

The Retreat Strensall

Quality Report

Charles Court
Northfields, Strensall
York
YO32 5XP

Tel: 01904 499160







Website: www.theretreatyork.org.uk

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated the Retreat Strensall as good because:

The feedback from people who used the services was generally very positive. We found the services were good and the provider was mindful of providing a safe environment and staffing levels that enabled it to provide additional support for patients who were more vulnerable.

Staff had access to training and supervision and there was a comprehensive mandatory training programme in place. The provider was working towards continually improving governance. Staff engagement and staff opportunities to provide feedback to the leadership team had improved.

Patients who could speak with us told us they had good relationships with staff who treated them with dignity and respect and that staff were always approachable.

We found that assessments and care planning was thorough and in collaboration with patients and their relatives and carers.

However

The provider used management of violence and aggression physical interventions during times when patients could present a risk to themselves and others. However, there was not always a full management of aggression and violence team available to respond. The provider had trained between 50% and 79% of staff in these techniques, meaning that not all staff had received this training.

Although there were nurse call alarms in place for patients, these were poorly positioned both in the bedroom and bathroom areas which meant patients may not be able to reach these when calling for assistance.

Summary of findings

Our judgements about each of the main services

Service

**Wards for
older people
with mental
health
problems**

Rating

Good



Summary of each main service

The Retreat Strensall services comprised of two bungalows attached to a 21-bed hospital unit residing in a residential community setting. There was a 4-bedroom bungalow for female patients and a 2-bedroom bungalow for male patients. Overall, we found the services were good, the environment was clean and tidy, staff were respectful and patient's care was person centred.

Summary of findings

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Good



The Retreat Strensall

Wards for older people with mental health problems

Summary of this inspection

Background to The Retreat Strensall

The Retreat Strensall was a 21 bed mixed gender community unit that is part of The Retreat York Independent provider of specialist mental health services. The provider worked closely with the NHS to provide services at The Retreat Strensall for older adults who require hospital based treatment for mental health problems e.g. dementia, psychosis, depression, bipolar affective disorder. This included people who are detained under the Mental Health Act (MHA) or who required intensive levels of assessment, monitoring and treatment that were not possible in other settings. The service was available on a needs led basis and does not have age criteria despite the older age range of the current patient group. The service has a full time multidisciplinary team and range of ancillary staff that included music and drama therapists and a dietician. An independent advocacy service and Resident Quaker support the rights and spiritual needs of the people they care for. A local GP practice visits weekly and provides an emergency service. The service's 21 beds include a 15-bed unit within the main building, a two-bedroom bungalow for male patients and four-bedroom bungalow for female patients.

The Retreat York has recently closed the Allis Unit, resulting in some patients transferring to the Retreat Strensall. This caused the Strensall unit to be unsettled for a period.

The Retreat Strensall is registered with the Care Quality Commission to provide the following regulated activity:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures,
- personal care, and
- treatment of disease, disorder or injury.

Inspection has taken place at the Retreat Strensall on four occasions the most recent inspection took place on 18 November 2013. That inspection found the Retreat Strensall to be compliant in the five outcomes measured. These included consent to care and treatment, care and welfare of people who use services, management of medicines, supporting workers, and assessing, and monitoring the quality of service provision.

The service had been subject to two Mental Health Act Review visits on 30 January 2014 and 8 September 2015. Findings from these visits indicated that the provider needed to improve its recording of discharge planning within patient care records. The service has a registered manager who had been in post since March 2015 and an accountable officer.

Our inspection team

Team leader: Senga McMorrow, Inspector (Mental Health) CQC

The team that inspected the service comprised of two CQC inspectors, one CQC pharmacy inspector, an assistant inspector and a variety of specialists: a nurse

specialist, an occupational therapist, a director of nursing and an expert by experience. The nurse specialist and occupational therapist had specialised knowledge of the care of older people.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients and staff through focus groups.

