

**Requires improvement****Alternative Futures Group Limited**

# Long stay/rehabilitation mental health wards for working age adults

## Quality Report

Weaver Lodge  
Station Road Bypass  
Winsford  
Cheshire  
CW7 3DT

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-145103936	Weaver Lodge	Weaver Lodge	CW7 3DT

This report describes our judgement of the quality of care provided within this core service by Weaver Lodge. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Weaver Lodge and these are brought together to inform our overall judgement of Weaver Lodge.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated Weaver Lodge as requires improvement because:

- There was no dedicated female only lounge that was only accessed by female patients
- The service did not offer suitable psychological therapies as part of the service user treatment in line with national guidance on best practice

However:

- Patients received care in a safe and clean environment.
- Staff understood the needs of the patients and had the right skills to deliver safe care and treatment.
- Staff understood how to protect patients from abuse and report concerns.
- Each patient had a comprehensive risk assessment, which staff updated regularly.
- Staff followed good practice and national guidelines in relation to medicines management.

- All staff received training on, and understood the principles of, the Mental Health Act and the Mental Capacity Act.
- Staff compliance with supervision at the service was at 100%.
- Staff treated patients with kindness, dignity, respect and compassion and supported patients and carers to understand their condition and treatment
- Patients were involved in decisions regarding the service.
- Patients had access to volunteer opportunities, were encouraged to pursue their hobbies and interests in the community.
- Patients were aware of how to make complaints about the service.
- Patients were positive about the food at the service and had been included in a recent tasting session.
- Leaders had the skills, experience and knowledge to manage the service.
- Staff felt respected and valued and were aware of the service's visions and values.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

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

- There was no dedicated female only lounge that was only accessed by female patients.

However:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- Staff followed best practice when storing, dispensing, and recording the use of medicines.
- Staff regularly reviewed the effects of medications on each patient's physical health.

Requires improvement



### Are services effective?

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

- Staff did not offer evidence based psychological interventions to patients in line with best practice guidance.

However:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- The ward team included or had access to a range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with a range of skills need to provide

Requires improvement



# Summary of findings

high quality care. They supported staff with appraisals, supervision, reflective practice sessions and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early on in the patient's admission to plan discharge.

## Are services caring?

### We rated caring as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Patients' views were incorporated, even when they differed from the clinical team's. Staff ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Good



## Are services responsive to people's needs?

### We rated responsive as good because:

- The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Good



# Summary of findings

- The environment met the needs of all people who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## Are services well-led?

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

- Leaders had a good understanding of the service they managed and it adhered to a recognised model of rehabilitation care. Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.

Good



# Summary of findings

## Information about the service

Weaver Lodge provides mental health inpatient rehabilitation in a 20-bedded community rehabilitation unit for people aged 18 to 65 years. The service consists of 18 en-suite rooms and two rehabilitation flats. They admit both informal patients and patients who have been detained under the Mental Health Act (1983). Alternative Futures Group Limited, which is a registered charity, runs Weaver Lodge. They are a North West-based organisation who provide a range of inpatient and community services for individuals with mental health problems and/or a learning disability.

The registered manager had been in place for the last year.

Weaver Lodge is registered to provide the following regulated activities:

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

The service model at Weaver Lodge had changed, the service was longer-term accommodation. The service now took patients on a 2-year programme, therefore in the last 12 months the service had discharged 12 patients.

Weaver Lodge is a community rehabilitation unit, Alternative Futures Group refer to their rehabilitation units as treatment and recovery centres.

Local clinical commissioners have block booked 14 beds at the service.

We have inspected Weaver Lodge six times since they registered with CQC in December 2010. At the last inspection in October 2016, we rated Weaver Lodge as good in all five of the key questions: safe, effective, caring, responsive and well led.

There was an unannounced Mental Health act Monitoring visit which took place on 20 August 2018. Issues found on this visit have been addressed by the provider.

