

# Ashwood Court Nursing Unit







## Quality Report

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

## Ratings

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

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

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

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

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

# Summary of findings

## Overall summary

### **We rated Ashwood Court as good because:**

- Effective systems were in place to monitor and manage environmental risks
- There were enough staff to meet patients' needs and minimal bank and agency staff were used which provided consistency in the care delivered. Mandatory training was completed in line with the organisation's requirements. Staff were knowledgeable about safeguarding procedures, and knew how to raise any concerns appropriately.
- Restrictions were individualised and based on a clear risk assessment for individual patients.
- Initial assessments, care plans and risk assessments were individualised, recovery focused and took in to account patient views. There was a clear physical health care pathway and staff prioritised patient physical health care.
- Staff received supervision and a yearly work performance appraisal in line with their organisational requirements. Team performance was managed through supervision.
- There was a wide range of multi disciplinary professionals, and effective multi disciplinary team meetings including care programme approach meetings took place. Recognised rating scales were used to measure outcomes for patients.
- Patients told us that they were treated in a kind and supportive way, and they felt safe within the hospital. Staff were knowledgeable about their patients' care and treatment.
- Patients felt involved in their care planning and could have a copy of their care plan if they wished.
- There was a clear governance structure in place and the registered manager had oversight of the performance of the service through key performance indicators.

However,

- Care plans were not written from the patient perspective.

# Summary of findings

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Good 

# Location name here

**Services we looked at**

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

# Summary of this inspection

## Background to Ashwood Court Nursing Unit

Ashwood Court independent hospital provided care, treatment and rehabilitation for adults aged between 18 and 65 years of age, and predominantly diagnosed with a severe and enduring mental illness. Ashwood Court formed part of Making Space, which is a charitable organisation who has a number of other services within the North West.

Ashwood Court was a 10 bedded hospital that provided rehabilitation for both men and women and admitted both patients detained under the Mental Health Act and informal patients.

There was a registered manager, a controlled drugs accountable officer and nominated individual for this location.

The service was registered to provide the following regulated activities:

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

Warrington Clinical Commissioning Group (CCG) block purchased all 10 beds at Ashwood Court.

Ashwood Court has been registered with the Care Quality Commission since 23 November 2010. There have been two inspections carried out at Ashwood Court; the last inspection was carried out on 17 July 2013. They were found to be meeting the required standards at the time of that inspection. This is the first comprehensive inspection completed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Our inspection team

Team leader: Allison Mayoh, Inspector

The team that inspected the service comprised two CQC inspectors and a Mental Health Act reviewer.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with seven patients who were using the service;
- spoke with the registered manager;
- spoke with seven other staff members; including doctors, nurses, occupational therapist, and psychologist;
- spoke with an independent advocate;
- attended and observed a patients' community meeting;

# Summary of this inspection

- looked at six care and treatment records of patients;
- carried out a specific check of the medication management in the hospital;
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with seven patients who told us:

- They felt safe at Ashwood Court.
- That they were treated with kindness dignity and respect and they were involved in their care planning.
- That there was a relaxed atmosphere at the hospital. There was plenty of activities both at the hospital and in the community.
- That staff were approachable and friendly, and they had access to their named nurse when they wanted to talk.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

**We rated safe as good because:**

- There were environmental risk assessments in place including a ligature risk assessment with effective measures in place for managing all identified risks.
- There was adequate staffing available on site and little bank and agency staff were used which provided consistency in the care delivered.
- There was a well-stocked clinical room with a resuscitation trolley available. All equipment was checked daily to ensure that they were in good working order.
- All staff had undertaken mandatory training, in line with the organisation requirements.
- Staff were knowledgeable about safeguarding procedures and knew how to raise any concerns appropriately.
- Restrictions were individualised and based on a clear risk assessment for individual patients.

Good



### Are services effective?

**We rated effective as good because:**

- Initial assessments and care plans were individualised, recovery focused and took in to account patient views.
- Staff received supervision and a work performance appraisal every year in line with their organisation's requirements.
- There was a clear physical health care pathway. Staff prioritised patients' physical health care.
- There was a wide range of multi disciplinary professionals, and effective multi disciplinary team meetings, including care programme approach meetings, took place.
- Recognised rating scales were used to measure outcomes for patients.
- Effective systems were in place to monitor the use of the Mental Health Act and the Mental Capacity Act.

However,

- Care plans were written from the perspective of the nurse rather than being written from the patient perspective.

