Brierley Court Independent Hospital

Quality Report

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Date of inspection visit: 1 to 2 August 2016
Date of publication: 14/11/2016

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.

Summary of findings

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

Overall summary

We rated this service as good because:

- We observed excellent interactions between staff and patients. Staff were supportive in a compassionate and discreet manner.
- Patients had an ongoing risk assessment and assessment of their needs. Patient involvement in their care planning was evident in the care records.
- Staff managed medication administration correctly, following the provider's policy and procedures. Staff undertook audits to monitor the levels of stock and medication administration records.
- Staff completed environmental risk assessments to identify, remove or reduce risks to patients. The environment was clean and well maintained, having recently had a refurbishment, which included new furnishings and decoration.
- Managers and clinicians met regularly to review information about the safety and quality of the service. This included staffing levels, incidents, safeguarding alerts, complaints, mandatory training, staff supervision, bed occupancy and patient feedback. When actions were required, action plans were followed up at the appropriate meetings or committees within the organisation. Information was passed to all levels of staff through team meetings, emails, supervision and reflective practice sessions.
- Staff had completed their mandatory training and received regular supervision with an up to date appraisal to support performance objectives.
- The service implemented the Mental Health Act and Mental Capacity Act effectively.
- All patients had their own rooms with en suite bathroom facilities. Patients had access to food and drink between meals. Patients were encouraged and supported to complete activities with a recovery focus. This included preparing their own meals, doing their laundry and going shopping.
- Patients' care included input from a psychologist, occupational therapists and a psychiatrist. Handovers and care planning were nurse led with the weekly ward round being led by the psychiatrist. Patients' care records reflected professionals worked together to support decisions to meet patient's needs within the care and treatment delivery.

However:

- Occupational therapists and psychologists maintained their own treatment records; these were kept separately from the electronic patient record. The electronic patient record had limited entries of the treatment and interventions a patient had received for psychological or occupational therapies. Staff could not see other professionals had engaged with the patient, as there was no indication of the intervention type, date and brief summary held within the main record. This meant information was not readily available for staff to have a clear holistic understanding of how patients' needs were met or the patients' progression.

Summary of findings

Contents

Good

Brierley Court Independent Hospital

Services we looked at

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

Summary of this inspection

Background to Brierley Court Independent Hospital

Brierley Court is an independent hospital in Moston, Manchester. Partnerships in Care is the service provider. They acquired Brierley Court in June 2015.

Brierley Court provides care for men and women over 18 with varying primary diagnosis of mental illness and/or personality disorder. The hospital is a locked rehabilitation service providing care for up to 21 patients.

At the time of our inspection, the hospital had 13 patients, 12 patients who were detained under the Mental Health Act 1983 and one there by choice.

Brierley Court provides the following regulated activities:

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

The hospital had an accountable controlled drugs officer. The manager had applied to be the registered manager with the Care Quality Commission.

Our inspection team

Team Leader: Sharon Watson, Inspector, Care Quality Commission.

The team who inspected Brierley Court Independent Hospital comprised two inspectors and a clinical psychologist.

Why we carried out this inspection

We undertook this inspection to find out whether Brierley Court Independent Hospital had made improvements to its service since our last comprehensive inspection of the provider on 16 and 17 November 2015.

In 2015, we rated the service as requires improvement overall. We rated effective as inadequate, safe, responsive and well led as requires improvement and caring as good.

Following that inspection we told the provider it must take the following actions to improve the service:

- The provider must ensure that patients have an updated physical health assessment and their physical healthcare needs are met.
- The provider must ensure that risk assessments relating to the health, safety and welfare of the people using the service are completed and regularly reviewed by suitably qualified staff. Risk assessments must include plans for managing risks.
- The provider must ensure that staff received the training required to perform their role. This includes mandatory and specialist training. Staff must have an appraisal.
- The provider must ensure feedback is obtained from patients and staff to monitor and drive improvements.

We also told the provider it should take the following actions to improve:

- The provider should continue to embed the supervision process.
- The provider should continue to implement the electronic patient record system.
- The provider should ensure the areas for improvement identified in the review by the external pharmacist are implemented.
- The provider should ensure the risk register addresses the risks associated with the transition between providers.
- The provider should continue to embed the visions and values within the service.

Summary of this inspection

- The provider should ensure there is a clear strategy for the service that supports the delivery of care and treatment to ensure the effective rehabilitation of patients using the service.

We issued the provider with four requirement notices that affected Brierley Court Independent Hospital. These related to:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider submitted an action plan which had a completion date of 30 September 2016 but advised us on 12 July 2016 that their actions were completed, this prompted the revisit to the service.

How we carried out this inspection

We asked the following questions of the service:

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

On this inspection, we assessed whether the provider had made improvements to the specific concerns we identified during our last inspection.

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- visited the hospital site, looked at the quality of the ward environments and checked all clinic rooms
- observed how staff were caring for patients
- looked at incident reporting records
- looked at section 17 leave documentation for detained patients
- looked at staffing rota sheets for the last month
- spoke with three patients who were using the service and collected feedback from 16 comment cards from patients
- interviewed the hospital manager with responsibility for the services
- interviewed five other staff members individually including doctors, nurses, an assistant occupational therapist, occupational therapists, and a psychologists
- looked at the hand-over meeting notes
- looked at the observation records of patients' care
- looked at security check records of the building to keep patients safe
- looked at 12 care records of patients
- carried out a specific check of the medication management at the hospital and reviewed nine prescription charts and patient medication administration records
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with three patients individually and received 16 comment cards with feedback from patients. They said the food was good and there was a range of activities available. However, patients told us leave or activities had been re-arranged due to staffing levels. We raised this with the manager who was aware of the matter and addressing by raising it with their regional manager.

