The Disabilities Trust

Chalkdown House

Quality Report

Chalkdown House
Edison Park
Hindle Way
Dorcan
Swindon
SN3 3RT
Tel: 01793 429630
Website:

Date of inspection visit: 2nd and 3rd June 2015
Date of publication: 23/09/2015

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

Ratings

Overall rating for this hospital	Requires improvement 
Services for people with acquired brain injury	**Requires improvement** 

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Some of the en suite facilities were not clean.
- The ward layout did not always allow for good observation. Although patients' had been prescribed varying levels of observations (dependent on their individual needs) we were concerned to see that not all records had been completed, indicating that patients' had not been checked on or observed as prescribed.
- We found in relation to one patient information about allergies had not been communicated quickly to staff preparing patients food. We were concerned to learn that some patients' had been given food with ingredients to which they had identified allergies.
- Training records were incorrect and levels of fundamental and role specific training were low, placing patients' at risk of receiving unsafe care.

Are services effective?

Good

We rated effective as good because:

- Access to regular supervision in all disciplines was variable, however figures had improved since the last inspection held in December 2014 and steadily improved overall over the past rolling year from June
- Although staff worked well together within the disciplinary groups, staff told us that there was a disconnect between each professional group. This sometimes caused delays in information being shared amongst teams.

Are services caring?

Good

We rated caring as good because:

- Patients', relatives and carers generally spoke well of the staff and the care they received. We witnessed staff treating patients' with respect and dignity, and staff on the ward had a good understanding and knowledge of individual needs of patients.
- Through the use of a SOFI (short observational framework for inspection) we observed staff at meal times providing care in a patient manner and interacting well with patients'.

Are services responsive?

Requires improvement

We rated responsive as requires improvement because:

Summary of findings

- We were concerned to find that some bedrooms did not promote privacy and dignity at all times.
- It was not always possible to store patients' possessions securely within their own bedrooms.
- There was a lack of information available in different formats, and this information was at times, out of date and not user friendly.
- There were delays in acquiring specialist equipment that was specific to the needs of patients' with acquired brain injury.

Are services well-led?

Requires improvement 

We rated well-led as requires improvement because:

- In relation to training records, we were told that the collation of data had been done incorrectly and that the data submitted in preparation for this inspection was wrong. We were concerned to learn that this was the case, as Chalkdown House were unable to provide us with an accurate account of which staff were receiving fundamental and role specific training, potentially placing patients' at risk of receiving unsafe care.
- The unit was not recording incidents in line with the incident policy. All incidents of violence and aggression by patients were recorded on the 'ABC' (Antecedent, Behavioural and Consequence) patient assessment chart. However, we found, that due to a local decision, incidents of staff being spat at had not been recorded as an incident. We were told that due to patient's acquired brain injuries, not all incident of spitting or physical assault needed to be escalated beyond the clinical ABC process.
- Although improving since our last inspection in December 2014 and overall since June 2014, managerial and clinical supervision levels in line with the organisations own policy, continued to be low.
- Some staff groups told us that they felt marginalised, and spoke of poor managerial communication impacting on their work and the care of patients'.

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Services for people with acquired brain injury	Requires improvement 	

Requires improvement

Chalkdown House

Detailed findings

Services we looked at
Services for people with acquired brain injury

Detailed findings

Contents

Background to Chalkdown House

Chalkdown House is an independent hospital that provides specialist neuro-behavioural care for people with a non-progressive acquired brain injury.

It forms part of the nationwide network of specialist rehabilitation services provided by The Brain Injury Rehabilitation Trust (BIRT), which is a division of The Disabilities Trust.

The service opened in May 2013 and is a mixed gender unit with 20 beds and there are two self contained flats situated on the ward for patients nearing discharge. At the time of our visit all of the patients' were men.

The types of Services at Chalkdown house include Long term rehabilitation care; hospital services for people with mental health needs, learning disabilities and problems with substance misuse.

Regulated activities at Chalkdown house are Assessment or medical treatment for persons detained under the Mental Health Act 1983; Diagnostic and screening procedures and Treatment of disease, disorder or injury.

Chalkdown House was first inspected in December 2014. This inspection also included a full review of those patients' that were detained under the Mental Health Act.

As a result of this inspection, Chalkdown House received two compliance actions as they were found to be in breach of Regulations 9 Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010 the Care and welfare of people who use services and Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 and staffing.

At the time of our visit on the 2nd and 3rd June 2015, the two breaches of the above regulations had been met. We reviewed patient and staff records to show that this was the case.

Our inspection team

Team Leader: Lisa McGowan CQC Inspector

The team also included four CQC inspectors and or inspection managers and one CQC Mental Health Act reviewer (MHAR) and one expert by experience, who had either direct experience of care within services or caring for someone who has.