Good



### Are services caring?

**We rated caring as good because:**

Good



# Summary of this inspection

- Patients told us that they were treated in a kind and supportive way, and they felt safe within the hospital.
- Staff were knowledgeable about their patients' care and treatment.
- Patients were orientated to the hospital on admission and given information about the service.
- Patients told us that they felt involved in their care planning and could have a copy of their care plan if they wished.
- Community meetings took place monthly, where patients were able to give feedback on the services provided.

## Are services responsive?

**We rated responsive as good because:**

- There were clear processes in place for admission to the hospital and all referrals had been seen within 10 days of receipt.
- There were processes in place for accessing locality inpatient services.
- There was a wide range of facilities available in the hospital to support patient care such as an activity area, and quiet lounges.
- There was disabled access in to the building, with access to interpreters and leaflets in different languages should these be required.
- Complaints were managed in line with their own policy, and an informal verbal complaint log had been commenced.
- The patients told us that the food was of good quality and there was a varied choice available.

**Good**



## Are services well-led?

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

- There were organisational vision and values, and staff were aware of these. The visions and values were incorporated in to the team plan.
- There were clear governance structures in place for reporting to the board. The registered manager had oversight of all key performance indicators for the hospital.
- The staff spoke of good team working and felt supported by their manager.
- Regular staff meetings took place where staff felt that they were able to provide and receive feedback on the service.
- The registered manager felt that they had enough authority to allow them to do their job.

**Good**





# Detailed findings from this inspection

## Mental Health Act responsibilities

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

- Eighty nine per cent of staff had received training in the Mental Health Act. Staff had a good working knowledge of the Mental Health Act and knew where to get advice.
- We saw that people were receiving their treatment in line with the Mental Health Act Code of Practice. We looked at the authorised certificates relating to medication. These were attached to medication charts and showed that medications were being administered appropriately.
- There were clear care plans in place for those patients who were detained, and there was evidence in the care plans that patients had their rights explained to them every three months.
- The Mental Health Act administration team, alongside the registered manager, completed audits of the relevant paper work for detention, patients' rights and T2 and T3 forms.
- Independent mental health advocates were available for patients to access: this service was offered at the point of their rights being explained and on patient request.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- One hundred per cent of staff had completed their Mental Capacity Act training. Staff were knowledgeable about the Mental Capacity Act.
- Specific forms were completed if there were concerns over a patient's capacity which showed that capacity was assessed for decisions and recorded appropriately.
- There had been no Deprivation of Liberty safeguards in the six months prior to the inspection, and staff had completed their Mental Capacity Act training achieving 100% of staff trained.
- A policy and procedure was in place for the Mental Capacity Act that gave staff guidance on the Mental Capacity Act and their responsibilities.






## Overview of ratings

Our ratings for this location are:

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

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

Good 

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

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

Good 

### Safe and clean environment

The design of the hospital meant there were many blind spots, which hindered observation of patients. Although this could result in unwitnessed incidents occurring, we saw sufficient staff on the ward to keep patients safe in these areas. Patients with an increased level of risk were nursed on increased observation levels that reduced the risk of incidents occurring.

The hospital had a completed ligature risk assessment, this identified places where patients intent on self-harm might tie something to strangle themselves. This identified the most high-risk areas with adequate control measures in place for those risks. Ashwood Court made full assessments of a patient's risk prior to admission. Those patients who were at risk of self-harm or suicide would not be accepted for admission until those risks had lessened. Where risks of self-harm or suicide increased following admission staff would increase levels of observation for those patients to ensure their safety.

Ashwood Court had both male and female patients admitted to their service. The hospital had two corridors of bedrooms, one corridor for male patients and one corridor for female patients. The bedrooms were not en suite. However, there was a sink available in each room. Each

corridor had a toilet and a bathroom that was gender specific. A female only lounge was available for the female patients on the ward. This met the Department of Health guidance on same sex accommodation.

The clinic room was well stocked and medical equipment was available for routine physical health care monitoring. There was a resuscitation trolley available, should this be required. This had been checked on a daily basis. The temperature of the medication fridge and the clinic room was checked daily. Staff were trained in first aid, resuscitation and the use of the defibrillator; this meant that staff could perform cardio pulmonary resuscitation in an emergency.

The hospital procured all its medical devices through a local pharmacy, and an independent company calibrated these every year: any broken equipment would be replaced by the local pharmacy. A cleaning and decontamination checklist was in place and showed that all medical devices were cleaned regularly. Patients would receive his or her own blood monitoring machine for diabetes from the GP or diabetic clinic.

