospital or hand this over to a member of the public for them to help. This has been adopted site wide and is now being rolled put across the organisation.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a provider **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall; to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **SHOULD** take to improve:

- The provider should ensure that any restrictions in place are proportionate to people's individually assessed risk(s) and are regularly reviewed.
- The provider should ensure that all staff are in receipt of regular clinical supervision.
- The provider should ensure that work is carried out to replace bathroom doors and taps that are not anti-ligature to mitigate the risk posed by patients with suicidal ideation.
- The provider should ensure that handover documentation about patients is completed and accessible to all staff on the next shift, so they are aware of each patient's current status and informed of any changes in risk.
- The provider should ensure that staff always speak to patients in a dignified and respectful manner and respond to their requests for help promptly and appropriately.
- The provider should ensure that all patients are offered a copy of their care plan.
- The provider should consider ways to further embed equality and diversity within its systems and processes to ensure the diverse range of patients and staff within the hospital are met.
- The provider should continue with its plan to appoint freedom to speak up champions on the wards to further promote a culture of openness and empower staff to raise concerns freely.
- The provider should consider adding the updating of noticeboards as part of routine tasks for staff on the wards.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Are Long stay or rehabilitation mental health wards for working age adults safe?

Good 

Summary of our findings in relation to whether this service is safe:

Our rating of this service improved. We rated it as good because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Detailed findings:

Safe and clean environment

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Ligature risk assessments for each ward had been updated in March 2021.

Staff could observe patients in all parts of the wards. Any blind spots were highlighted in the nurse's offices for staff and where managed by observations.

The ward complied with guidance and there was no mixed sex accommodation.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. All ligature points were highlighted on a map in the nurses office on each ward. The taps in the main bathrooms were not anti-ligature. This has been identified in the most recent ligature audit and applications for the replacement with anti-ligature taps had been submitted and, in the meantime, the bathroom doors were kept locked. All bedrooms on the wards were en-suite and staff could support access to the main bathroom where appropriate.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. We saw evidence that domestic staff took all necessary steps in relation to the prevention of the transmission of COVID-19 on the wards.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. During our inspection, all staff on the wards adhered to the use of PPE and ensured any visitors placed new masks on their face and sanitised their hands before entering the wards. We saw posters which demonstrated the correct way to wear face masks and the possible risks of infection which could be caused by not adhering to this.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service now had enough nursing and support staff to keep patients safe. The provider had recruited more healthcare assistants and nurses to the service which meant staffing levels were now safe. The provider was actively attempting to recruit more staff and was using incentives such as a financial reward on starting their employment, provision of free meals and other ways such as preceptorship schemes and development opportunities.

The service had low and reducing vacancy rates.

The service's use of agency and bank staff was still high due to a review of staffing levels identifying the need to increase staffing to meet the level of patient acuity on the wards. However, the service now used regular block-booked agency staff who were trained in the use of the provider's prevention and management of violence and aggression techniques; had good communication skills and received clinical supervision. The provider had managed to recruit or were in the process of recruiting bank staff to permanent posts. Bank and agency staff were regular to the wards; received a full induction and received information in order to understand the patients' needs and how the wards operated before starting their shift.

The service had low staff turnover rates. Figures received from the provider on 20 May 2021 indicated the average staff turnover in the last six months was 2.5 per cent.

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers supported staff who needed time off for ill health. Managers were able to maintain contact with absent staff via telephone and videoconferencing facilities; offered support and made referrals to occupational health when necessary.

Levels of sickness were low within the service. In the six months prior to our inspection, the average staff sickness rate was seven percent within the service which was low given there had been staff who had needed to self-isolate or shield at times due to the issues associated with COVID-19.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The ward managers could adjust staffing levels according to the needs of the patients.

Patients had regular one to one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

In the main, staff had completed and kept up to date with their mandatory training requirements. The mandatory training programme was comprehensive and met the needs of patients and staff. The overall site compliance was 94.7 per cent. The modules of training that fell below 75 per cent compliance were in relation to intermediate life support and prevention of management and aggression because these contained elements of hands-on exercises which staff had been unable to complete due to social distancing requirements. A rota was put in place for staffing to ensure there were staff members who were trained in intermediate life support on each shift. Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Long stay or rehabilitation mental health wards for working age adults

Good 

Assessment of patient risk

Staff completed risk assessments for each patient on admission using an in-house tool which followed the principles of nationally recognised tools within mental health, and reviewed this regularly, including after any incident. Risk was reviewed daily and the care records system was updated accordingly. We looked at nine care records during our inspection and found risk assessments to be clear and well detailed. We saw evidence of patient and multidisciplinary team involvement in initial formulation and reviews of risk assessments.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff correctly identified the main risks as being violence and aggression, self-harm and ligaturing. We looked at nine care records and found risk management plans were appropriate in mitigating the risk to patients and staff. Staff identified and responded to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low. In the 12 months prior to inspection there had been one incident with use of the enhanced care suite and no incidents of prone restraint.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Wards within the service were participating in Safewards and there were Safewards champions on the wards. Safewards is a model of care designed to reduce conflict (aggression, rule breaking) and containment (coerced medicines, restraint and seclusion) in adult mental health inpatient wards.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff could inform us of de-escalation techniques used such as talk down methods and individual techniques for specific patients.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Hazelwood ward did restrict access to bedrooms for some patients, this has been individually assessed and was in line with the therapeutic nature of the ward. This could be adapted for patients for example if the needed access for college courses.