Detailed findings

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 these services, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited Chalkdown House and looked at the quality of the environment and observed how staff were caring for patients
- spoke with seven patients who were using the service and spoke with two patients who had been discharged from the service and collected feedback from three patients using comment cards.
- spoke with the managers for the hospital
- held focus groups and or 1:1 interviews for staff. This included four qualified nurses, five recovery support workers, one psychologist, one doctor, allied health professionals including two occupational therapists, one fitness coach, one speech and language specialist, one physiotherapist, one housekeeper, one member of the administration team, two catering staff and estates staff two staff responsible for the mental health act and the visiting general practitioner.
- interviewed the divisional director with responsibility for these services
- attended and observed one hand-over meeting and one multi-disciplinary meeting.
- Looked at overall 12 treatment records and care plans of patients.
- Observed a medication round and reviewed practices relating to that management of medication.
- looked at a range of policies, procedures and other documents relating to the running of the service.
- Spoke with various agencies who work alongside Chalkdown House including local authority safeguarding leads and commissioning staff.

Facts and data about Chalkdown House

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

Our ratings for this hospital

Our ratings for this hospital are:

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

Requires improvement

Are services safe?

Our findings

Safe and clean ward environment

- On the days of our visit that some of the en suite facilities were not clean. We bought this to the attention of the deputy service manager and whilst we were informed that the housekeeper had been on annual leave, the matter was addressed immediately. A schedule of cleaning priorities was formulated to avoid this occurring again.
- The ward layout did not always allow for good observation. However there were mirrors placed at the end of some corridors to improve lines of sight.
- We found that although patients' had been prescribed varying levels of observations dependent on their individual needs, we were concerned to see that 11 of the 14 observation records, were not fully completed. This indicated that patients' had not been checked on a regular or observed as prescribed.
- Chalkdown House was not free of ligature points. We identified two ligature risks around two fire doors that had not been considered. However audits were regularly and routinely taking place on a daily, weekly, monthly and annual basis, and we saw records to prove this . For one patient in a self contained flat, extensive assessment of the ligature risks had been undertaken, identified and actioned and we saw records to show that this was the case.
- The ward did not have a fully equipped clinic room. This made it difficult for medical and nursing staff to examine patients'. This room was accessed through another office and was small. Patients' did not have access to this area, so any medical examinations would take place in bedrooms.
- There ward had resuscitation equipment available. Staff checked this equipment regularly, although we found that out of 13 weekly records we reviewed; only eight had been fully completed.
- Environmental risk assessments had been undertaken regularly, on a daily, weekly, monthly and annual basis and we saw records to show that this was the case.
- Staff and patients' had access to appropriate alarms and nurse call systems. Staff wore personal alarms and there were wall mounted alarms for patients, staff and visitors to activate in an emergency.
- Chalkdown House currently complied with guidance on same-sex accommodation as there were only male patients' on the days of our inspection. We were told on the day of our inspection that if a female were to be admitted that they were able to isolate areas of the ward, including the communal space to allow for privacy and dignity.
- The design of the ward was arranged around two internal courtyards. This meant that patients' could find their way around and back to central points and areas due the ward arrangement and the central courtyards and we saw signage being used to direct patients' who required help around the ward, back to their bedrooms.

Safe staffing

- The current establishment levels for whole time equivalent (WTE) for qualified nurses was 10
- The number of WTE vacancies for qualified nurses was 2.6
- The current establishment levels for WTE nursing assistants was 17.
- The number of WTE vacancies for nursing assistants was 0.
- 17 shifts out of 93 were led by an agency or bank nurse in the month of March: 27 shifts out of 90 were led by an agency or bank nurse in the month of April: 14 shifts out of 93 were led by an agency or bank nurse in the month of May
- The number of shifts that were not fully staffed between January and April 2015 were zero. This had also been achieved in part through the use of bank and agency staffing to fill deficits.
- Staff sickness between December 2014 and April 2015 was 117 days, which equates to 1116 hours.
- Staff turnover rate was 28% in the past 12 months.
- Staff did not consistently receive appropriate training, supervision and professional development. The training records provided for us at inspection showed us that most staff were not up-to-date with statutory and mandatory training, therefore placing patients' at risk of unsafe care. On the day of our visit we were told that there had been a reporting error in the statistics submitted by Chalkdown House prior to the Inspection. We provided Chalkdown House the opportunity to resubmit their data. However, we were concerned to find this data did not improve the overall level of compliance with fundamental and role specific training. For example, 68% of staff had not been trained in food hygiene, 40% had not been trained in moving and handling procedures, 48% had not been trained in

safeguarding, 69% had not been trained in the management and prevention of infection control, 64% had not been trained in first aid and 38% had not been trained in fire safety procedures. The organisation had systems in place to record training data and reporting. However, there was a lack of adequate systems recording training information and data at a local level. Chalkdown House did provide some in house training including safeguarding. However other training was provided by external trainers. Chalkdown House managers told us that the organisation as a whole had been unable to provide adequate timely training due to a lack of external trainers being available.