The hospital was bright, clean, and tidy and had a homely feel within the day areas. The furnishings were all in a good state of repair. A six monthly infection control audit took place that covered areas such as environment, equipment, linen handling, waste disposal, and hand hygiene. The audit showed clear outcomes and areas for action. Monthly cleaning schedules and mattress audits were in place and completed.

There were yearly health and safety assessments and fire risk assessments completed. These had clear guidance and

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

Good 

control measures in place to manage identified risks to staff, patients and visitors to the hospital. Patients had a personal emergency evacuation plans to show how they would be evacuated from the hospital in the event of a fire.

There were no seclusion facilities within Ashwood Court.

There was a nurse call system installed with points situated around the hospital. This meant that patients and staff could summon assistance if required.

## Safe staffing

Ashwood Court had its staffing establishment estimated based on their allocated funding, and patient's level of need by the director of finance, operational director and the registered manager. The hospital worked with the establishment of one qualified nurse and three health care assistants for the day shift, and one qualified nurse and one health care assistant at night, with an additional health care assistant until 10pm. There was additional staffing available through the day such as a full time occupational therapist, and the registered manager. A psychologist also provided two sessions per week.

Staff numbers could be increased if patient needs increased, for such things as increased activity or increased levels of observation. On the day of inspection, we found that the number of staff on duty met the planned daily staffing level.

Staffing establishments as of May 2016 (whole time equivalent) were:-

- Qualified nurses – 6
- Health care support workers – 12
- Occupational therapist – 1
- Psychology – 2 sessions per week.
- Consultant psychiatrist – 2 sessions per week.

We were told on the day of inspection that there were no current vacancies within the hospital. For the period April 2015 to March 2016 there had been five staff who had left the service, for a number of reasons such as termination of employment, resignation and redundancy. The sickness and absence rate for the same period was 4.6% which is below the national average for health care professionals at 5%.

For the period of December 2015 to February 2016 there had been 64 shifts filled by bank or agency staff. Bank staff were provided by the organisation and were employed

specifically to work at Ashwood Court, therefore the staff were familiar with the hospital and the patients. Agency staff covered two of the 64 shifts. The registered manager told us that they tried, where possible, to use agency staff that had worked at Ashwood Court previously.

Staff and patients told us that it was rare for the ward to be short staffed. One to one time, activities and leave were not cancelled, and there was 'flexibility' in managing these if staffing levels were difficult.

The consultant psychiatrist for Ashwood Court was employed by a local NHS hospital and a service level agreement was in place for them to provide the responsible clinician duties. The consultant was not employed to work by the local NHS hospital on any of the referring wards. The consultant was contactable outside of the two sessions per week they provided on-site, and in case of emergencies or for advice. Out of hours, the local NHS mental health assessment team and the home treatment team could be contacted for advice and support. Further assistance was available from the on call consultant and speciality doctor from the local NHS hospital. Out of hours GPs or an ambulance would be contacted if there were concerns for a patient's physical health.

Mandatory training compliance for May 2016 ranged from 53% to 100%: only one area reportedly fell below 75%, which was medication management training. However, all qualified nursing staff had completed this course. This therefore this met the organisations standards for this training meaning that 100% of staff eligible for this training had completed it.

## Assessing and managing risk to patients and staff

Ashwood Court reported that there had been no episodes of restraint or rapid tranquillisation in the six months prior to our inspection, staff and patients also confirmed this.

We reviewed the care records of six patients. Ashwood court used care programme approach risk assessments. We found that all patients had risk assessments completed on admission that clearly identified all known risks of each patient. These were comprehensive and up to date. Risk management plans identified strategies for managing patient risks. However, in three of the risk management plans the interventions identified were found to be generic such as 'use de-escalation', but did not identify what methods of de-escalation had been agreed were beneficial

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

Good 

for those individuals. We found that three of the six risk assessments had been signed by the patients to say that they agreed with what was written, and one stating that the patient had refused to sign. This however, did not identify why the patient had refused to sign or what concerns the patient raised.

We found no blanket restrictions in place at Ashwood Court. All restrictions such as mobile phone usage, internet access, access to the occupational kitchen was assessed on an individual basis and through thorough risk assessment. Ashwood Court had a search policy in place, and searches of patients and their property only took place based on risks to patients and the environment. The search policy was clear that consent must be sought from the patient prior to a search of their property or person and a procedure was in place if the patient refused.

