The Lanes

Quality Report

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

Ratings

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

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 other specialist services as **requires improvement** because**:**

- The hospital was trying to meet the needs of patients who had a wide range of clinical diagnosis. Whilst their broad aim was to offer rehabilitation the hospital did not have clarity about the therapeutic model and pathways to meet the needs of all the patients. Discharge plans were not in place for all patients in the hospital and the hospital's step down unit was not functioning effectively. There was also a risk that patients individual needs would not be met in line with best practice guidance.
- Staff did not always carry out patient's health monitoring in line with their care plan, or take prompt action to address abnormal clinical readings. Staff were not recording the monitoring of patients' vital signs after rapid tranquilisation to ensure that they were safe.
- Staff did not have sufficient training in supporting patients who required physical restraint. A member of the team who saw patients individually had not undertaken breakaway training to ensure their safety. This member of staff had not received management supervision within the hospital.
- The provider had not ensured that all staff had the specialist training necessary to ensure the safety of the patients. None of the nursing or care staff members had undertaken food hygiene training despite serving food to patients and supporting them with eating. None of the nursing staff had undertaken intermediate life support training. Staff had not undertaken training in positive behavioural support and learning disability training to ensure that they could meet all patients' needs effectively.
- The hospital's ligature risk assessment did not include risks within the communal areas and garden area.
- Staff and patients sometimes walked through the clinical room as a way through to the adjoining office/consulting room, which presented an infection control issue.
- Staff had not calibrated the weighing scales, and blood pressure apparatus to ensure that the readings were accurate.
- Some areas within bedrooms were not kept clean, and two identified bathrooms required redecoration.
- Staff were not always clear about the legal rights that were relevant to each detained patient.
- Management were not sufficiently monitoring staff engagement with patients, and patients did not always feel confident to raise any concerns over staff conduct.
- Discharge plans were not in place for all patients in the hospital and the hospital's step down unit was not functioning appropriately.

However:

- Since taking over the service, the new management team had brought about some significant improvements to the hospital environment and staffing. The management team were open about improvements needed, and had plans in place to address many of the areas identified at the inspection.
- Staff had undertaken a comprehensive risk assessment and care plan for each patient and reviewed these regularly. Care plans were comprehensive, holistic and person centred and included patients' views. The service provided information in an easy read and pictorial formats for patients with communication difficulties.
- The hospital had weekly patient community meetings, chaired by a patient who also recorded the minutes. The acting manager monitored and carried out actions from these meetings.
- Patients described a pleasant and positive atmosphere in the hospital, and support provided for them to pursue their own interests. Communal areas were spacious and inviting with table tennis, snooker tables provided and an outside space.
- Patients spoke positively about the choice and quality of food, which met their dietary

requirements. Patients who were on individualised diets had diet plans in the kitchen in view of staff. Patients were involved in choosing the hospital's menus.

Summary of findings

Contents

Requires improvement

The Lanes

Services we looked at: Other specialist services

Summary of this inspection

Background to The Lanes

The Lanes is a 20 bed independent hospital providing specialist care and treatment for male patients with mental health needs. Patients may have learning disabilities, Asperger's or autism, eating disorders, or problems with substance misuse, and may be detained under a section of the Mental Health act 1983.

The CQC inspected the service when it was under a previous provider in May 2015 and it was meeting the required standards. Social Responsibility Investments Limited took over the service in April 2016.

At the time of the inspection, there were 14 patients at the hospital, including patients detained under the Mental Health Act. The registered manager had left the service two weeks prior to the inspection, and an acting manager was in place.

Our inspection team

The team that inspected The Lanes consisted of two CQC inspectors and a specialist advisor. The specialist advisor was a nurse with experience of working with adults with learning disabilities in rehabilitation mental health wards.

Why we carried out this inspection

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

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 this service.

During the inspection visit, the inspection team:

- looked at the quality of the hospital environment and observed how staff were caring for patients
- spoke with nine patients who were using the service
- spoke with the acting manager, acting operations director, nominated individual, human resources officer, and non-clinical manager
- spoke with 12 other staff members; including nurses, support workers, an occupational therapist and assistant, a psychologist, the chef and a domestic worker
- spoke with the independent mental health act advocate who visited the service
- attended and observed the patients' community meeting
- looked at seven treatment records of patients

Summary of this inspection

- carried out a check of the medication management for patients
- reviewed six staff recruitment files, and supervision and training records
- looked at a range of policies, procedures and other documents relating to the running of the service

Following the inspection, we spoke with the responsible clinician for the service.

What people who use the service say

All but one of the nine patients we spoke with said they felt safe in the hospital, and that staff were visible, accessible and always respectful and polite.

Patients described a nice feel to the hospital, and many recent improvements, particularly around the occupational therapy kitchen and activities area.

Patients were very satisfied with the choice and quality of food served at the hospital.

Two patients described incidents with particular staff members who had not been respectful.

Patients said they enjoyed activities that staff facilitated including regular cooking and swimming sessions. One patient said staff supported them to pursue their love of music.

Patients we spoke with were aware of the advocacy services, and how they could access them.

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?