- There is no formal tool used on the unit to establish staffing levels. These are adjusted through clinical need and risk reviews which are held routinely on a weekly basis in the clinical team meeting, or daily and on an ad hoc basis if risks increase unexpectedly. A senior member of staff is on-call out of hours to authorise additional staff if needed at these times.
- We were told by Chalkdown House managers that there have been difficulties in filling the vacancies for qualified nursing staff. This has meant a high use of agency/bank staff to cover the shifts. However evidence shows that efforts have been made to address this through consistent use of the same agency/bank worker where possible.
- We saw evidence of a localised induction that was being held for new starters and bank staff by the deputy service manager and the head of care. Agency staff were invited but were under no obligation to attend as training needs were undertaken by the employing agency. Chalkdown House did liaise with nursing agencies about specific training requirements.
- We saw staff rosters to show that during an early and afternoon shift there were six clinical staff on a duty. Two of these staff would be qualified nurses and four staff were support workers. During a night shift there were four clinical staff on duty with two qualified nurses, and two support workers.
- We saw evidence to show that escorted leave was taking place on a regular basis, and we were told by the Chalkdown House managers that escorted leave was rarely cancelled because there are too few staff.
- We were told by Chalkdown House managers that there are enough staff on duty at any given time to safely carry out physical interventions and we saw staff rosters to show that this was the case.
- There is adequate medical cover day and night and a doctor can attend the ward quickly in an emergency, with out of hours emergency being managed through the primary medical services (GP) on call system.

Assessing and managing risk to patients and staff

- We found in relation to one patient information about allergies had not been communicated quickly to staff preparing patients food. We were concerned to learn that some patients had been given food with ingredients to which they had identified allergies.
- There were policies and procedures in place for the use of observation, including to minimise risk from ligature points. However we did find in the case of 11 out of 14 records, observation paperwork had not been fully completed, indicating staff had not been compliant in undertaking and recording prescribed observations.
- We reviewed nine patients' files with specific attention to risk information and saw they each had a pre admission assessment following a visit from members of the clinical team at Chalkdown House.
- There were no blanket restrictions in place and patients' were able to smoke and make drinks and snacks at their leisure. Some patients' needed support in order to do this safely.
- We were told by Chalkdown House managers that all staff were trained in physical restraint and are taught how to hold patients' in a supine position. However we did not see any training records specific to this. However, we were told by the Chalkdown House managers and we found no evidence to show that full restraint of this kind (supine or other) was ever used, although on occasion, low level holding of patients' who were in distress did occur in a sitting position. We saw evidence in clinical records to show that this was the case.
- We were told by the Chalkdown House managers that medicines used to induce rapid tranquillisation of patients' were never used and we saw no evidence to the contrary.
- There is no seclusion facility and we were told that patients' are never secluded and we found no evidence to show that seclusion had occurred on any occasion.
- Safeguard reporting was found to be good, and staff were able to identify when and how to raise a concern. However, training records showed that only 52% of staff are trained in safeguarding.

Requires improvement

Are services safe?

- Prior to our visit we were aware of medication errors that had occurred at Chalkdown House. Where errors had been made, we saw evidence of appropriate performance management measures being taken, in order to minimise the risk of reoccurrence. Medication errors were reported internally and externally to the organisation through safeguarding procedures. We observed a medication round and found there was good medicines management practice. This included the storage and dispensing of medications and the identification of allergies to certain medications was clear.
- We reviewed three patients' records for the management of pressure areas. These patients' had been assessed as highly vulnerable to pressure ulcers and we saw that there were care plans in place and that regular reviews had occurred to monitor this risk. Contained within the records were contact details of the tissue viability nurse who could be accessed through primary medical services.
- There were procedures in place for children to visit the ward. This occurred off the main inpatient area, and all visits were risk assessed to determine whether the visit should be observed by a member of staff or not.

Track record on safety

- We reviewed records that showed that in the months of December and November 2014 there were 13 incidents involving either verbal or physical aggression, one incident of choking which was described as a near miss and or a dangerous occurrence that could have resulted in harm. Five incidents of self harm, one incident involving injury sustained from the use of a wheelchair and eleven incidents that were due to patients' accessing the security codes to Chalkdown House, injury during exercise, use of medications purchased elsewhere and not prescribed from Chalkdown House and one patient absconding form Chalkdown House.