Patients told us they felt their care and treatment was good and staff treated them kindly. Patients said they were offered copies of their care plans and had checks for their physical health. Patients said they saw their key worker regularly and they were involved in the planning of their care.

Patients had access to their room, with their own key for safety. Patients said staff supported them with shopping, cooking and their laundry. One patient told us a staff member goes with him weekly to visit his parents and they usually travel by train.

Summary of this inspection

Patients told us they would speak to a member of staff or the manager if they were unhappy or wanted to make a complaint.

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 hospital had segregated sleeping areas, bathroom and toilet facilities, and lounge areas for men and women, which meant it complied with same-sex accommodation guidance.
- Staff were aware of ligature points and individual patient risks, there was a system in place to mitigate risks. There were effective policies on patient safety and the use of patient observations. Staff carried out routine security checks of the environment throughout the day.
- Staff ensured there were good standards of cleanliness and clinical rooms were well maintained with regular checks completed on equipment and emergency drugs.
- Managers had agreed levels of nursing staff on each shift; the manager reviewed staffing levels daily to take account of staff numbers and skill mix to meet patients' needs.
- A consultant psychiatrist attended the hospital site four days a week.
- Staff mandatory training was up to date which meant staff were suitably trained for their roles.
- Staff completed incident reporting and the manager reviewed each incident reported. Staff and patients had support following incidents and there was good information sharing of learning from incidents, which staff considered to avoid repetition or reduce future risks.
- Staff completed short-term assessment of risk and treatability risk assessments for every patient on admission and incorporated information into care plans.
- Staff managed medicines safely.

However:

- The provider had scaled down staffing due to the low bed occupancy at the hospital. Staff told us this restricted therapeutic interventions due to staff availability. Staffing levels kept patients safe but did not allow flexibility to support patients outside of planned interventions. Staff had re-arranged section 17 leave due to staffing levels. This meant patient's planned activities were changed to accommodate staffing. The manager was aware of this impact on patient care and had raised the concern with their regional manager. The data recorded in the electronic patient record system showed 83 episodes of leave in May 2016, 202 episodes of leave in June

Summary of this inspection

2016, and 286 episodes of leave in July 2016. Over this three month period there had been no leave recorded as cancelled on the system. On further clarification with the service the details were that the patient may have had leave scheduled for the morning but it was moved to the afternoon which meant it was not being cancelled.

Are services effective?

Good

We rated effective as good because:

- Staff identified patient's physical health needs on admission and arranged continuous treatment and monitoring of their needs. Patients were supported to access a range of physical healthcare services as required.
- The patient care reflected multidisciplinary collaborative working and care planning. Patients had care and treatment input from psychologists, occupational therapists, nurses and psychiatrist. The care planning and handovers were nurse led and the weekly ward round was consultant led.
- Staff managed consent to treatment appropriately and had good management of the Mental Health Act 1983 and the code of practice. Staff had training on the Mental Health Act, Mental Capacity Act and deprivation of liberty safeguards as part of their mandatory training.
- Best interest meetings took place to support decisions around care and treatment or financial matters when patients lacked capacity to decide for themselves.
- The Mental Health Act administrator scrutinised legal documentation and alerted the staff team with regard to tribunals and hospital managers hearing timescales.
- Staff had regular supervision and appraisals. Staff had completed a range of specialist training.
- Recovery Star documentation was used to promote a recovery focus for care and treatment and to monitor outcomes for patients.
- Staff were updated via reflective practice sessions on best practice and use of National Institute for Health and Care Excellence guidelines relevant to patient care and treatment.

However:

- Comprehensive care and treatment records were not all recorded in the electronic patient record system. Occupational therapy records were stored on the shared drive for the

Summary of this inspection

hospital, which had restricted access and each staff member had different access levels. Psychology treatment records were also held separately. This meant it was difficult to understand the full holistic care and treatment plans for each patient.

- Although staff had prepared weekly activity and therapy timetables for each patient, these were based around the hospital's standard activity programme. The patient's weekly activity programme did not always reflect a recovery focus.
- Staff had introduced communication passports for some patients these had limited information about the communication methods used by the patient. Although the passport held limited details staff knew patients' preferred communication methods and engaged well with patients individually.

Are services caring?

Good

We rated caring as good because:

- Feedback from patients and those close to them was positive about the way staff treated them. Patients told us staff treated them with dignity, respect and kindness.
- There was evidence that patients and their family or carers were involved in decisions about their care and treatment.
- We observed excellent interactions between staff and patients. Staff were supportive in a compassionate and discreet manner.
- Events were held for carers and family members.
- There was a regional patient forum which included representatives from the service.

Are services responsive?

Good

We rated responsive as good because:

- Pre-admission assessment forms and criteria for admission were in place to support the service delivery.
- The service had a range of rooms to facilitate recovery, which included clinic rooms for examining patients, activities, meeting visitors or quiet areas for patients.
- Patients could make phone calls in private.
- Patients had access to outside space.

Summary of this inspection

- There was no waiting list, and patients were able to access a bed when required. Patients' beds were not used when they went on leave. Patients had their own bedrooms, which they had personalised.
- Adjustments were made for people requiring disability access. Information was accessible in different formats to meet the needs of the patients.
- Patients knew how to complain. There was a system in place to manage complaints effectively and outcomes were fed back to both patients and staff members.

