Elysium Healthcare Limited

Crossley Place

Inspection report

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Date of inspection visit: 12&13 April 2022
Date of publication: 14/06/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated this location as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- There were high levels of health care assistant vacancies.
- There was no nurse call system for patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good 	See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Crossley Place

Crossley Place is an independent hospital for up to four women with complex mental health needs. A bespoke package of care is provided for each patient, to meet their individual recovery and rehabilitation goals.

Each patient has their own apartment which is tailored to their individual needs. Each has a separate bedroom and living area, with ensuite bathroom and potential access to kitchen facilities. Patients have access to shared communal areas including a courtyard garden.

All patients are funded by the NHS or other statutory bodies. All patients are detained under the Mental Health Act or other legal power.

Crossley Place registered with the Care Quality Commission in April 2020. It is provided by Elysium Healthcare Limited. It is registered to provide the regulated activities: assessment or medical treatment for persons detained under the Mental Health Act 1983; and treatment of disease disorder or injury.

The service has a manager registered with the Care Quality Commission.

This is the first inspection of this service since registration with CQC.

This was an unannounced comprehensive inspection.

What people who use the service say

The feedback we received was from a small number of patients and carers, but was very positive. Some patients and carers told us that there had been a marked change in the support the patient received with a positive impact on their recovery, and for others their quality of life had improved. Patients were involved in the development of their care plans as much as possible, and they found most staff approachable and supportive. Patients identified the high use of temporary staff as a problem, as they did not know the patients and their needs as well as permanent staff.

Patients had access to an advocate, and patients and carers were able to raise their concerns with managers and staff.

How we carried out this inspection

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

During the inspection visit the inspection team:

- looked at the ward environment and observed how staff were caring for patients
- spoke with or received comment cards from four patients or their relatives
- spoke with the registered manager
- spoke with or received comment cards from nine other staff
- reviewed four care records of patients and other care related documents including prescription charts and audits
- spoke with an advocate

Summary of this inspection

- spoke with the host commissioners for the service
- attended a daily management meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- Each patient had a bespoke package of care tailored to their individual needs. This incorporated the layout and furnishing of their apartment, and the degree of restriction which was routinely reviewed.
- Individual newsletters were created by or with most patients to send to their families. This is to support patients to share information with their families, who may not live near the service.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that there are sufficient numbers of suitably skilled and experienced staff, who are familiar with the service (Regulation 18).
- The service should ensure that patients have access to a nurse call system (Regulation 15).

Our findings

Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Good

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

Are Long stay or rehabilitation mental health wards for working age adults safe?

Good

Safe and clean care environments

The ward was safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff had reviewed the environment and removed fixed ligature points where possible. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. An environmental ligature point audit and risk assessment had been carried out for the service. Staff had a map of potential ligature points and blind spots, and the location of ligature cutters. Staff carried out a monthly safety and hazard spotting check. Each of the four patient apartments was individually risk assessed to the needs and risks presented by that specific patient. For example, some patients had bedrooms with limited/supervised access to items; other patients had unrestricted access to their personal and domestic items including a kettle and microwave, and their own furniture. Each apartment had a kitchen area, or separate kitchen that could be locked off, and an ensuite shower and toilet.

Staff had easy access to alarms. Staff could observe patients in all parts of the wards. Staff carried alarms in case they needed urgent assistance, and there were two-way radios in each of the flats so staff could communicate easily with one another. There were no nurse-call systems in the flats. Patients were on enhanced observations and had at least one member of staff with them at all times.

The ward complied with guidance and there was no mixed sex accommodation. The service was for female patients only.

Building work was being carried out in an area next to the service. Risk assessments had been carried out to ensure this was implemented safely. There were signs and fencing around the site to restrict access to the building works and associated traffic. This did not directly impact on patients inside the building.

Long stay or rehabilitation mental health wards for working age adults

Good

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose. Each patient had their own apartment, with access to shared communal areas. Staff made sure cleaning records were up-to-date and the premises were clean. Staff followed cleaning schedules, and infection prevention and control audits were completed twice a day. An audit of cleaning documentation was carried out once or twice a week. Where minor issues had been identified, these had been addressed.

Staff followed infection control policies, including handwashing. The service had implemented enhanced measures for the management of COVID-19. This included questions as part of the signing in process when visiting the service, instructions for the use of and supply of personal protective equipment (PPE) including masks, and enhanced cleaning of high use areas. Over 95% of staff were up to date with infection control training.

Seclusion room

The service did not have a seclusion room.

Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency medicines that staff checked regularly. Staff checked, maintained, and cleaned equipment. Staff carried out daily and weekly checks of the clinic room, emergency equipment and medical devices. Guidance was provided on what needed to be checked and why, and the action to take if there were any problems. These were extensive and completed routinely. When any gaps or issues were identified, staff quickly addressed them. Managers monitored the records of the clinic room checks to ensure that they were carried out correctly.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had vacancies for nurses and support workers, but there were enough staff on duty to keep patients safe. The service had one nurse vacancy out of five posts, and 22 vacancies for support workers out of 39 posts. Six support workers, and eight bank support workers, had been appointed and were currently going through the recruitment process. The service had an ongoing programme to recruit new staff. The vacancies were filled by bank and agency staff, and permanent staff working additional shifts.

Managers accurately calculated and reviewed the number of nurses and support workers required for each shift. The ward manager could adjust staffing levels according to the needs of the patients. Staffing levels were monitored through the daily senior management team meeting, and the governance process. Staffing levels could go two staff below the stated level, which did not exceed the minimum safe level. Additional support could be obtained by managers coming into the unit, and staff from other Elysium services. Staffing information was routinely monitored through governance meetings. Staff completed a 'safer staffing' tool on each shift which included the number of permanent, bank and agency staff, and additional pressures on staffing such as enhanced observations. This flagged if staffing was below the minimum safe level. Governance minutes from the last four months highlighted no incidents where staffing had gone below this level. It was not clear if regular bank and agency staff were used, so that patients were supported by staff they were familiar with.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Up to the end of March 2022 the service had 18 bank staff. These had received a detailed induction into the service, and overall had completed 94% of the required mandatory training. Managers requested agency staff who were familiar with the service but acknowledged that this was not always possible. All new agency staff had an induction to the service.

Managers supported staff who needed time off for ill health. Levels of staff sickness were low, and had varied from the equivalent of one to three full time staff over the last six months.

Patients had regular one-to-one sessions with their named nurse. At the time of inspection, all patients were on enhanced observations and had at least one member of staff with them at all times. Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. Staff attended a handover at the beginning of each shift, and a handover sheet was completed on each shift. This included staffing levels/issues, key information about patients, any significant events or changes during the shift, and any pertinent information for the incoming shift. The information was reviewed at the daily senior management meeting.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. A consultant psychiatrist provided medical cover at Crossley Place and another Elysium service, and shared their time across both sites. Out of hours medical cover was provided through the Elysium regional on-call rota.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Up to the end of March 2022 over 95% of staff were up to date with their mandatory training. This included both permanent and bank staff. Mandatory training was tailored to the skills required by different groups of staff, and identified how frequently repeat or refresher training was required. It covered an extensive range of areas which included basic and immediate life support, infection control, safeguarding, conflict resolution, management of violence and aggression, and professional boundaries. Training was provided both online and face to face. The only training with a low completion rate was an introduction to dialectical behaviour therapy which 60% of permanent staff and over 39% of bank staff had completed. This was new training that had been added to the mandatory training list at the end of March 2022, so staff were still completing it.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff had access to the online training system. Staff could see their own individual training records, and managers could see the records of all their staff. An overview of training information was available through the provider's online 'dashboard', and this was monitored through local and corporate governance meetings.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They 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. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Long stay or rehabilitation mental health wards for working age adults

Good

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly. Staff used the short-term assessment of risk and treatability tool (START) to carry out a detailed risk assessment of each patient. This was used to inform the development of individual care plans, and reflect the commissioner's goals that were in place for each patient. Further risk assessments were carried out when necessary for individual patients. For example, the historical clinical and risk management 20 (HCR-20) was used to assess the risk of violence, and physical health assessments were used, for example to determine the risk of falls. Risk assessments were routinely reviewed in the monthly multidisciplinary team meeting, or if there were changes outside of this.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. All patients had a comprehensive risk assessment from which care plans were developed. This included positive behaviour support plans and the use of an evidence-based approach to working with patients who present with aggressive or high-risk behaviours.

Staff identified and responded to any changes in risks to, or posed by, patients. Any changes to a patient's risk were reviewed clinically including in the multidisciplinary team meeting, and by the senior management team in their daily meeting.

Staff could observe patients in all areas of the wards. Each patient's apartment was individually risk assessed. At the time of inspection all patients were with at least one member of staff at all times. Individual care plans documented the level of observation required in private areas, such as bathrooms and bedrooms, and how this was safely managed.

Staff followed the service's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Each patient had a care plan related to their specific needs, and with regards to searches. The provider had a policy for the use of random room searches.