Staff followed NICE guidance when using rapid tranquilisation. In the 12 months prior to inspection there had been 22 incidents of rapid tranquilisation across the wards. We reviewed nine care records and we saw evidence that de-escalation techniques and oral medication had been offered before administering rapid tranquilisation. Care records also evidenced that the use of rapid tranquilisation was factored into patients' care plans where appropriate and physical observations were undertaken in line with the National Institute for Health and Care Excellence guidance following its use

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation.

Long stay or rehabilitation mental health wards for working age adults

Good 

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role and kept up-to-date with their safeguarding training. At the time of our inspection 90 percent of staff had completed their safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. All staff received mandatory training in equality and diversity and the provider had equality and diversity policies in place which were accessible for staff on the provider's intranet.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Nurses and ward managers made referrals to the local authority when necessary and healthcare assistants reported any concerns about safeguarding issues to nurses on the ward.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. We looked at nine care records during the inspection and found notes were clear and detailed.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff were able to access records from the other wards onsite, so they were already aware of any issues and risks associated with incoming patients.

Records were stored securely. Staff were required to use a login name and password to access the provider's care records system.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines.

Long stay or rehabilitation mental health wards for working age adults

Good 

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff reported serious incidents clearly and in line with trust policy. The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident.

There was evidence that changes had been made as a result of feedback. For example it was identified during one incident that the access to the site vehicle was not sufficient, the access and management of the vehicles has now changed following the incident.

Managers investigated incidents thoroughly. Patients and staff who had been involved in an incident were included in the investigation process.

All staff, including agency staff, received feedback from investigation of incidents, both internal and external to the service via lessons learned bulletins, findings from team incident reviews and during supervision and appraisal sessions. Staff met to discuss the feedback and look at improvements to patient care. Findings and lessons learned from incidents were part of standing agenda items for team meetings which ensured they were always discussed and used to improve practice on the wards.

Long stay or rehabilitation mental health wards for working age adults

Good 

Are Long stay or rehabilitation mental health wards for working age adults effective?

Good 

Summary of our findings in relation to whether this service is effective:

Our rating of this service stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Detailed findings:

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

We reviewed nine care records during the inspection and saw evidence that staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Care records evidenced physical health checks taking place once a week and we witnessed patients having their physical observations taken while on the wards.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Each care plan showed evidence of personalisation, being holistic and recovery orientated. Care plans were regularly reviewed and updated when patients' needs changed.

Long stay or rehabilitation mental health wards for working age adults

Good 

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients which was in line with best practice and national guidance. These included dialectical behaviour therapy, cognitive behavioural therapy and psychology input.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Physical activities such as sports were built into patients' care plans and staff advised patients about healthy food options and smoking cessation. The kitchen menus were colour coded to identify healthier meal choices for patients.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. These included the Health of the Nation Outcome Scales and National Early Warning Score tools. The service has started to integrate DIALOG outcome measuring and CANSAS assessments.

Staff used technology to support patients.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. This included quality walkarounds, care record audits, ligature audits and checks of observation and engagement documentation.

Managers used results from audits to make improvements.

Skilled staff to deliver care

The ward team(s) included or had access to the full range of specialists required to meet the needs of patients on the ward(s). Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. These included psychiatrists, psychologists, occupational therapists, a social worker, clinical team leaders, nurses and healthcare assistants.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. This included bank and agency staff working on the wards.

Managers supported staff through regular, constructive appraisals of their work. At the time of our inspection above 90 percent of staff had been appraised.

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Dalton ward offered staff paid time to attend meetings from home.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were able to identify areas of interest for development and access training through the provider's academy system.

Managers made sure staff received any specialist training for their role. All staff on Hazelwood ward had received or were due to receive training specific to DBT. Staff had also accessed training for emotionally unstable personality disorder and eating disorders.

Managers recognised poor performance, could identify the reasons and dealt with these. The provider had a performance management system in place which included a process for addressing staff performance issues.

Multidisciplinary and interagency working

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Multidisciplinary team meetings were held daily in the ward, patients were on a two-week rota basis and therefore had an individual meeting twice a month. These meetings were attended by internal and external professionals involved in the patient's care and treatment, including HCAs.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff informed us detailed information about the patients and their risks and any update from the previous shift such as incidents.

Ward teams had effective working relationships with other teams in the organisation and external teams and organisations.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff we spoke to were able to demonstrate their understanding of the Act and the Code of Practice and knew who to contact for further advice and guidance.

Staff knew who their Mental Health Act administrators were and when to ask them for support. There was a Mental Health Act office on site that staff could access for advice and support about the use of the Act.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. All policies and procedures were available on the staff intranet.

Long stay or rehabilitation mental health wards for working age adults

Good 

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We saw evidence in patient's care records of their rights being updated on their rights under the Act.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. This was evidenced in patient records.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Information about detention and other associated records were accessible within the provider's care records system.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The on-site Mental Health Act administrator conducted regular audits and provided feedback to the wards.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. At the time of our inspection 94 percent of staff on Dalton ward had completed training, 90 percent on Linden ward and 91 percent on Hazelwood ward. All staff were able to provide examples of how they would assist patients who lacked capacity, considering the patient's wishes, feelings, culture and history.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. The on-site Mental Health Act office was able to support staff with the use of the Mental Capacity Act.

We reviewed nine care records during our inspection. They evidenced that staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. This was evidenced by the fact that no deprivation of liberty safeguards had been made in the 12 months prior to our inspection.

Long stay or rehabilitation mental health wards for working age adults

Good 

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve. The on-site Mental Health Act administrator conducted regular audits and provided feedback to the wards.