However:

- One pre-admission assessment reviewed did not provide a rationale for admission. The assessor had not outlined how the service could meet the patient's needs and the suitability of the treatment. However, this admission was 12 July 2016, which was before the completion of the action plan provided to us by the hospital.
- On the electronic patient record, it was not recorded to state that staff had considered patient's cultural and spiritual needs as part of the assessment process.

Are services well-led?

Good

We rated well-led as good because:

- The provider's vision and values were included within the supervision and appraisal process with objectives set which reflected them.
- The hospital manager produced a monthly ward quality report; this monitored key performance indicators in line with the Care Quality Commission domains. The ward quality report included the monitoring of mandatory training, supervision and appraisals that were all up to date at the end of July 2016.
- There were good governance arrangements in place from hospital to board that functioned effectively. Structures, processes and systems of accountability were clear throughout the organisation.
- Managers maintained a risk register to ensure effective monitoring and management of identified risks for the hospital.
- A staff survey was undertaken in January 2016 with positive feedback from staff about the organisation they work in. Staff spoke positively about teamwork and being able to raise concerns without fear of victimisation.

Summary of this inspection

- Staff knew how to protect patients and how to follow the whistle blowing process.

However:

- A patient survey was undertaken in January 2016 but there was limited participation so the provider planned to repeat this exercise.

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.

Patients using the service were usually detained under the Mental Health Act.

The hospital had policies on the Mental Health Act and its implementation.

Patients had their rights under the Mental Health Act explained to them.

Patients had access to independent Mental Health Act advocates. There had been a problem with the provision of this service but the provider had arranged a new independent mental health act advocate service to attend the hospital on a more permanent basis. As an interim, the provider had purchased support on an ad hoc basis for patient who required assistance.

We did not carry out a full review of the implementation of the Mental Health Act. However, the sample of Mental Health Act paperwork we reviewed was completed correctly. Consent to treatment for medication forms were completed and attached to medication charts.

The service had a Mental Health Act administrator that supported the correct implementation of the Act, carried out audits, and provided advice to staff.

Training in the Mental Health Act was part of the provider's mandatory training programme. The mandatory training level was at 95% at the time of our inspection.

We undertook a Mental Health Act Review visit in June 2016. During the visit our findings included:

- Bathroom and toilet areas had been refurbished.
- Care plans had improved since the last visit in June 2015. There was evidence of patient involvement, although it was agreed that further development of these plans was required.
- On the previous visit, there was inconsistent evidence of risk assessments informing risk plans on the electronic care files. This was found to have been addressed at this visit.
- Section 17 forms about leave for detained patients had been completed correctly and copies offered to patients. We had previously been concerned about the inconsistent evidence of specific consideration given by the responsible clinician to risks associated with periods of Section 17 leave.
- All patients were now given a full physical health assessment. Previously this was inconsistent.
- All admissions were planned and the mental health act administrator was responsible for the receipt and scrutiny of detention documents. Some approved mental health professional's reports were missing from files we reviewed.
- Care plans for both mental health and physical health had improved since the last visit. There was evidence that the patient's view of their care and how they would like to be treated was now taken into consideration.
- The responsible clinician made and recorded regular assessments of the patient's capacity to consent to treatment. Staff completed T2 and T3 certificates recording consent to or authority for treatment and referred patients to second opinion appointed doctors as required.
- There was a system in place for authorised section 17 leave. Patients advised that leave was rarely cancelled due to lack of staff. There was no evidence that patient view of how their leave went was recorded when the patient returned from leave.

Discharge planning was discussed and recorded in care plans from admission onwards and records showed that the patient's view of their future was discussed.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

There were no patients subject to the Deprivation of Liberty Safeguards at the time of our inspection.

The provider had policies on the use of the Mental Capacity Act and the Deprivation of Liberty Safeguards.

Staff received training in the Mental Capacity Act as part of the service's mandatory training programme. The staff we spoke with had an understanding of elements of the Act. For example, the principles of capacity assessment which included having the capacity to make seemingly unwise decisions, best interests, and least restrictive practice.

Patients had their capacity assessed when there were signs to indicate that they could not make decisions, for example, about their physical health, financial matters or future accommodation. Where patients had been deemed to lack the capacity to make a decision then action had been taken in their best interest.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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 hospital complied with same sex accommodation guidance, providing separate sleeping areas, bathroom, toilet facilities, and lounge areas for men and women.

We saw the hospital was clean and well maintained with good furnishings. We observed domestic staff cleaning and reviewed the cleaning records. There had been a recent refurbishment of the hospital, which included decorating and new furnishings.

Clinic rooms were fully equipped including emergency drugs and resuscitation equipment. Staff checked daily the clinic cleanliness, the expiry date of emergency drugs and the fridge temperatures. Records showed that appropriate action was taken when drugs needed replacing or fridge repairs.

Staff undertook monthly environmental ligature risk audits. The identified risk was rated and appropriate action plans were in place to support, remove or reduce the level of risks to patients. Nursing staff conducted regular environment checks and patient observations.

The hospital had a ligature risk assessment in place; ligature points are places to which patients intent on self-harm might tie something to strangle themselves.

Staff were aware of ligature points and individual patient risks, there was a system in place to mitigate risks. The individual patient risk assessments had details of how to support patient's safety and reduce risks. There were effective policies on patient safety and the use of patient observations. Staff carried out routine security checks of the environment throughout the day.