Requires improvement

We rated safe as **requires improvement** because:

- Staff were not recording monitoring of a patient's vital signs after they were administered rapid tranquilisation.
- Staff had not calibrated the patients' weighing scales, or blood pressure monitoring apparatus.Staff could not be assured that the equipment provided accurate readings.
- Some multi-disciplinary staff working with patients on a one to one basis had not received breakaway training.
- Staff had not had training in physical restraint, but there were times when they needed to use this.
- No nursing or care staff members had undertaken food hygiene training despite serving food to patients and supporting them with eating. No nursing staff had undertaken intermediate life support training.
- Staff did not always carry out patients' health monitoring in line with their care plan, or take prompt action to address high or low clinical readings.
- The hospital's ligature risk assessment did not include risks within the communal areas and garden area.
- The clinical room was sometimes used as a way through to the adjoining office/consulting room by staff and patients.
- There was a lack of cleaning in some areas of the bedrooms and two identified bathrooms required redecoration

However:

- Staffing levels were safe and patients did not have escorted leave or activities cancelled because of staff shortages.
- Staff were aware of how to report incidents. The service was able to identify themes and trends from incidents.
- Staff were aware of how to identify and report a safeguarding issue and knew where to obtain advice.
- Staff had undertaken a comprehensive risk assessment for each patient and reviewed these regularly. Risks were communicated in shift handover records. Care plans were in place to manage the risks identified.

Are services effective?

Requires improvement

We rated effective as **requires improvement** because:

Summary of this inspection

- There was no effective therapeutic model in place that covered the needs of all the patients. Discharge plans were not in place for all patients in the hospital and the hospital's step down unit was not functioning effectively.
- Staff had not undertaken training in positive behavioural support and learning disability training to ensure that they met all patients' needs effectively.
- The managers within the service had not provided the psychologist with management supervision and appraisal.
- Staff were not always clear about the legal rights that were relevant to each detained patient.

However:

- A new Mental Health Act administrator had been appointed and was to provide training to staff.
- Patients generally had good access to physical healthcare including access to specialists when needed.
- Management provided nursing and care staff with regular supervision and appraisal and monitored the staff training needs.
- Patients were encouraged to learn cooking skills and develop their independent living skills.
- Care plans were comprehensive, holistic and person centred.

Are services caring?

Good

We rated caring as **good** because:

- Staff understood the needs of patients well. Overall, they interacted with patients in caring and supportive ways.
- Patients were involved in developing their care plans.
- The hospital had weekly patient community meetings, chaired by a patient who also recorded the minutes. The management monitored actions from these meetings and made changes, for example changes to the hospital's menu.
- Patients described recent improvements since the new provider had taken over the hospital, including to the hospital environment and staffing levels.
- Patients described a pleasant and positive atmosphere in the hospital, and support provided for them to pursue their own interests.

However:

- Management were not sufficiently monitoring staff engagement with patients, and there was not always a safe space available for patients to raise any concerns over staff conduct.

Summary of this inspection

Are services responsive?

Good

We rated responsive as **good** because:

- Staff supported patients admitted for rehabilitation purposes to progress towards more independent living and discharge.
- The communal areas were spacious and inviting with table tennis and a snooker table provided.
- Patients had access to outside space and could undertake gardening.
- Information was provided in easy read and pictorial formats for patients with communication difficulties.
- Patients spoke positively about the choice and quality of food, which met their dietary requirements. Patients who were on individualised diets had diet plans in the kitchen in view of staff. Patients were involved in choosing the hospital's menus.
- Patients had access to appropriate spiritual support and were supported to attend places of worship of their choice.
- There were information leaflets available in communal areas regarding different diagnoses, medicines, and how to complain, so that everyone could access them.

However:

- Discharge plans were not in place for all patients in the hospital.
- The hospital's step down unit was not functioning appropriately, as it was being used to support a patient with challenging behaviours.
- Written complaints were not always acknowledged and addressed formally in line with the hospital's complaints procedure.

Are services well-led?

Requires improvement

We rated well-led as **requires improvement** because:

- The hospital was trying to meet the needs of patients who had a wide range of clinical diagnosis. Whilst their broad aim was to offer rehabilitation the hospital did not have a clear vision about the therapeutic model and pathways to meet the needs of all the patients.

However:

- Since taking over the service, the new management team had brought about some significant improvements to the hospital environment and staffing.
- The management team were open and honest about improvements needed, and had plans in place to address many of the areas identified at the inspection.

Summary of this inspection

- Staff were familiar with the provider's vision and values and felt they reflected and influenced the way they cared for patients and worked as a team.
- Staff were positive about the team they worked in and said colleagues were supportive. Staff felt supported by their immediate and more senior managers.
- Staff found senior managers approachable, and said that they visited the hospital regularly.
- Staff learned from complaints and service user feedback. Incidents and complaints were discussed at staff meetings and handovers.

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.