During the inspection visit, the inspection team:

- visited all three clinical areas at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with nine patients who were using the service
- spoke with the registered manager and acting manager for the service

- spoke with 19 other staff members; including doctors, nurses, occupational therapist, psychologist and social worker
- received feedback about the service from external stakeholders
- spoke with an independent advocate
- attended and observed one hand-over meeting and multi-disciplinary meeting
- collected feedback from three patients using comment cards
- conducted a short observational framework for inspection (SOFI) exercise
- looked at 15 care and treatment records of patients
- carried out a specific check of the medicine management on the ward; and
- looked at a range of policies, procedures and other documents relating to the running of the service
- reviewed seven personnel records of staff working in the service

What people who use the service say

Patients who we were able to speak with us told us they had good relationships with staff and that staff treated them with dignity and respect. Patients mostly felt safe but told us they were unhappy when patients from the closed Allis unit at the Retreat York moved to the Retreat Strensall as this caused patient-to-patient conflict. Patients also reported an increase in the level of noise

and disturbance from these patients. Patients told us they had not been involved in discussions about these changes. We were unable to speak with all patients because some were not able to communicate with us. Relatives gave positive feedback about all aspects of care.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **good** because:

- The provider had identified ligature point risks; these are points where patients who may wish to harm themselves can tie ligatures. Regular environmental risk assessments were undertaken and staff were fully aware of these. Procedures were in place to mitigate these risks.
- The environment complied with guidance on same-sex accommodation.
- There was safe and secure storage of medicines, and there was regular monitoring of temperatures of the clinic room and medicines refrigerator.
- There was a comprehensive mandatory training programme in place and the provider had achieved an overall rating of 89% compliance.
- Staff had received training in safeguarding adults (98% completed) and children (88% completed) and understood the local safeguarding procedures
- There was a stable staff team and the registered manager and deputy managers had oversight of the environment and the authority to adjust the staffing levels if required.
- On admission, staff did thorough assessments of the risks to patients.

However:

- The provider's level of training for management of violence and aggression training was between 50 and 79%. Although the hospital used these physical interventions and had a restraint policy, there was not always a full management of aggression and violence team available at The Retreat Strensall location to respond during times where patients could present a risk to themselves or others.
- Although there were nurse call alarms in place for patients, these were poorly positioned both in the bedroom and bathroom areas which meant patients may not be able to use these when they were calling for assistance.

Good



Are services effective?

We rated effective as **good** because:

- Each patient had a comprehensive assessment and care plan. Patients received regular physical health checks.

Good



Summary of this inspection

- Staff planned care and treatment during the initial assessment and this involved considering discharge arrangements with the patients.
- The team across the service consisted of a range of mental health professionals
- Staff had received training in the Mental Health Act and the Mental Capacity Act and had a good understanding of the code of practice principles.
- The services medical cover comprised of a consultant psychiatrist and support from local GP and out of hours services.
- Staff told us that they had regular supervision at the central retreat site. The majority of staff had received an annual appraisal and those who had not were absent from work, or new starters.

However

- The patients in the service had a wide range of mental health diagnoses and associated risks. The services' lack of clear clinical model underpinning the care and treatment that patients received in the service, was making these issues worse. Without a clear clinical model of care and treatment, patient recovery outcomes were difficult to measure. The provider was working on a revised clinical model of care; this was not yet in use on our visit.
- The service was not involved in any national accreditation or peer review schemes
- Not all patients had a physical health check on admission

Are services caring?

We rated caring as **good** because:

- We observed excellent interactions between staff and patients. Staff worked with patients as partners in their care.
- Patients told us they had good relationships with staff who treat them with dignity and respect.
- The services demonstrated a patient-centred approach to individual patient choice and wishes.
- Care plans showed that staff included patients and relatives in their care and treatment.
- The patient lead was an expert by experience (someone who has experience of using services) employed by the provider who was able to represent the views of the patients.

Good



Are services responsive?

We rated responsive as **good** because:

Good



Summary of this inspection

- The service employed catering staff as part of the regular staff team. The food quality was good and patients had the option to make drinks at all times.
- Patients could request meals that reflected their religious or cultural background or personal choice.
- Information is provided for patients about the care and treatment they could expect to receive whilst on the ward, this includes how to make a complaint.
- A chaplain was visible at the location and spoke with the inspection team during the inspection.
- Patients and relatives told us they felt confident and knew how to complain. Staff were aware of the complaints policy and were able to progress complaints appropriately.