Staff had radios for their safety, as the hospital was set across three floors, this enabled staff to summon assistance if required.

Safe staffing

Establishment levels whole time – qualified nurses 8

Establishment levels whole time – nursing assistants 17

Number of vacancies whole time – qualified nurses 2

Number of vacancies whole time – nursing assistants 3

The provider had reduced the number of staff working at the hospital as it had had low bed occupancy levels for several months. The staffing establishment for the whole service was 37 in November 2015 and 25 in August 2016.

Therapeutic interventions were restricted by limited availability of staff. This meant there was no flexibility in staffing levels outside of the planned sessions to support patients when staff observed an additional opportunity to engage with a patient. Patients told us leave was re-arranged due to staffing levels; however the provider was unable to provide us with the details as this is not recorded. The data recorded in the electronic patient record system showed 83 episodes of leave in May 2016, 202 episodes of leave in June 2016, and 286 episodes of leave in July 2016. Over this three month period there had been no leave recorded as cancelled on the system. Patients had planned one to one time with staff. On further

clarification with the service the details were that the patient had leave planned for the morning but it was moved to the afternoon, this meant patients' leave was not cancelled.

Bank or agency staff filled one support worker shift within the last three months to cover sickness, absence or vacancies. This meant patients received continuity of care from familiar staff members.

The service shared staff between other local provider services, this increased access to experienced staff and supported continuity of care for patients by staff that had completed organisational training.

Staff sickness rate in the last 12-month period was low at 3%. Staff turnover rate had reduced from 11% reported from our previous inspection in November 2015; the staff turnover rate in the last 12-month period was reported as 1%.

Staff worked day shifts from 8am to 8.30pm and nightshifts from 8pm to 8.30am. A usual staffing level for day shifts was one qualified nurse and four support workers and the night shift was one qualified nurse with two support workers.

We looked at the staffing rotas sheets for the past four weeks, they showed cover for sickness or holidays was managed in a timely manner. Staffing levels were reviewed daily to take account of staff numbers and skill mix to meet patients' needs.

The consultant psychiatrist worked full time with four days on site at the hospital. The consultant psychiatrist was based at another hospital for one day a week; this was within the provider group so they were able to provide flexible support for Brierley Court patients when required.

The provider had an on call medical rota system that included six doctors from other Partnerships in Care hospitals local to Brierley Court. The doctors provided a handover between colleagues who covered the on call service. Any updates for the on call rota listing was communicated to all staff daily.

Staff mandatory training was up to date and achieving over the provider's target of 75%. The provider used an electronic learning system, to monitor staff mandatory training levels. There was a comprehensive mandatory training programme, which included 21 courses. Levels of 78% for basic life support and 86% for immediate life support training had been achieved at August 2016. The service had also opted for two additional courses to be included as routine training following the recommendations of learning from an incident at the hospital: the additional courses were management of violence and aggression and security.

Assessing and managing risk to patients and staff

There were no seclusion facilities at this hospital and the provider reported no incidents of segregation within the last six-month period. The manager and staff told us they used verbal de-escalation techniques to reduce conflict; however, there had been one incident of the use of restraint within the last six-month period. The provider had not used restraint in the prone position. Prone restraint refers to face-down restraint and increases the risk of breathing difficulties.

We reviewed care records for 12 patients. All had up to date risk assessments. Staff completed short-term assessment of risk and treatability risk assessments for every patient on admission and incorporated the information into the individual care plans.

Staff reviewed patients' risk assessments monthly or as required to update with any changes to identified risks. Patients' risks and health presentation were reviewed during the daily nursing handover meetings.

Personal searches were rarely undertaken by staff and would only occur if there was an identified risk for an individual patient.

Staff had received safeguarding training with 81% completion at August 2016. Staff knew how to raise a concern or alert. Safeguarding contact details for reporting concerns were displayed in the nursing office. Staff used observation and safeguarding policies and procedures to protect patients from risks or harm.

We reviewed the provider's medication management practices. There was a system in place to ensure medication was managed safely. Nursing staff completed a weekly reconciliation audit to check stock levels, administration records and stock ordering. The service had a controlled drugs accountable officer. The management of controlled drugs was in line with the provider's policy, which ensured appropriate administration and dispensing of controlled drugs. An external pharmacist completed monitoring of best practice in prescribing and administration of medication, they visited two to three

Long stay/rehabilitation mental health wards for working age adults

Good

times a month. Any recommendations or actions were communicated to the consultant psychiatrist for appropriate action. The manager received a copy of the actions so any follow up actions with staff were taken in their supervision or team meetings.

Track record on safety

The service had one reportable incident requiring investigation framework. The hospital had reported the incident appropriately to the correct bodies, undertook an investigation and shared learning was disseminated to all staff. Part of the shared learning was additional training.

Reporting incidents and learning from when things go wrong

The provider's electronic incident reporting system went live in July 2016. All staff had access to the system so they could complete on line incident forms. The system notified the manager of all reported incidents. The manager reviewed all incidents reported for the hospital. Staff and patients received support following incidents. The service reported 26 incidents for the period 1 May 2016 to 31 July 2016. The manager ensured that all reportable notifications set out within the Health and Social Care Act were sent through to the Care Quality Commission.