Are Long stay or rehabilitation mental health wards for working age adults caring?

Good 

Summary of our findings in relation to whether this service is caring:

Our rating of this service went down. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Detailed findings:

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

We spoke to 21 patients who were using the service.

Staff were discreet, respectful, and responsive when caring for patients. We saw a summary of the results of feedback provided on discharge over the previous 12 months that had been collated in April 2021. The results showed 92 per cent of patients who completed the survey agreed staff respected their privacy and dignity, were caring and supportive and communicated well with them.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Long stay or rehabilitation mental health wards for working age adults

Good 

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties.

Staff involved patients in decisions about the service, when appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this. There were community meetings and suggestion boxes on the wards. Patients were also able to enter their own daily entry in their care records. Patients could complete satisfaction surveys when they were discharged, and there was a complaints process. We saw a summary of the results of feedback provided on discharge over the previous 12 months which had been collated in April 2021. They showed that 85 per cent of patients would recommend the service to family or friends and felt staff were caring and supportive.

We reviewed nine care records and of those nine six records showed no discussions around advanced decisions.

Staff made sure patients could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers where appropriate. Carers told us they were confident that their loved ones were receiving. However, carers did comment that communication tends to be led by their loved ones and themselves rather than the ward staff.

Staff helped families to give feedback on the service. Care's we spoke to felt confident in raising any concerns they have with the service.

Staff gave carers information on how to find the carer's assessment.

Are Long stay or rehabilitation mental health wards for working age adults responsive?

Good 

Summary of our findings in relation to whether this service is responsive:

Our rating of this service stayed the same. We rated it as good because:

Long stay or rehabilitation mental health wards for working age adults

Good 

- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Detailed findings:

Access and discharge

Staff managed beds well. A bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.

Bed management

The average bed occupancy within the last 12 months was 87 percent.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

The service had out-of-area placements. The hospital was nationally recognised and routinely took patients from all over England.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

The service had no delayed discharges in the past year. Managers monitored the number of delayed discharges.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services. The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Long stay or rehabilitation mental health wards for working age adults

Good 

Each patient had their own bedroom, which they could personalise. Patients had a secure place to store personal possessions within their bedrooms.

Staff used a full range of rooms and equipment to support treatment and care.

The service had quiet areas and a room where patients could meet with visitors in private. Patients could make phone calls in private.

The service had an outside space that patients could access easily.

Patients could make their own hot drinks and snacks and were not dependent on staff, unless there were concerns identified in the patient's individual risk assessment.

The service offered a variety of good quality food. There had been complaints about the food across the wards, the kitchen had worked with the patients on this by introducing traffic lights to the menus to highlight healthier options for patients, all menus included at least one vegetarian and vegan option and there is a feedback book on each ward for the kitchen staff. The head of the kitchen staff also attends the ward community meetings for feedback. Dalton ward had included its patients in menu testing with the kitchen.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. During the pandemic patients have been encouraged to continue education opportunities online. Patients have opportunities to get involved in Equine therapy locally, can attend dog walking volunteering group, attend the cinema, gym and local parks. Patients have also attended places of worship via online meetings.

Staff helped patients to stay in contact with families and carers when and if patients wished to.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Dalton ward did not have a room that could be adapted for a disabled person and had recently refused an admission due to this.

Staff made sure patients could access information on treatment, local services, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and local community. Staff could produce information leaflets in different languages using online translation services.

Managers made sure staff and patients could get help from interpreters or signers when needed.

Long stay or rehabilitation mental health wards for working age adults

Good 

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. The main theme from the wards has been the quality of the food available. This has been reviewed with patients and staff to provide better quality food.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Are Long stay or rehabilitation mental health wards for working age adults well-led?

Good 

Summary of our findings in relation to whether this service is well-led:

Our rating of this service improved. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

Long stay or rehabilitation mental health wards for working age adults

Good 

Detailed findings:

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Leaders now had a good understanding of the service they managed and could explain clearly how the teams were working to provide high quality care. Managers were able to provide us with information relating to changes and improvements in the service and their positive impact.

Leaders were now visible in the service and approachable for patients and staff. All members of the senior management team visited the wards regularly. Patients and staff told us they felt senior managers were approachable. All those we spoke with were very positive about the Hospital Director and the role they had in the development of the service. Patients were now able to attend forum groups with the senior management team.

There were leadership development opportunities available for all staff through an online portal.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

The provider's vision and values were putting people first, being supportive, integrity, excellence and, being positive. Staff we spoke with were clear about the vision and values of the provider and how they applied to their work and agreed with them.

The provider's recruitment process was based around these core values.

The provider ensured staff were aware of these values during team reviews of work that had been carried out and how the values had been applied. The vision and values were also discussed within staff appraisals.

Staff were given the opportunity to contribute to the strategy of the service via surveys and discussions with senior managers.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff felt respected, supported and valued by managers. Staff who spoke with us said senior managers had a supportive attitude and there was not a blame culture in place.

Staff knew who the hospital's freedom to speak up guardian was; how to contact them and what their role was. Some staff felt the appointment of the guardian should have been done on a more democratic basis and that this had led to the initial reluctance of staff to speak to the guardian. However, the provider had a meeting scheduled for 2 June 2021 to discuss the potential appointment of freedom to speak up guardians on the wards to further encourage staff to speak out as they would feel more comfortable talking to someone on their own team.

Long stay or rehabilitation mental health wards for working age adults

Good 

Governance

Our findings from the other key questions demonstrated that governance processes had significantly improved, operated effectively in the main at team level and performance and risk were managed well overall.