However

- There were low occupancy rates and the future of the location was unclear as the provider leased the building until 2021.

Are services well-led?

We rated well-led as **good** because:

- Staff understood the vision and values of the provider and clearly demonstrated the organisations' Quaker values in their day-to-day roles.
- The service was well-led at ward level and staff told us they could discuss concerns with their immediate line managers.
- Staff knew who the senior managers were within the organisation. Initiatives were ongoing to improve communication with staff, including engagement opportunities where staff could feedback on services.
- The acting CEO had increased the membership of the senior management team to improve representation from key members of the leadership team and for the Retreat Strensall location.
- The service was working actively with staff to respond to their concerns and make changes that would benefit them, due to the recognition of low morale.
- The service was very responsive to feedback from patients, staff and external agencies.

However

- Staff reported being unclear about learning from incidents particularly following recent safeguarding investigations and allegations made about staff and their subsequent return to duties.

Good



Summary of this inspection

- Although there was a great commitment towards continual improvement and innovation, there had been longstanding difficulties at the location with seven registered managers within a four-year period.

Detailed findings from this inspection

Mental Health Act responsibilities

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

A Mental Health Act administrator oversaw all matters relating to the Mental Health Act (MHA) and provided training and advice for staff. We found that the services were adhering to the MHA and Code of Practice. Staff had a good understanding of the Code of Practice and 89% of staff had received training in the Mental Health Act and the new code of practice.

There were four patients detained under the MHA at the time of our visit. All patients were read their rights on a regular basis. Patients have access to independent mental health advocates, who supported them to appeal to a tribunal and take section 17 leave.

The service had been subject to two Mental Health Act Review visits on 30 January 2014 and 8 September 2015. Findings from these visits indicated that the provider needed to improve its recording of discharge planning within patient care records, there was evidence that this had improved.

Mental Capacity Act and Deprivation of Liberty Safeguards

The provider was adhering to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards; four patients were subject to DoLs during the inspection.

The provider had made four applications for Deprivation of Liberty Safeguard (DoLs) between the 17 January 2014 and 08 September 2015.

There was good compliance with the provider's mandatory Mental Capacity Act training and 80% of staff had completed this training.

Staff also demonstrated a good understanding of the Mental Capacity Act and its principles.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Wards for older people with mental health problems

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

Are wards for older people with mental health problems safe?

Good 

Safe and clean environment

- The ward layout did not allow staff to observe all parts of the wards without obstruction. However, these risks had been mitigated using measures that included staff observation. The service did not have a seclusion room.
- The provider had identified ligature point risks across all areas. Regular environmental risk assessments were undertaken and staff were fully aware of these. There were procedures in place to mitigate these risks.
- The clinic room was fully equipped with access to equipment for physical examinations and resuscitation. Equipment checks were regularly completed.
- The environment complied with guidance on same-sex accommodation. Each bungalow was single gender and the main hospital had designated male and female bedroom corridors and lounges. Bedrooms did not have en-suite facilities however bathrooms were single gender within the designated areas.
- The ward areas were clean and well maintained, there were comprehensive cleaning schedules across the location and there was a schedule for the replacement and update of furniture.
- Patients had access to their bedrooms at all times.
- Staff had alarms and these operated within the main hospital building and the bungalows. Although there were nurse call alarms in place for patients, these were poorly positioned both in the bedroom and bathroom

areas which meant patients may not be able to use these when they were calling for assistance. We spoke with the provider about this during the inspection; they told us that they would resolve this.