Staff who we spoke with confirmed they received debriefs following incidents. Shared learning took place at staff meetings, supervision, reflective practice sessions, via email and handover meetings. An example of learning from incidents was following the assault of a staff member by a patient; staff received managing violence and aggression training.

There had been a number of patients going absent without leave from the hospital. The learning from these incidents led to the hospital introducing additional observations and procedures. Patients detained under the Mental Health Act need to obtain special permissions granted by a responsible clinician before they can leave the hospital. If the permissions of leave were not obtained and they leave the hospital this is called an absence without leave. Staff were aware of the reporting procedure to follow up any patient who was absent without leave.

Duty of Candour

The provider had a duty of candour policy and procedure. This outlined how the service needed to promote a culture of being open and transparent with patients and their families if there was an incident or something went wrong.

Staff we spoke with were aware of their roles and responsibilities and the system in place to follow the duty of candour procedure.

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

We reviewed 12 patient care and treatment records. The provider had changed the electronic patient record system at the end of May 2016. Although the electronic records reviewed did not show a holistic overview of a patient's care and treatment, staff had a good knowledge of their care and treatment.

Occupational therapists used the model of human occupation screening tool. Records of assessments were stored on a separate shared drive for the hospital so they were not included in the electronic patient record. The patient record did not always indicate that a patient had engaged with occupational therapists, there was no entry on the main electronic patient record to state the date, type of intervention. This meant it was difficult for staff to work collaboratively or to support bank and agency staff with clear accessible information to support them in their role.

Psychologists maintained their own treatment records; these were kept separately from the electronic patient record. The electronic patient record did not always hold summary details to indicate the treatment date and interventions a patient had received for psychological therapies. However, staff based at the hospital had an understanding of patients' needs but information was not available for bank or agency staff to have a clear understanding of how patients' needs were met or the patients' progression.

Long stay/rehabilitation mental health wards for working age adults

Good

At our last inspection, the hospital had recently implemented the recovery star tool. At this inspection, we observed that this process had embedded within the service. The recovery star tool was used by the hospital to promote a recovery focus for care and treatment delivery. It enabled staff to work with patients to support them to understand their recovery and plot their progress. It enabled the service to assess the effectiveness of the delivery of care and monitor patient outcomes to improve delivery of care.

At the last inspection, we had concerns that staff had not reviewed or updated patients' care and treatment. At this inspection, we saw that the new doctor had completed a full review of each patient. The hospital had also introduced the short term assessment of risk and treatment tool, which staff had completed for all patients.

Staff had introduced communication passports for some patients; however, there was limited information about the communication style used by the patient or their preferred communication methods. Although the passports did not have person-centred communication details on how to support a patient, staff knew patients' communication preferences and engaged with patients individually using those methods.

At the last inspection, the activities were group day trips, themed nights on the ward on a Saturday evening and ward-based activities such as crafts or bingo. On this inspection, we saw an improved range of activities to promote recovery for patients. Patients had access to real work opportunities, college courses; they undertook their own shopping, cooking and laundry weekly with the support from staff. At this inspection, we saw patients had a weekly activity timetable. This did not include personal preferences of activities for patients; it was based around the hospital's activity programme, this was discussed at the patient community meetings weekly. This meant the plan was not person-centred and recovery focused by accessing activities chosen by the patient.

Following our last inspection, the provider told us that they would take action and be compliant by the end of September 2016. At this inspection, although no patients had been admitted since the end of the action plan we saw that staff had completed a pre-admission assessment for recent admissions. Care plans were prepared within 72 hours of admission.

At the last inspection, we had concerns around the physical health monitoring of patients, in particular, patients who had diabetes: the patients' care and treatment did not include physical health checks. At this inspection, we saw evidence that the medical and nursing staff carried out physical healthcare checks on admission. Nursing staff routinely carried out physical healthcare checks. Patients were registered with a GP, and referred for specialist healthcare if necessary.

Leave was used as part of a therapeutic intervention which was planned and any risk was assessed and, when required, a management plan was devised. Records did not provide details of patients being given an opportunity to have a reflective discussion on the outcome of their leave. Patients' own views of their leave was missing in the progress notes entry. This meant the outcome of leave, whether it had gone well or not, was not informing future decision making for the patient's care and treatment.

Best practice in treatment and care

Psychological treatment was accessible for patients. Treatment included the use of research-based therapies such as eye movement desensitisation and reprocessing, family and systemic psychotherapy, schema-focused therapy, dialectically informed therapy, offense-related intervention and motivational interviewing.

The consultant psychiatrist attended a weekly Partnerships in Care North West doctors meeting for peer support and to share best practice. This meeting allowed doctors to have case based discussions around best practice.

Staff received reflective practice sessions, which included reference to National Institute for Health and Care Excellence guidelines relevant to patient care and treatment.

References to which National Institute for Health and Care Excellence guidance had been considered for patients' care and treatment was recorded in the patient care record entries to support good practice. An example of entries from a patient's care record noted a reference to NICE guidance CG76 medicine adherence and CG82 schizophrenia.

Staff used recognised rating scales to assess and record outcomes for patients. These included health of the nation outcome scales, use of the mini–mental state examination and patient health questionnaire 9.

Long stay/rehabilitation mental health wards for working age adults

Good

Skilled staff to deliver care

The hospital had limited access to a contracted consultant psychiatrist at the time of our last inspection when the psychiatrist visited one day a week. The hospital had since recruited a full time psychiatrist who was based on site four days a week.