The provider had now introduced a range of new quality assurance systems within the service. These included quality walkarounds conducted by the senior management team which looked at the ward environment, risk, patient care and documentation on the wards. Any areas for learning were fed back to staff and ward managers so they could improve.

The provider had introduced nurse in charge safety checks which were completed by nurses in charge every three hours. These checks including staffing levels, risk assessments for section 17 leave, use of observations and any unusual events or risk factors that had occurred on the wards.

There were now audits of supportive observations and engagement process. These included checks of the quality of staff handovers of observations, whether staff had completed training in the provider's supportive observations and engagement policy, completion of associated documentation and that risks identified had been clearly recorded.

Staff now undertook observations of patients for no longer than two hours which was in line with the provider's supportive observations and engagement policy and the National Institute for Health and Care Excellence guidance on the use of observations. This meant observations were now carried out in a safe manner.

Staff were now able to take breaks during their 12-hour shifts. Staff were now required to complete break authorisation forms if they had not taken a break and providing there was a justifiable reason, were paid accordingly. The rationale for no break being taken was also reviewed as part of the senior management team's quality walkaround checks.

The provider had met with agency staff providers and made it clear what the minimum levels of experience and competency were; particularly in relation to effective communication. Lessons learned were now routinely shared with agency staff via email. The provider now ensured that all block booked agency staff were trained in the use of the provider's prevention and management of violence and aggression policy. Agency staff were now required to complete a ward induction and be signed off as competent before being able to work on the ward or carry out certain tasks.

The quality of staffing rotas had significantly improved on the wards. Rotas were now produced from an electronic system and we found them to be fully legible and it was easier to see who worked on duty on which date/shift.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff had access to the risk register and were able to escalate concerns for inclusion in the corporate risk register.

The provider had a business continuity plan in place which took into account unforeseen circumstances which could affect the running of the service.

Ward managers had been asked to ensure that the usage of agency staff was justified and appropriate in order to minimise costs. However, ward managers told us that the senior management team had given them full authority to use agency and bank staff in order to meet patients' needs and ensure the wards were run safely.

Long stay or rehabilitation mental health wards for working age adults

Good 

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local quality improvement activities.

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The service used systems to collect and analyse data that were not overburdensome to frontline staff. Reports could be produced from the provider's care records system in relation to patient outcome measures.






Staff received information governance training which highlighted the needs to ensure patient confidentiality was always adhered to.

Managers within the service told us that they sufficient access to the information they needed to perform their role and it was in a suitable format for their needs.

The provider made notifications to external bodies when required such as the Care Quality Commission, local authority safeguarding team and commissioners.

Acute wards for adults of working age and psychiatric intensive care units

Good 

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

Are Acute wards for adults of working age and psychiatric intensive care units safe?

Good 

Summary of our findings in relation to whether this service is safe:

Our rating of this service improved. We rated it as good because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- In the main, the service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's physical health.

The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However, we found the following issue that the provider needed to improve:

- The bathroom doors in patients' bedrooms on Oak ward were not anti-ligature.

Detailed findings:

Safe and clean environment

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Safety of the ward layout

Staff completed and regularly updated risk assessments of all ward areas and removed or reduced any risks they identified.

Staff could observe patients in all parts of the wards. Any blind spots on the wards were mitigated with mirrors.

The ward complied with guidance for mixed sex accommodation. Of the four wards within the service, only Thoburn ward was mixed gender and bedrooms for male and female patients were on separate floors.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. On Oak and Thoburn wards, taps in the main bathrooms were not anti-ligature. They were scheduled to be replaced with anti-ligature taps in September 2021 and in the meantime, the bathroom doors were kept locked.

The bathroom doors in patients' bedrooms on Oak ward were also not anti-ligature. They were included in environmental risk assessments; patients' observations levels were adjusted to mitigate any risk of ligaturing and risk assessments were in place.

Staff carried radios and had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. During our inspection, all staff on the wards adhered to the use of PPE and ensured any visitors placed new masks on their face and sanitised their hands before entering the wards. We saw posters which demonstrated the correct way to wear face masks and the possible risks of infection which could be caused by not adhering to this.

Seclusion room

Seclusion rooms allowed clear observation and two-way communication. Only the two psychiatric intensive care wards had a seclusion room and they each had a toilet and a clock and complied with national guidance.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. The clinic room on Oak ward was small and, during our inspection, we found it untidy due to two staff members working in there at the same time; one preparing medicine and the other preparing to do blood tests.

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Nursing staff

The service now had enough nursing and support staff to keep patients safe. The provider had recruited more healthcare assistants and nurses to the service which meant staffing levels were now safe. The provider was actively attempting to recruit more staff and was using incentives such as a financial reward on starting their employment, provision of free meals and other ways such as preceptorship schemes and development opportunities.

The service had low and reducing vacancy rates.

The service's use of agency and bank staff was still high due to a review of staffing levels identifying the need to increase staffing to meet the level of patient acuity on the wards. However, the service now used regular block-booked agency staff who were trained in the use of the provider's prevention and management of violence and aggression techniques; had good communication skills and received clinical supervision. The provider had managed to recruit or were in the process of recruiting bank staff to permanent posts. Bank and agency staff were regular to the wards; received a full induction and received information in order to understand the patients' needs and how the wards operated before starting their shift.

The service had low staff turnover rates. Figures received from the provider on 20 May 2021 indicated the average staff turnover in the last six months was 2.5 per cent.