Safe staffing

- The established staffing complement for the service was 29 whole time equivalent (WTE) staff. This included 8.5 WTE qualified nurses, and 12.5 WTE support workers. The service reported 24% staff vacancies, one vacancy for qualified staff and two vacancies for support workers. During the 12-month period leading to the inspection, the sickness absence rate was 8% mostly attributed to some long-term sickness. The staff turnover was 24% but the provider had an ongoing recruitment strategy to try to address the staff shortages for the provider and the location. The provider had the necessary staff on duty to support the needs of the patients and location, corroborated within the staffing rotas. The provider covered any staffing shortfalls with their own regular staff or their own bank staff.
- The provider used the Hurst tool to set its staffing establishment requirements. This tool balances staff numbers against patient needs to ensure the correct staffing levels are in place.
- There was a comprehensive mandatory training programme. The provider training programme demonstrated 89% for its overall training compliance and had achieved additional compliance figures of 98% for adult safeguarding, Mental Capacity Act 80%, Mental Health Act 81 % and risk awareness 100%. Training in basic life support (83% compliance) and immediate life support (88%) was also mandatory for the staff team.

Wards for older people with mental health problems

However, the provider's level of training for the management of violence and aggression was between 50% and 79%. It was unclear what the expected level of this training was for the location.

- The Retreat Strensall told us that they were implementing the 'Safewards' model. This nationally recognised programme focuses on ten key areas to help reduce rates of conflict in adult in-patient mental health settings.

Assessing and managing risk to patients and staff

- There were no seclusion facilities and the organisation did not support the practice of seclusion. However, there had been a recent incident of seclusion undertaken in an environment that was not suitable. This had arisen as a staff response to manage the risks presented by a patient to themselves, other patients and staff. The senior management team had implemented an internal investigation and reported this to the local authority safeguarding board.
- The hospital used management of violence and aggression physical interventions and had a restraint policy. However, the provider was aware of this risk and included it on the risk register. There was not always a full management of violence and aggression team available to respond to risk incidents at The Retreat Strensall location. The distance from the Retreat York location meant that the Strensall services could not use staff from the main site immediately. The provider had mitigated risks by risk assessing all new admissions; they had restricted patient admissions where potential patients had a history of recent violence and aggression. Staff called the police in an emergency.
- We reviewed 15 electronic and paper records of care across the services. We looked at four patient files in detail, and reviewed the observation records of seven patients. Of the records we looked at in detail, two had out of date risk assessments, however all of the patients had updated care plans. Staff did thorough assessments of the risks to patients on admission; however, we found that three patients had not had a physical health check on admission. A recent mental health act review visit also highlighted this issue.
- The service used the same tools that were used by the provider at its main location. These could include clinician assessment, narrative of risk and FACE (functional analysis of care environment) risk assessment if required.

- Staff had received training in safeguarding adults and children and understood the local safeguarding procedures. There was a safeguarding lead identified in the team and they worked in collaboration with the safeguarding lead within the hospital. Safeguarding was clearly embedded across the service. There were good links with the local authority.
- We saw the safe and secure storage of medicines, and monitoring of the temperatures of the clinic room and medicines refrigerators. The service received support from pharmacy staff they offered advice and undertook medication audits. Information on medications and treatment was available in easy read format. As required medications (PRN) for patients were listed on the patient's prescription charts. Information regarding the use of medication was clearly documented in patients care plans.
- Doors to the location were locked to protect the premises, staff and patients due to the isolated community location. However, patients could exit the building when they wanted to.
- Patients and their families told us that they had regular visits, and could meet in the visitors' room or in the conservatory.
- Staff told us that patients at Strensall were not searched, and therefore there is no searching policy in use.

Track record on safety

- In the 12 months prior to the inspection there were 30 notifications and 12 safeguarding concerns raised to CQC. The common theme from these notifications was alleged assault/aggression between patients, which was corroborated by staff, and patients. A review of these notifications and the increase in incidents was attributed to the transfer of patients from the closed Allis ward at the Retreat York location into the Strensall location. This was no longer a problem at the time of the inspection. There was one notification of an unexpected death, and six notifications for Deprivation of Liberty Safeguards.

Reporting incidents and learning from when things go wrong

- Staff understood their responsibility under the Duty of Candour and we saw evidence that where an error had occurred, the patient's family had been informed in writing.

