All Saints Hospital

Quality Report

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Date of inspection visit: 11, 12 and 21 January 2016
Date of publication: 24/05/2016

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated All Saints Hospital as good because:

• The ward environments were clean and well maintained.

• There was a strong deaf culture with a proportion of staff who were deaf working with deaf patients.

• Staff were committed to providing high quality care to patients.

• Staff had a good understanding of the physical and relational security arrangements of working on the low secure wards.

• The open rehabilitation ward had three types of rooms to promote patients to move towards independent living; patients moved from bedrooms, to bedsits to fully equipped flats as part of their recovery.

• Care plans were comprehensive and risk management plans were detailed on all the files we looked at.

• There was an emphasis on promoting physical health through the employment of a designated nurse.

• Patients were involved in their care with the support of a specialist independent deaf advocate.

• Patients also had a strong say in how the hospital was run through the patients council and were working together with staff to produce recovery tools adapted to the needs of deaf patients.

• There was effective multidisciplinary input especially given the size of the hospital.

• There were robust audits in place and managers were well cited on any issues within the hospital and were working to address these.

• The hospital treated a wide range of patients' needs and adapted their models of care well to meet these needs.

• Staff felt well supported and morale was high.

However we found that

• There were often delays in patients being discharged from the hospital because there wasn't the range of appropriate deaf community services available. This was beyond the full control of the hospital.

• Patients felt at times that when the hospital used agency staff that they could not always communicate with them because the agency staff did not have signing skills.

• There was a foothold in the low secure fence which had been identified but not been fully resolved. Patients were observed at all times whilst in the areas and presented with no or low risk of absconding.

Summary of findings

Contents

Good

All Saints Hospital

Services we looked at

Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to All Saints Hospital

All Saints Hospital is run by St George Care UK Limited. St George Care UK Ltd provides care and rehabilitation for people with an acquired brain injury, autistic spectrum conditions, deaf patients who also have a mental health needs, in addition to treating patients with a wide range of neurological conditions. St George Healthcare Group currently has three specialist hospitals spread throughout the North West of England, at Warrington, Chester, and Oldham.

All Saints Hospital is a purpose built independent hospital for up to 20 patients in Oldham. Patients include deaf people with mental health needs, offending behaviour or are on the autistic spectrum. The service is for people who are hearing impaired or who use British Sign Language (BSL) as a means of communication.

Patients are offered treatment in a low secure or open rehabilitation environment. The two wards are:

• Appleton ward which is a low secure ward for up to six deaf male patients who require low secure care and treatment

• Braidwood ward which is a 14 bed ward for deaf males who require rehabilitation. This includes four individual flats with support to achieve independence.

All Saints Hospital has been registered with the Care Quality Commission since 20 January 2013. There has been one inspection carried out at All Saints Hospital on 13 December 2013. All Saints Hospital was fully compliant with the outcomes assessed on that inspection.

We have also carried out a number of routine Mental Health Act (MHA) monitoring visits at All Saints Hospital. The provider has sent action statements following these visits to address minor shortfalls in adherence to the MHA and MHA Code of Practice.

There was a registered manager in place at the time of our inspection.

Our inspection team

The team that inspected All Saints Hospital comprised of one CQC inspector, one CQC Mental Health Act reviewer and two specialist advisors who were a nurse and a physiotherapist, an Expert by Experience and a sign language interpreter.

Why we carried out this inspection

We inspected this service as part of our ongoing 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?

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information. We inspected All Saints Hospital on the 11 and 12 January 2016 and spoke withpatients on Braidwood ward with a sign language interpreter. We returned on 21 January to speak to patients on Appleton ward with a sign language interpreter.

During the visit, the inspection team:

• visited both wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients

• spoke with all 19 patients; this included speaking with 13 patients in a group and ten patients individually with the support of a sign language interpreter

• spoke with the director of quality and risk, the registered manager and managers for each of the wards

• spoke with eight other staff members; including doctors, nurses, nursing assistants, the mental health act administrator and the occupational therapist

• spoke with the specialist deaf independent mental health advocate

• attended and observed two clinical meetings where patients were discussed, a referrals, admissions and discharge committee and a risk management meeting

• collected feedback from patients using comment cards

• looked at eight care and treatment records of patients

• carried out a specific check of the medication management on each ward where we checked all the medicine charts

• looked at a range of policies, procedures and other documents relating to the running of the service.

The hospital provided long stay rehabilitation wards for working age adults and forensic inpatient/secure wards. However because the low secure ward was small (with less than 10 beds), we have not rated this core service separately and given one rating for all of the services at All Saints Hospital.

What people who use the service say

We spoke with all 19 patients being cared for at the hospital. We spoke with patients on Braidwood ward with a sign language interpreter on the 11 January 2016. We spoke with 13 patients in a group and of these we then saw four patients individually. We returned on 21 January 2016 to speak to patients on Appleton ward with a sign language interpreter, we spoke with all six patients in private. We were also supported by the independent mental health advocate (IMHA) who was deaf and acted as a relay interpreter.

Patients told us that staff treated them kindly and with respect. Patients told us that the support they received from the independent mental health advocate (IMHA) was invaluable. Patients were aware of their rights as detained patients.

Whilst most patients were happy with the care and treatment they received, some patients made comments about agency staff and the food. A number of patients raised concerns about some hearing agency staff and how proficient (or not) they were in British Sign Language (BSL). Some patients also commented on the quality of the food stating that the food was not of a good quality. Patients told us that they had to order their meals for the whole week and were not able to change their mind about what they had ordered.

We spoke with one carer who was visiting at the time. The carer was happy that their relative was receiving appropriate and specialist care in a designated deaf mental health setting. The carer did raise concerns about the length of stay in hospital and the distance from home area. The patient was subject to delayed discharge and staff were working to try and address the delays.

We received three comment cards from patients. These gave mainly positive comments stating that they felt well supported with a range of groups and treatments available. Two patients' comments related to the fact that some staff cannot use BSL. One patient comment related to the quality of the food and the food not always matching the description on the menu.

Summary of this inspection

We spoke with the managers about the issues raised by patients.

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?

Good

We rated safe as good because:

- The ward environments were clean and well maintained.
- Staff were committed to providing high quality care to patients who were deaf.
- Staff had a good understanding of the physical and relational security arrangements of working on the low secure wards.
- The hospital was working through reducing or removing blanket restrictions on the ward and this was overseen by senior managers.
- Seclusion was not used and restraint levels were low.
- Patients' risks were well managed through detailed risk management plans on all the files we looked at.
- Managers had taken action to improve the window restrictors of the dormer windows in one of the patient flats on the top floor
- Managers had replaced the weighing scales used to weigh patients in the clinic room.