## Our inspection team

The team that inspected the service comprised three CQC inspectors and a specialist advisor who was a qualified nurse.

## Why we carried out this inspection

We inspected this service as part of our ongoing 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?

This was an unannounced inspection, which means that the provider did not know that we were coming.

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.



# Summary of findings

During the inspection visit, the inspection team:

- visited the ward, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients
- spoke with the registered manager
- spoke with seven other staff members; including a doctor, nurses, an occupational therapist and support workers.
- spoke with an independent advocate
- attended and observed a multi-disciplinary meeting
- looked at six patients' care and treatment records
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

During the inspection of Weaver Lodge we spoke with four patients. They told us that staff were caring and were interested in their well-being and that they felt safe on the ward. Patients also told us they were included in their care, and that they had access to their bedrooms throughout the day.

We also spoke with two carers of patients at the service. They told us that they felt fully informed of the care their relatives were receiving and staff took the time to explain anything they did not understand. Carers also told us that their views and concerns were considered by the staff at the service.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that there is a designated female day area, with no access for male patients.
- The provider must ensure that service users are offered suitable psychological therapies as part of their treatment in line with national guidance on best practice

### Action the provider **SHOULD** take to improve

- The provider should consider enabling easy access to the kitchen for those service users who have been deemed safe following their kitchen assessment.
- The provider should continue to work with the local authority to assist the discharge of long-term patients.

Alternative Futures Group Limited

# Long stay/rehabilitation mental health wards for working age adults

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Weaver Lodge	Weaver Lodge

### 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.

All staff had received training on the Mental Health Act and had easy access to relevant policies that reflected the most recent guidance.

Staff had access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrator was and how to contact them.

Staff met with the local authority and community mental health services to ensure that patients being discharged would be placed appropriately in the community and receive the right level of care in line with section 117 requirements.

Staff did regular audits to ensure that the Mental Health Act was being applied correctly. There was evidence of learning from audits.

### Mental Capacity Act and Deprivation of Liberty Safeguards

CQC have made a public commitment to reviewing provider adherence to Mental Capacity Act and Deprivation of Liberty Safeguards.

All staff had received training on the Mental Capacity Act.

# Detailed findings

The provider had a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it.

Staff knew where to get advice regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were encouraged to contact the provider's named person and the local authority for advice.

Staff made Deprivation of Liberty Safeguards applications when required and monitored the process of applications to the supervisory bodies. The service had made one authorised application under the Deprivation of Liberty Safeguards in the 12 months before the inspection.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

Staff undertook ligature and environmental risk assessments of the care environment yearly. Staff were aware of the location of ligature anchor points and used individual risk assessments to mitigate any risks. The service only admitted patients who had been assessed as low risk of self-harm. The registered manager and occupational therapist have introduced monthly safety walk about, these rounds were used to identify potential health, safety and cleanliness concerns.

The ward complied with guidance on eliminating mixed-sex accommodation. All bedrooms were en-suite and there were separate sleeping quarters for men and women. There was a dedicated women's lounge. However, this lounge was used occasionally by all patients. Staff told us that the use of the lounge had been discussed with patients, and that the women at the service were currently happy with the situation. The lounge was monitored by staff and any changes were discussed with patients individually.

The ward consisted of 18 en-suite rooms and two rehabilitation flats. Due to the layout of the hospital these flats were only available for male patients. The staff at the service were aware of this imbalance and had submitted a business case to the provider.

Staff had personal alarms and easy access to alarms throughout the ward. Nurse call systems were available for patients in all bedrooms and communal areas.

All ward areas were clean, had good furnishings and were well-maintained. Cleaning records were up to date and demonstrated that the ward areas were cleaned regularly. Staff adhered to infection control principles. Staff undertook monthly handwashing audits. The clinic room contained resuscitation equipment including oxygen and a defibrillator. Staff maintained equipment well and kept it clean. There were no emergency drugs kept on site because the service did not use interventions that might require such drugs (for example, rapid tranquilisation). The qualified nursing staff were trained in immediate life

support. The service was in the process of putting together a 'grab bag' for easy access to resuscitation equipment. The service policy was for staff to call emergency services in an emergency.