- Mental Health Act training was provided, with the remaining staff booked to undertake this training. Internal training was also due to be provided by the new Mental Health Act administrator.
- Detained patients were read their rights on admission, and this was repeated at regular intervals.
- A poster near the entrance to the hospital reminded informal patients of their rights.
- An independent mental health advocate visited the hospital every week. There was information on display explaining how to contact advocacy services.
- All prescribed medications to detained patients were covered by the authorisation form (T3) or consent form (T2).
- Staff completed section 17 leave documentation as appropriate.

Mental Capacity Act and Deprivation of Liberty Safeguards

Approximately 80% of staff had completed Mental Capacity Act training with the remaining staff booked to undertake this training. Staff displayed an understanding of this legislation.

The responsible clinician assessed the capacity of patients to give informed consent and kept a record of the assessment in their care records. Staff presumed that patients had capacity unless they identified concerns.

At the time of inspection, there were three patients subject to Deprivation of Liberty Safeguards (DoLS) and staff monitored and met conditions appropriately.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Other specialist services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Notes

Requires improvement

Other specialist services

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

Are other specialist services safe?

Requires improvement

Safe and clean environment

- The service consisted of two houses joined together. Corridors were narrow and there were many blind spots. Bedrooms had an en-suite bathroom and there were collapsible rails in the showers. However, there were taps on the sinks in the en-suite bathrooms, window handles and other potential ligature anchor points. These were identified on the hospitals' ligature risk assessment from November 2016, however the operations director advised that they planned to remove and replace these potential ligature risks. At the time of the inspection, the measures in place to minimise this risk was an accurate risk assessment of patients. As this was primarily a rehabilitation service, patients admitted to the service were assessed as low risk.
- The most recent ligature assessment of November 2016 did not include risks within the communal areas of the hospital and garden area. The nominated individual and operations director advised that they were considering a trial of closed circuit television in some areas in consultation with patients to improve patient safety in these areas.
- The operations director had provided an emergency box for the hospital kept in the front office, including ligature cutters, and said that more equipment was on order to provide further boxes around the hospital.
- Due to the location of the clinical treatment room, there was a risk that staff and patients might use it as a way through to an adjoining office/consulting room. Although we were told that this did not happen, we observed a patient doing this during our inspection. This presented a safety and infection control risk. The room was equipped appropriately, however other than the blood glucose monitoring machine, there were no records of calibration for other equipment including the weighing scales, and blood pressure apparatus. As a result there was a risk that equipment would not give accurate readings. There was a sharps bin available for staff to dispose of needles and other sharp items safely. This was not over-filled.
- The hospital had recently been redecorated, and partially refurbished with new sofas, dining chairs and blinds provided. It was generally clean and well maintained. However, we found some unclean areas in three patients' bedrooms, and a need for redecoration in two shared bathrooms, which we relayed to the hospital management team. Cleaning records were available, but were not sufficiently detailed to include the issues that we found. We spoke with a domestic worker, who advised that three bedrooms were cleaned daily, and others on a weekly basis. There was a vacancy for a domestic worker to be filled. Staff conducted an infection control audit monthly for the hospital and highlighted action taken to address areas of concern.
- An environmental checklist was completed weekly. This looked at cleanliness and tidiness and identified any repairs that were required. We reviewed checklists for the previous month. These showed that where repairs or other issues were identified action was taken promptly. An audit of mattresses was undertaken shortly before the inspection, with ten new mattresses ordered for patients in the hospital.

Requires improvement

Other specialist services

- There was an alarm system throughout the building, which staff checked regularly. This allowed staff to summon additional assistance if required.
- The hospital had a fire risk assessment within the last year and an inspection from the London fire emergency prevention authority, which had identified some areas for improvement. Where issues or concerns had been identified these had been addressed, including installing fireproofing between the different floors of the home. However, we found that two fire exit doors (in the 'step down' side of the hospital) were locked, and could only be opened by staff members, which might place patients at risk in the event of a fire. In the last year, there had been a number of incidents of small fires within the home. Staff had addressed these appropriately.
- A fire audit was undertaken in May 2016. Patients had a personal emergency evacuation plan in place to enable them to leave the hospital safely in the event of a fire. Fire alarms and emergency lighting were tested weekly. Staff carried out fire evacuation drills every three months at varied times of the day. Fire extinguishers were being stored in the kitchen due to some recent incidents. The clinical director advised that she had ordered locked boxes for their storage around the hospital.
- General risk assessments were in place for the hospital, and safety certificates were up to date for gas, electrical wiring, and portable appliances. A legionella test was conducted in May 2016, and found to be negative.
- The hospital did not have a seclusion or de-escalation room.