However:

- There was a clear foothold on the perimeter fence gate around the low secure unit, which could aid patients absconding from the unit.

Are services effective?

Good

We rated effective as good because:

- Care plans were comprehensive and individualised.
- Staff and patients were working to adapt assessment and care planning tools (such as 'My Shared Pathway') to better reflect the needs of deaf patients.
- There was an emphasis on promoting physical health through the employment of a designated nurse and health action plans.
- There was very effective multidisciplinary input, with functioning OT and psychology departments and a social worker.
- The hospital treated a wide range of patients' needs and adapted their models of care well to meet these needs.
- There were appropriate systems in place to ensure staff adhered to the Mental Health Act.
- Staff had a good understanding of Deprivation of Liberty Safeguards to ensure they worked within the rules around DoLS.

Summary of this inspection

Are services caring?

Good

We rated caring as good because:

- Patients were involved in their care with the support of a specialist independent deaf advocate.
- Patients also had a strong say in how the hospital was run through the patients council.
- Patients were supported to attend national external conferences about mental health and deafness to help make sure that the patient perspective was considered and this helped to promote self-esteem and patient recovery.
- Patients and staff were working together to develop quality and innovation tools and targets relevant to deaf mental health services.
- The hospital surveyed patients on a number of matters and acted on the feedback they received.
- Staff supported patients to keep in touch with relatives through using technology such as fax, mobile phone texting and web chat as well as arranging leave.

Are services responsive?

Good

We rated responsive as good because:

- There was a strong deaf culture with staff who were deaf working with patients.
- The hospital was trying to address the delays in discharge for a small proportion of patients because there was not the range of appropriate deaf community services available. This was beyond the full control of the hospital and the hospital was working to address this.
- The hospital had a referrals, admissions and discharge committee, which met monthly to review individual cases of referral, admission and discharge.
- The open rehabilitation ward had three types of rooms to promote patients to move towards independent living, patients moved from bedrooms, to bedsits to fully equipped flats as part of their recovery.
- Staff worked to meet differing cultural needs.
- There was an effective complaints system.

However:

- Patients felt at times that when the hospital used agency staff that they could not always communicate with them because the agency staff did not have signing skills. The hospital was working to address this by offering training and support to regular agency staff.

Summary of this inspection

- Patients commented that the food sometimes was not of a good standard. The managers of the hospital took action to address the comments on the food.

Are services well-led?

Good

We rated well led as good because:

- There were robust audits in place and managers were well cited on any issues within the hospital and were working to address these.
- There were effective clinical governance arrangements with clinical team leaders overseeing the quality of care and treatment and auditing the wards.
- The wards were managed by experienced Band 6 nurses who led the wards well.
- The registered manager provided effective leadership and staff felt that she managed the service well.
- Staff felt well supported and morale was high.
- The low secure service was accredited with the Royal College Quality Network for Forensic Mental Health Services, which was a quality improvement accreditation in medium and low secure mental health services.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Prior to this inspection, we last carried out Mental Health Act (MHA) monitoring visits on Braidwood Ward on 19 September 2014 and on Appleton ward on 3 December 2014. We found overall good adherence to the MHA but highlighted a small number of areas for improvement including, that it was not always clearly recorded that patients were involved in drawing up their care plans (in line with the guiding principles of the MHA Code of Practice) and physical health checks were not always regularly carried out on detained patients. The provider sent us an action statement telling us how they address the issues we found.

On this inspection, our Mental Health Act reviewer carried out a full MHA monitoring report on both wards. They found:

- Improvements in evidencing patient participation and physical health checks.
- Effective systems to support the adherence of the MHA and MHA Code of Practice including flagging systems to ensure detention renewals, medication reviews and consent to treatment rules occurred.
- Well-ordered separate legal files with evidence of the appropriate paperwork to support detention, patients' rights being given and patients being informed of their right to access the independent advocate.
- Appropriate records kept to support decisions about approving patients leave from the hospital.
- Medication being given to detained patients supported by the appropriate legal certificate (in the form of a T2 or T3 form) where appropriate.
- The hospital was working through reducing or removing blanket restrictions on the wards and this was overseen by senior managers.

There was a proactive independent mental health advocacy service available and detained patients had direct access to this service.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood the processes to follow should they have to make a decision for a patient that lacked mental capacity to make that decision.

Several patients' records showed that discussions had taken place with patients about advance statements of their wishes and feelings to be taken into account for future care and treatment decisions.

There was one patient subject to Deprivation of Liberty Safeguards (DoLS). The DoLS decision was supported by the correct legal paperwork and had been reviewed. Staff understood the framework for the DoLS. The DoLS restrictions were detailed in the patient's care plan so staff were clear what the effect of the DoLS was for the patient concerned. Staff had informed us of the DoLS application and outcome as they are required to do.

Long stay/rehabilitation mental health wards for working age adults

Good

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

Are long stay/rehabilitation mental health wards for working-age adults safe?

Good

Safe and clean environment

The wards provided a safe environment for the care of patients within low secure and rehabilitation environments. There had been significant attention to addressing ligature risks throughout the units such as anti-ligature taps and showers. Curtain and blind rails were held with strong magnets which made them collapsible and windows were anti ligature. There continued to be some ligature risks, for example door handles, door closures and radiator covers, but action was underway to remove or address these further. The ligature risk audit dated December 2015 included these risks and action plans in place to reduce or remove these or to manage these locally. Staff assessed individual patients to ensure that patients' safety was not compromised by the remaining ligature risks.

Windows across the ground and first floors were anti-ligature and had mesh fittings to allow fresh air in. We identified that window restrictors on the dormer style windows on second floor on Braidwood ward were not sufficiently robust as they were held with a single screw. During our inspection, the registered manager highlighted this to staff who maintained the building and the finance director. The window restrictors of the dormer windows in one of the patient flats on the top floor worked but needed attention. Patients were observed at all times whilst in the areas and presented with no or low risk of self harm. This was addressed during the inspection.

Staff were able to bring us the ligature cutters very quickly when we asked which showed that staff could respond or act swiftly and appropriately in the event of an incident. There were good sight lines within Appleton ward with curved mirrors placed on the ceiling to address any blind spot.

The wards were clean and well maintained. There was dedicated domestic support and appropriate cleaning schedules. Patients were encouraged to tidy and in clean their own rooms as part of their rehabilitation. Staff supported patients with this to ensure that appropriate levels of cleanliness were maintained.