Use of restrictive interventions

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Patients had restrictions place upon them, but these were individually risk assessed and care planned, and were reviewed regularly. They varied significantly from patient to patient. At the time of inspection all patients were on enhanced observations, and had at least one member of staff with them at all times. As part of the rehabilitation process it was expected that patients would require this as a minimum level of support when they came to the service.

The use of restrictive interventions was recorded in patients' care records, and in the incident reporting system. Incidents such as restraint and rapid tranquilisation were routinely reviewed in the daily senior management team meeting. All uses of restrictive interventions, including long term segregation and enhanced observations, were routinely reviewed in the weekly multidisciplinary team meetings. The number and type of restrictive interventions was recorded and monitored through the local, regional and corporate governance processes, so that themes could be identified and areas of high or increasing use scrutinised.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff received training in the management of violence and aggression. Up to the end of March 2022 96% of permanent staff, and over 94% of bank staff had completed this training. This included how to safely use 'hands on' restraint with patients, in addition to de-escalating situations to minimise the use of physical restraint. In the twelve months up to the 12 April 2022 there had been 196 incidences of physical restraint. This varied from five to 26 per month. Staff recorded the type of restraint from low level

interventions, to full holds. Most restraints were to prevent patients harming themselves or other people. All patients had positive behaviour support and management of risk plans. These identified potential triggers/risks for the patient, and how staff could work with patients to try and reduce or de-escalate these. If this was not possible, there were plans as to how any restraint should be carried out.

Staff followed NICE guidance when using rapid tranquilisation. In the twelve months up to the 12 April 2022 there had been 87 uses of rapid tranquilisation. This varied from one to 14 per month. Staff completed the necessary physical health checks and reviews after the use of rapid tranquilisation, and its use was reviewed in the daily senior management team meeting. Eighty percent of nurses (four out of five posts) had completed immediate life support training, which is a requirement for monitoring patients who have received rapid tranquilisation.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. There was no seclusion room onsite. When the use of seclusion was required, the patient was taken to another hospital and the necessary checks and reviews were carried out.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was in long term segregation. Patients in segregation had the necessary monitoring and checks carried out as specified in the Mental Health Act Code of Practice. The advocate was involved in the reviews of long term segregation. All patients at Crossley Place had their own apartment with separate lounge, ensuite bathroom and bedroom area. There was access to outdoor space, and patients had at least one member of staff with them at all times.

Managers completed a quarterly blanket restrictions audit. This included a list of potential restrictions, against which managers identified if this was a restriction in their service with the rationale, negative impact on patients, and suggested actions for removing or eliminating this restriction. The rationale for the restrictions were reasonable, and were primarily tailored to individual patients. For example, access to mobile phones and the laundry. The use of blanket restrictions was discussed in patient, staff, management and governance meetings.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Up to the end of March 2022 over 96% of permanent staff and over 94% of bank staff were up to date with their safeguarding training. This included both permanent and bank staff. Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to recognise adults at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us they felt able to raise concerns. Potential safeguarding concerns were included in the shift handover, and a decision was made in the daily senior management team handover as to whether further action or investigation was required, including a referral to the local authority safeguarding team. Referrals were then made to the local authority by the hospital social worker. Managers had a safeguarding tracker, and a 'dashboard' that gave a summary of safeguarding concerns and referrals, and any themes by type or with individual patients. Appropriate action had been taken in response to any concerns raised. Most either did not meet the threshold for referral, or were closed by the local authority safeguarding team.

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Good

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive and all staff could access them easily. All staff had access to the electronic patient care records.

When patients transferred in from a different service, there were no delays in staff accessing their records. All admissions were planned, so patients had had a pre-admission assessment, and information about their needs and care was obtained in advance.

Records were stored securely. Staff accessed electronic records with their own login and password. Paper records were stored securely in lockable cabinets/rooms, and were scanned into care notes and archived after use. Training on information governance and the General Data Protection Regulation (GDPR) was mandatory, and up to the end of March 2022 had been completed by over 96% of permanent staff and over 94% of bank staff.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff regularly carried out checks of the clinic room which included that medicines were managed correctly. An external pharmacist visited the service fortnightly and carried out checks of medicines and prescription charts. This information was logged on a portal, and managers picked up any issues that needed to be addressed and marked them as resolved. The pharmacist did not mark the issues as addressed until they had been back to the service and checked. The service had the necessary systems in place for the correct management of controlled drugs.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Medicines were reviewed when necessary, and as a minimum at the weekly review meeting and with patients at the four-weekly multidisciplinary team meeting. When necessary, if a patient was assessed as not having the capacity to consent to treatment a best interest decision meeting was held to make this decision. This involved staff, commissioners, relatives if appropriate and the advocate.