An occupational therapist and assistant therapist worked at the hospital Monday to Friday. They told us their role with patients on a rehabilitation pathway was to engage and motivate patients.

The psychologist worked at the hospital Monday to Friday. They provided interventions with patients and supported or advised staff on promoting a psychologically minded approach to care.

All staff had specialist training for diabetes. Nursing staff had completed short-term assessment of risk and treatability training, positive behavioural support and PREVENT which is a specialist training aimed to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.

Staff told us they had regular supervision and appraisals. Staff had individual supervision passports for their personal record. We looked at a sample of supervision and appraisal records within staff files. We found the records to be comprehensive, covering the values and objectives for individual staff members appropriate to their roles. There was a supervision tree for the hospital, which clearly outlined responsibilities of supervision. Information supplied by the service showed 22 out of 25 staff had an up to date appraisal at July 2016 giving an overall rate of 88% of staff with a current appraisal.

The doctor had managerial supervision from the regional manager for the service. Clinical supervision or peer support was undertaken at the North West doctor's weekly meeting.

Multidisciplinary and inter-agency team work

Patients' care included input from a psychologist, occupational therapists and a psychiatrist with evidence of multidisciplinary working in the delivery of patient care. Although records reflected how professionals were working, some patient records did not show how multiple professionals involved in the delivery of the care and treatment had made decisions or delivered interventions.

Nursing staff had daily and effective handovers between shifts. There was a handover sheet completed by the nurse delivering and the nurse receiving the handover. The handover took place at the change of each shift. The handover included a head count of patients, any significant change in risks or patient presentations, changes to medication, incidents or safeguarding concerns, ward environment, infection control and section 17 leave.

A consultant led ward round took place at least once a week where each patient's care and treatment was reviewed. In attendance at the ward round was the psychiatrist, psychologist, occupational therapist and qualified nurse. The ward round covered care reviews, discharge timescales and monitoring of care planning.

All patients had a care programme approach meeting within three months of admission, and then reviewed every six months thereafter. Patients attended these meetings, and families and carers were invited. There was a check list for care programme approach meeting preparation, this included asking the patient if they wanted to chair the meeting, who they would like to attend the meeting and where they wanted to sit during the meeting.

Adherence to the MHA and the MHA Code of Practice

Staff managed consent to treatment appropriately. In the files we reviewed, certificates authorising medication were completed appropriately. Patients were seen by second opinion appointed doctors when necessary.

The hospital had a Mental Health Act administrator who provided management of the Mental Health Act and carried out audits, and provided advice to staff.

There was a system in place for the management of leave, with clear parameters for staff to follow.

Patients had their rights read to them every three months or more frequently where required. This was confirmed in the care records we reviewed and by patients we met.

Records reviewed showed evidence of patient involvement in care planning and information was available in different accessible formats to support the patient and their family understanding. An example of this was the information could be requested in a written format for a family member whose first language was not English.

Long stay/rehabilitation mental health wards for working age adults

Good

Staff had training in understanding the Mental Health Act as part of their mandatory training. The compliance for this training was 95%.

Good practice in applying the MCA

Staff had training in the Mental Capacity Act and deprivation of liberties safeguards as part of their mandatory training. The percentage of staff who had completed training was 91%.

Staff were able to advise about how best interest meetings took place and how advocacy services were appointed to support patients.

Staff completed capacity assessed for patients when there was reasonable evidence that patients were unable to make a decision for themselves. For example, about their physical health, financial matters or future accommodation. Where patients had been deemed to lack the capacity to make a decision then action had been taken in their best interest. Best interest meetings took place to support decisions around care and treatment or financial matters when a patient lacked capacity.

There were no patients held under deprivation of liberty safeguards.

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

Good

Kindest, dignity, respect and support

We spoke with three patients on the day of our visit and received 16 comments cards. Patients told us they felt safe, treated with respect and were well looked after by the staff at the hospital. Patients we spoke with said their rooms were clean and well maintained.

We observed excellent interactions between staff and patients. Staff were very aware of specific patients' needs. Staff were responsive, supportive and respectful when supporting patients.

The involvement of people in the care they receive

We looked at 12 patient care records which showed involvement of patients in their care planning.

There was a check list for the care programme approach meeting preparation, this included asking the patient if they wanted to chair their own meeting, who they would like to attend the meeting and where they wanted to sit during the meeting.

It was also noted within the file if a patient had been asked to sign their care plans but had declined. Copies of care plans were offered to the patient for their reference.

Community meetings took place each week, this enabled patients to give their feedback on the service they received. The meetings were minuted and the service provided feedback to patients using a format of "you said" and "we did" displays.

The provider held regional recovery groups, which included patient representation from Brierley Court.

Patients had produced a news letter called Brierley Court Recovery News. The first issue was published in June 2016. This enabled patients to share news with family and carers about their experience during their stay. Articles included "our recovery tree" explaining what is important to the patients during their recovery. There was a recipe of the month, an interview with the occupational therapist, updates on the refurbishment programme and what's on news were also included.

The provider had scheduled their first carers' event. Letters had been sent out to family and carers inviting them to attend the hospital. The event was planned for 6 August 2016 to update carers and family members on the services provided and allow them to put forward their views.

Patients had one to one sessions with their primary nurse. There was a system to support the planning of diary time with reminders for staff and audits completed monthly. In July eight out of ten patients had regular primary nurse sessions.