### Safe staffing

Staffing establishment level for whole time equivalent qualified nurses was seven and establishment levels for healthcare assistants were 11 with two vacancies.

There were two nurses and four support workers on the ward during the day shift, and one nurse and two support workers on the ward during the night shift. This was reflected on the staffing while on inspection.

Staff sickness levels for the service were low at 1.3% and staff vacancies were at 2.4%. The turnover rate at the service was 12%. The registered manager informed us that there had been a higher than usual turnover of staff in the last year since taking on the role, she believed this was due to some changes that had been made to the service.

Managers used an electronic staff rota system to calculate the number, grade and level of training of nurses and healthcare assistants required for each shift. The number of nurses and healthcare assistants on each shift matched the planned number. The ward manager could adjust staffing levels daily to take account of case mix. When necessary, managers deployed bank and occasionally agency nursing staff to maintain safe staffing levels. When agency and bank nursing staff were used, those staff received an induction and were familiar with the ward. A qualified nurse was present in communal areas of the ward at all times. Staffing levels allowed patients to have regular one-to-one time with their named nurse. Patients' leave, and activities were never cancelled due to staff shortages. There were enough trained staff to safely carry out physical interventions.

### Medical Staff

There was adequate medical cover for the number of patients. A consultant psychiatrist attended the ward for two and a half days a week. Medical cover for leave and out of hours was provided by a local mental health trust.

### Mandatory Training

Staff had received and were up to date with appropriate mandatory training. This training included basic life support, Mental Capacity Act, safeguarding, manual

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

handling, fire awareness, infection control, introduction to medication, health and safety, Care Certificate awareness, introduction to learning disabilities and mental health, and introduction to positive behaviour support. The service had achieved 100% compliance with mandatory training. The electronic rota system used by Alternative Futures Group Limited did not allow managers to allocate staff to a shift if they were not up to date with their mandatory training.

## Assessing and managing risk to patients and staff

We reviewed six care records. Each of the care records contained a risk assessment. Staff completed risk assessments when patients were admitted to the service, and updated risk assessments regularly including after any incident. Staff used the provider's standardised risk assessment tool.

## Management of patient risk

Staff identified and responded to changing risks to, or posed by, patients. Staff discussed and reviewed patients' risks within multi-disciplinary team meetings. Staff also communicated patients' risks at the handover between shifts. Staff used different levels of observation to manage patients' risks. Staff searched patients' bedrooms on an individual basis when they had grounds to do so to protect patients or themselves. The service had policies and procedures for the use of observations and searches.

There were no blanket restrictions in place at the service, although patients were prohibited from bringing dangerous items such as knives onto the ward.

Patients were able to smoke in the outside areas. The service planned to implement a smoke-free environment from April 2019 for staff and from September 2019 for patients. The service was working with smoking cessation nurses to help staff and patients with the transition.

There was a sign on the door to remind informal patients that they could leave at will. Staff also explained informal patients' rights to them on a regular basis.

## Use of restrictive interventions

In the 12 months before the inspection there had been no incidents of restraint. The ward participated in the provider's restrictive interventions reduction programme. Staff were aware of the service's policy around restraint and told us that it would only be used as a last resort. Staff did not use rapid tranquilisation or seclusion.

## Safeguarding

Staff were trained in safeguarding, knew how to make a safeguarding alert, and did so when appropriate. Staff gave examples of how they had acted to protect patients from abuse, harassment and discrimination. Staff knew how to identify adults and children at risk of, or suffering, significant harm. The service had a good working relationship with the local authority and could contact for any questions around safeguarding. The provider level there was a safeguarding lead whom the staff could contact for any advice or concerns, there had been no safeguarding alerts in the 12 months prior to inspection.