Safe staffing

- There were 14 patients, including one requiring two staff at all times, and another requiring one dedicated staff member. There were two registered nurses scheduled to work each day, one working 9 am – 5 pm and the other a twelve hour shift, and one working at night. There were six support workers during the day and five at night. There was also a senior staff nurse 'on call' at home each night for advice or to come to the hospital if necessary. Staff told us that staff numbers met patients' needs. The responsible clinician visited the service every two weeks, but was available to contact by telephone at other times.
- An extra support worker had been scheduled to work on each shift following the new provider taking over the service. The provider could increase staffing to meet patients' needs for example when new patients were admitted to the hospital.
- There was a newly appointed dedicated human resources lead in place for the provider, and we met with them during the inspection. They informed us that they had made significant progress in recruiting new staff. Staff recruitment files included evidence that the required checks had been undertaken, including application forms, employment histories, written references, and criminal records disclosure and barring certificates. However, management were still chasing up references for one staff member recruited prior to the new provider taking over the service.
- There was an establishment of six full time nurses, of which three posts were filled, and there were also three bank nurses available. A new nurse was due to start the week after the inspection, and there remained two nurse posts to fill. The support worker establishment was 18, of which 14 were in post. Two support workers had been recently recruited, and there were two more vacancies to fill. Only one staff member had left the service in the last 12 months.
- When there were not enough staff for a shift, permanent staff usually worked extra hours or bank staff were available. This arrangement ensured that staff knew the patients and promoted consistency of care. Agency staff were used when needed, and as far as possible, they were block booked for at least a month to ensure consistency.
- The number of shifts which were not filled to establishment levels in the three months before the inspection was approximately 40 in August, 15 in September, and 90 in October 2016. We were told that this was due to vacancies, and a need for increased staffing following incidents. In October, there had been a significant number of staff absences due to a payroll error. This situation had been addressed. However, there were enough staff for patients to meet one to one with their named nurse at least weekly. Staff and patients said that escorted leave or hospital-based activities were rarely cancelled because of too few staff.

- Staff had training in breakaway techniques and de-escalation. However, we noted that the psychologist had not received this training, although they saw patients alone. We were told that physical interventions such as restraint were not undertaken. However, descriptions of support provided to one patient, indicated that it was sometimes necessary for staff to restrain this patient. Staff had not had training in physical restraint, which potentially placed staff, and the patient at risk of harm.
- Up to date information was available regarding each staff member's training, and where there were gaps, training courses had been booked to address this. Medicines competency assessments were being conducted on each of the nurses. All staff were due to update their basic life support training in January 2017, but no staff had completed intermediate life support training in the event of a serious emergency. We noted that all nursing and care staff members, required food hygiene training (only the chef had completed this).

Assessing and managing risk to patients and staff

- Patient records contained up to date risk assessments. These were comprehensive and included historical and current risks. Risk assessments for each patient were undertaken when the patient was admitted. These assessments were reviewed regularly and updated after incidents. Where staff had identified particular risks to patients they had put in place plans to mitigate or manage the risk. For example, for patients at risk of falls, staff had completed a falls risk assessment. Falls risk assessments were reviewed and amended when necessary following a fall. At least hourly checks were undertaken on all patients, to ensure their safety.
- Staff referred patients to other health professionals when there were particular concerns about risks to their health or for routine appointments such as with dentists or chiropodists.
- The doors to the hospital were locked and patients needed to be let in and out of the main door by the staff. There were information posters near the main door to inform informal patients of their right to leave.
- Staff were aware of how to identify and report a safeguarding alert and gave examples of when they had done this. Information about the local safeguarding team was available. However, staff were not always aware of the action taken following an incident. We raised this with the management team, who undertook to look into the outcome of an incident, which had occurred prior to the new provider taking over the hospital.
- Medicines were securely stored and managed appropriately. The medicines in the hospital were all in date. However, we did not find records of any checks on monitoring of a patient's vital signs after each time they were administered an intramuscular dose of promethazine (prescribed when required). However, it was clear that two staff observed this patient at all times following the administrations. We reported this to the management team, who undertook to address this issue without delay.
- We examined the records of finances maintained on behalf of three patients in the hospital, and found that appropriate systems were in place to protect them from financial abuse, including from other patients in the service.

Track record on safety

- There were no serious incidents reported in the 12 months before the inspection.

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew how to report an incident using the provider's incident form and were able to describe what they would report as an incident.
- Staff had completed incident reports for patients following challenging behaviour episodes, epileptic seizures, falls, and fire safety incidents. They said that they discussed incidents in handovers, and at staff meetings with learning taking forwards as to how to prevent similar incidents.
- Staff said that staff and patients were offered debriefs and support after difficult incidents.

Duty of candour

- Staff had an understanding of their responsibilities under the duty of candour, being open and transparent and explaining to patients if and when things went wrong. This had been a topic discussed at a recent team meeting.

Requires improvement

Other specialist services

Are other specialist services effective? (for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- Staff had carried out comprehensive assessments of patients' needs. Where staff had identified particular needs, there were care plans in place to address these. This included crisis plans, and plans to address room management and substance misuse. Patients' physical as well as mental health needs were addressed for example in medicines management, skin integrity, nutrition and continence plans. Patients had all had a physical examination by a doctor within the last year.
- Patients attended their GP for an annual health check, regularly attended the dentist, and saw chiropodist and an optician at the hospital. Staff monitored the physical health of patients on a regular basis, including support with diabetes, epilepsy and obesity. However, we found that one patient who had a high blood pressure reading in the month before the inspection, had not had this rechecked for five days afterwards. The entry was circled, but there was no evidence of any action taken, placing them at risk of harm. Another patient had a last blood pressure reading recorded in March 2016, although their care plan indicated that staff should check this daily.
- Staff regularly reviewed and updated care plans so that they reflected patients' current needs. Care plans were person centred and holistic. Almost all care plans involved the patient's view of their care plan. Staff reviewed care plans, in detail, every month with input from the multi-disciplinary team. For example, one patient had a positive behavioural support plan, put in place by the psychologist, about smoking in their room.
- Patients had a 'this is me' care document, which showed how the patient saw themselves, their strengths, their areas for support, and what they enjoyed. These provided good information for staff and supported individualised care planning.
- The operations director planned improvements to simplify the care planning system, so that it was easier to navigate.
- Staff referred patients to other specialist health professionals for support with addressing additional needs. For example, care records showed that patients had been referred to a continence nurse, and a speech and language therapist for communication needs and swallowing difficulties.