Staff stored and managed all medicines and prescribing documents safely. Each patient had a medicines folder which contained their prescription charts and other relevant information such as physical health checks, clozapine or lithium monitoring, and consent to treatment documents. Staff completed medicines records accurately and kept them up-to-date. During the inspection we found some minor recording issues that were addressed whilst we were onsite. These had not affected the medicines that patients had received.

Staff learned from safety alerts and incidents to improve practice. Managers received national safety alerts and information about incidents, and shared any relevant information with staff.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Some patients were on high dose antipsychotic therapy (HDAT). This is where a patient is prescribed medicines that either

individually or combined are above the recommended limits. Staff followed the recommended process for monitoring these patients. When patients received rapid tranquilisation, staff followed the recommended process for monitoring patient's physical health afterwards. The use of high dose antipsychotic therapy and rapid tranquilisation was monitored through the local, regional and corporate governance process.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Some patients were prescribed clozapine and lithium. These medicines are prescribed for mental health conditions, but require additional monitoring because of their potential side effects. The necessary physical health checks and monitoring had been carried out for patients taking these medicines.

Track record on safety

The service managed patient safety incidents. The service had a number of safety incidents over the last 12 months. The service admits patients with complex mental health needs who may be a risk to themselves or other people. The service worked with patients to manage these risks. There are high levels of recorded incidents, but most of these resulted in no or low harm.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff reported serious incidents clearly and in line with the service's policy. The service had had no never events. Staff reported incidents through the provider's electronic incident reporting system. Managers reviewed incidents in the daily senior management meeting. This included determining if any further action was required including any immediate action or further investigation, if the incident had been categorised and rated correctly, and if any other organisations (such as the local authority safeguarding team or the Care Quality Commission) needed to be informed. Information about incidents fed into the local, regional and corporate governance process. The service recorded a lot of incidents and whilst most were categorised as self-harm, and violence and aggression, the majority were rated as no or low harm.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. Managers investigated incidents thoroughly. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Staff had access to reflective practice sessions, and changes had been made to patients' care plans following incidents. Training and support needs had been identified following incidents. Managers told us that incidents were followed up at both regional and corporate level, and they may be asked for more information or to take further action. For example, following the use of 'pods' (large bean bags) to support patients during restraints across the organisation, local services had been asked to provide additional information about their use.

Many of the hospitals provided by Elysium Healthcare had closed circuit television (CCTV) in communal areas. These could be used retrospectively to review events, and may be used in response to complaints or following incidents. The

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Good

provider had introduced weekly sampling of closed circuit television recordings as part of its audit processes. These were a mixture of incident reviews, following patient complaints, and a random review to check if observations had been carried out as documented. The sample reviewed from March 2022 showed that no further action had been required following the review.

Are Long stay or rehabilitation mental health wards for working age adults effective?

Good

Assessment of needs and planning of care

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 patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient before and after admission. Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were personalised, holistic and recovery-orientated. Care plans were very detailed, and all patients had positive behaviour support plans. Care plans were tailored to each patient, and took account of their strengths, triggers, risks and goals. They were discussed and agreed with the patient where possible. The commissioners of care for each patient were involved in identifying goals and monitoring progress. The goals were genuinely unique to each patient.

Staff regularly reviewed and updated care plans when patients' needs changed. Staff reviewed each patient's care every week. Patients had a monthly multidisciplinary team meeting, which they were invited to attend, where their care was reviewed in detail. Changes were made to care plans if there were any changes to the patient's support needs in between planned reviews.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Physical health observations were routinely taken for each patient. This was tailored to each patient depending on their health and prescribed medicines. Patients were encouraged to have routine health screening that was relevant for their age, gender and other health conditions. Physical health observations and screening were recorded in each patient's care records and monitored. This also included flu vaccinations, and dentist and optician appointments. All patients were registered with a local GP, and had access to the practice nurse from another Elysium hospital. Patients were supported to access specialist healthcare.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff delivered care in line with best practice and national guidance. The service had its own integrated rehabilitative model of care. This was still in development, but was reflected in the care and treatment provided to patients. It referenced national guidance and research that emphasised a recovery-focused model, and collaborative working with patients where possible, as well as how patients' needs may be assessed and outcomes measured using recognised tools.

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Staff provided a range of care and treatment suitable for the patients in the service. The model of care identified three phases: assessment of what each patient's recovery looks like for them, treatment which includes ongoing recovery and a range of psychological therapies and occupational therapy plans, and consolidation which looks at supporting patients to move on to the next stage.