The clinic rooms on each ward were clean and tidy. Appropriate checks were maintained to ensure medicines were stored appropriately through regular fridge and clinic room temperatures. Staff regularly checked equipment to ensure it was safe to use. These included checks on emergency equipment in the clinic such as defibrillator equipment, checks on electrical and fire equipment throughout the hospital and a range of other health and safety checks. There was conflicting information around Appleton ward about the location of the defibrillator. We advised the senior nurse in charge who agreed to remove the out of date posters. Broken weighing scales on Appleton ward were replaced during the inspection.

There was a clear foothold on the perimeter fence gate around the low secure unit which could aid patients absconding from the unit. Managers acknowledged that there were plans in place to get this replaced or covered.

Long stay/rehabilitation mental health wards for working age adults

Good

There had been no patients absconding from the secure perimeter and when in the outside fenced area patients were escorted. The secure perimeter fence then led to the outside area of the rehabilitation ward and then onto the front of the hospital.

The environment had been adapted to ensure that it provided a safe place for deaf patients to be treated. For example patients had vibrating pillows which vibrated in the event of the fire alarm sounding. This meant that the environment had been adapted to ensure it provided a safe space and deaf staff and patents could respond to an emergency.

There were appropriate physical and relational security arrangements to keep patients safe. The staff were aware of their responsibilities to undertake searches and checks on patients, whilst balancing the need to promote patients' dignity and safety. Staff had a good understanding of

actual, procedural and relational security arrangements as evidenced through speaking to staff and through 'See, Think, Act' posters and reminders being placed throughout the low secure ward. 'See, Think, Act' was the national relational and procedural guidance for mental health secure services. Patients told us that they felt safe and staff worked to keep them safe.

There was no seclusion facility on the low secure service. Staff told us and records confirmed that patients were consenting to treatment and did not behave aggressively. Patient's behaviour was managed through spending 1:1 time with staff and use of short term time out from the communal areas when required. We did not identify any concerns with patients being prevented from leaving their bedrooms to manage behaviour because there was no seclusion room.

Closed circuit television (CCTV) was used in the communal areas. This was not routinely monitored by staff but recordings were taken and they could be accessed in the event of an incident. For example images were used as part of an investigation into an alleged incident involving a patient stating they were assaulted by staff. The hospital had a policy around the use of CCTV which included the rights of staff, patients and visitors to request access in line with national guidance published by the information commissioner.

Safe staffing

All Saints Hospital's staff sickness, turnover and vacancy levels for all staff for the 12 months up to 23 November 2015 were as follows:

- Total number of substantive staff – 54
- Number of substantive staff leavers in the last 12 month -23
- Total % turnover of ALL substantive staff leavers in last 12 months - 43%
- Total % vacancies (excluding seconded staff) 7%
- Total % permanent staff sickness overall 6%

All Saints Hospital's establishment, vacancy levels and use of bank and agency nursing staff for the three months period between 24 August 2015 and 23 November 2015 were as follows:

- Total establishment levels qualified nurses (WTE) -11
- Total establishment levels nursing assistants (WTE) - 26
- Total number of WTE vacancies qualified nurses - 2
- Total number of WTE vacancies nursing assistants - 2
- Shifts filled by bank or agency staff to cover sickness, absence or vacancies - 602
- Shifts not been filled by bank or agency staff where there is sickness, absence or vacancies - 32

On Braidwood ward, there were six members of the nursing team on duty comprising of two registered mental nurses (RMN) and four rehabilitation co-therapists (RCT). On Appleton ward, there were three members of the nursing team on duty, one registered mental nurse (RMN) and two rehabilitation co-therapists (RCT). A small number of patients were on enhanced observations and additional staff had been brought in to support this. This included two members of staff who were agency nurses.

There had been a higher turnover of staff in the last year. Some staff chose to leave due to proposed changes in shift patterns suggested by provider (which were not ultimately adopted). A small number of staff also no longer worked for the company due to more robust management oversight brought in by the registered manager. There had therefore been higher use of bank and agency staff due to staff vacancies. This equated to 2.6% absence averaged out across the year. Absences were mainly from nursing support staff. Where agency and bank staff were used, the same staff were block booked where possible to ensure consistency of care to patients. Agency staff were given a comprehensive checklist prior to starting a shift to

familiarise themselves with various hospital policies and arrangements. Most vacant posts had recently been filled and the hospital had introduced two new band 6 nurses on the wards provided improved clinical leadership on the wards which managers were hoping would also help reduce sickness and retention rates.

Patients commented that some agency staff used did not have signing skills. Managers told us that regular bank and agency staff could access the BSL training to improve communication. On each shift, there were always signers available to ensure that patients' needs could be met.

Staff received a five day formal training session as part of their induction. Training for staff consisted of mandatory and more specialised training. The hospital managers monitored training adherence. There were no significant concerns with any aspect of mandatory training for specialist services overall with good take up of safeguarding training at 84%, fire training at 84%, security training at 89% and health and safety training at 81%. All Saints Hospital had a staff training action plan to further improve the uptake of mandatory training and ensure all relevant staff had received all the required mandatory training. We saw that where staff were overdue training, systems were in place to provide prompts to ensure they attended.

Assessing and managing risk to patients and staff

All Saints Hospital reported 10 incidents of restraint in the six month period between 20 May 2015 and 20 November 2015. None of these instances used prone restraints. The hospital was using the no force first initiative, with the aim of eliminating restrictive intervention on the wards, unless absolutely necessary. This initiative placed relationships between staff and the people who use services as the central focus of deescalating patients' behaviour.

All Saints Hospital reported no incidents of seclusion or long term segregation during the six months leading up to 20 November 2015. We did not identify any concerns with patients being prevented from leaving their bedrooms to manage behaviour because there was no seclusion room.

Risk assessments on all eight patient's files were comprehensive and included an assessment of risk and management of risk. Patients' risks were assessed and managed using recognised tools, for example, patients' files contained completed HCR-20 which was a comprehensive set of professional guidelines and tools for violence risk assessment and management. Patients with a history of aggressive behaviour were monitored on a regular basis to identify the numbers of verbal and physical aggressive episodes. Patients with a history of sexualised behaviour were monitored using a chart to consider any inappropriate verbal comments, sexualised exposure and sexualised touching. The episodes were monitored for themes and discussed at multidisciplinary meetings and care programme approach meetings.

Prior to going out on leave, a leave risk assessment was completed so that staff could assure themselves that patients were well enough to go out on the agreed leave from the hospital. There were also summary risk management plans for agency staff to be able to see the main risks at a glance.

The hospital had appropriate systems in place to ensure that medicines were managed appropriately. The registered manager was also the controlled drugs accountable officer. This meant that the hospital had a senior person overseeing the management of controlled drugs.