Best practice in treatment and care

- Although one part of the hospital was designated a step down unit, for more independent patients, it was not being used for this purpose at the time of the inspection. The management were aware of the need to address this issue, in order to ensure that they provided rehabilitation within the hospital.
- A psychologist assessed patients and developed personal support plans, providing insight into why the patient behaved in certain ways. The support plan included aspects of positive behavioural support. This meant staff would assist patients to develop skills to improve their quality of life. Staff developed communication passports where needed to support patients to make their needs known. The psychologist advised that she used elements of cognitive behavioural therapy in her work with patients.
- The occupational therapist and assistant took a lead on working with patients in a recovery-orientated approach, to develop and regain skills. The service aimed to enable patients to achieve the most appropriate level of domestic, social and personal daily living skills as identified by them. Staff provided healthy lifestyle training for patients.
- Staff supported patients to develop their independent living skills. Staff enabled patients to pursue interests in the community. For example, a patient had taken up a language course at a local college with support from staff. Patients were encouraged to do their own laundry, practice and develop their meal planning and cooking skills, and take part in activities in the community that they could continue after discharge. However, some patient care plans did not identify clearly measurable goals, which made it difficult for staff and patients to evaluate the progress patients were making.
- Medical staff considered national institute for health and care excellence (NICE) guidelines when making treatment decisions. For example, they took account of NICE guidance when prescribing clozapine for patients and when treating patients for depression.

Other guidance followed included relational security, management of violence and aggression in community settings, and preventing suicide. The staff team did not follow any particular model of therapeutic rehabilitation.

- Staff developed tools for working with patients who had learning or communication disabilities, including use of a pictorial pain chart, and social stories for diabetic patients about managing the condition.
- Staff recorded health of the nation outcomes scales for each patient on their care records monthly. However, they did not routinely use these measures to evaluate patient progress or the effectiveness of care and treatment.
- The service conducted monthly audits, these included audits of medicines management, care records, infection control, pressure ulcer evaluation, staff supervision, and health and safety.

Skilled staff to deliver care

- The hospital had an occupational therapist, and assistant and a psychologist supporting the nurses and support workers in their roles.
- Staff had at least a weeklong induction depending on their experience and role. There was an induction checklist in place including use of the alarm system, health and safety guidelines, and communication with patients in the hospital.
- Nursing and care staff told us that they received supervision and annual appraisal. The frequency of supervision varied, and we were told this happened monthly or every three to six months. A new clinical supervision policy was implemented in August 2016, with the operational director providing clinical supervision to all the nurses. Staff met frequently with the occupational therapist and psychologist to discuss patients. However, the psychologist did not receive any management supervision or appraisal. They did receive clinical supervision externally.
- Staff were able to access a range of training. This included nutrition and health, diabetes management, dysphagia, epilepsy, communication skills and dignity in care. Where there were gaps in staff training, the management had booked courses to address this. A staff training matrix was available for the hospital. However, there was no positive behavioural support training booked or provided to the staff team, to support them to meet the needs of patients with a learning disability. We observed this reflected in the words staff used in daily records, indicating that they did not always have an understanding of the meanings behind patients' behaviours.
- Staff said they had access to periodic team meetings most recently in September, October and December 2016. A nurses meeting took place in July 2016. Staff and management described a stable staff team, with only one staff member leaving within the last year, and this staff member remaining on the bank of as and when workers. Staff spoke positively about their work despite difficulties during the time period of the change of providers.
- The acting manager was completing a leadership training course, which they found useful.
- Where there were concerns over staff performance there were systems in place to address them promptly and effectively, with support from the human resources manager.

Multi-disciplinary and inter-agency team work

- The hospital staff team included staff from a range of mental health disciplines including a psychiatrist, registered mental health nurses, support workers, an occupational therapist and assistant, and a psychologist. The psychiatrist attended the hospital fortnightly, although they were contactable at other times by phone or by email. The psychologist worked only two days each week, and the occupational therapist worked three days weekly. The operational director acknowledged a need for more medical, and psychology cover. They advised they had recruited a psychology assistant to work two days weekly at the hospital, and was due to start work soon. They had also recruited a new clinical lead for the hospital, who was due to start shortly.
- There were fortnightly multidisciplinary meetings, and records indicated that these were effective in addressing patients changing needs. A reflective practice session had recently been held at the service in November 2016. However, the records indicated that this was not yet operating effectively as a reflective meeting.
- Staff teams kept written handover notes, which they used to supplement an oral handover of patients from one shift to another.