Reporting incidents and learning from when things go wrong

- Staff told us that they knew when they should be reporting incidents and how to do this. Chalkdown House operated a paper based incident reporting system and we saw evidence to show that this was adhered to. However we did find that not all incidents were being reported as such. For example, when staff were the subject of hostile behaviours from patients' due to the nature of their illness, this was considered as a presentation of illness and associated behaviours and was not recorded as an incident.
- All complaints were logged and investigated by the deputy manager. In 2015 they had received nine complaints and examples were around the conduct of agency staff. As a result these agency staff no longer worked at Chalkdown House.
- All adverse events were recorded and reported through the relevant systems, processes and agencies, and we saw an example of this surrounding the absconsion of a patient.
- We were provided information on the day of our visit of how Chalkdown House plans to redevelop the site and include an additional five beds which will be used to care for patients' with more challenging needs.

Good

Are services effective?

Our findings

Assessment of needs and planning of care

- We saw improvements in overall care planning from our last inspection which took place in December 2014 and as result previous compliance actions were removed. Chalkdown House had devised a new format for their care plans, and we found that care plans were in place that addressed patients' assessed needs. These were reviewed weekly by the staff team at the multi-disciplinary team (MDT) meetings. They were holistic in nature and content, and covered areas such as; mobility, nutrition, accommodation, community access, money management, self-harm, employment, hygiene and physical interventions. All care plans were discussed with and signed by the patient, and we saw 'goal planning' meetings with the patients' were taking place which focused on their individual needs.
- All patients' admitted to Chalkdown House had a physical examination assessment and there was ongoing monitoring of their physical health needs. We reviewed 12 patient records and all showed that this was the case. There were regular reviews of patients' physical health to ensure any concerns were identified promptly. Any identified concerns resulted in an updated care plan and clinical observations increased if necessary.
- All clinical documents, reports, care plans, capacity assessments and risk assessments that are held electronically are all password protected. Individual care plans were paper based.
- None of the 12 care plans we reviewed contained information about patients' spiritual or cultural needs and preferences.

Best practice in treatment and care

- The consultant psychologist told us they adapted NICE guidance in relation to treating patients for depression and anxiety following a traumatic brain injury. However there were no examples of this in the patients records we reviewed. They also used the Scottish Intercollegiate Guideline Network (SIGN) for assisting patients with brain injury and we found evidence to show that this was the case. The clinical team also used assistive technology in collaboration with the University of Bath. For example, they used a system of 'motion' watch to assess patients' sleep patterns to assist in their care and treatment.
- Patients' could access psychological therapies as part of their treatment.
- Chalkdown House employs two full time Grade A Clinical Psychologists and a full time Consultant Neuropsychologist.
- The registered nurses ensured that physical assessments were completed in a timely manner. They had an overview of the physical health needs of patients. They ensured regular physical health checks took place and in partnership with the MDT team we saw that patients' physical health care plans were kept up to date. All patients' were registered with a local GP practice who visited weekly. Out of hours cover and weekends was covered by an on-call GP for the area.
- The multi-disciplinary team used appropriate clinical outcome measures to show the effectiveness of their work. They produced a yearly outcome report for their funding bodies, to demonstrate that patients' progress was monitored by quantifiable measures. Chalkdown House completed the UK ROC Outcomes (the UK specialist Rehabilitation Outcomes Collaborative) measures with all patients during their rehabilitation period, where baselines were taken on the patients' admission and reviewed on their discharge. These measurements were then compared to indicate patients' improvement whilst being treated at the hospital. The UK ROC Outcomes included the Rehabilitation Complexity Score which measured a patients therapeutic need. Recovery was shown by a reduction in patients' admission and discharge scores. For example, the data on one patients' anxiety levels scores on discharge was reduced, indicating that the care and treatment provided by the staff team promoted their recovery.
- They also used therapy scores and the FIM (functional independent measure) and FAM (functional assessment measure) tools. These measures show patients' cognitive and psychological functional abilities. The data on patients' files showed us that patients' personal abilities and level of function had improved during their admission periods.
- The multi-disciplinary team also used patient led goals called the Goal Attainment Scaling (GAS) to show recovery. These were goals for the team set after discussion with the patient and if appropriate, their

family. Patients progress and achievements in relation to identified goals were monitored and scored by the team. Data seen on two patients' care files showed us each had a positive gain in goal achievement.
- There were several ward based audits including audits around infection control and prevention measures and physical health checks.