Managers supported staff who needed time off for ill health. Managers were able to maintain contact with absent staff via telephone and videoconferencing facilities; offered support and made referrals to occupational health when necessary.

Levels of sickness were low within the service. In the six months prior to our inspection, the average staff sickness rate was seven percent within the service which was low given there had been staff who had needed to self-isolate or shield at times due to the issues associated with COVID-19.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

The ward managers could adjust staffing levels according to the needs of the patients. We spoke with all four ward managers within the service who told us that they had been given permission to increase staffing levels whenever necessary to meet patients' needs and keep the ward safe.

Patients now had regular one to one sessions with their named nurse. We saw evidence of this within care records and patients who spoke with us were happy with the amount of one to one time with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

In the main, staff had completed and kept up to date with their mandatory training requirements. The mandatory training programme was comprehensive and met the needs of patients and staff. The overall site compliance was 94.7 per cent.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

In the main, staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission using an in-house tool which followed the principles of nationally recognised tools within mental health, and reviewed this regularly, including after any incident. Risk was reviewed daily and the care records system was updated accordingly. Ward managers also received updates from The Priory Central to inform them which records needed risk assessments to be reviewed. We looked at 22 care records during our inspection and found risk assessments to be clear and well detailed. Patient risk was clearly marked as low, medium and high to flag to staff the main areas of concern. We saw evidence of patient and multidisciplinary team involvement in initial formulation and reviews of risk assessments.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff correctly identified the main risks as being violence and aggression, self-harm and ligaturing. We looked at 22 care records and found risk management plans were appropriate in mitigating the risk to patients and staff. Staff identified and responded to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients.

Staff followed the provider's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low in the main. In six months, there had been 46 episodes of seclusion, 20 incidents of enhanced care suites and no use of prone restraint within the service. There had been 824 incidents of restraint on the wards during this period. The highest number of restraint incidents were on Chester ward (494) where levels of attempted self-harm and suicide were high due to the acuity of patients on the ward which often required the use of physical interventions.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Wards within the service were participating in Safewards and there were Safewards champions on the wards. Safewards is a model of care designed to reduce conflict (aggression, rule breaking) and containment (coerced medicines, restraint and seclusion) in adult mental health inpatient wards.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. De-escalation techniques included the use of talk down and distraction. We spoke with 26 patients within the service and the majority felt that restraint used was appropriate and done after de-escalation attempts had been unsuccessful.

Not all staff within the service understood or worked within the Mental Capacity Act definition of restraint as there were blanket restrictions in place on some of the wards. For example, at the time of our inspection, patients on Chester ward were only provided with plastic cutlery. However, metal cutlery was subsequently introduced shortly afterwards so this issue was addressed.

On Chester and Thoburn wards, patients were locked out of their bedrooms and had to ask staff to let them access their room due to the risk of them self-harming or ligaturing. The alternative would be to place patients on higher levels of observations due to their high acuity which could potentially have been a more restrictive option.

Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation. We saw evidence that de-escalation techniques and oral medication had been offered before administering rapid tranquilisation. Care records also evidenced that the use of rapid tranquilisation was factored into patients' care plans where appropriate and physical observations were undertaken in line with the National Institute for Health and Care Excellence guidance following its use. In the 12 months prior to our inspection, there had been 759 incidences of rapid tranquilisation being used within the service.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. Staff were able to fully articulate the rationale for placing patients in seclusion such as patients assaulting other patients and staff and after de-escalation techniques had been unsuccessfully attempted. We found seclusion was carried out in line with the National Institute for Health and Care Excellence guidance and the provider's seclusion policy.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role and kept up-to-date with their safeguarding training. At the time of our inspection, 91 per cent of staff had completed their mandatory safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. All staff received mandatory training in equality and diversity and the provider had equality and diversity policies in place which were accessible for staff on the provider's intranet.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Nurses and ward managers made referrals to the local authority when necessary and healthcare assistants reported any concerns about safeguarding issues to nurses on the ward.

Managers took part in serious case reviews and made changes based on the outcomes. We saw evidence that following serious cases and incidents on the wards that managers and other staff undertook team incident reviews and used the findings from them to improve practice on the wards.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. We looked at 22 care records during the inspection and found notes were clear and detailed.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff were able to access records from the other wards onsite, so they were already aware of any issues and risks associated with incoming patients.

Records were stored securely. Staff were required to use a login name and password to access the provider's care records system.

Medicines management

In the main, the service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

In the main, staff followed systems and processes when prescribing, administering, recording and storing medicines. However, on Thoburn ward, medicine recorded on one prescription chart was incorrect although no detriment was caused to the patient it related to. We found an unattended trolley with dispensed medicine and a patient's prescription chart in the clinic room on Chester ward. Both issues were rectified immediately after we raised them with staff on the wards.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. We saw evidence in care records that medicine reviews formed part of standard multidisciplinary reviews.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Staff followed current national practice to check patients had the correct medicines.

Staff reviewed the effects of each patient's medication on their physical health according to the National Institute for Health and Care Excellence guidance.

Acute wards for adults of working age and psychiatric intensive care units

Good 

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Track record on safety

The service had a good track record on safety.

There had been four serious incidents within the service since our last inspection. These were in relation to self-harm, an unauthorised patient absence from the ward which was reported as a safeguarding concern and concerns about a patient's health.

Lessons learned from incidents were used to make improvements. A patient was able to abscond from Birch ward because they were able to utilise a design flaw of the ward's external fascia. The fascia was made up of horizontal slats which the patient used as a ladder to escape. In response to this, the fascia had been modified to rectify this design flaw and mitigate the risk of future attempts to abscond from the ward.