People were given medication in safe ways. Medication charts were well completed showing that medication was given at the times and dose prescribed. Medication was stored securely. Checks were made to ensure that medication was stored at the correct temperatures. We saw improved arrangements put in place to clerking in medication that arrived into the hospital following errors picked up in medicines audits.

There was a medicines audit carried by the independent pharmacy company used by the hospital. This showed compliance to the standards for safe storage, prescribing and administering medication with only very minor issues being identified. One patient commented on delays to receiving prescribed fortified drinks. The registered manager arranged for these to be delivered as there had been a communication breakdown between the specialist cancer hospital who advised that the patient should have fortified drinks and the prescribing GP.

Between 27 November 2014 and 29 September 2015, CQC received 12 safeguarding notifications and no safeguarding alerts regarding All Saints Hospital. Many of the

safeguarding concerns related to episodes of violence between patients where it was clear from the notifications that staff were trying to keep people safe and prevent further episodes of violence.

Staff had a good understanding of the safeguarding procedures should they suspect that patients were being abused. The process was also displayed in the office for agency staff to refer to. The hospital took action to look into any suspected safeguarding incident and had informed us of these incidents too.

All Saints Hospital was awarded a food hygiene rating of 5 (Very Good) bythe local councilin February 2015. This meant that food was prepared in a hygienic way.

All Saints Hospital had a risk register which was regularly updated. The risk register included 18 active risks. All 18 risks related to the hospital environment and health and safety issues. Six of the active risks were deemed 'major' risks. Five of the active risks were deemed significant' risks. These included the need to reduce and remove ligature risks, the need for an updated emergency contingency plan, identified maintenance issues and to update the hospital's maintenance strategy. Where risks were identified as ongoing, there was action within the risk register to progress and mitigate the risks.

The hospital managers had made concerted efforts to remove or reduce blanket restrictions on the wards. This work was overseen by the company's blanket restrictions group which met regularly. These included discussions on identified restrictions and ways to reduce these including use of mobile phones, patient access to computer on the wards, access to snacks and hot drinks, patients access to DVDs, money and bus passes, access to fresh air and leave and restrictions on smoking.

There was a family visiting room in the reception area of the hospital. This had been decorated to ensure the room was welcoming and appealed to a wide range of visitors. Families and children could therefore visit patients in an appropriate environment without having to go onto the wards.

Track record on safety

All Saints Hospital reported no serious incidents requiring investigation in the 12 months leading up to 20 November 2015. The last serious incident occurred in September 2014 which involved an admission of a patient to an acute hospital; it was clear that a debrief occurred following this incident and appropriate systems and changes put in place to prevent a reoccurrence.

The hospital reported 16 notifiable incidents to the Care Quality Commission between 14 January 2014 and 26 September 2015. Following receipt of these notifications, we made contact with the managers of the hospital where necessary. All of these notifiable incidents have been closed.

There were daily morning ward team and hospital communication meetings. These enabled staff to raise incidents and helped staff and managers respond to daily issues in a timely and effective manner.

Reporting incidents and learning from when things go wrong

Incidents were reported appropriately and there was oversight by the hospital registered managers and more senior managers of the provider. We saw that lessons had been learnt and changes made. For example, following an unco-ordinated fire drill response in August of last year, the registered manager met with staff to inform them of the need to respond swiftly. This led to improved response at later fire drills.

There was a team debrief at the end of every shift to consider any incidents. Individual staff or patient support would be arranged if required following this debrief. There was an incident reporting system. There was a local hospital governance committee which met monthly to review incidents.

The service held meetings with other deaf mental health inpatient services within the North West of England who offer specialist deaf services to discuss issues around incidents and lessons learned and sharing of information.

The hospital had a duty of candour policy dated August 2015 that set out the responsibilities of staff in relation to the duty of candour regulations. Duty of candour regulations ensured that providers were open and transparent with patients and people acting on their behalf in general in relation to care and treatment. It also set out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. There had been no incidents to

Long stay/rehabilitation mental health wards for working age adults

Good

patients at All Saints Hospital that met the formal threshold of harm detailed in the regulations. Staff had a general awareness of the policy, would consider the policy and consult with managers to make sure their responsibilities were met when any such incident arose.

Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

There was well documented care plans that described how patient needs were met on admission and at each stage of patient care. Care plans were patient centred and individualised. They covered healthy living, self-care, physical health, environmental issues, relationships, work, addiction, cultural and spiritual needs and communication. Care plans were well completed and were recovery focused. The written plans of care helped patients receive support to address both the symptoms of mental disorder as well as addressing any offending or management issues which led them to be admitted to secure or rehabilitative care. Patient needs and care were reviewed on a regular basis at multidisciplinary meetings and at allocated Care Programme Approach (CPA) meetings.

Patients had a health action plan which included details of the range of professional input including support from the GP, dentist, optician and chiropody services.

There were systems to ensure patients' physical health needs were met appropriately across the wards. We saw within patients' care records that they had a physical health assessment carried out on admission to the ward and at regular intervals. The hospital employed a physical health lead nurse who was a registered general nurse (RGN) who visited the wards regularly or when required in order to discuss any physical healthcare issues. Following this each person had a health action plan which included a physical health care plan in place which had been developed. Records demonstrated patients were receiving various health checks on a regular basis.

Where patients had physical health problems that could present with risks that needed to be managed these were well documented. For example, we saw one patient was at risk of choking (dysphagia) and their care plan included detailed support around mealtimes to manage the risks of choking. Staff told us and the care we observed showed that these risks were managed in practice. Another patient had been receiving treatment for advanced cancer and their care records identified the treatments provided and the physical health monitoring.

Patients' care and treatment records were held securely in lockable cabinets in ward offices. Access to the ward offices were controlled by staff. Staff understood their responsibilities to keep patient records safe and confidential.

Best practice in treatment and care

Patients had 'My Shared Pathway' documents completed with them. This tool identifies recovery and outcome based approaches to progress patients through the secure care pathway. My shared pathway is a recognised outcome tool in secure care where patients and clinicians use booklets to focus discussions in a number of important areas including secure care, health, relationships, safety, risks and recovery. Patients were at varying stages of the pathway depending on their recovery.

Along with other deaf mental health hospitals in the North West, the service is part way through developing a recovery package similar to My Shared Pathway that is specific to the deaf service and written in British Sign Language. This included picture bank, adapted language to make it more suitable for deaf culture and a key emphasis on overcoming barriers to communication. We saw on some file, the adapted recovery package had been completed.

On the wards we visited we saw patients participating in on and off ward activities. For example we saw patients involved in a healthy living arts project and a group session led by psychologists on the rehabilitation ward. The wards were decorated in patient art work and also showed the awareness sessions that patients had attended. Patients commented favourably on the activities available to them. The wards had both an occupational therapist and an occupational therapy assistant which helped to facilitate a full programme of meaningful activities on and off the ward.