Staff followed safe procedures for children visiting the ward. There was a private visiting room available. Each potential visit of a child was discussed and assessed at multidisciplinary team meetings.

## Staff access to essential information

The service used paper records. All information needed to deliver patient care was available to all relevant staff, including agency staff, when they needed it. Records were stored in the office in lockable cabinets.

## Medicines Management

Staff followed good practice in medicines management and did so in line with national guidance. Staff reviewed the effects of medication on patients' physical health regularly and in line with guidance from the National Institute for Clinical and Health Excellence. Staff used the Liverpool University Neuroleptic Side-Effect Rating Scale for all patients who were prescribed antipsychotic medication. All patient on high dose medication had a specific care plan. There was a comprehensive lithium care plan in place for service users taking lithium medication.

The service also had personal emergency evacuation plans in place for patients that would require assistance vacating the building in an emergency. These plans were readily available to staff.

## Track record on safety

In the last twelve months there were no serious incidents or adverse events reported by this service.

## Reporting incidents and learning from when things go wrong

All staff knew what incidents to report and how to report them. Staff understood the duty of candour. They were open and transparent with patients. Staff received feedback from investigations of incidents. Managers

## Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

attended quarterly meetings across the provider and shared lessons learnt with staff. There was evidence that

changes had been made as a result of feedback from these meetings, for example lessons learnt from a death at another location had been shared with staff. Staff were debriefed and received support after a serious incident.

# Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

Staff from Weaver Lodge would visit each patient before admission to assess their suitability for the service, this included a review of the patient risk and their needs. Staff also completed a comprehensive mental health assessment of the patient at, or soon after, admission. Staff assessed patients' physical health needs after admission. Staff conducted patients' physical health reviews every Sunday.

Staff developed care plans that met patients' needs as identified during assessment. Care plans were personalised, holistic and recovery orientated and were reviewed regularly.

### Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. These included medication, psychosocial interventions, recovery model and family support/ interventions. However, this is not in line with best practice guidance as patients should have access to evidence based psychological interventions.

There were multiple activities available at the service, there was a calendar of events for the week, the activities were changed and adapted depending on patient need and interest. The service had also developed a potential day trip folder in which various locations were listed along with the bus routes and prices as well as local amenities. There was an arts and crafts file available with a selection of crafts patients could undertake with instructions. Patients also contributed to a monthly newsletter which had profiles on patients, staff, event and CQC guidance. The occupational therapist at the service had implemented an activities audit. This tracked if an activity had taken place, how many patients had attended and how the activity was received. The activities were then adapted from this feedback. If an activity had not taken place a reason for this was required and actions to prevent further cancellation were identified. Work experience opportunities were also available to help patients acquire living skills. The service also utilised pet therapy to help with service users recovery journey.

All staff at the service were trained in therapeutic management of violence and aggression. The service did not use restraint or rapid-tranquilisation and instead focused on de-escalation techniques.

Patients had good access to health care such as opticians and dentists. Every patient was registered at the local general practice surgery.

Staff assessed and met patients' needs for food and drink. The service encouraged patients to cook for themselves to promote independence.

Staff supported patients to live healthier lives. Staff were receiving smoking cessation training and liaising with local smoking cessation nurse in preparation for the move to a smoke free environment. Patients' care plans encouraged patients to have healthier options as snacks and these were available on the ward throughout the day.

Staff supported patients to use the 'Recovery Star', a recognised recovery tool, to plan their own recovery care pathway.

Staff participated in numerous clinical audits as part of an annual audit calendar this comprised of physical health monitoring, high dose antipsychotic, metabolic side effects audit, medication monitoring, care plan audits, clinical review, record keeping, clinical pathway, clinical risk, restrictive practice, service user reviews. Each area of the audits had a staff member as a lead to oversee the audit and any outcomes and actions. Staff also conducted a harm free care safety thermometer survey.