Requires improvement

Other specialist services

- Staff teams maintained contact with the patients' care coordinators throughout their stay on the wards, although they did not routinely attend patient ward rounds.
- Management identified a need to improve working links with the local authority following some historical difficulties under the previous provider.

Adherence to the MHA and the MHA Code of Practice

- Mental Health Act 1983 (MHA) documentation was available and completed appropriately. On admission to the wards staff explained patients' rights to them in a way they could understand, including using easy read and pictorial formats. They repeated this at regular intervals. Patient records confirmed that regular discussions of Section 132 rights took place at least monthly. However, we found that one patient was recorded as having incorrect rights read to them, as they were on a conditional discharge from a Section 37/41 detention. However, staff had read them the Section 3 rights.
- A new mental health act administrator was employed at the service, providing support during weekdays (which the previous administrator had not provided). He was to provide internal training to staff on the MHA.
- External MHA training was provided for staff, with those still requiring this, identified and booked on the training.
- Patients had weekly access to an independent mental health advocate who could support them. Information was displayed at the hospital, advertising the service to patients. Staff were clear on how to access and support patient engagement with the independent mental health advocacy when necessary. We spoke with the advocate who advised that he met with patients regularly, and attended review meetings and ward rounds when needed. He had leaflets in easy read format available. He also carried out an awareness sessions with staff at the hospital.
- A poster near the entrance reminded informal patients of their rights and confirmed that they could leave the ward when they wished and were not detained. Staff recorded Section 17 leave appropriately for patients who were detained.
- The consultant psychiatrist reviewed the capacity of detained patients at fortnightly ward rounds.
- The authorisation form (T3) or consent form (T2) covered all prescribed medications to detained patients.

Good practice in applying the MCA

- Most staff had received training in the Mental Capacity Act, and others were booked to undertake this.
- The responsible clinician assessed the capacity of patients to give informed consent at fortnightly ward rounds and recorded this. Where significant decisions were needed, they recorded best interest decisions.
- There were three patients subject to Deprivation of Liberty Safeguards (DoLS). There were appropriate systems in place to ensure staff met the conditions attached to these safeguards and they were reviewed monthly. Information on the DoLS was available in an easy read format.

Are other specialist services caring?

Good

Kindness, dignity, respect and support

- Overall, we observed staff speaking respectfully to patients and showing kindness, compassion and concern. However, two patients described incidents with particular staff members who had not been respectful. We observed two agency staff members showing a lack of engagement with patients during a mealtime.
- We observed staff knocking and asking permission before entering patients' rooms. Patients were able to access their bedrooms throughout the day.
- All but one patient we spoke with said they felt safe in the hospital, and that staff were visible, accessible and always respectful and polite. Patients described a nice feel to the hospital, and many recent improvements, particularly around the occupational therapy kitchen and activities area.
- Patients said they enjoyed activities that staff facilitated including regular cooking and swimming sessions. Staff had supported one patient to maintain their love of music, purchasing a variety of instruments and attending local open mic nights.
- The staff we spoke with had a clear understanding of individual patients' needs.

The involvement of people in the care they receive

Requires improvement

Other specialist services

- Patients were involved in developing their care plans. They were encouraged to give their input and their views were recorded in the records. Staff provided copies of care plans to patients who wanted them. Patients signed care plans.
- Each patient completed a 'this is me' document stating their likes and dislikes. This was to ensure that staff were aware of these and took them into account when providing care.
- Patients we spoke with were aware of the advocacy services for patients and how they could access them. Information and contact details for the advocate were displayed in communal areas.
- Patients attended weekly community meetings, and we attended one of these involving six patients. A patient chaired and typed the minutes of each meeting. Although these minutes did not include actions brought forward from each meeting, the management undertook a monthly community meeting audit to ensure that all actions were addressed. When patients gave feedback, their views were acted on. For example, adjustments were made to the hospital menu, following preferences expressed by patients. Family visits, outings, shopping trips, and maintenance repairs were also arranged regularly following feedback at meetings.
- Patients completed an annual patient satisfaction survey, most recently in February 2016 under the previous provider. The participation rate was six of 13 patients (46%) and the survey covered a range of areas including dignity, safety, privacy, facilities to meet family members, and access to health professionals. Overall, the findings were positive, with areas for improvement identified regarding dignity and respect, locking patients' rooms, and use of the phone in private.
- Patients were involved in the recruitment of new staff, either attending interviews or submitting questions to be asked.