Wards for older people with mental health problems

- We saw evidence of learning lessons when things had gone wrong across different locations. For example, medication errors and medicines management at the Retreat York had led to changes in practice which were recorded on the risk register at both locations. In response, the provider had introduced competency based staff training and the escalation of all medication error incidents through the incident reporting system and to the team manager. There were no medicines management issues evident at the Strensall location and there was further evidence of how change had affected practice positively.

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

Good 

Assessment of needs and planning of care

- We reviewed 15 care records across the services; these were both paper and electronic and were stored securely. Care plans reflected the details from the assessments for example nutrition, physical health, violence and aggression risks and mental health needs. However, we found that not all risk assessments were regularly updated.
- Records demonstrated that patients received ongoing regular physical health checks including an electrocardiogram (ECG). Some of these were undertaken on site. However, not all patients had physical health checks on admission to the service.
- Staff planned the care and treatment during the initial assessment and this involved considering discharge arrangements with patients. The service used the care programme approach (CPA) framework.
- Staff gave patients a copy of their care plans. We observed this within patient care records and the patients we spoke with confirmed this.
- The patients at the location had a wide range of diagnoses and presenting risks. The provider acknowledged that this meant a range of mental health problems and risks that could be more difficult to manage. This meant that treatment outcomes could be negatively affected due to the absence of an overarching clinical model of care. The provider was aware of the impact this may have on patients, and had undertaken a review. They were in the process of producing a revised clinical model for the services, which was suitable for the vary needs of the patient group.

Best practice in treatment and care

- We reviewed the hospitals medicine code (February 2016). The Medicines Code takes account of relevant legislation and guidance from the Department of Health as well as from professional bodies such as the General Medical Council, the Nursing and Midwifery Council (NMC) and the Royal Pharmaceutical Society. The provider also uses NICE guidance in relation to dementia, drug allergies and borderline personality disorder.
- The Retreat Strensall was not involved in national accreditation or peer review schemes. However staff had started to incorporate NICE (The National Institute for Health and Care Excellence) Guidelines/Recovery star into patient recovery plans.
- The Occupational Therapists (OT) were working with patients on the rehabilitation and recovery pathway to a step down programme moving individuals on to a less restrictive setting, such as supported living. Patients had OT intervention plans, which OT inputted into the patient's CPA reports with long and short-term goals. The OT's also use the MOHOST tool, and used Waterlow scores to assess risk of skin breakdown and pressure sores when they were assessing for equipment needs.
- The dietician used a nutrition-screening tool for assessment of patient needs, the dietician worked across all Retreat services and assessed the needs of each patient to ensure nutrition and hydration standards were high.
- The provider analysed clinical outcome measures, such as; improvement of symptoms for patients on the dementia pathway, moving on, reduction in psychotropic medications, quality of life score, improvements in BMI, stability or improvement in psychological symptoms. Practitioners reported these to the governance committee on a six monthly basis in order to develop changes in care and practice.

Wards for older people with mental health problems

- Clinical staff from across the MDT were involved in a wide range of clinical audits including; infection control, CPA standards, nutritional risk screening tool, falls screening, mental health act paperwork compliance and recording keeping.
- The provider arranged regular pet therapy sessions for the patients.

Skilled staff to deliver care

- The team across the service consisted of a range of mental health professionals both at the Strensall location and from the main Retreat York hospital site, including a psychiatrist, psychologists, social workers, a physiotherapist, dietician and occupational therapists.
- The services medical cover comprised of a consultant psychiatrist. There was no junior medical cover to support the psychiatrist. The service had established support from local GP and out of hour's services. The Retreat York medical director provided additional psychiatric support to Strensall. The doctor undertook revalidation in the last twelve months.
- Staff told us that they received regular supervision, and that this took place at the main retreat site. Most had an annual appraisal of their performance. However, the Retreat advised that five non-medical staff did not receive their appraisal this year. The provider told us that, two were new starters so were reviewed as part of the probationary review process, and three were on long term sick at the time of the appraisal process.
- Supervision included the opportunity for weekly team supervision conducted by an external facilitator at the Retreat York location. This allowed staff the opportunity for clinical reflection and one to one monthly/ professional supervision for the registered staff nurses.