Skilled staff that deliver care

- Staff told us information about patient admissions was not communicated effectively, leaving staff a few hours to prepare rooms.
- Staff were receiving clinical and or managerial supervision. however, although steadily improving from June 2014, figures were relatively low, given that the target was to provide staff with supervision four or more times yearly. In June 2015 95% of staff had received one or more supervision: 87% had received two or more supervision: 61% had received 3 or more supervision and 33% had received four or more in that past rolling year. In comparison, in June 2014 figures provided showed that 57% of staff had received one or more supervisions in that past rolling year: 39% had received two or more supervisions: 29% had received three or more and 0% had received four or more supervisions. These figures are representative of the whole staff group employed at Chalkdown House, including clinical, therapy and non clinical staff.
- There were regular team meetings and most staff felt well supported by their manager and colleagues on the ward. However, this was inconsistent across the teams, which consisted of nursing and housekeeping staff, estates staff, other clinical staff and administration staff. Some staff groups felt marginalised and spoke of poor managerial communication.
- The staff working at Chalkdown House came from a range of professional backgrounds including nursing, medical, occupational therapy, psychology and psychiatry. There was also a GP who visited Chalkdown House weekly to review the physical health of patients on a routine basis and would also attend on an ad hoc basis when changes in patients' health occurred.

Multi-disciplinary and inter-agency team work

- Patients' records showed that there was effective multi-disciplinary team (MDT) working taking place. Care plans included advice and input from different professionals involved in patients' care. Patients' we spoke with confirmed they were supported by a number of different professionals on the wards. MDT meetings were completed weekly every Wednesday and we were able to attend one of these meetings during our visit. These meetings were consultant led and other clinicians were able to provide input and contribute towards individual patient care. Different professionals worked together effectively to assess and plan patients' care and treatment.
- An afternoon staff handover was observed on the day of our visit. Information from the MDT team meeting that took place in the morning was presented to the afternoon staff coming on duty. Information about the rationale for monitoring a positive behavioural approach to assist one patient, was discussed at length in the MDT meeting. However, the feedback for the staff who were to deliver this care was limited, and there was very little discussion about the reasons behind the monitoring or how it would assist the patient.
- Information in patients' care records showed us inter-agency work took place. There was communication with the GP, funding authorities and identified placements in the community to assist patient discharge planning.

Adherence to the MHA and the MHA Code of Practice

- There were four patients' detained under the Mental Health Act 1983 (MHA) on the day of our visit. We reviewed all four files and found evidence that the responsible clinician (RC) had recorded their assessment of the patients' capacity to consent to treatment, at the first administration of treatment for mental disorder.
- We saw evidence on all four files to show that all four patients' were treated under an appropriate legal authority.
- There was evidence that second opinion approved doctors (SOAD) requests had been made where appropriate. Three patients' were being treated under a certificate to consent (T3). We saw evidence on two patients' records that both the statutory consultees had recorded their conversation with the SOAD. However, on the third file there was evidence that only one had recorded their conversation with the SOAD and we found evidence on two patients records only that the patients' RC had fed back the outcome of the SOAD visit to the patients' concerned.

Good

Are services effective?

- There was evidence on all four patient records that patients' had been informed of their rights upon detention and had had their level of understanding assessed. There was evidence on all four patient records to show that further attempts to explain patient rights had been made. We saw evidence to show that information was provided in an appropriate and accessible format. We saw evidence that all four patients' had been informed of their right to an independent mental health act advocate (IMHA) and that patients' had been automatically referred to the IMHA service as a matter of routine.
- At the time of our visit the Chalkdown House the MHA administrator had very recently left the organisation. There is currently a service level agreement in place with Avon and Wiltshire Partnership Trust (AWP) to provide MHA administration for a period of 12 months to Chalkdown House. In addition, there is also a service level agreement with AWP regarding the provision of hospital managers for hospital manager hearings.
- All four patient records we reviewed in relation to detention papers, contained all the correct information, including the criteria for detention for treatment. All four records had evidence that the patient's own views were taken into account during any decision making process, relative to the MHA. We saw evidence in three records to show that an assessment and a consequent full approved mental health practitioner (AMHP) report had been undertaken/completed. In relation to the fourth record, the AMHP report was requested from the relevant local authority and faxed over during our visit.
- We saw that in the case of all four records the nearest relative had been consulted.
- The Disabilities Trust has a 'hospital mental health legislation audit' form, which monitors the use of the MHA, including treatment, IMHA, Section 17 leave, tribunals/hospital manager hearings and Section 132 & Section 18 and we saw evidence to show that this was being used effectively.
- All four patients' that were detained under the MHA were in receipt of Section 17 leave. We saw evidence to show that all four patients had been given a copy of their Section 17 leave forms, and where appropriate there was evidence that relevant others, such as next of kin had been a given a copy. Leave was authorised through a standardised form, that was appropriately recorded and included specified conditions of leave. All out of date Section 17 leave forms were removed from all files.
- There was independent mental health advocacy (IMHA) information displayed around the building, and we saw evidence in relation to the four patients' detained under the MHA this service had been offered, and patients' made aware of their right to access it.
- Chalkdown House has a risk matrix in each file, containing three relevant risk assessments for community access: absconding, wandering and being escorted away from the unit. All are regularly reviewed in the weekly Multi Disciplinary Team meetings. However, we did not find evidence in the four files reviewed, that patients were the subject of a risk assessment, immediately before leave was authorised and taken.