On Thoburn ward, patients had been previously able to move furniture in the garden area to help them abscond over the fence. To mitigate the risk of this happening again, staff had arranged for the garden furniture to be bolted down at a suitable distance away from the fence.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Incidents reported on the wards included violence and aggression,

Staff raised concerns and reported incidents and near misses in line with the provider's incident reporting policy. Staff reported serious incidents clearly and in line with provider policy. The service had no never events on any wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff also made duty of candour reports when necessary. For example, two duty of candour reports had been made in relation to medicine related issues on Thoburn ward in the last 12 months.

We saw evidence within the provider's care records system that managers debriefed and supported staff after any serious incident on the wards.

Managers investigated incidents thoroughly. Patients and staff who had been involved in an incident were included in the investigation process.

Acute wards for adults of working age and psychiatric intensive care units

Good 

All staff, including agency staff, received feedback from investigation of incidents, both internal and external to the service via lessons learned bulletins, findings from team incident reviews and during supervision and appraisal sessions. Staff met to discuss the feedback and look at improvements to patient care. Findings and lessons learned from incidents were part of standing agenda items for team meetings which ensured they were always discussed and used to improve practice on the wards.

There was evidence that changes had been made as a result of feedback. For example, the ward manager of Oak ward quickly identified after commencing her employment that staffing levels on the ward were too low. She raised this with the senior managers within the hospital and as a result, minimum staffing levels were increased by 55 per cent.

Are Acute wards for adults of working age and psychiatric intensive care units effective?

Good 

Summary of our findings in relation to whether this service is effective:

Our rating of this service stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- In the main, staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However, we found the following issue the provider needed to improve:

- Managers did not always ensure staff received clinical supervision. Only 60.73 per cent were compliant with clinical supervision at the time of our inspection the provider was taking action to address low compliance on Birch ward.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Detailed findings:

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

We looked at 22 care records during our inspection and saw evidence that staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed on admission and regularly reviewed during their time on the ward. Care records evidenced that physical health checks took place at least once a week.

We saw evidence that staff developed a comprehensive care plan for each patient that met their mental and physical health needs and regularly reviewed and updated care plans when patients' needs changed. We also found patient care plans were personalised, holistic and recovery-orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients which was in line with best practice and national guidance. These included dialectical behaviour therapy, cognitive behavioural therapy, trauma focus, daily living tasks and brief solution focus (a goal-directed collaborative approach to psychotherapeutic change that is conducted through direct observation of patients' responses to a series of precisely constructed questions).

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Physical activities such as sports were built into patients' care plans and staff advised patients about healthy food options and smoking cessation.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. We saw evidence that staff used fluid charts and ensured patients' nutrition and hydration needs were met.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. These included the Health of the Nation Outcome Scales and National Early Warning Score tools.

Staff used technology to support patients. For example, staff used projectors to give a visual explanation of care and treatment outcomes and potential impact to patients.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. This included quality walkarounds, care record audits, ligature audits and checks of observation and engagement documentation.

Managers used results from audits to make improvements. For example, audits had identified that staff were not always recording their designation on observation recording forms, so managers had reminded staff to do so.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients within the service. These included psychiatrists, psychologists, occupational therapists, a social worker, clinical team leaders, nurses and healthcare assistants.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. This included bank and agency staff working on the wards.

Managers supported all permanent staff to develop through constructive appraisals of their work every six months. At the time of our inspection, 97 per cent of staff had been appraised.

Managers did not always support all permanent staff through regular, constructive clinical monthly supervision of their work. The average compliance with clinical supervision over the previous 12 months was 60.73%. Compliance was lower in the first part of 2020 due to issues associated with COVID-19 such as staff needing to self-isolate or shield and outbreaks on some of the wards. An action plan was in place to address non-compliance with supervision on Birch ward which evidenced the provider was addressing the issue.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Specialist training included controlled drugs, national vocational qualifications, electrocardiograms, mindfulness and psychology. Managers within the service had requested autism training on behalf of staff members as the service occasionally admitted patients with autism and this was being looked into.

Managers recognised poor performance, could identify the reasons and dealt with these. The provider had a performance management system in place which included a process for addressing staff performance issues.

Multidisciplinary and interagency work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Multidisciplinary team meetings were held daily and were attended by professionals involved in patients' care and treatment.

In the main, staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. However, on Oak ward, we found that handovers for five patients had not been completed on 16 May 2021 following the handover from the night to day shift.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Ward teams had effective working relationships with other teams both within the organisation and externally.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. At the time of our inspection, 91 per cent of staff had completed their mandatory training in the Mental Health Act. Staff who spoke with us were able to demonstrate their understanding of the Act and the Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support. There was a Mental Health Act office onsite from whom staff could seek help and support about the use of the Act.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We saw evidence in patients' care records that staff routinely reminded patients of their rights under the Act.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the responsible clinician and/or with the Ministry of Justice. Staff requested an opinion from a second opinion appointed doctor when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Information about detention and other associated records were accessible within the provider's care records system.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. We saw evidence within care records that after-care services were routinely considered for patients where appropriate.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. There was a Mental Health Act administrator onsite who conducted audits of Mental Health Act related documentation and fed back any areas of learning back to the wards.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. At the time of our inspection, 97 per cent of staff within the service had completed their Mental Capacity Act training.

There was a clear policy on the Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. There was a Mental Health Act office onsite from whom staff could seek help and support about the use of the Mental Capacity Act.