Despite Ashwood Court having detained patients as part of their population, the front door was not locked and informal patients had free access to leave as and when they required which was seen to be good practice.

There was a clear policy in place for supportive observations of patients. At the time of inspection, there were no patients on enhanced observations but staff checked the patients hourly throughout the day.

All staff had undertaken safeguarding training. Staff we spoke to were knowledgeable and understood what constituted abuse, and how this should be reported. There were clear policies in place for staff to follow. Staff would contact the manager on call out of hours and the local authority out of hour's team where necessary for advice and support.

Ashwood Court had a service level agreement with a local pharmacy to supply their medicines. The GP prescribed all the medicine for physical and mental health. The medicines for mental health were recommended on a prescription chart by the consultant psychiatrist, and then a letter requesting a change to a patient's medicine was sent to the GP. The GP prescribed the medication on FP10 prescriptions, which are what the GPs use to prescribe all medication. The local pharmacy collected all the prescriptions, dispensed and then delivered the medication to Ashwood Court. For medication that was required outside of the GP hours, such as antibiotics, the

hospital would use the local out of hours GP and pharmacies. Medications were stored securely in lockable medication cupboards that the qualified nurse on duty held the key for throughout the duration of their shift.

## Track record on safety

There had been one reported serious incident in the previous 12 months prior to inspection, where a patient had attempted to harm themselves. The hospital held multi disciplinary meetings following this to review the care and treatment of this patient. A lessons learned log was completed with an action plan put in place to minimise future risks.

The registered manager involved the psychologist for the service in working with both the patient and staff, looking at the patient's care and treatment. The incident was reported to the Care Quality Commission through a statutory notification.

## Reporting incidents and learning from when things go wrong

The hospital used an electronic incident reporting system to report all incidents. The staff we spoke with knew what constituted an incident and how to report this.

All staff we spoke with told us that they received feedback from incidents through supervision, staff meetings and debrief sessions. A reflective practice session was also available for staff to attend, to review not only incidents but also more complex patient care.

The registered manager and governance team reviewed all incidents that were completed on the electronic incident reporting system. The registered manager received feedback thematically on incidents through a serious untoward incident group, which was used to inform and improve practice.

## Duty of candour

Staff were aware of duty of candour and were able to tell us that they would be open with patients and relatives if something were to go wrong. The provider had a 'being open' policy and procedure in place that gave guidance to staff on their roles and responsibilities in 'being open' and the duty of candour.

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

Good 

**Are long stay/rehabilitation mental health wards for working-age adults effective?**  
(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

We reviewed six care records. We found that all patients had received a full initial needs assessment on admission, which was completed by the named nurse. This was reviewed every six months or if there was a significant change to patient needs. This was comprehensive and included all aspects of mental, physical and social care needs. This assessment included patient views on their identified needs alongside their named nurse's views.

The recovery star, this was a tool used for optimising patients' recovery and was used to inform the care plans of patients. In the six care records we reviewed, each patient had completed a recovery star, and this was reviewed every three months.

We reviewed the care plans for six patients and found that all outcomes from the needs assessment, recovery star, and risk assessment were included in the care plans. The care plans were comprehensive, up to date and relevant to patient care needs. However, they were written in a way that they appeared to be instructive rather than a care plan written from the patient's perspective.

Care records were paper-based. The paper records were also backed up electronically on shared computer drives. The paper-based records were kept in the staff office in a lockable filing cabinet that was locked when not in use. The care records were well ordered and easily accessible.

## Best practice in treatment and care

We reviewed 10 prescription charts: we found that all medication was prescribed in line with National Institute for Health and Care Excellence guidelines. All the medicine cards reviewed had a photograph of the patient, name, date of birth and allergy status. We saw that all patients had signed a form to consent to their photographs being taken. The doctor prescribing the medication had signed each prescription and nursing staff had signed appropriately for all medication given.

Ashwood Court employed a psychologist for two sessions per week who worked with patients individually, and completed formulations for patients to help both staff and patients manage risk and symptoms. This was in line with National Institute for Health and Care Excellence guidelines.