Are other specialist services responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

- There were six vacancies for patients at the hospital at the time of the inspection.
- Patients stayed at the hospital from a few months to several years. The average length of stay was approximately two years.
- Patients approaching discharge had developed discharge plans but this was not in place as a standard care plan for other patients in the hospital to ensure a focus on moving on.
- Referrals were received from a range of clinical commissioning groups and local authorities. At the time of the inspection, there was one delayed discharge due to funding challenges and difficulties finding appropriate alternative accommodation for a patient. The management were actively working with the care-coordinator to resolve this.
- The step down section (for more independent patients) of the hospital was compromised by the use of this area to accommodate a patient with behaviour that challenged the service. The management team were aware of this issue and had plans in place to address this, so that a distinct step down area was available to six patients prior to moving into accommodation that is more independent.
- At the time of the inspection, no patients were administering their own medicines, but two patients were developing other independence skills in order to prepare for discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- The new provider had undertaken refurbishment of some areas of the hospital, and had further plans in place to improve the environment.
- There was more than one lounge if patients wanted a quiet space. A specific room was designated for visitors to meet in private with patients.
- There was games equipment available for patients. For example, there were snooker tables and table tennis available in the communal areas.
- Patients had open access to a garden, and smoking area outside. Some patients participated in a gardening group alongside staff.
- Many patients had their own mobile phones. Patients could use the staff office phone to make confidential calls. Patients had access to wireless internet and could use their own electronic devices.

Requires improvement

Other specialist services

- Patients could access drinks and snacks throughout the day and night, and had access to the occupational therapy kitchen in the daytime.
- Patients were able to personalise their rooms and had lockers in their rooms to store possessions. Two patients had keys to their rooms.
- There was no vehicle for the hospital, and some staff advised that they would like to have access to a minibus, in order to arrange more trips out for patients.
- Clinical records were stored securely in the staff office.

Meeting the needs of all people who use the service

- Patients were provided with a welcome pack and orientated to the staff team and hospital building upon admission.
- The ground floor was accessible to patients with mobility difficulties; however, it was not ideal for this purpose, with some narrow corridors and doorways. There was no lift available to other floors.
- Patients had their own activity programme. Activities were diverse, including visiting the library, swimming, college, cinema trips, a music group, gym classes, bowling, visiting art exhibitions and regular visits from a massage therapist. This helped integrate patients into the local community. Where appropriate staff had provided daily activity plans in a pictorial format for patients.
- The occupational therapist maintained checklists of each patient's interests, and produced activity schedules with them accordingly. These were consistent with goals for developing independence skills such as shopping and cooking, and social and intellectual skill, such as club membership, and college classes. They also provided patients with support in managing their welfare benefits and obtaining travel passes.
- There were no patients who did not understand English. Information was made available in easy read or pictorial formats, where this was helpful to patients.
- Patients had access to appropriate spiritual support, and were supported to attend places of worship of their choice.
- Easy read information leaflets about the service, different diagnoses, medicines, safeguarding, mental capacity, and positive behaviour support were available in communal areas in the hospital.
- Patients had a choice of food that met their dietary requirements. Patients who were on individualised diets had diet plans in the kitchen in view of staff. Patients said the food was of good quality, with a choice of at least two options at each meal. If a patient was unhappy with the choices on offer, the chef would provide an alternative. The menu accounted for allergies, healthy eating and diabetic diet options. Patients were involved in planning the menus.

Listening to and learning from concerns and complaints

- There was information provided in a pictorial format in the communal areas of the home, about how to make a complaint. More information concerning Mental Health Act complaints was also displayed. Patients we spoke with said they knew how to make a complaint, but two patients told us that they did not feel comfortable to do so.
- Staff we spoke with said that if they received a complaint from a patient they would refer it to the hospital manager.
- Complaints recorded for the hospital were mainly verbal, and were addressed informally. In January 2016, there was a complaint about delays in patients getting their money. Following this the manager met with the finance manager, reviewed the system, and an agreed set time of day was put aside for patients to collect their monies.
- A complaint from a member of the public had been addressed. However, no letter was sent in line with the hospital's complaints procedure. Other complaints related to maintenance issues, and agreed leave arrangements from the hospital.

Are other specialist services well-led?

Requires improvement

Vision and values

- The hospital was trying to meet the needs of patients who had a wide range of clinical diagnosis. Whilst their broad aim was to offer rehabilitation the hospital did

not have a clear vision about the therapeutic model and pathways to meet the needs of all the patients. There was also a risk that patients individual needs would not be met in line with best practice guidance.

Good governance

- Managers fed back information about learning from incidents and complaints through handover and team meetings. Staff confirmed this was the case.
- The acting manager monitored information about staff training, supervision, appraisals, sickness and bank and agency usage, to ensure that areas for improvement were addressed. A new clinical lead had been appointed, and was due to start at the hospital, the week after the inspection.
- Regular audits included annual health action plan surveys, and a quarterly summary of safeguarding actions, deprivation of liberty safeguards applications, and outcomes of patient community meetings.
- The improvement plan following the previous CQC inspection addressed the issues raised including frequency of supervision, Mental Health Act documentation, and provision of easy read formats.
- An external pharmacist conducted an annual audit of the hospital's medicines, most recently in February 2016. The recommendation that a maximum/ minimum thermometer be provided for the clinical room, had been met.
- A clinical governance and multi-disciplinary meeting was held on 11 November 2016. Actions resulting included adding a dignity questionnaire to the list of audits, review of recruitment rates, and training booked. Other topics discussed included change management, the use of the step down section of the hospital, discharge planning, and a trial of closed circuit television (CCTV).
- Staff meetings were held in September, October and December 2016. They covered topics such as audits, advocacy, complaints, staffing, occupancy, training, discharge, safeguarding, change management, CCTV and pay.
- The acting manager maintained contact with the provider's female mental health rehabilitation hospital, located close by, in order to share best practice.