Multi-disciplinary and inter-agency team work

- We saw good evidence of effective relationships with the local general practitioners, this included patients attending the local GP surgery's, in reach from the GP's and letters that communicated a comprehensive account of the patient's progress and follow up details.
- MDT (multi-disciplinary team meetings) reviews each patient weekly and details any behavioural changes or incidents as well as any presenting problems. The MDT invited patients and carers to meetings.

Adherence to the MHA and the MHA Code of Practice

- There had been two Mental Health Act review visits on 30 January 2014 and 8 September 2015. Findings from these visits indicated that the provider needed to improve its recording of discharge planning within patient care records. There was evidence that this had improved since the last Mental Health Act review visit.
- There was a combination of informal and detained patients across the services. There were four patients detained under the Mental Health Act and seven informal patients.
- Correct documentation was in place for section 17 leave and consent to treatment. The provider employed a full-time Mental Health Act administrator who oversaw all matters relating to the Mental Health Act including carrying out audits. They also provided training and advice for ward staff.
- Patients' care records demonstrated that staff had tried to inform patients of their rights under section 132 of the Mental Health Act and despite the patients finding this hard to understand, staff had repeated this process and recorded the patient's responses.
- Patients had access to independent mental health advocates who attended the Strensall location weekly. Although their office was at the main Retreat York location, they reported positively about the staff and how they engaged with both patients and advocacy staff to achieve the best outcomes for patients in respect of their mental health rights.
- Eighty one per cent of staff had received training in the Mental Health Act. We saw that the provider had been offering a training programme to staff on the updated Mental Health Act Code of Practice (2015).

Good practice in applying the MCA

- The provider was adhering to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards by ensuring that its staff operated within the guiding principles and had undertaken the necessary training. Staff had an in-depth knowledge of the patients in the services and were able to support patients to make their own decisions or make decisions in their best interest when the patients did not have the capacity to make their own decisions.
- The provider had made four applications for Deprivation of Liberty Safeguards and four patients were subject to these safeguards during the inspection.

Wards for older people with mental health problems

- Staff also demonstrated a good understanding of the Mental Capacity Act and the principles of Deprivation of Liberty Safeguards, we saw this evidenced in patient files.
- There was good compliance with the provider's mandatory MCA training and 80% of staff had completed this training.
- We spoke with advocacy services during our visit, whose role is also to provide IMCA (Independent Mental Capacity Advocate) support to patients subject to Deprivation of Liberty Safeguards. The advocacy service explained that the Retreat fund additional advocacy services to support patients. Advocacy services were on site at the Retreat five days per week, allowing continuous patient access to this service.

Are wards for older people with mental health problems caring?

Good 

Kindness, dignity, respect and support

- We observed excellent interactions between staff and patients. Staff worked in collaboration with patients as partners in care. Staff demonstrated respect and understanding of patient needs and a level of emotional support that was required.
- Patients who could speak with us told us they had good relationships with staff who treated them with dignity and respect and that staff were always approachable. We were unable to speak with all of the patients because of the severity of the mental health of some patients but their relatives gave good feedback about all aspects of their relatives care.
- We saw further evidence of patient and staff relationships when a 'short observational framework for inspection in mental health services' was undertaken during the inspection; this demonstrated the service's patient-centred approach to individual patient choice and wishes.

The involvement of people in the care they receive

- Care plans showed that staff included patients and relatives in their care and treatment, especially where patients had difficulties with comprehension. Patients were able to have copies of their care plan. We observed

meetings between staff and patients and saw evidence of how the patient's voice had influenced what happened at the location. This included a flip chart and board where patients or staff on behalf of patients could write requests affecting the service.

- There was evidence that relatives and carers were involved around all aspects of the Mental Capacity Act and Mental Health Act, ward and advocacy staff corroborated this.
- The patient lead was an expert by experience employed by the provider who was able to represent the views of the patients to all levels of the provider organisation.

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

(for example, to feedback?)