Patients had access to psychological therapies through the dedicated psychology service available within the hospital. Psychologists worked with patients on an individual basis

and in groups. The registered manager had recently reintroduced a specific forensic treatment group (to address particular offending behaviour) with improved clinical oversight and leadership to ensure it followed best and safe clinical practice.This meant that patients had access to talking treatments as well as medicine to aid their recovery in line with National Institute of Health and Care Excellence NICE guidance.

Where patients were receiving anti-psychotic medication above BNF limits either in a single or combined dose there were appropriate arrangements in place to ensure that the rationale for this was properly considered and the continuing treatment was subject to regular review. This was in line with Royal College of Psychiatrists' guidance on the use of high dose anti- psychotics.

Managers in the hospital carried out a range of clinical audits to ensure that the service was meeting best practice. These included care record audits, clinical audits of the multidisciplinary meetings, physical health audits, care and management of patients with diabetes, audits of the security arrangements, infection control and Mental Health Act audits.

Skilled staff to deliver care

We spoke with a number of staff across both wards including ward managers, deputy ward managers, registered nursing and non-registered nursing staff and other professionals including an occupational therapist and the psychiatrist. Staff we spoke with were positive and motivated to provide quality care.

Staff received appropriate training, supervision and support. Agency staff who worked regularly over continuous periods of time were offered supervision by the hospital. Staff were positive about the support and leadership they received from the respective ward managers. Staff told us that they received supervision which consisted of both individual management supervision and group clinical supervision. This was confirmed by records we saw.

There were ward meetings that occurred on each ward for ward based staff. There was a daily morning meeting on each ward to discuss current issues such as incidents, problems, patient presentation, anticipated staffing requirements and security issues. At the end of every shift staff have an opportunity to have a debrief. There was a monthly business meeting for staff on each ward. The therapy team met on a monthly basis to discuss the effectiveness of the therapies available at All Saints Hospital and keep staff up-to-date with current practice.

The hospital expected non-qualified clinical staff to undertake the care certificate which was a set of standards that social care and health workers adhere to in their daily working life. The hospital had an action plan to ensure that all non-qualified clinical staff had completed all modules of the care certificate by the end of December 2015. Staff could access specialist training to develop their skills.

We saw that appropriate action was taken to address poor staff performance. For example, we saw that following an incident, one member of staff was required to attend security and other training again.

Multidisciplinary and inter-agency team work

There was one responsible clinician (RC) and a staff grade doctor who provided medical input on the wards. Patients were registered with local GPs and saw them for any physical health treatment. There was a physical health lead nurse who monitored patients' physical health on a regular ongoing basis. Patients also had access to an occupational therapist (OT) and an occupational therapy assistant (OTA) who supported patients with formal daily living assessments and habilitation, rehabilitation and reablement support as well as diversional activities. There was a psychologist and a psychology assistant who offered a range of individual and group work based programmes. There was a social worker who supported patients to have contact with their home areas and who also offered support with housing, benefits and other practical social matters. Patients could also be referred to a speech and language therapist.

Staff worked longer shifts to promote continuity of care. There were two handovers each day when shift changes occurred. At the handover patient's current clinical presentation and anticipated needs were discussed. The ward manager and the hospital managers had daily morning meetings to promote the effectiveness of the ward, ensure that appropriate incidents were discussed and the ward staff anticipated patients' needs.

Patients were discussed at weekly multidisciplinary (MDT) meetings. Records showed that there was appropriate attendance at these meetings from the various professionals involved in patient's care. Patients reported

that they felt listened to at the MDT meetings, and were supported by the independent mental health advocate to attend and voice their needs and concerns at the MDT meetings. Staff from across various disciplines within the hospital reported good team working and that the MDT worked well with effective communication.

Adherence to the MHA and the MHA Code of Practice

Prior to this inspection, we last carried out Mental Health Act (MHA) monitoring visits on Braidwood ward on 19 September 2014 and on Appleton ward on 3 December 2014. We found overall good adherence to the MHA but highlighted a small number of areas for improvement including that it wasn't always clearly recorded that patients were involved in drawing up their care plans (in line with the guiding principles of the MHA Code of Practice) and physical health checks were not always regularly carried out on detained patients. The provider sent us an action statement telling us how they had addressed the issues we found.

On this inspection, our Mental Health Act reviewer carried out a full MHA monitoring report on both wards. There were 15 patients detained under the MHA; six patients were on a civil section such as section 3, 9 patients had been sent via the courts and were on a section 37. The MHA reviewer found:

- Improvements in evidencing patient participation and physical health checks.
- Effective systems to support the adherence of the MHA and MHA Code of Practice including flagging systems to ensure renewals, medication reviews and consent to treatment rules occurred.
- Well-ordered separate legal files with evidence of the appropriate paperwork to support detention, evidence of patients' rights being given and patients being informed of their right to access the independent advocate.
- Appropriate records kept to support decisions about approving patients leave from the hospital including leave risk assessments.
- Medication for mental disorder being given to detained patients supported by the appropriate legal certificate of consent (in the form of a T2 or T3 form) where appropriate.
- The hospital was working through reducing or removing blanket restrictions on the ward and this was overseen by senior managers.
- There was a proactive specialist deaf independent mental health advocacy service who visited regularly and detained patients had direct access to this service.

However we found that outline approved mental health professional reports weren't always available on patient files when patients were detained on civil sections. This meant that the hospital may not have fuller details of the circumstances around the sectioning process when patients were first detained to support the corresponding detention application. We raised this with the managers and in our MHA monitoring report.

Staff were expected to attend a 1⁄2 day session on the MHA on an annual basis. The MHA administrator had developed a training session for staff on the new MHA code of Practice which was being rolled out. This included an adapted version of the training for deaf staff. Staff had a good awareness of the MHA and their responsibilities.

The company was in the process of updating its' policies to ensure they adhered to the changes made in the recently published MHA Code of Practice.

Good practice in applying the Mental Capacity Act

Staff understood the processes to follow should they have to make a decision for a patient that lacked mental capacity to make that decision.

Patients were asked whether they wanted relatives to be informed or involved in health, wellbeing and welfare decisions. Records showed that patients' preferences were respected or, where the patient was unable to consent to their relatives' involvement, information was shared using best interest principles.

Staff were able to describe the process to determine patients best interests if they lacked capacity to make particular decisions, for example one patient who was on a reduced sugar diet due to diabetes, a formal best interest meeting took place with a range of professionals and the family were involved. The patient was provided with education over a significant period of time and with his improved health and education support, was then deemed to have capacity to make decisions including to make unwise decisions.