The provider offered a Real Work Opportunities scheme. This enabled patients to undertake jobs within the hospital grounds on a regular basis to support their recovery focused programme. One patient maintained the garden and another had been involved in the refurbishment of the hospital by painting. Partnerships in Care offered payment to the patients who took part in the real work opportunities.

The service offered a re-visit scheme aimed to extend the pathway of involvement to individual patients who had

Long stay/rehabilitation mental health wards for working age adults

Good

successfully progressed from rehabilitation to community care services. The scheme offered previous patients an opportunity to be involved in shaping and improving the delivery of services.

The role involved ensuring current patients opinions and suggestions were included in the provision of services. They offered one-to-one or group sessions to patients to enhance motivation and foster personal recovery. They supported the induction process for staff to highlight the patients' perspective. Former patients of the service undertaking the role were provided with support, training and supervision to fulfil the role.

The role also had benefits for former patients by providing an opportunity for training, developing work skills and behaviours, potential for employment opportunities, and provided a sense of value to further develop personal goals.

Advocacy services had not been provided on a regular basis by the current advocacy service provider. Although there had not been a regular attendance of an advocate at the hospital the service arranged to purchase individual sessions for patients who required assistance. The hospital manager was arranging for the new advocacy service provider to attend the hospital on a more permenant and regular basis to provide continued support to patients.

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

Good

Access and discharge

At the time of the inspection, there were 13 patients at the hospital. The hospital had low bed occupancy levels over the last three month period.

During February and March 2016 seven patients had been discharged to other care providers. There had also been four admissions between February and July 2016.The hospital had taken patients from another Partnerships in Care hospital whilst this was refurbished.

The hospital had no pre-admission assessment or admission criterion at our last visit. The service now had an admission criterion that outlined the service provision for delivery of rehabilitation services. The manager advised that they were continuing to work on the criterion with the consultant to ensure the service was recovery focused. The multidisciplinary team assessed all referrals to the service. The manager, consultant, psychologist, senior nurse or occupational therapist would complete the pre-assessment assessment. The process outlined that following the pre-assessment, staff shared the report between the multidisciplinary team members for a joint decision on the suitability of the referral for admission.

We looked at the pre-admission assessments for the last admissions which had occurred before the end date of the action plan. We found that staff had not recorded a rationale for admission. The assessor had not outlined how the service could meet the patient's needs and the suitability of the treatment at the hospital. As the hospital had not had any new admissions to the service since the completion of their action plan, we were unable to see how staff were assessing patients since improvements had been made. However, the pre-admission assessment, admission criterion and a multidisciplinary decision on admission was now in practice.

There was no waiting list, and patients were able to access a bed when required. Patients' beds were not used when they went on leave. Patients had their own bedrooms, which they had personalised.

The manager advised there had been one delayed discharge within the last six month period, this was due to the delays at funding panels to support the patient's discharge.

During the last inspection, we found that discharge planning was not part of the care planning process. The staff had now incorporated discharge planning into the patients' care planning process; we saw reference to and examples of discharge planning within the care records. The hospital used recovery star documentation to promote goals for patients and allow patients to see their progress with their goals.

The facilities promote recovery, comfort, dignity and confidentiality

The hospital had a warm and welcoming atmosphere. It had recently undergone refurbishment including the purchase of new furnishings. There was a range of facilities and equipment to provide care and treatment. There was a

Long stay/rehabilitation mental health wards for working age adults

Good

garden with a separate female only space. There was a lounge, kitchen, patients' kitchen, therapy rooms and patients' bedrooms had been refurbished. The female patients had a stairway, which had fob controlled access.

The service had a range of rooms to facilitate recovery, which included clinic rooms, activity rooms, meeting rooms and quiet areas.

Patients could make phone calls in private, they had access to a communal phone, which had a privacy hood, or they could use the office cordless phone. Patients with mobile phones were able to use these.

At the last inspection, the activities were group day trips, themed nights on the ward on a Saturday evening and ward-based activities such as crafts or bingo. On this inspection, we saw an improved range of activities to promote recovery for patients. Patients had access to real work opportunities, college courses; they undertook their own shopping, cooking and laundry weekly with the support from staff.

Notice boards displayed information for patients regarding the ward social activities. Each patient also had an individual weekly activity plan although this did not always reflect individual patient preferences. Activity plans listed daily tasks of breakfast, personal care, lunch, laundry, shopping, cooking, ward social activity of the day and any planned leave. Plans did not always show how individual preferences of hobbies or interests were being met by supporting patients to access additional community services.

Other notice boards displayed information for patients on how to make a complaint, advocacy services, courses available to patients and details of the recovery star.

The hospital employed a cook on site who prepared freshly made meals each day. Patients told us the food was good and they had a different selection to choose from at each meal. Staff supported patients with shopping and preparation of their own meals. Patients had access to hot drinks and snacks daily.

Meeting the needs of all people who use the service

We reviewed electronic records for 12 patients, and saw no record to show that patients had been asked their preferences to meet their cultural and spiritual needs. However, no patients told us that their cultural or spiritual needs were not being met at the hospital. The manager advised that they were in regular contact with a range of multi faiths within the local area and would arrange links for patients if they made a request. The hospital manager advised that dietary requirements of different religious and ethnic groups could be met if needed.

The hospital could make reasonable adjustments for people requiring disability access.

Information was available in different accessible formats or languages to meet the needs of the patients. The hospital could access interpreter services when required to support patients' whose first language was not English.

Listening to and learning from concerns and complaints

There had been no formal complaint in the past 12 months.