Good 

Access and discharge

- The Retreat Strensall had below average occupancy rates, operating at 70% bed occupancy in the six months prior to inspection. The Royal College of Psychiatry states, ("Do the right things, 2007"), that bed occupancy rates are a main driver of in-patient care standards. An optimal bed occupancy rate is 85%. This enables individuals to be admitted in a timely fashion to a local bed, thereby retaining links with their social support network, and allows them to take leave without the risk of losing a place in the same ward should that be needed. Delays in admission, which result from higher rates of bed occupancy, may cause a person's illness to worsen and may be detrimental to their long-term health.
- Patients came to the location from the main Retreat York site and the provider and staff had known most of the patients for many years. Following a review by commissioners responsible for the patients, there were eight out of 15 patients identified as suitable to move to different locations. The provider explained that delays in discharge are caused by lack of appropriate facilities for

Wards for older people with mental health problems

complex long-term patients. The provider was undertaking a comprehensive review of all of its services including Strensall as this issue is a feature at both retreat locations and not isolated to the Strensall site.

The facilities promote recovery, comfort, dignity and confidentiality

- The services were located within a community building in the village of Strensall; the provider leased the building from the Joseph Rowntree trust and had four years remaining on the lease agreement. The provider told us they were undertaking a review of the service and model of care as well as the building and its long-term future. This review was part of the ongoing changes by the provider of its entire services and future sustainability.
- The provider had attempted to ensure that there were a range of facilities and equipment to meet the care needs of the patients. The environment had recently been decorated and new carpets fitted. However, the staff and patients described the negative impact that this had on the patient's mental health because of poor communication from the senior management team. Improved communication would have ensured preparation for the changes and unfamiliar people that would attend the facilities when the works were undertaken.
- We saw that there were specific facilities available for patients with mobility needs such as an assisted bathroom with specialist equipment. However, during our visit we observed that maintenance checks on profiling beds and air mattresses were not taking place. The provider developed a new schedule for this during our visit.
- There was access to an enclosed outdoor garden and patients were able to participate in both one to one support from staff and group work. We saw the activity programme which was full and varied from Monday until Friday. However, there were no scheduled activities on Saturdays until 5pm. Therapy work such as OT and psychology did not take place at the weekends. During weekdays, there were a range of groups such as a brunch club, reminiscence group, music and newspaper groups. There was also visiting Pet Assisted Therapy (PAT). During the inspection, patients were observed in their interactions with the PAT cat.
- Staff told us that because they work as a satellite unit to the main Retreat site, they could sometimes have a long

wait when they request resources and equipment. For example, the unit vehicle was kept at the Retreat; therefore, the staff cannot make spontaneous decisions to go out with patients, as vehicles have to be booked in advance.

Meeting the needs of all people who use the service

- The catering facilities could meet the dietary requirement needs of any religious or cultural background. Patients had access to drinks throughout the day whenever they requested this.
- The Quaker chaplain was visible at the location and spoke with the inspection team during the inspection. Although, the chaplain was of a specific faith she was able to arrange for those who wanted support to see a religious leader from their own faith. Staff and patients spoke positively about her skills and how her role supported their needs.
- The services were accessible for patients with diverse needs that included disabled access, access to interpreters and information in different reading formats.
- Patients had the option to personalise their bedrooms. Patient rooms all contained lockable storage for personal items, however staff told us that this was under patient beds, and therefore not accessible to patients with mobility needs.

Listening to and learning from concerns and complaints

- Staff gave patients information about the care and treatment they could expect to receive whilst at the location that included how to make a complaint. We saw displays of information leaflets about how to complain. There had been one formal complaint and the provider had undertaken an investigation into this complaint. The complaint had alleged concerns about staff behaviour during the management of a patients challenging behaviour. Although this had been resolved staff had not received a formal debrief on the outcome of the investigation during the inspection.
- Patients and relatives told us they felt confident and knew how to complain. Staff were aware of the complaints policy and were able to progress complaints appropriately. Initially, ward managers dealt with complaints. If a complainant were not satisfied with the response from the ward then the central complaints department would manage this formally.