Staff identified patients' physical health needs and recorded them in their care plans. Staff met patients' dietary needs. Staff provided a range of care and treatment suitable for the patients in the service. The service employed a life skills coach to support patients in their recovery.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff documented the use of these in patients' care records. The use varied dependent on patients' needs but included the use of the Liverpool University neuroleptic side effect rating scale (LUNSERS) to monitor the side effects of medicines; the malnutrition universal screening tool (MUST) to identify nutritional risks; and the national early warning score (NEWS) to easily identify changes and concerns when recording routine physical health observations such as blood pressure and pulse.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements. Managers participated in and submitted information as part of the Elysium-wide audit schedule. Staff had completed and submitted information to the Royal College of Psychiatrists Prescribing Observatory for Mental Health (POMH-UK) for an audit in relation to the prescribing of antipsychotic medicines in adult mental health services.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. The service had a part-time psychologist and part-time psychology assistant. There was a vacancy for a full-time occupational therapist, which managers were in the process of recruiting to. The vacancy was currently being partially covered by an occupational therapist from another Elysium hospital. The focus of the occupational therapist was on assessments and overseeing the occupational therapy assistant and the life skills coach. The service had a part-time social worker.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers made sure staff received any specialist training for their role. Managers had identified the training needs required by staff, particularly for healthcare support workers. This was provided through a mixture of online and face to face training, and short sessions within the service. These included self-harm awareness, dialectical behaviour therapy awareness and trauma informed care. Many staff had previously received 'reinforce appropriate, implode disruptive' (RAID) training, and this was being extended or refreshed with all staff. This is an approach that aims to focus on positive or appropriate behaviour by patients, rather than emphasising 'negative' behaviours such as self-harm or aggression. Some staff had also completed training to carry out electrocardiograms and phlebotomy so that they could carry out these procedures onsite as required.

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Good

Managers gave each new member of staff a full induction to the service before they started work. This included a corporate induction, online training, and some face to face training such as the management of violence and aggression. New staff also had an induction into Crossley Place and were introduced to the patients, and shadowed and worked with more experienced staff.

Managers supported staff through regular, constructive supervision and appraisals of their work. Most staff were up to date with their appraisal and supervision. This included nursing and medical staff, healthcare support workers, and allied health professionals. Elysium had an electronic database for monitoring and tracking supervision and appraisal. Managers told us that there had been some difficulties across the organisation with how this information was recorded, but these were being addressed. The psychologist provided regular group reflective practice sessions for staff. A human resources database flagged when healthcare professionals were due to renew their professional registration; and when to repeat disclosure and barring checks, which Elysium carried out on its staff every three years. The psychologist provided reflective practice sessions for staff.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multidisciplinary and interagency team work

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. They had effective working relationships with staff from services providing care following a patient's discharge.

Staff held regular multidisciplinary team meetings to discuss patients and improve their care. Staff reviewed all patients each week, but patients did not routinely attend this meeting. Each patient's care was reviewed in detail once every four weeks by the multidisciplinary team, which they attended or were invited to attend. Each patient had a care programme approach meeting or equivalent three months after admission, and then every six months after that. The records of these meetings were detailed and extensive. They covered all aspects of care, and this included discharge planning, even if the pathway to this was still developing.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Nurses and healthcare support workers all received a handover at the beginning of their shift. This included information about each patient and their potential risks and triggers, and how staff should support them. This was documented in a shift handover sheet. A daily senior management meeting reviewed any events, incidents or changes for each patient, and ensured any necessary actions were carried out.

Ward teams had effective working relationships with other teams in the organisation. Several staff had roles in other Elysium hospitals, and this fostered relationships between the services. This included the registered manager, the responsible clinician/consultant psychiatrist and the psychologist. Occupational therapy and practice nursing support was provided from another Elysium hospital. Staff said they had good working relationships with the different professionals across the multidisciplinary team, and with other services.

Ward teams had effective working relationships with external teams and organisations. Patients had access to local GP services. Protocols were in place or under development with a local acute hospital to manage patient pathways for self-harm. Staff worked with commissioners to identify patients' care needs, develop goals, and monitor progress.

Long stay or rehabilitation mental health wards for working age adults

Good

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

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 received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Up to the end of March 2022 over 96% of permanent staff and 90% of bank staff had completed training on the Mental Health Act.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. There had recently been a change to the Mental Health Act administration in the service, and this was temporarily being provided by the regional lead. Recruitment was in progress for a replacement.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. An independent mental health advocate visited the service for two hours every fortnight, and was contactable outside this time. Information about the advocate and how to contact them was on display in the service. The advocate had contact with all the patients, and supported them to raise any queries or concerns, attended multidisciplinary team meetings and care programme approach meetings, and attended best interest meetings, long term segregation or seclusion reviews, and managers hearings when necessary. The advocate produced a monthly report of contacts and themes. There were no significant themes or trends. Staff and managers were responsive to the advocacy service.