Good practice in applying the MCA

- Chalkdown House delivers its Mental Capacity Act (MCA) training internally. They operate a system where staff employed at Chalkdown House are trained to deliver to other staff on site which is known as 'train the trainer'.
- There was a policy on MCA including Deprivation of Liberty Safeguard (DoLS) which staff are aware of and refer to.
- We saw by reviewing five patient care records with specific attention to patients' capacity, that good comprehensive capacity assessments had been completed. These were 'issue specific', meaning that each new and evolving issue had been considered and documented.
- Staff we spoke to had a good understanding of the MCA and were able to identify when the use of the MHA might be indicated or more relevant.
- On the day of our visit, there were five patients' on a DOLs. Only one of these had a valid standard authorisation. The other four patients' records showed assessments had all been requested. However, the 'supervisory bodies' in each case had backlogs of assessments, which resulted in delays occurring. This was out of Chalkdown House's control.
- We saw evidence to show that audits being undertaken with regards to the use of the MCA and DoLs.

Good

Are services caring?

Our findings

Kindness, dignity, respect and support

- On the day of our visit, we observed interactions between staff and patients' that were respectful, friendly and professional.
- We utilised a tool called a short observational framework for inspections to observe the interactions between patients and staff throughout meal times. This observation is taken at five minute intervals. We observed staff assisting patients' with their meals in a patient and collaborative manner.
- Patients' generally spoke well of the staff and of the care they received and told us that staff treated them with respect and dignity
- Staff on the ward had a good understanding and knowledge of individual needs of patients'.
- We saw staff intervening at times when patients' displayed behaviour that was challenging. On each occasion, staff did this discretely and made good use of conversation, facial expression and body language to distract patients away from sources of conflict.

The involvement of people in the care they receive

- We saw detail within care records which showed patients' had been provided information about their inpatient stay on admission to the ward.
- We found evidence in the 12 care records that patients' participated in planning their own care.
- There was access to independent mental health advocacy (IMHA).
- Patients' told us that their families were involved, with their consent, in their care. Relatives and carers of patients' we spoke with told us that where patients' did not have capacity to make decisions, they had been involved in making decisions in the patients' best interests.
- Patients' told us that they were happy with the food at Chalkdown House and had no complaints as to its quality and choice of meals. On the one occasion where a complaint about the food had occurred, the patient involved told us that improvements were made immediately.
- We saw evidence that community meetings were held with the patients on a regular basis, and action was taken when concerns were made such as the example shown around the complaint about food.
- Patients' told us that they were supported by staff to improve and maintain relationships with their friends and families, and this was often discussed as part of a group exercise named ‘social interactions’.

Requires improvement

Are services responsive?

Our findings

Access and discharge

- As a specialist neuro-rehabilitation service the hospital took patients' from across the country. Assessments before admission were completed by various members of the multidisciplinary team to decide whether the patient was suitable. This information was then discussed by the whole multidisciplinary team before a decision was reached.
- When patients' went home on leave, Chalkdown House did not use those beds for other patients as beds were allocated on admission and remained assigned to each patient until their discharge.
- We saw evidence of comprehensive discharge planning. On the day of our visit there were two patients' at Chalkdown House that the clinical team told us were ready for discharge. However, due to the difficulty in finding an appropriate placement there had been delays. We did see evidence however that managers had been engaging with the local commissioners to address this issue.