The hospital manager maintained a record of informal complaints and concerns raised by patients, their families or carers. There had been three informal complaints resolved locally by the hospital during the last 12 month period.

Patients we spoke with knew how to complain. There was a system in place to manage complaints effectively and outcomes were fed back to both patients and staff members.

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

Good

Vision and values

The provider had five main components to their organisational vision and values.

1. Valuing People - Respecting our staff, patients, their families and communities
2. Caring Safely - Caring safely for ourselves, our patients, our customers and communities
3. Integrity - Uncompromising integrity, respect and honesty
4. Working together - Working together with everyone
5. Quality -Taking quality to the highest level

Long stay/rehabilitation mental health wards for working age adults

Good

The provider's vision and values were included within the supervision and appraisal process. Staff we spoke to were aware of the organisational values. These were also displayed around the hospital noticeboards.

Good governance

The provider had good governance arrangements in place, which allowed effective monitoring of key performance indicators from ward to board. There was a North West operational and clinical structure in place across the provider's mental health hospital services. The organisation had a clear management structure which indicated the governance monitoring locally and regionally. This outlined the accountability of North West roles and the meetings or committees for monitoring.

The hospital manager produced a ward quality report on a monthly basis; this monitored key performance indicators in line with the Care Quality Commission domains. The ward quality report included the monitoring of mandatory training, supervision and appraisals that were all up to date at the end of July. We reviewed reports from November 2015 to July 2016 which demonstrated the areas of improvements made since the last inspection November 2015.

The provider's policy stated supervision should take place every four to six weeks. Compliance rates for supervision were good. The appraisal policy outlined an appraisal would be completed on commencing employment with monitoring at three and six months. Thereafter the appraisal should be completed annually. The hospital reported 22 out of 25 (88%) staff had an up to date appraisal at July 2016.

There was comprehensive provider compliance assessment completed annually or more frequent when required; this is an internal inspection process. We saw the report for a visit undertaken in January 2016 and the draft report for a visit undertaken in July 2016.

The hospital manager maintained a risk register and updated it monthly for submission at the regional operational and clinical governance meeting. The risk register showed current hospital risks and listed existing control measures in place to reduce them. Details of appropriate action plans and rating of risk were also included on the risk register.

Staff undertook clinical audits. Nursing staff completed a monthly audit of care records. The most recent audit in July 2016 showed evidence of actions taken and improvements being made. Altogether, 70% of records showed patients' had been offered copies of their care plans, 100% showed that the clinical file included evidence of risk and care plans for ground access and community leave had been reviewed within the last month.

Other audits undertaken were an annual bedroom audit, a monthly ligature point audit and environmental risk assessments. Nursing staff undertook weekly medication audits to monitor medication administration and stock levels for replenishment. The mental health act administrator completed monthly audits of the legal section documentation for each detained patient, including monitoring of manager's hearings, the reading of rights to patients and consent to treatment.

The consultant psychiatrist completed annual audits that included high dose antipsychotic medication.

The provider participated in the national prescribing audits; this covered a range of audits completed annually.

The hospital undertook a patient survey in January 2016 but there was limited participation so the provider had planned to repeat this exercise.

There were no bullying or harassment cases ongoing at the time of our inspection. Staff told us they knew how to use the whistleblowing process. Staff we spoke with felt they could raise concerns and felt they would be listened to by the organisation, with appropriate action being taken when required. The provider had a staff support line where concerns could be raised outside of the immediate hospital management structure.

Leadership, morale and staff engagement

The hospital completed a staff survey in January 2016 and there was positive feedback from staff about the organisation. Staff spoke positively about team work and being able to raise concerns without fear of victimisation. The survey comprised of 38 questions about the staff members' views on their work experience of the organisation and with colleagues.

Results from the staff survey showed

Long stay/rehabilitation mental health wards for working age adults

Good

- 75% of staff rated agreed or strongly agreed they received training and development required for their role,
- 83% of staff rated agreed or strongly agreed they knew exactly what was expected of them in their role,
- 91% of staff rated agreed or strongly agreed that their line manager treated them with respect,
- 83% of staff rated agreed or strongly agreed they felt well supported by their line manager.

Staff felt able to give feedback on the services they provide in a variety of different ways. The psychologist held reflective practice sessions, which were in addition to hospital team meetings. Both management and clinical supervision was an opportunity for staff to discuss any matters one to one with their supervisor.

We observed good team working and mutual support between staff of all grades.

Staff we spoke with told us that morale had been low due to concerns around the stability of their jobs. Management gave support and assurances around the stability of their jobs to staff during supervision. Staff spoke about the low occupancy levels and the scaling down of staffing levels, which had made them feel unsettled and worried about their futures. The provider organised an open day event to promote the service, staff participated in organising the event.

Commitment to quality improvement and innovation

The hospital was not participating in any national quality improvement programmes. The hospital had no arrangements for quality incentive scheme with commissioners.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure patient records show details that the patients' cultural and spiritual needs are considered.
- The provider should ensure all patient care and treatment records reflect the detail summary of professional interventions that the patient has engaged with during their treatment. If notes are kept separately from the main patient record, an indication of the intervention type, date and brief summary should be outlined in the main record.
- The provider should ensure full details are included in the patient communication passports, listing communication methods preferred by the patient and how communication tools should be used to support the patient during their care and treatment within the service.
- The provider should ensure patients' weekly activity programmes are person-centred to include their individual preferences to support a recovery focus with sufficient staff available to maintain patients' leave and activities.