We looked at 22 care records during our inspection. They evidenced that staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We also saw evidence that when staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a deprivation of liberty safeguards order only when necessary and monitored the progress of these applications. This was evidenced by the fact that no deprivation of liberty safeguards had been made in the 12 months prior to our inspection.

The service monitored how well it followed the Mental Capacity Act. There was a Mental Health administrator onsite who conducted audits of Mental Capacity Act related documentation and fed back any areas of learning back to the wards. However, there were blanket restrictions on the wards which had not been identified by staff.

Are Acute wards for adults of working age and psychiatric intensive care units caring?

Good 

Summary of our findings in relation to whether this service is caring:

Our rating of this service went down. We rated it as good because:

- Staff respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

However, we found the following issues that the provider needed to improve:

- Four patients on Oak ward said some staff members could be abrupt or made them feel stupid at times. We also observed staff ignore two patients on the ward who had made frequent requests for help. Other comments from patients using the service included being passed from one staff member to another and four patients not knowing or having seen their care plan.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Detailed findings:

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

We spoke with 26 patients who were using the service.

Staff were discreet, respectful, and responsive when caring for patients. We saw a summary of the results of feedback provided on discharge over the previous 12 months that had been collated in April 2021. The results showed 92 per cent of patients who completed the survey agreed staff respected their privacy and dignity, were caring and supportive and communicated well with them.

In the main, staff gave patients help, emotional support and advice when they needed it. However, on Oak ward we observed staff did not respond to two patients who had made frequent requests for help.

Staff supported patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help.

Most of the patients we spoke with said staff treated them well and behaved kindly. However, four patients on Oak ward said some staff members could be abrupt towards them at times.

Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and, in most cases, gave them access to their care planning and risk assessments. However, four out of the 26 patients who spoke with us told us they had never seen their care plan.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties).

Staff involved patients in decisions about the service, when appropriate.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Patients could give feedback on the service and their treatment and staff supported them to do this. There were community meetings and suggestion boxes on the wards, patients could complete satisfaction surveys when they were discharged, and there was a complaints process. We saw a summary of the results of feedback provided on discharge over the previous 12 months which had been collated in April 2021. They showed that 85 per cent of patients would recommend the service to family or friends and felt staff were caring and supportive.

Staff supported patients to make advanced decisions on their care.

Staff made sure patients could access advocacy services. There were onsite advocates who worked for the provider and independent advocacy could be accessed via telephone or videoconferencing.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

We spoke with two carers of patients who were using the service.

Staff supported, informed and involved families or carers. Staff kept families and carers informed and involved via telephone and involved them in their loved one's care and treatment if the patient had given their consent

Staff helped families to give feedback on the service. There were suggestion boxes on the wards, access to satisfaction surveys and the provider had a complaints process.

Staff gave carers information on how to find the carer's assessment.

Are Acute wards for adults of working age and psychiatric intensive care units responsive?

Good 

Summary of our findings in relation to whether this service is responsive:

Our rating of this service stayed the same. We rated it as good because:

- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could access hot drinks and snacks at any time.
- Overall, the service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously; investigated them, learned lessons from the results, and shared these with the whole team and the wider service.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Detailed findings:

Access and discharge

Staff managed beds well. A bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.

Bed management

Managers made sure bed occupancy did not go above 85 per cent. The average bed occupancy within the previous 12 months was 75 per cent.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

The service had out-of-area placements. The hospital was nationally recognised and routinely took patients from all over England.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

The psychiatric intensive care wards always had a bed available if a patient needed more intensive care. When a patient had been placed at the hospital out of area, staff made attempts to move patients to a unit closer to their family and friends.

Discharge and transfers of care

The service had no delayed discharges in the past year.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We saw evidence in care records that discharge planning was routinely discussed and considered.

Staff supported patients when they were referred or transferred between services. The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. Patients had a secure place to store personal possessions. There was a safe in each patient's bedroom and each ward had a cupboard where items that could be used to self-harm were stored and monitored by staff.

Acute wards for adults of working age and psychiatric intensive care units

Good 

Staff used a full range of rooms and equipment to support treatment and care. However, the clinic room on Oak ward was small. During our inspection the room became cluttered and untidy due to two members of staff working simultaneously in a confined space.

The service had quiet areas and a room where patients could meet with visitors in private. Patients could make phone calls in private.

The service had an outside space that patients could access easily.

Patients had access to hot drinks and snacks and were not dependent on staff unless deliberate self-harm by scalding had been identified during their individual risk assessments.

The service now offered a variety of good quality food. Following poor feedback received via patient discharge surveys, food choices had been improved. A traffic light system had been introduced to indicate nutritional values and allow patients to make healthy food choices. The head chef had left comments books on each ward so patients could provide ongoing feedback and suggestions about food options and quality.

Staff had addressed the issue of rats being present within the ward areas. Bait boxes were regularly used, staff were asked not to leave bin bags on the grounds and food waste was now being collected by a recycling company which further reduced the risk of rats being attracted to ward areas.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. We saw a summary of the results of patient feedback provided on discharge over the previous 12 months which showed 85 per cent of patients agreed the skills they had learnt would help them manage their life as they move on from treatment.

Staff helped patients to stay in contact with families and carers. The summary of the results of patient feedback provided on discharge over the last 12 months collated in April 2021 showed 85 per cent of patients agreed they felt supported to stay in contact with the important people in their lives.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Most areas of the wards were wheelchair accessible. There were assisted bathrooms with handrails and wards had accessible bedrooms available.