Staff explained to each patient their rights under the Mental Health Act or other legislation in a way that they could understand, repeated this as necessary and recorded it clearly in the patient's notes each time. This was documented in the electronic care record, and included the patient's understanding of their rights.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the appropriate clinical or legal authority.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Paper records were scanned into the electronic care record, and the originals were stored securely. Staff requested an opinion from a second opinion appointed doctor (SOAD) when they needed to. This was clearly documented in the care records. Copies of consent to treatment forms were in each patient's medicines folder.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. Information about each patient's detention was stored in the electronic care record, and fed into a 'dashboard' which summarised key information. This flagged when key dates were due, such as when a detention was due to be reviewed, if rights needed to be revisited with the patient, or if consent to treatment was due. This was reviewed in the daily senior management team meetings to ensure that the Act was implemented effectively.

Good practice in applying the Mental Capacity Act

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.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff received and kept up-to-date with training in the Mental Capacity Act. Ninety-six percent of permanent staff, and over 88% of bank staff had completed training up to the end of March 2022.

There had been no Deprivation of Liberty Safeguards applications made in the last 12 months.

There was a clear policy on the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff knew how to access.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. For example, by providing information in an easy to read format.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. This may also include taking account of the views of the patient's family, involvement of the advocate, and seeking legal advice when necessary.

Are Long stay or rehabilitation mental health wards for working age adults caring?

Good

Kindness, privacy, dignity, respect, compassion and support

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 were discreet, respectful, and responsive when caring for patients. Staff gave patients help, emotional support and advice when they needed it. At the time of inspection, all patients were on enhanced observations and had at least one member of staff with them at all times. Patients also had access to psychological support and activities.

Staff directed patients to other services and supported them to access those services if they needed help. Patients were supported to access physical healthcare services when necessary.

Patients said staff treated them well and behaved kindly. Feedback from patients was broadly positive. Several patients or carers told us that this was the best service the patient had been in, and that they were making progress. The interactions we observed between staff and patients were positive and respectful.

Staff understood and respected the individual needs of each patient. Care records were very individualised to each patient. Each patient had a positive behaviour support plan, that helped staff understand how they could support each patient when they were in distress, and attempt to reduce this.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff felt able to speak out about any concerns they had, and felt supported by managers to do so.

Staff followed policy to keep patient information confidential. All care records were stored securely.

Long stay or rehabilitation mental health wards for working age adults

Good

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to services as part of their admission. All patients had planned admissions, so information about the service was provided and discussed with them, as far as possible, prior to this.

Staff involved patients and gave them access to their care plans and risk assessments. Staff made sure patients understood their care and treatment and involved patients in decisions about their care as much as possible. Each patient had different needs, and an individualised package of care was developed for them. Each patient had a different care pathway, tailored towards their individual needs, with a plan and set of goals to work towards. Patients had different levels of engagement with their care plans. Some patients were very involved and able to articulate their needs and ideas. Other patients were less able to express their needs directly, but staff worked with them and were responsive and person-centred.

Patients could give feedback on the service and their treatment and staff supported them to do this. Staff held weekly community meetings, which were typically attended by one or two patients. These had a standard agenda, which included the environment, quality, getting on with one another, planned events and activities, restrictive interventions and blanket policies, achievements and celebrations, and any other concerns or ideas for doing things better. Where issues were identified these were carried forward to future meetings until they were resolved. There were often no significant issues raised, and sometimes the focus was on individual issues or the passing on of information.

Patients had been supported to complete the patient survey by staff, using an easy read survey. The findings were broadly positive, and no actions had been required. Managers told us that is was difficult to identify general themes from the survey, due to the low numbers of patients.

Staff made sure patients could access advocacy services. The advocate visited the service for two hours every fortnight, and was contactable outside this time. The advocate saw all patients in the service, and supported them in meetings such as multidisciplinary team meetings and Mental Health Act hearings. Information about the advocate, including their contact details, was on display in the lounge.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Staff helped families to give feedback on the service. Families were given information about the service, and the meaning of commonly used but not always understood terms such as 'recovery' and the 'multidisciplinary team'. Feedback from families and carers was very positive. They were supported to keep in touch with their relative, and knew how to raise concerns if they had them. Some patients had created personalised newsletters to send to their relatives. This included photographs and information about the activities they had participated in and the staff they worked with. The developing model of care emphasised the involvement of family members, in discussion with the patient, as an important part of tailoring each patient's care plan to their needs.

Are Long stay or rehabilitation mental health wards for working age adults responsive?