The registered manager at Weaver Lodge had implemented health and safety drills at the service. These drills consisted of a nurse call alarm being raised. When staff attended they were given a briefing about the situation and their actions were assessed. These situations included ligatures, self harm and medical emergencies. The staff involved were debriefed and actions identified for improvement.

### Skilled staff to deliver care

The multidisciplinary team included a consultant psychiatrist and an occupational therapist as well as nurses and support workers. The service also engaged with community services for access to a dietician and speech and language therapists.

The service had six nurses trained to degree level for psychological interventions.

Staff had the right skills and knowledge to meet the needs of the patient group. All support workers had achieved or were working to the care certificate. Staff at the service regularly attended locally run training on topics such as asthma and diabetic management.



# Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

All new staff received an induction from the provider as well as the service.

The service had supported a support worker to undertake registered mental health nurse training. Nurses were also being supported to undertake leadership training through skills for care.

Staff compliance with supervision at Weaver Lodge was at 100%. Management supervision was provided to staff three times a year in line with the provider policy. Clinical supervision was provided to qualified staff on a bi-monthly basis. The occupational therapist at the service receives supervision from an occupational therapist outside of the provider. The service had also started conducting case reviews of patients with staff as a form of joint supervision sessions throughout the year. Staff received an appraisal once a year. Compliance with this target was at 96%.

Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Select staff had been trained to degree level for psychosocial interventions.

The provider had a policy for dealing with the poor performance of staff promptly and effectively.

The service employed an ex-service user for two hours a week, to facilitate patient groups including the recovery cafe. This staff member was supported and trained for this role.

## Multi-disciplinary and inter-agency team work

Staff held multidisciplinary team meetings once a week. These meetings were attended by the patient as well as the consultant psychiatrist, the named nurses, senior nurse practitioner, care coordinator and social worker, family and advocacy. We observed a multidisciplinary team meeting and found that the patients care plan was reviewed and the patient was fully involved in the process. The patient's discharge from the service was also discussed and the patient was involved in searching for new accommodation.

The service had good relationships with the local authorities and commissioners in relation to patient care. They were working closely with the local authority to ensure appropriate placements for patients who had been at the service for a long time.

Staff shared information about patients at effective handover meetings within the team.

## Adherence to the MHA and the MHA Code of Practice

All staff had received training on the Mental Health Act and had easy access to relevant policies that reflected the most recent guidance.

Staff had access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrator was and how to contact them.

Patients had access to information about independent mental health advocacy as well as information on local solicitors. This information was displayed around the ward for all patients. Staff explained patients' rights under the Mental Health Act in a way that they could understand, repeated the rights as required and recorded that they had done it.

Staff ensured patients were able to take section 17 leave when this had been granted.

Staff stored copies of patients' detention papers and associated records correctly and so that they were available to all staff who needed access.

The service displayed a notice to tell informal patients that they could leave. Staff also informed informal patients of their rights on a regular basis.

Staff met with the local authority and community mental health services to ensure that patients being discharged would be placed appropriately in the community and receive the right level of care in line with section 117 requirements.

Staff did regular audits to ensure that the Mental Health Act was being applied correctly. There was evidence of learning from audits.

## Good practice in applying the MCA

All staff had received training on the Mental Capacity Act.

The provider had a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it.

Staff knew where to get advice regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were encouraged to contact the provider's designated safeguarding lead and the local authority for further advice.



# Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regards to significant decisions.

When patients lacked capacity, staff made decisions in their best interests, recognising the importance of the persons wishes, feelings, culture and history.

Staff made Deprivation of Liberty Safeguards applications when required and monitored the process of applications to the supervisory bodies. The service had made one authorised application under the Deprivation of Liberty Safeguards in the 12 months before the inspection

# Are services caring?

Good 

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### **Kindness, privacy, dignity, respect, compassion and support**

Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive, providing patients with help, emotional support and advice at the time they needed it. Staff supported patients to understand and manage their care, treatment and condition.