The ward optimises recovery, comfort and dignity

- Although the facilities were spacious and bedroom areas were of single occupancy with ensuite facilities, bedrooms were arranged around a central courtyard and did not have adequate controls in place to maintain privacy and dignity of patients' occupying the bedrooms. Other patients' and people could see into these bedrooms .
- The main garden was a large well-maintained area. The doors leading into the garden could not be opened by staff from the outside. Staff told us that because of this it had restricted the use of this outside space.
- Patients' at Chalkdown House are able to access outside activities in the community including shopping and rock climbing. There are a number of rooms dedicated for therapy sessions. Chalkdown House has two flats and staff can undertake therapy sessions with patients' if the flats are not occupied for pre discharge purposes. There is a training kitchen, training laundry, IT room, physiotherapy / gymnasium, activity room, assisted bathroom, two flats (for use when unoccupied) and other communal space that could be used for therapeutic activity. However, therapy staff told us it could be difficult organising activities due to the lack of dedicated therapy space.
- Patients' did not have a secure place to store their own possessions within their rooms, although some patients who were more able, due to less complication surrounding their health and physical ability, did have room keys. Staff told us patients could place money in a safe in the staff office. Staff also told us that there were lockers in the staff office which patients belongings were kept in. These were not individual lockers, there were two patients' names on each locker and staff confirmed they were shared.
- Chalkdown House had a dedicated comfortable visiting room outside of the main ward area that was served by a clean toilet with baby change facilities. The visiting area provided a safe environment to facilitate family visits and activities for children in the room were available.
- Chalkdown House had two small courtyards which were accessible to patients' from inside the unit during the day. One of these was used as a smoking area whilst the other was being used for gardening groups. The smoking courtyard had seating, a canopy that provided shade from the sun in the summer, and a smoking shelter for when it was raining.
- Although there was a payphone available in a private area on the unit, the majority of patients used their own mobile phones for family contact, or rang their family using a handheld phone on the ward.
- Hot drinks and snacks were available in the dining room throughout the day.
- We saw that patients' were able to personalise their bedrooms. Some patients' had brought in posters and in another room a picture had been hung on the wall. In one room the provider had fixed a TV to the wall at the patients' request and in order to maximise floor space.
- Staff told us that since the beginning of 2015 staffing levels had improved, allowing more facilitation of activities. We saw examples of patients' undertaking activities in the community personalised to their needs, such as rock climbing, cycling, and a trip to Wembley stadium.
- Chalkdown House has an activities coordinator. Some service users based on their capacity and ability will access more community leave than others.
- During our inspection we wanted to observe a scheduled “Problem Solving group”. At the time the group was due to start, the nurse in charge of the shift was unable to state where the group was due to be held or who was running it. Of the four patients' who were

due to be in the group, two were in bed and one was not on the unit. As a result the group did not go ahead. Patients' informed us that the cancellation of groups in this way was a common occurrence.

Meeting the needs of all people who use the service

- The Trust operates a capital expenditure system and process. Any equipment assessed as a patient need is hired in the interim within 24hrs. All requests to hire equipment have been agreed by the Divisional Manager. However, staff told us that there were difficulties and delays in ordering specialist equipment.
- Chalkdown House did not provide a comprehensive range of easy read information suitable for the patient group. Patients' were given a welcome pack on arrival. The main guide was 31 pages long with very detailed information. Much of this information about the service was not current, and it had an issue date of June 2011, despite the service not opening until May 2013. Staff told us that there were plans to review and improve the information provided and we saw some good easy read leaflets for rights under the Mental Health Act. Patients' had been asked by staff if they would be interested in helping make these improvements. A meeting was held in February 2015 but it was not clear if any patients had attended.
- Chalkdown House did not have other information prepared in any other languages. The procedure was to call translators and then have specific information translated on request. Access to translators was through a telephone booking agency.
- Staff had not explicitly recorded information about patients spiritual and cultural needs in the care plans. However they had taken action to meet individual needs of patients', for example, we saw that a previous patient had been assisted in going to Friday prayers and halal food was provided at their request.
- Chalkdown House was purpose built for people with disabilities with the necessary adjustments and we saw evidence of the hospital adjusting individual rooms to meet patients' particular needs.

Listening to and Learning from complaints

- All complaints were logged and investigated by the deputy manager. In 2015 they had received seven complaints. As a result of complaints being made, four agency nurses had been investigated and no longer worked at Chalkdown House.

Requires improvement

Are services well-led?

Our findings

Vision, values and strategy

- The Brain Injury Rehabilitation Trust mission is to promote a neurobehavioral and rehabilitation model of care. Posters displaying the Trusts objectives were available across Chalkdown House.
- The Disabilities Trust developed a strategic plan for 2015-2018, with an objective to 'deliver life changing support', 'make innovative use of technology to maximise independence', and 'create excellent staff teams, supported by high quality IT' (information technology) .