Long stay or rehabilitation mental health wards for working age adults

Good

Good

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Discharge and transfers of care

Managers regularly reviewed the length of stay for patients to ensure they did not stay longer than they needed to. Patients had a bespoke package of care tailored to their individual needs. The model of care emphasised the importance of acknowledging this, whilst working along a 'slow-stream' rehabilitation pathway where recovery was ongoing but likely to take time, and improving patients' quality of life. Care programme approach and discharge planning meetings reviewed patients' care and identified goals and potential future placements. These included discussions with commissioners and family members where appropriate.

Managers regularly reviewed the length of stay for patients to ensure they did not stay longer than they needed to. There were no patients whose discharge was delayed at the time of our inspection.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own apartment which they could personalise. This was individually risk assessed and tailored to the patient. Some of the apartments had minimal furnishings to reduce the risk of harm, but others were filled with the patient's belongings that reflected their tastes and interests.

Patients had a secure place to store personal possessions. This was in each patient's apartment, and was risk assessed as to whether the patient had full access, or if restrictions were necessary.

The service had quiet areas and a room where patients could meet with visitors in private. Visitors were able to meet with patients in their own apartment, or in the communal areas.

Patients could make phone calls in private. All patients had or could choose to have their own phone and electronic tablet. Some patients had supervised access, which was regularly risk assessed because of the risks they presented to themselves. Any patients who did not have a phone or tablet could use the unit phone or tablet.

The service had an outside space that patients could access easily. The building, including the lounge and some of the apartments, were centred around an outdoor courtyard.

Patients had access to hot drinks and snacks. Patients had kitchens or kitchenettes in their apartments. Some patients had open/regular access to these, but others were restricted. Patients had their own snacks and drinks which they could access when they wished.

Long stay or rehabilitation mental health wards for working age adults

Good

The service offered a variety of good quality food. Care staff cooked food onsite. All staff who prepared and cooked food had completed food hygiene training. Patients were asked what they wanted to eat. A life skills coach worked in the service, and led on working with patients and staff about the food in the service.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, and family relationships.

Access to activities outside the service had been limited during the COVID-19 pandemic. The service had recently obtained a car, and this supported patients to go on trips outside the unit. Each patient had their own care plan, based on their needs and interests, and this included a phased approach to engagement in the community. Patients in the assessment phase of their pathway may not currently be engaged with educational opportunities, but this could be reviewed and arranged in the future.

Staff helped patients to stay in contact with families and carers. Most patients had regular contact with their relatives, either by phone or in person. This had been more limited during the COVID-19 pandemic, and many relatives did not live near the service. Some patients had created their own individual newsletters that they sent to their relatives, which included information about activities they had participated in, and the staff they worked with.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Each patient had their own apartment, and they varied in the amount of interaction they had with other patients in the service. Some patients had been involved in direct/indirect events with other patients, that included making and sharing food and gifts.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Patients had access to equipment to support their mobility needs when necessary.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Information was on display in the service, and was available to patients on request. Each patient's care and treatment was discussed with them in the multidisciplinary team meetings.

The service could provide information leaflets available in languages spoken by the patients. Managers told us that information in other languages, and access to interpreters and signers, could be accessed if needed. All patients were admitted following a detailed assessment and as part of a planned package of care. This would incorporate how the service would meet any dietary or cultural needs.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Care staff prepared and cooked food onsite, in consultation with patients. Managers told us that if any patients had any dietary needs that were not routinely provided onsite (for example Halal) then this would be brought in. Again, this would be identified prior to admission and included as part of their package of care.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Long stay or rehabilitation mental health wards for working age adults

Good

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Managers investigated complaints and identified themes. The service had had no formal complaints, and had received five informal complaints over the past month. There were no particular themes identified from these complaints.

Staff understood the policy on complaints and knew how to handle them. Staff used a standard form for recording informal complaints. There had been five of these over the last year. They had all been responded to and information fed back to the patient.

Staff protected patients who raised concerns or complaints from discrimination and harassment. The patients and carers we spoke with, and the advocate, all said they felt able to raise concerns if they had any.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints were a standard agenda item for staff meetings. They were discussed at the daily senior management meeting, and reviewed in the local governance meeting. Themes and numbers of complaints then fed into the regional and corporate governance meetings.

Are Long stay or rehabilitation mental health wards for working age adults well-led?

Good

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

There had been a change in the management structure over the last six months. The current registered manager was also working at another Elysium service, and spent time at both sites. There were deputy and ward managers on both sites, so that there was always a manager available. Staff were very positive about the leadership team and their managers, and found them supportive. Patients and staff knew who the managers were.