Long stay/rehabilitation mental health wards for working age adults

Good

Several patients' records showed that discussions had taken place with patients about advance statements of their wishes and feelings to be taken into account. This process was being rolled out for all patients. This meant that the hospital was supporting patients to think ahead and ensure their views were recorded if they become unable or unwilling to express their views, or participate fully in decisions about their care or treatment.

Staff were expected to attend a 1⁄2 day session on the Mental Capacity Act on an annual basis. Staff showed a good understanding of their responsibilities. The hospital had appropriate systems in place to ensure it worked within the legal framework when people were deprived of their liberty due to the number of restrictions placed upon (known as the Deprivation of Liberty Safeguards – DoLS). For example the hospital had changed its screening tool to ensure that when the hospital was deemed to be under continuous supervision and control then the hospital applied for a DoLS in line with recent case law. There was one patient subject to DoLS during the six months leading up to 30 November 2015. The DoLS paperwork was held within the patient's care file and clearly showed the DoLS assessments and the restrictions in place. The DoLS decision was supported by the correct legal paperwork and had been reviewed.

Staff understood the framework for the DoLS and information was also provided to the patient's relative who was acting as the patient's representative. The DoLS restrictions were detailed in the patient's care plan so staff were clear what the effect of the DoLS was for the patient concerned. Staff had informed CQC of the DoLS application and outcome as they were required to do.

Are long stay/rehabilitation mental health wards for working-age adults caring?

Good

Kindness, dignity, respect and support

We observed staff communicating with patients using sign language. Staff interacted with patients in a warm and friendly manner. We observed patients involved in activities and group work throughout the inspection.

We spoke with 19 patients with a sign language interpreter over two days. Patients told us that staff treated them kindly and with respect. Patients told us that the support they received from the independent mental health advocate (IMHA) was invaluable.

Whilst most patients were happy with the care and treatment they received, a number of patients raised concerns about some hearing agency staff and how proficient (or not) they were in British Sign Language (BSL). Comment cards from patients also raised the concerns about the communication difficulties when agency staff came in and who did not have signing skills and also about the quality of the food.

We spoke with the managers about the issues raised by patients.

The involvement of people in the care they receive

Patients were supported to be involved in decisions about them by a specialist deaf advocacy service. The advocate supported patients at ward rounds and formal meetings to ensure that they were supported in the any decisions around their care and treatment. Advocates also attended local patient focus meetings, and supported patients to complete patient satisfaction surveys. The advocate felt that the hospital understood their role and respected the right of patients to receive advocacy input to support and empower them to be involved in decisions about their care and treatment.

Daily community meetings were held on each ward to discuss activities for the day and for patients to raise any concerns that they had about daily life on the ward. There was also a 'you said, we did' group which was facilitated by the therapy staff, where patients could raise matters of concern and receive feedback on what the hospital had done to address their concerns. The hospital had a local patient forum which met monthly to ensure patients had an opportunity to comment on and influence the running of the hospital. For example at the November 2015 local patient forum, patients raised with managers that when agency staff were used they do not always have communication skills and communication breakdowns occur. There was also a monthly patient council meeting where patient representatives met with the hospital manager to discuss patient issues and concerns.

Long stay/rehabilitation mental health wards for working age adults

Good

Patients were involved in decisions about the hospital to ensure staff were patient centred. Staff and patients were working in collaboration, for example, patients sat on interview panels and were involved in training of new staff.

The hospital supported patients to be involved in national service user involvement initiatives, for example one patient attended the deaf recovery package national meeting and contributed to creation of a deaf specific recovery tool to replace 'My Shared Pathway' as a better recovery tool in secure care to meet the needs of deaf patients.

The hospital was committed to supporting family members and helping them maintain contact with their patients during their stay in hospitals. Family members could contact the hospital social workers with any queries they may have. This website had a carers' page to answer frequently asked questions that families and carers may have about visiting procedures or the rules of the hospital. We spoke with one carer who was visiting at the time. The carer was happy that their relative was receiving appropriate and specialist care in a designated deaf mental health setting. The carer did raise concerns about the length of stay in hospital and the distance from home area. The patient was subject to delayed discharge and staff were working to try and address the delays.

St. George Healthcare Group had a strategy for working effectively with families and carers. The five core aims of the strategy were:

• To recognise carers, families and friends at all levels within St. George Healthcare Group

• To communicate effectively with carers, families and friends

• To involve carers, families and friends in patient care and delivery of services

• To support carers, families and friends to maintain their own wellbeing

• To support staff to be more aware of carers', families' and friends' needs and issues

All Saints Hospital produced a yearly action plan and a report that details how they have addressed the actions in this strategy. The action plan is monitored monthly within hospital governance meetings. This included the introduction of web chat for families, developing a carer link role and sending a letter to the family.

Overall improvement of the carer experience was monitored using a carers', families' and friends' experience questionnaire which was completed as an online questionnaire. The results from this survey would be used to update the carers' strategy for forthcoming years.

All Saints Hospital carried out two staff, friends and family test surveys, one in December 2014 and the second in July 2015. The results of the most recent survey (July 2015) showed that 19 staff members responded to the survey. Fifty eight per cent of staff were very likely or likely to recommend All Saints Hospital to family and friends if they needed care or treatment. Sixty nine per cent of staff who responded would recommend All Saints Hospital to family and friends as a place to work.

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

All Saints Hospital reported that over the past six months up to the end of November 2015 the mean bed occupancy levels were 97% in Appleton ward and 91% in Braidwood ward.

Admissions onto the low secure ward were agreed by the NHS England specialist commissioning team following assessment by the multidisciplinary team. This ensured that there was proper consideration whether patients required being cared for under conditions of low security. There was a referrals, admissions and discharge committee, which met monthly to review individual cases of referral, admission and discharge which had occurred since the previous meeting.

Patients on the low secure wards received rehabilitation and treatment to work towards moving on the rehabilitation ward. This was subject to careful assessment to ensure that patients were ready for open rehabilitation

and subject to other considerations, for example Ministry of Justice approval. Individual plans were in place for relevant patients on Appleton ward for a graded move to Braidwood ward which was not locked and from which plans were made for further integration into the community.

Medium secure care for deaf patients was provided by a nearby independent hospital which was overseen by a different provider. There was good relations reported between the hospitals to facilitate discussion and transfers where patients needed to be considered for higher levels of security.

All Saints Hospital reported one delayed discharge in the past six months, due to the fact that staff from the patient's new placement were visiting the patient at All Saints Hospital to facilitate transition to the new placement. Managers were trying to address any delays with patients' discharges through liaising with secure and local commissioners and with local relevant services. Progress towards patient discharge was reviewed weekly at the referral, admission and discharge meeting, which was attended by hospital staff from a range of disciplines. This helped to ensure that staff were accountable for any delays.