Wards for older people with mental health problems

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

Good 

Vision and values

- Staff understood the vision and values of the provider. These included, hope, equality, community, honesty and integrity, courage, peace and care for the environment. These values aligned closely the values of the Quaker community, historical values at the heart of everything the provider aimed to achieve from its services. However, staff told us they did not feel the recent changes to the services came in line with these values.
- Staff told us they could discuss concerns with their immediate line managers and staff knew who the senior managers were within the organisation and they were visible on the wards.

Good governance

- The provider had recently implemented changes to improve the governance structure to ensure effective systems and processes for the future. Work around this was still ongoing. The provider had also acknowledged that there had been a lack of representation of the Strensall services, which affected the quality of the data necessary for effective governance. Enhanced support for the registered manager and the service plans to address this.
- The provider had systems and processes in place to ensure that staff received mandatory training, supervision and appraisals. However, this had not addressed the ongoing issue of staff not receiving adequate levels of training in the management of violence and aggression.
- The provider had an acting chief executive officer (CEO), who along with the board had identified that there was a need to increase the membership of the senior management team to improve the scope of decision-making. For example, the HR manager had become part of the senior management team, which had improved the provider's openness and transparency and communication from the services including the Strensall services to board.

- The provider understood the requirements for fit and proper person and all of the directors employed by the provider were based at the location. The inspection team reviewed staff records to confirm the provider had met the requirements.
- The management team regularly reviewed and updated the provider risk register. The manager told us that audit leads fed any issues back to managers who discuss ongoing risks with the staff team at handovers. The risks for this location related to ligature points, and the lack of an available management of violence and aggression team.

Leadership, morale and staff engagement

- Initiatives implemented to improve communication with staff, included engagement opportunities where the provider gave staff information about changes in services and could feedback on services. Staff across the hospital spoke positively about these opportunities. However, staff reported that this had not been as evident recently which they perceived was due to the ongoing changes in management and with the board.
- Low morale amongst some staff had been recognised and the service was working actively with staff to respond to their concerns and make changes that would benefit them. The location was still viewed by the provider as one with a challenging reputation that had been unsuccessful in maintaining consistent and effective leadership. However, there was acknowledgement at board level that the support that had been in place for the location had been insufficient to effectively manage and support the changes required. For example, the service had seven managers in a four-year period.
- In the period leading up to the inspection CQC had not received any whistleblowing concerns from staff. Staff members we spoke with did not raise concerns about whistleblowing, however two staff members told us that they were nervous about discussing concerns with us due to anxieties about reprisals.
- The Retreat had a large organisational structure. There was a current acting Chief Executive who had responsibility for four directors of, operations, finance, medical, and governance. There was also an executive consultant in post. Each service provided (social work, OT, psychology) had a professional lead. This overall structure was responsible for the Strensall location and the main retreat site, which included inpatients and community services. At location level, there was a

Wards for older people with mental health problems

registered manager and two deputy managers. During our inspection, staff at the location told us that they felt there had been many changes for the service, which were not always well communicated to patients and staff. Staff told us that they feel blamed when things go wrong and would like to feel more supported by senior management. Staff told us that they do not see the senior management team often. However, staff told us that they value the good peer support they had from their colleagues and the wider MDT.

Commitment to quality improvement and innovation

- The hospital wanted to provide the best possible care and treatment practices across services. However, there was no recognition for any quality and innovation achievements at the Strensall location and there were still improvements, which were required before innovation, and quality were achieved. This included the service requiring a clear model of care consistent with the diagnosis of patients in the service that will achieve measurable outcomes for recovery. The service had entered this issue on their risk register as they agreed that a clear clinical model would allow them to measure outcomes more effectively.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that the positioning of its nurse call alarms and pull cord alarms within the bathroom and bedroom areas are easily accessible for patients when they need to use them.
- The provider should ensure that it reviews the standards required for management violence and aggression training at Strensall, to ensure that it will meet the safety needs of patients and staff and thereby reduce the risks.
- The provider should ensure that there is a clear clinical model in operation to support patient recovery outcomes.
- The provider should ensure that incident investigation outcomes are shared with staff in a timely manner to support staff in their daily roles and to allow for shared learning from incidents effectively.
- The provider should ensure that all risk assessments are updated regularly.
- The provider should ensure that all patients have a physical health check on admission.