Good governance

- The provider told us that the collation of data had been done incorrectly and that the data for training records had submitted in preparation for this inspection was wrong. Chalkdown House were unable to provide us with an accurate account of which staff were receiving fundamental and role specific training and as a result were unable to identify areas of need, potentially placing patients' at risk of receiving unsafe care.
- The unit was not recording incidents in line with the trust incident policy. All incidents of violence and aggression by patients' were recorded on the 'ABC' patient assessment process. However, we found, that due to a local decision, occasions where staff had been spat at had not been recorded as an incident. We were told that due to patient's acquired brain injuries, not all incident of spitting or physical assault needed to be escalated beyond the clinical ABC process.
- Managerial and clinical supervision levels on the unit were low. Staff should have managerial supervision and a performance development review four times a year. As of June 2015 only 33% had four or more supervisions in the past rolling year. This figure equates to only nine staff out of 53 achieving 33%. However, this was a significant improvement on the figures for June 2014 which showed that no staff had four or more supervisions in that past rolling 12 months. This figure is representative of the whole staff group including clinical, therapy and non clinical staff.
- Personal development plans of staff improved showing that in June 2015 55% had received a review of performance where as in June 2014 this figure was 0%.
- Chalkdown House does not have key performance indicators in place.
- The governance system captured qualitative and quantitative data from several sources. Chalkdown House provided a monthly 'quality assurance data sheet' to the central governance team and in addition the divisional hospital director provided a monthly report based on a site audit. For example, they monitored incidents, safeguarding, complaints and staffing levels. This data was collated and trends and patterns were reviewed and challenged at a strategic level. One example of this process having an effect on service provision is the introduction of a new training programme to address continued high levels of violence and aggression across all services provided by BIRT, including Chalkdown House.
- Chalkdown House had a service development plan in place following the December 2014 CQC responsive inspection. The plan was monitored in the unit's monthly senior leadership meeting. This process additionally reviewed staffing, vacancies, training and supervision. However some tasks identified on the plan were found not to have been completed for example, deep cleaning the unit and employing an additional housekeeper.
- Chalkdown House was undertaking monthly care plan audits and monthly medicines audits. We saw evidence to show that this was the case and that actions had been addressed.
- Incidents and complaints were investigated and the data was collected. The recent spike in medicines incidents was identified and the BIRT head of nursing undertook a review and all agency nurses were stopped from undertaking all medicines stock checks and ordering of medicines. However, there was limited evidence of the learning from incidents being shared with other staff.
- Annual surveys were sent out to family members and evidence of responses to concerns raised by family was seen.
- All complaints were logged and investigated by the deputy manager. In 2015 they had received seven complaints. As a result of complaint investigations, four agency nurses had been investigated and no longer worked at Chalkdown House.

Leadership, moral and staff engagement

- Locally the unit had been without a permanent service manager for over six months. The new service manager started at the unit in May 2015. This was a permanent

Requires improvement

Are services well-led?

appointment. One patients' relative told us that they were 'impressed' by the new management and that they 'encountered' them 'at least once-or twice a week' during visits.

- The trust does not have a KPI for sickness. At June 2015 the sickness absence rate was 62 days lost in the past 12 months which equates to 1488 hours.
- The unit did not have any members of substantive staff under any disciplinary process.
- We found evidence to show that as a result of incidents and complaints, investigations were occurring. We found records to show that four members of agency staff had been investigated and no longer worked in the unit.

Engagement with the public and with people who use services

- The team at Chalkdown House expressed a commitment to engaging and caring for patients'. Chalkdown House had established a patient group that met monthly and minutes were shared in a pictorial form for all patients'. However, patients' had not been engaged in developing the service which for many is considered to be their home.
- The monthly visit by the Divisional Manager included the interviewing of patients to ensure that patients views and concerns were being escalated through the governance process.
- The Divisional Manager conducted a patient, CCG and family survey annually. We saw evidence of responses and letters being sent to families and service users addressing issues raised.

Quality improvement, innovation and sustainability

- The unit did not participate in any national accreditation programmes.
- The unit uses UKROC's FIM/FAM outcome measures to evaluate patient progress. This data had been published in the unit's annual report.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- Chalkdown House must have effective governance in place in relation to training records. We found by reviewing records that compliance to fundamental training was poor and recording of this information was inaccurate, placing patients' at risk of poor practice.
- Chalkdown House must ensure that they provide care and treatment in a way which ensures patients' dignity and privacy. Bedroom windows which faced onto communal courtyards were not screened. Other patients' and staff could see into these rooms without obstruction or difficulty.
- Chalkdown House must ensure that patients' using the service receive care or treatment that is personalised specifically for them. We found that the provider had failed to meet patients' nutritional and hydration needs. We were concerned to learn that one patient had been given food with ingredients to which they had identified allergies.

Action the hospital SHOULD take to improve

Chalkdown House should undertake assessments and formulate care plans that demonstrate that patients' spiritual and religious beliefs have been considered and identified.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect We found that Chalkdown House did not ensure that they provide care and treatment in a way that ensures people's dignity and privacy. This is a breach of Regulation 10 (1) and (2b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We observed that bedroom windows that faced onto communal courtyards where not screened and other patients' and staff could see into these rooms without obstruction or difficulty.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care We found that Chalkdown House did not ensure that people using the service had care or treatment that was personalised specifically for them and had failed to meet a service user's nutritional and hydration needs, by showing regard to the service user's well-being and that this was a breach of Regulation 9 (3i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found in relation to one patient that Information about allergies had not been communicated quickly to staff preparing patients' food and we were concerned to learn that some patients' had been given food with ingredients to which they had identified allergies.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that Chalkdown House did not take action to ensure that that staff have the qualifications, competence, skills and experience to keep people safe. This is a breach of Regulation 12 (1) and (2c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

We found by reviewing records that compliance to fundamental training was poor placing patients' at risk of receiving unsafe care.