Managers of the hospital were part of a network of three specialist mental health and deaf in-patients services in the north west of England. As part of these meetings discussions were taking place to introduce standards for a clear robust gate keeping process for admission and discharge processes of deaf patients with mental health needs through a standardised operational process and quality assurance framework. Each provider would retain responsibility for their own unit and admissions. This work was also looking at any service gaps and obstacles to discharge, recovery and resettlement. This had initially identified that lack of local deaf accommodation adapted to the needs of deaf people, poor attendance of care coordinators at CPAs, placements far from home area, reduced and a lack of specialist community teams.

The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own en-suite rooms which could be personalised. Patients on the low secure wards had items which were identified as a security risk locked away in a security cupboard within their own bedrooms.

The wards had spacious communal areas. There was a range of interview rooms on the wards. The window to each room had a cover over the window so other people could not inadvertently see the signed conversation occurring. There was a family visiting area off the ward which had been adapted to ensure it provided a suitable environment for children and families to visit.

Each ward had access to outside space directly from the ward. On the low secure ward, staff accompanied patients into this area. The open rehabilitation ward was not locked. Detained patients on the open rehabilitation ward were monitored through observations and staffing levels.

Braidwood ward, the open rehabilitation ward, had three types of rooms to promote patients to move towards independent living; patients moved from bedrooms, to bedsits to fully equipped flats as part of their recovery. Patients were encouraged to utilise their leave to access community facilities.

Before staff entered patients' bedrooms they pressed a button which flashed in the bedrooms to alert deaf patients that someone was entering their room. The nurse call buttons sounded but also flashed to ensure that deaf staff could respond. We saw that staff responded to the nurse calls swiftly. This meant that the environment had been adapted to meet the needs of deaf patients and staff.

Patients were permitted to have mobile phones and other mobile devices which meant they could text or use social media to communicate.

Patients also had access to the internet and could use video chat applications to communicate with their relatives directly using sign language. Some patients were being cared for far from home due to the lack of specialist local deaf mental health services and this helped them keep in touch with their families.

There was a job club which patients were encouraged to participate in and the patients were paid for performing tasks such as running the tuck shop, collecting and delivering newspapers and car and mini-bus washing.

Patients felt at times that when the hospital used agency staff that they could not always communicate with them because the agency staff did not have signing skills. The hospital managers were working to address this by offering training and support to regular agency staff.

Long stay/rehabilitation mental health wards for working age adults

Good

Patients commented that the food sometimes was not of a good standard. Patients told us that they had to order their meals for the whole week and were not able to change their mind about what they had ordered. The managers of the hospital took action to address the comments on the food.

Interpreters were provided for deaf staff members when they accessed training to help them understand the policies. Policies were made as accessible as possible to deaf staff and patients.

Meeting the needs of all people who use the service

There was a strong deaf culture with staff who were deaf working with patients. Patients with leave were supported to attend their local deaf club. Staff worked to address individual cultural needs. For example, one patient was from Eastern Europe and recently staff had arranged a telephone call with both sign language interpreters and foreign language interpreters to his family. Another patient chose to contact his family by sending a fax to his mother each day.

Patients commented that some agency staff used did not have signing skills. Managers told us that regular bank and agency staff could access the BSL training to improve communication. On each shift, there were always signers available to ensure that patients' needs could be met.

Patients identified as Muslim were offered a halal diet and received support to attend the local mosque for prayers. In April 2015 All Saints Hospital held a multi faith day, which involved representatives from a range of faiths speaking and giving an insight into Christian, Jewish, Hindu and Muslim faiths.

In April 2015 All Saints Hospital held a deaf awareness event which involved speakers delivering talks on a range of topics including deaf mental health and the law, psychology and deafness, deaf awareness and basic signing skills.

There was a range of information displayed around the wards. Information included information on mental health conditions, medication, local services and hospital policies. There was information produced by patients. For example, patients had made a display about the role of the Care Quality Commission to help all the patients understand our role.

Listening to and learning from concerns and complaints

All Saints Hospital reported that they had received 22 complaints in the past 12 months, 19 from patients on Appleton ward and three from Braidwood ward. Three complaints had been upheld. We looked at the brief details of the complaints that had not been upheld and could understand the reasons for this. We looked in more detail at the upheld complaints including at the complaint and the response from the hospital. These showed that appropriate records were made when patients complained and attempts were made to resolve complaints where possible.

Information about making a complaint was clearly displayed on the hospital's noticeboards for patients to read. Patients at All Saints Hospital can make complaints either to staff on the wards or directly to the registered manager. Most complaints received were initially looked at to see if they could be resolved informally. They were escalated to formal complaints if they could not be resolved by the service. However, if a patient stated that they specifically wanted their complaint to be formally investigated, or if the severity of the complaint warranted a full investigation, the complaint was forwarded to the registered manager. The registered manager delegated the role of complaints manager to the patient safety and quality manager.

The independent advocate reported that complaints from patients brought to them had reduced as patients were now empowered to raise complaints themselves.

It was clear that when complaints were upheld that lessons were learnt, for example following a patient complaining that his leave was cut short the hospital reminded all staff that if a patient leaves late for approved leave, they must return back later, providing that there are no restrictions on their section 17 leave authorised by the responsible clinician.

The hospitals complaints leaflet informed patients that they could take their complaints to the CQC if they were not happy with the hospital's response. We only look into complaints that involve the powers and duties of the Mental Health Act and patients with general complaints about their care and treatment should instead be signposted to the health service ombudsman if they are

Long stay/rehabilitation mental health wards for working age adults

Good

unhappy with the hospital's response. None of the complaints were escalated to or submitted to the Independent Sector Complaints Adjudication Service (ISCAS) or to the health service ombudsman.

The hospital had also carried out a survey with patients about their awareness of and experiences of using the complaints procedure. The results of the survey had not yet been compiled. The competed surveys showed a mixed response with good awareness of the procedure but some patients commenting on the delays in dealing with complaints and patients commenting on the need for more detailed responses to complaints.

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good

Vision and values

St George Healthcare Group had the following vision:

"We strive to provide high quality patient centred care, improving the quality of life for patients with brain injury. We support the people in our care to achieve their maximum potential in an environment where clinical governance guides compliance and best practice to promote a culture of continuous learning, self and service development. Ethical practice, transparency and accountability underpin all we do".