Staff directed patients to other services when appropriate and, if required, supported them to access those services. This included access to GP service, dentists, opticians and the local gym.

Patients said staff treated them well and behaved appropriately towards them. All patients we spoke with stated that the staff were very supportive.

Staff understood individual needs of patients, including their personal, cultural and religious needs, this was evident in the individualised care plans and the section 17 leave forms.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences. Staff maintained the confidentiality of information about patients.

### **Involvement of patients in care**

Staff used the admission process to inform and orient patients to the ward and the service. Once patients were assessed as appropriate for the service they were offered opportunities to visit the service as well as opportunities to stay in the service for a few days.

Staff involved patients in care planning and risk assessment. Patients jointly developed care plans with staff and were given copies with an agreed date for review.

Patients receiving support for self-harm had a collaboratively developed risk management plan. We observed a multidisciplinary team meeting where a patient was invited into the meeting before any discussions took place, the patients views were taken into account.

Staff communicated with patients so that they understood their care and treatment.

Staff involved patients when appropriate in decisions about the service. If patients were unsure about changes to the service staff discussed the changes with the patients and carers to try and resolve any concerns the patients had. Patients had been involved in providing questions for the interviews for new staff and the service was planning to ask patients to join the interviews in the next round of recruitment.

Staff enabled patients to give feedback on the service they received. There were regular community meetings and walk-arounds where staff spoke to patients about the service. The service also had a complaints and compliments box. We observed patients raising questions or concerns with staff directly throughout the inspection.

Staff ensured that patients had access to advocacy. Information on advocacy services was displayed around the service. The advocate we spoke with informed us that the service consistently involved them in meetings and provided notes if they were unable to attend.

### **Involvement of families and carers**

Staff informed and involved families and carers appropriately and provided them with support when needed. Carers we spoke with stated that the staff at Weaver Lodge always took the time to explain the care their family member was receiving and listened to their views.

The service had regular open days throughout the year to invite families and carers to come and see the service and to talk to the staff.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

#### Bed management

The average bed occupancy at Weaver Lodge from June 2018 to November 2018 was 88%. Fourteen beds at the service were commissioned by the local clinical commissioning group for patients living in the catchment area.

There were always beds available when patients returned from leave and in some cases from an admission to an acute ward.

When patients were moved or discharged this took place at an appropriate time of day. Moves and discharges were planned with the care co-ordinators and the patients.

#### Discharge and transfers of care

The average length of stay for patients at the service at the time of inspection was just under four years. There were three patients who had been at the service for up to 18 years at the time of inspection. The long-term patients had been admitted to the service when it was a 'home for life' the service model had now changed to a 2-year pathway. The service was activity working with these patients along with their families, care co-ordinators and the local commissioning group to help discharge these long-term patients.

The service had four delayed discharges at the time of the inspection. Each patient had been found a new appropriate placement, but they were in the process of moving to the new service. One patient was due to be discharged the week of the inspection.

Staff planned for patients' discharge including good liaison with care managers/co-ordinators, commissioners, patients and family. Staff informed us that they had refused to discharge patients as the accommodation acquired was not suitable to their needs. Staff took patients' preferences into account such as which area they would like to live in when they were discharged from Weaver Lodge.

Staff supported patients during referrals and transfers between services. The service was visiting a patient who was admitted to an acute ward on a regular basis to keep contact and maintain the relationship for when they returned to Weaver Lodge.

### The facilities promote recovery, comfort, dignity and confidentiality

Each patient had access to their own bedroom with an en-suite bathroom. Patients had access to their room 24 hours a day and could personalise their own rooms if they wished. Each room had lockable storage for patients to store their possessions as well as a separate lockable storage for patients who had been assessed for self-medicating.

Staff and patients had access to a full range of rooms and equipment to support treatment and care. This included a clinic room, multiple lounges, dining room, music room and a quiet room.

There were quiet areas on the ward including a quiet room with a massage chair, mood lighting and music available. There was also a room where patients could meet visitors.