In the main, staff made sure patients could access information on treatment, local service, their rights and how to complain. However, On Oak ward, information on noticeboards was out of date such as notes of a service user forum and a reflective practice meeting, both of which were dated February 2019.

Acute wards for adults of working age and psychiatric intensive care units

Good 

The service had information leaflets available in languages spoken by the patients and local community. Staff could produce information leaflets in different languages using online translation services.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. Themes included lost property and the behaviour of other patients.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Are Acute wards for adults of working age and psychiatric intensive care units well-led?

Good 

Summary of our findings in relation to whether this service is well-led:

Our rating of this service improved. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

Acute wards for adults of working age and psychiatric intensive care units

Good 

- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local quality improvement activities.

Detailed findings:

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Leaders now had a good understanding of the service they managed and could explain clearly how the teams were working to provide high quality care. Managers were able to provide us with information relating to changes and improvements in the service and their positive impact.

Leaders were now visible in the service and approachable for patients and staff. All members of the senior management team visited the wards regularly. Patients and staff told us they felt senior managers were approachable. All those we spoke with were very positive about the hospital director and the role they had in the development of the service. Patients were now able to attend forum groups with the senior management team.

There were leadership development opportunities available for all staff through an online portal.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

The provider's vision and values were putting people first, being supportive, integrity, excellence and, being positive. Staff we spoke with were clear about the vision and values of the provider and how they applied to their work and agreed with them.

The provider's recruitment process was based around these core values.

The provider ensured staff were aware of these values during team reviews of work that had been carried out and how the values had been applied. The vision and values were also discussed within staff appraisals.

Staff were given the opportunity to contribute to the strategy of the service via surveys and discussions with senior managers.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff felt respected, supported and valued by managers. Staff who spoke with us said senior managers had a supportive attitude and there was not a blame culture in place.

Acute wards for adults of working age and psychiatric intensive care units

Good 

The provider promoted equality and diversity in its daily work and provided opportunities for development. For example, transgender patients were able to be placed on wards specific to their legally recognised gender. However, to further promote the provider's commitment to equality and diversity, we felt there should have been equality and diversity champions on the wards; particularly given the diverse range of patients and staff within the service.

The hospital managers responsible for dealing with appeals and tribunals were all white and aged 60 or over and as such, were not representative of the patient group which was predominantly of working age. There were also patients from the black and minority ethnic community.

All the staff we spoke with felt able to raise concerns and were encouraged to do so by the senior management team within the hospital.

Staff knew who the hospital's freedom to speak up guardian was; how to contact them and what their role was. Some staff felt the appointment of the guardian should have been done on a more democratic basis and that this had led to the initial reluctance of staff to speak to the guardian. However, the provider had a meeting scheduled for 2 June 2021 to discuss the potential appointment of freedom to speak up guardians on the wards to further encourage staff to speak out as they would feel more comfortable talking to someone on their own team.

Governance

Our findings from the other key questions demonstrated that governance processes had significantly improved, operated effectively in the main at team level and performance and risk were managed well overall.

The provider had now introduced a range of new quality assurance systems within the service. These included quality walkarounds conducted by the senior management team which looked at the ward environment, risk, patient care and documentation on the wards. Any areas for learning were fed back to staff and ward managers so they could improve.

The provider had introduced nurse in charge safety checks which were completed by nurses in charge every three hours. These checks including staffing levels, risk assessments for section 17 leave, use of observations and any unusual events or risk factors that had occurred on the wards.

There were now audits of supportive observations and engagement process. These included checks of the quality of staff handovers of observations, whether staff had completed training in the provider's supportive observations and engagement policy, completion of associated documentation and that risks identified had been clearly recorded.

Staff now undertook observations of patients for no longer than two hours which was in line with the provider's supportive observations and engagement policy and the National Institute for Health and Care Excellence guidance on the use of observations. This meant observations were now carried out in a safe manner.

Staff were now able to take breaks during their 12-hour shifts. Staff were now required to complete break authorisation forms if they had not taken a break and providing there was a justifiable reason, were paid accordingly. The rationale for no break being taken was also reviewed as part of the senior management team's quality walkaround checks.

Acute wards for adults of working age and psychiatric intensive care units

Good 

The provider had met with agency staff providers and made it clear what the minimum levels of experience and competency were; particularly in relation to effective communication. Lessons learned were now routinely shared with agency staff via email. The provider now ensured that all block booked agency staff were trained in the use of the provider's prevention and management of violence and aggression policy. Agency staff were now required to complete a ward induction and be signed off as competent before being able to work on the ward or carry out certain tasks.

The quality of staffing rotas had significantly improved on the wards. Rotas were now produced from an electronic system and we found them to be fully legible and it was easier to see who worked on duty on which date/shift.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff had access to the risk register and were able to escalate concerns for inclusion in the corporate risk register.

The provider had a business continuity plan in place which took into account unforeseen circumstances which could affect the running of the service.

Ward managers had been asked to ensure that the usage of agency staff was justified and appropriate in order to minimise costs. However, ward managers told us that the senior management team had given them full authority to use agency and bank staff in order to meet patients' needs and ensure the wards were run safely.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local quality improvement activities.

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The service used systems to collect and analyse data that were not overburdensome to frontline staff. Reports could be produced from the provider's care records system in relation to patient outcome measures.

Staff received information governance training which highlighted the needs to ensure patient confidentiality was always adhered to.

Managers within the service told us that they sufficient access to the information they needed to perform their role and it was in a suitable format for their needs.

The provider made notifications to external bodies when required such as the Care Quality Commission, local authority safeguarding team and commissioners.