St George Healthcare Group had the following values:

- delivering excellence - patient centred, efficient clinical and non-clinical services
- working together - learning from each other, collaboration and teamwork
- respecting people - valuing staff, patients, and encouraging diversity
- being ethical In all we do - integrity, transparency and accountability
- leadership - leads by example, encourages innovation and takes accountability

The registered manager was able to tell us fully evidence and records corroborated how these values were translated into clinical practice.

The service encouraged and promoted the deaf culture within the hospital, for example, by the appointment of deaf staff who better understood patients' deaf culture and needs. Staff were very complimentary about the registered manager and senor leaders within the organisation and staff took pride in their work.

Good governance

Staff undertook training and had supervision, team meetings and appraisals to ensure they were competent and confident in their role. The ward staff and the therapy team also met formally on a regular monthly basis. There was an action plan to ensure adherence to the staff training plan.

There was a range of regular audits carried out by various levels of staff within the hospital and the provider. These included audits of medication, care files, physical health, health and safety checks and MHA audits.

Managers and staff were committed to provide a quality service to people who use the service. The service continued to listen and engage with patients on an ongoing basis to ensure that patients received good quality care that met their needs. The hospital monitored the availability of activities for patients.

There was a range of clinical governance meetings to continuously raise standards and work towards best practice. These included local meetings such as the local hospital governance committee which met monthly. At these meeting mangers reviewed incident monitoring, infection prevention and control, medicines management, compliance quality improvement and development, compliments complaints and comments, patient safety and security, patient involvement, training and development. The minutes showed that there was oversight of issues occurring within the hospital and action to address any highlighted problems or concern. The provider, St George Care UK, also held a range of meetings across the group. These included a corporate governance and quality committee which and covered key data and issues from each hospital.

The director of governance and risk attended the hospital on a regular weekly basis to review audits, incidents, medication management, infection control arrangements and the management of training. This ensured that there were systems in place to gauge the performance of the wards.

Long stay/rehabilitation mental health wards for working age adults

Good

There were effective clinical governance arrangements with clinical team leaders overseeing the quality of care and treatment and auditing the wards. The hospital had a clinical governance and audit strategy. The aim of this strategy was to ensure that there was clarity over the use of clinical audit as a process to embed clinical quality at all levels within the organisation and deliver demonstrable improvements in patient care and service provision.

There were good systems to monitor the Mental Health Act with a monthly register check to ensure that key records were checked including detention papers, renewal requirements, consent to treatment requirements and patients' rights.

The hospital's risk register was available for staff and action was being taken to mitigate against the identified risks. Staff felt that managers were approachable and responsive and felt comfortable in raising concerns or risks to be addressed and included on the risk register.

The provider's policies were kept up-to date through a standing policy review group which reviewed alerts and legal issues and updated policies within the hospitals covered by the provider.

Leadership, morale and staff engagement

The wards were managed by experienced band 6 nurses who led the wards well. The registered manager provided effective leadership and staff felt that she managed the service well. The director of governance and risk attended the hospital on a weekly basis to look at any operational issues that require escalating arising from a range of data including audits, incidents and infection control. Hospital and company managers were well cited on any issues within the hospital and were working to address these.

The registered manager attended daily internal morning meetings and met with the clinical service lead/deputy manager and the service manager daily to discuss any service issues. Information was cascaded via the levels of management to the rest of the staff within the hospital via regular staff meetings, emails and line management/ supervision.

Most staff said they received support from their managers. Staff felt that managers listened to them. When major changes were considered. For example, the hospital group was planning to introduce shorter shifts, following staff and patient consultation, the group decided not to introduce it.

Most staff were positive about the clinical leaders and registered manager, describing them as effective leaders who were approachable.

The registered manager had many years of experience managing deaf and secure services. They had made changes since they started to ensure that the treatment offered was safe and effective such as improving the psychology services and introducing a band 6 nursing role to help career progression and staff retention.

Records showed and staff confirmed that regular individual supervision meetings and team meetings for staff were occurring.

Morale was reported to be high. Staff felt able to raise concerns with managers. Staff were aware of the whistleblowing policy and told us that they knew how to raise any issues through this process or anonymously. There was information displayed in the hospital about how staff could raise concerns about patient care.

Commitment to quality improvement and innovation

All Saints Hospital had Commissioning for Quality and Innovation (CQUIN) targets to implement. CQUIN targets are used to support improvements in the quality of services and the creation of new and innovative models of care or monitoring systems. The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of these local quality improvement goals. The CQUIN targets were:

• communication with General Practitioners

• needs formulation

• supporting carer involvement

• deaf recovery package tools

• collaborative risk assessments • the friends and family test and

• a quality dashboard.

The hospital provided a report to commissioners of progress in meeting these targets which evidenced good progress in these areas.

All Saints Hospital was accredited by the Royal College of Psychiatrists' Quality Network for Forensic Mental Health Services in May 2015. This was a quality improvement tool

Long stay/rehabilitation mental health wards for working age adults

Good

used in medium and low secure mental health services. The Quality Network provided peer review of services against criteria, which have been developed from the Department of Health's best practice guidance on the specifications for adult medium-secure services and low secure services. The review highlighted many areas where key standards were met. All Saints Hospital fully met 89% of low secure standards. They met 100% of criteria in five standard areas including admission processes, physical health care, discharge arrangements, workforce development and governance. Areas highlighted in need of improvement over included minor security issues and patient equality issues. We saw improvements already made in many of the areas identified in the peer review, for example, in the 'you said, we did' noticeboards, use of CCTV and a patients complaint survey to get patient feedback on the current complaints process and their experiences.

The hospital supported patients to be involved in national service user involvement initiatives, for example one patient attended the deaf recovery package national meeting and contributed to creation of a deaf specific recovery tool to replace 'My Shared Pathway' as a better recovery tool in secure care to meet the needs of deaf patients.

Managers of the hospital were part of a network of three specialist mental health and deaf in-patients services in the north west of England. As part of these meetings discussions were taking place to introduce standards for a clear robust gate keeping process, service gaps and obstacles to discharge, recovery and resettlement. This had initially identified that lack of local deaf accommodation adapted to the needs of deaf people, poor attendance of care coordinators at CPAs, placements far from home area, and the reduced provision/lack of specialist community teams. Managers were speaking to commissioners to develop and offer appropriate community deaf mental health services.

Outstanding practice and areas for improvement

Outstanding practice

- Patients and staff were working together to adapt assessment and care planning tools (such as 'My Shared Pathway') to better reflect the needs of deaf patients and develop quality and innovation targets relevant to deaf mental health services.

Areas for improvement

Action the provider SHOULD take to improve

- Managers should continue to address any delays with patients' discharges through continuing to co-operate with secure and local commissioners and with local relevant services.
- Managers should address the foothold in the fence door on the low secure unit.