There was a payphone available in the main entrance, however staff were aware that this was not private for patients therefore patients were able to use the service's phone in the office or their personal mobile phones.

Patient had access to a large outside space which included exercise equipment and a smoking shelter.

The food at the service was of good quality. The service had recently hosted a taste test of new dishes with the patients. Following the results of the taste test the meal rotations had changed. The service also supported patients to self-cater.

Patients had access to hot drinks and snacks 24 hours a day. Patients had access to a hot drinks machine with a token that gave them four hot drinks a day. The patients could also access the kitchen to make their own drinks. However, staff were required to open the door for patients, this was due to some patients having been assessed as not being safe in their kitchen assessment.

### Patients engagement with wider community

Staff ensured patients had access to volunteer opportunities in the wider community. Patients were encouraged to pursue activities that they enjoyed in the community such as attending football matches and local church meetings.

The service had good local transport links. Staff considered timing of local transport when discussing return times from leave.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Staff supported patients to maintain contact with their family and carers when appropriate. Staff encouraged and supported patients to maintain relationships with people that mattered to them both within the service and the wider community.

## **Meeting the needs of all people who use the service**

The service was able to make adjustments for disabled patients. For example, the service had recently decided to change the layout of an en-suite bathroom to accommodate the needs of a patient due to be admitted to the service.

Staff ensured that patients could obtain information on treatments, local services, patients' rights and how to complain. Staff made information leaflets available in languages spoken by clients. The information provided was in a form accessible to the particular patient group. Staff could assess interpreter and/or signers if required.

Patients had a choice of food to meet the dietary requirements of religious and ethnic groups.

Staff ensured patients had access to appropriate spiritual support by supporting patients to access community faith groups. This was evidenced in patients notes were a patient had section 17 leave to attend a local church.

## **Listening to and learning from concerns and complaints**

The service had received one complaint within the last 12 months. This complaint was not upheld or referred to the Ombudsman.

Patients knew how to complain or raise concerns. When patients complained or raised concerns they received feedback. Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff knew how to handle complaints appropriately. The service had processes in place to feedback to staff on outcomes of investigations of complaints.

The service had received seven compliments within the last 12 months

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Leadership

Leaders had the skills, knowledge and experience to perform their roles and had been supported to access continuous learning. The registered manager at Weaver Lodge is currently taking part in the Skills for Care pilot for registered managers.

Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. The service was actively working with the local authority to help discharge patients who had been at the service for a long time.

Leaders were visible in the service and approachable for patients and staff. The registered manager was based at the service. We observed them interacting regularly with patients and staff. Executive leaders from Alternative Futures Group conducted walk-arounds at the service to engage with staff and patients.

Leadership development opportunities were available, including opportunities for staff below team manager level.

### Vision and strategy

The values of Alternative Futures Group Limited were created in collaboration with staff. These values are:

- We are one
- We succeed together with a shared purpose and vision
- We inspire others, take pride in what we do and trust each other
- We all have a part to play
- Every person matters
- We are people focused and value skills, gifts and potential
- We listen. How people think and feel matters; everyone has a voice
- We make a positive difference
- We change lives. Our 'can do' attitude and passion enables people to be the best they can be
- We raise the bar
- We learn from the past, are adaptive and excited by our future. We innovate and lead the way. We strive for best quality with least waste. Better never stops
- We take ownership
- We do the right thing, are solution focused and get results. We are responsible for our behaviour and hold each other to account.

The values run in line with their vision and mission this was:

- Vision: A world where people control their lives
- Mission: Together with our people and partners we will unlock skills, gifts and talents to support everyone's right to choose and achieve their aspirations.

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The provider's senior leadership team had successfully communicated the provider's purpose, vision and values to frontline staff and stakeholders. We observed staff at the service demonstrating these values, each staff member was aware of the patients' individual needs. The staff team were invited to listening events to contribute to these values.

Staff had the opportunity to contribute to discussions about the strategy for the service, especially where the service was.