Managers had access to training through the organisation, and to support from senior managers and peers. The provider had a corporate structure which gave managers information and support through computer-based systems for staffing, human resources and finance.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.
The provider's stated values were kindness, integrity, teamwork and excellence. Staff understood the aims of rehabilitation and recovery for patients in the service.These values were incorporated into the service's model of care. The care provided was person-centred and tailored to each patient's individual needs.

Managers told us that there were plans underway to expand the service, and there was building work onsite. This was due to open in 2023, and the current model of the service would be developed further to support a pathway through the service. It would continue to provide a bespoke package of care for each patient.

Managers told us that this year they were focusing on 'enabling environments', a quality initiative from the Royal College of Psychiatrists. This was currently in the audit phase.

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff were positive about the service and felt supported and valued by the managers. At times there was pressure on staff due to staffing levels and intensively working with patients but they felt the team worked well together. Staff felt able to express their concerns.

Staff spoke positively about patients, and said the care they provided was person-centred. Managers had carried out the provider's closed culture audit. This identified that, as a small unit, the service was a potential risk for the development of behaviours that lead to a closed culture. However, they found no evidence of these, and there were multiple factors that mitigated against this. This included frequent visits from commissioners and other external professionals, and the visibility of managers and senior clinicians.

The most recent staff survey was carried out by the provider in October 2021. The response rate as Crossley Place was 70% (21 out of 30 staff), which was higher than the overall Elysium response. Staff responses at Crossley Place were broadly similar to the rest of Elysium. The findings of the survey did not indicate any significant areas for improvement.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

This was demonstrated by the findings throughout this report.

The provider had introduced a new governance framework in January 2022. This emphasised information being fed up from ward to board, and the scheduling of meetings each month had been changed to support this. The gathering and reviewing of information had been separated into clinical and operational parts. The new framework had been implemented, but was still being developed and minor issues addressed. Managers met every week day to review all new or concerning information. This included any incidents, complaints or safeguarding, any use of restrictive interventions (such as restraint or rapid tranquilisation), audits and monitoring (such as physical healthcare checks), and any other events (such as related to COVID-19, external reviews or visitors, and maintenance). Relevant information from these and other audits and meetings was fed into the monthly local governance meeting. This information was then fed into the regional and corporate governance meetings.

Managers carried out a weekly compliance audit of documentation and checks across the site. Where minor issues had been identified, these had been addressed.

The provider had an ongoing audit schedule, and the findings of this populated 'dashboards' which were monitored locally by managers and thorough the governance process. This covered a range of areas from clinical records and care; to incidents, safeguarding and complaints; to staffing levels, training and supervision; to environmental issues and developments of the service. Some audits fed into external organisations. This included an audit of antipsychotic prescribing that was submitted to the Royal College of Psychiatrist's Prescribing Observatory for Mental Health (POMH-UK).

Long stay or rehabilitation mental health wards for working age adults

Good

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Managers maintained a local risk register, which fed into the regional and corporate risk registers. This included the expected risks within a mental health service. Specific risks included the recruitment to the healthcare worker and occupational therapy posts, and supporting staff working intensively with patients. Contingency plans had been implemented for managing the impact of the COVID-19 pandemic.

Managers reported on and monitored key performance indicators for the service. A monthly quality audit was reviewed through the local and corporate governance meetings. There were no significant issues with the performance of the service.

The provider had processes for managing health and safety within the building. Routine testing was carried out of equipment and utilities including fire, water, electricity and gas. Managers told us that some routine testing had been delayed due to the COVID-19 pandemic but this had not put patients or staff at risk. These were all now completed or in progress. Staff followed Elysium policies and completed a range of checks and maintenance inside and outside the building. Where problems were identified these were promptly addressed. All records were up to date, and there were no significant concerns identified.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff had access to the equipment they needed to do their work. Staff had access to the provider's intranet and shared drive, from which they could access information about the service. This included access to the electronic care records and the incident reporting system, which linked together.

Managers had access to various computer-based systems that supported them in their role. This included staffing rotas, human resources and finance. Electronic 'dashboards' provided high level overviews of information from which more detailed information could be accessed. This covered a range of areas and included the use of restrictive interventions, assessment tools and audits.

Learning, continuous improvement and innovation

The model of care provided to patients was in itself innovative as it provided a bespoke package of care that was tailored to each patient.

The service had an ongoing quality improvement plan. This included areas for improvement that had been identified through governance and included recruitment and ongoing support of staff, and changes to the provider-wide governance process itself. The improvement plan also had areas for development which included the expansion of the service, confirming the model of care, and the introduction of 'enabling environments' (a set of standards from the Royal College of Psychiatrists).