Leadership, morale and staff engagement

- The previous registered manager of the service had left employment with the provider on 18 November 2016. The acting manager had been promoted from her position as clinical lead, and was due to apply to register as manager with the CQC.
- The acting manager had been employed at the service for approximately two years, and knew patients and staff well. She was undertaking a national vocational qualification in leadership at level five.
- Although there remained areas for improvement, the newly appointed operations director had instigated a number of improvements in the hospital. These included increased staffing levels, staff competencies, implementing clinical supervision, and providing a ligature safety box. At the time of the inspection, she was on a three month consultancy contract. She was committed to improving the service, and said that the provider had been receptive to her plans, despite cost implications. Until November 2016, an external agency managed the service, since the previous provider went into receivership.
- Planned improvements included a change to simplify the care planning system, so that it was easier to navigate, and further refurbishments to the hospital including increased ligature proofing.
- Sickness rates had been low in recent months, however there had been some absences following an error in the payroll, which meant that staff were delayed in receiving their salaries. This had been addressed appropriately.
- Staff told us that they knew who to contact if they wished to raise concerns about care or whistle blow. They said that they felt able to raise any concerns they had about the care being provided without fear of victimisation.
- Staff we spoke with described a positive atmosphere within the staff team, working well together. They said that the new provider, operations director and acting manager listened to them and were approachable. Overall, they described a smooth transition to the new provider following a stressful period during which morale had been low.

Requires improvement

Other specialist services

- One staff member indicated that the management team needed further planning and organisation, but was optimistic about the approach the new provider was taking. They felt that the provider was open and transparent about proposed changes.
- The most recent staff survey was conducted under the previous provider, and staff indicated that improvements had been made to the hospital since then.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that they know whose needs they are trying to meet, that there is a clear model of care and that the care provided supports the patients care pathway and is in line with best practice.
- The provider must ensure that there is monitoring of a patient's vital signs after each time they are administered rapid tranquilisation.
- The provider must ensure that all monitoring equipment is calibrated regularly including weighing scales, and blood pressure apparatus.
- The provider must ensure that patients' health is monitored in line with their care plan, and prompt action is taken to address high blood pressure readings.
- The provider must ensure that all staff working with patients on a one to one basis have received breakaway training, and that staff are appropriately trained if they are carrying out physical restraints. All nursing and care staff members must be provided with food hygiene training, and nursing staff must undertake intermediate life support training.
- The provider must ensure that staff are provided with positive behavioural support and learning disability training to ensure that they meet all patients' needs effectively.

Action the provider SHOULD take to improve

- The provider should ensure that the ligature risk assessment for the hospital includes risks within the communal areas of the hospital and garden area.
- The provider should ensure that staff and patients do not use the clinical room as a way through to the adjoining office/consulting room.
- The provider should ensure that they consult with the local fire emergency prevention authority regarding the two fire exit doors that were kept locked, to ensure that this does not place patients at risk in the event of a fire.
- The provider should ensure that there are improved checks on cleanliness within patients' bedrooms, and the two identified bathrooms are redecorated.
- The provider should ensure that an identified patient is not experiencing de facto segregation, due to their challenging behaviour.
- The provider should keep staff informed of the action taken following an incident being reported.
- The provider should ensure that the psychologist is provided with management supervision and appraisal.
- The provider should ensure that staff are clear about the legal rights that are relevant to each detained patient, and that this is monitored.
- The provider should ensure that they monitor staff engagement with patients, and provide patients with a safe space to raise any concerns over staff conduct.
- The provider should ensure that discharge plans are put in place for all patients in the hospital.
- The provider should ensure that written and other significant complaints are acknowledged and addressed formally in line with the hospital's complaints procedure.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for the patients. There was insufficient monitoring of patients' vital signs following rapid tranquilisation. Weighing scales, and blood pressure monitoring equipment had not been calibrated. Patients' health was not always monitored in line with their care plans, and prompt action was not taken to address high blood pressure readings. There were gaps in staff training in breakaway techniques, and no training had yet been provided to nurses and support workers in food hygiene, or intermediate life support. Staff were not appropriately trained to carry out physical restraints, which meant there was a risk of injury if inappropriate techniques were used. Reg 12(1)(2)(a)(b)(c)(e)(g)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	Staff did not receive appropriate training to enable them to carry out all of the duties they were employed to perform. Staff had not been trained in positive behavioural support or working with patients with learning disabilities. Reg 18(2)(a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Patients were at risk of not receiving person centred care that was appropriate and met their needs. The hospital was trying to meet the needs of patients who had a wide range of clinical diagnosis. Whilst their broad aim was to offer rehabilitation the hospital did not have a clear vision about the therapeutic model and pathways to meet the needs of all the patients. There was also a risk that patients individual needs would not be met in line with best practice guidance. Regulation 9 (1)(2)