Staff could explain how they were working to deliver high quality care with the budgets available.

### Culture

Staff felt respected, supported and valued. Alternative Futures Group undertook a staff survey in 2017 with the Cheshire and Wirral area engagement at 70%. The highest scoring question for the survey was 'I know what is expected of me at work.' The lowest scoring question was 'I think I am paid fairly in comparison with people who work in similar organisations'. The organisation had made a commitment to staff to act upon these negative findings and communicate any progress. Since the staff survey the organisation has made improvements to the pay staff receive at Alternative Futures Group.

Staff felt positive and proud about working for the provider and their team. The staff we spoke with were positive about the registered manager at the service. Staff felt able to raise concerns without fear of retribution and knew how to use the whistle-blowing process.

Staff sickness levels for the service were low at 1.3% and staff vacancies were at 2.4%. The turnover rate at the service was 12%. The registered manager informed us that there had been a higher than usual turnover of staff in the last year since taking on the role, she believed this was due to changes that had been made to the service.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Managers were able to deal with poor staff performance when needed, the registered manager informed us that they felt supported by the providers human resources team.

Staff reported that the provider promoted equality and diversity in its day to day work. Equality, diversity and inclusion is included in the induction programme for staff and is a basis for policies and procedures at the service.

## Governance

There were systems and procedures to ensure that the ward was safe and clean, that there were enough staff, that staff were trained and supervised, that patients were assessed and treated well, and that the ward adhered to the Mental Health Act. Systems and procedures also ensured that beds were managed well, that discharges were planned and that incidents were reported and learnt from.

The provider had a comprehensive governance process in place to manage performance and risk at all its services. A 'care governance structure' was in place that connected operational leadership and governance groups to the staff and patients at services across the provider's portfolio.

The provider had an annual audit calendar which identified when each audit needed to be completed. Weaver Lodge had added its own audit to the calendar to reflect needs identified. Each member of staff at the service was responsible for one area of the audits. The service had quarterly assurance meetings where information about the audits undertaken was shared and learning disseminated.

Registered managers from across the region met quarterly to share learning from their services with each other. This information was then fed down to the staff at the individual services in team meetings and the minutes were circulated to staff.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at service level.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of patients.

The service used a provider-wide system to rota staff on shift. This system would not allow a member of staff to be placed on to a shift if they had not completed their mandatory training.

## Management of risk, issues and performance

Staff maintained and had access to the service's risk register. Staff at ward level were able to escalate concerns when required.

The service had plans in place for emergencies such as adverse weather.

## Information management

Staff had access to equipment and information technology needed to do their work. All patient records were paper based and therefore were accessible to staff that required them. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff could access all the service's policies and procedures online. Staff had access to an electronic incident reporting system to log any incidents that occurred.

Staff made notifications to external bodies as needed.

## Engagement

Managers and staff had access to feedback from patients, carers and staff and used it to make improvements. Patients and carers could feedback directly to staff and via the comment and complement box. Weaver Lodge also hosted open days for family and carers to attend the service and ask any questions they have.

Patients and carers were involved in decision-making about changes to the service.

Patients and staff could meet with members of the provider's senior leadership team and governors to give feedback. The service had recently implemented senior leadership walk arounds allowing patients, carers and staff to engage with the provider's senior leaders.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Staff and patients had access to up-to-date information about the work of the provider through the Alternative Futures Group website.

## **Learning, continuous improvement and innovation**

The service was not involved with accreditation or peer review schemes such as the accreditation for inpatient mental health services.

Staff felt that they had opportunities to give feedback on services and had input into service development

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

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

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

There was no dedicated female only lounge day space that was not accessed by male patients. The female lounge was used by male patients at times.

This was a breach of regulation 10(2)(a)

#### Regulated activity

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

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The service did not offer suitable psychological therapies as part of the service user treatment in line with national guidance on best practice.

This was a breach of regulation 9 (3)(b)