Ashwood Court had a physical health care pathway for patients that started from the point of admission. The hospital worked alongside two GPs, to monitor and review all patients physical health care. The hospital had a lead for physical health care that was responsible for leading on this. On reviewing the care records for six of the patients, we found that all had a physical health care pathway document completed which was up to date for their length of stay. There were clear timescales for each section of the pathway such as:

- Phase one - new patient health check to be started within 48 hour and completed within seven days
- Phase two – multi disciplinary discussion and treatment interventions to be completed within 10 days.
- Phase three- initial physical health care plan, and physical health care commitments document to be completed within 14 days.
- Phase four – further review of physical health care, to be started at 28 days and completed within 90 days.
- Phase five – yearly review of physical health care to be commenced within 28 day and completed within 90 days.
- Phase six – discharge: this was to ensure that all copies of physical health care paperwork had been forwarded to the GP.

Based on the information from the initial physical health care checks, patients completed a 'my physical health commitments' plan with their named nurse. This was written from the patient perspective and looked at what they identified as their main concerns and what their goals were to improve this. We found that in all the records that we reviewed each patient had one of these plans in place.

Standardised assessments and rating scales were used to measure outcomes and plan care for patients. This included the recovery star, the model of human occupation screening tool, occupational circumstances assessment and rating scale, and the Glasgow antipsychotic side effect scale. Commissioning for quality and innovation targets were in place around physical health care.



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

Good 

There was an audit cycle in place for the hospital that covered areas such as care record audit, Mental Health Act, accidents and incidents, alongside a number of National Institute for Health and Care Excellence guidelines such as, Psychosis and Schizophrenia in adults: Treatment and Management CG178, and Borderline Personality Disorder CG078. The registered manager was primarily responsible for completing the audits.

## **Skilled staff to deliver care**

There were a number of mental health and medical professionals that were employed to work at Ashwood Court. This included nurses, support workers, occupational therapists, a psychologist, and consultant psychiatrist. There were also links with other services and professionals outside of the organisation such as care coordinators, pharmacy, and GPs.

All the staff we spoke with on the day of inspection had been working at Ashwood Court for two years or more: we found they were experienced and qualified to complete their role. All staff including bank staff had completed a corporate induction and a local induction specifically for the hospital. Support workers that had commenced their role following April 2015 had completed or were in the process of completing the care certificate.

Staff received supervision in line with their own policy of every eight weeks and all staff had received a work performance appraisal every year. The staff we spoke with confirmed that they had received supervision and appraisals. We reviewed the supervision and appraisal matrix that showed that this was also being completed.

Staff received additional training to support them in their role. Training such as psychosocial interventions, personality disorder training, and nutrition and health were available for staff to complete.

The provider had a performance management policy in place. Staff told us that they were aware that work performance was managed effectively through supervision and through performance management and were able to give an example of where this had happened.

## **Multi-disciplinary and inter-agency team work**

Multi disciplinary meetings took place weekly and included a number of relevant professionals. Multi disciplinary meetings were holistic and covered patient physical and

mental health, risk assessment, social needs, and discharge planning. We saw in the six records that we reviewed that patient views were listened to and action was taken to try to facilitate their requests.

Handovers took place daily at the changeover of each shift. There was a handover file that captured information around actions for the day, including any relevant information about patient presentation, and observation level and risk.

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

Records showed that 89% of staff had received training in the Mental Health Act. The staff we spoke with all had a good working knowledge of the Mental Health Act and told us that if they needed advice that they could get this from the Mental Health Act administration office.

We saw that people were receiving their treatment in line with the Mental Health Act. We looked at the authorised certificates relating to medication. These were attached to medication charts and showed that medications were being administered appropriately.

There were clear care plans in place for those patients who were detained, and there was evidence in the care plans that patients had their rights explained to them every three months or if there was a change to their section.

The Mental Health Act administration team, alongside the registered manager, completed audits of the relevant paper work for detention, patients' rights and T2 and T3 forms.

Independent mental health advocates were available for patients to access. This was offered at the point of their rights being read and on patient request.

There was an up to date code of practise available in the hospital for staff to refer to for guidance.

## **Good practice in applying the MCA**

From the information received from the provider, 100% of staff had completed their Mental Capacity Act training. Staff were knowledgeable about the Mental Capacity Act and were able to tell us that most patients had capacity for most things and that capacity was decision specific. Staff gave examples of a patient on the ward that had difficulties in managing their money and that there was a capacity assessment in place for this patient.

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

Good 

Ashwood Court had specific forms to complete should there be concerns over a patient's capacity. We reviewed the capacity assessment for the patient who had issues with managing their money, found it to be complete, comprehensive, and reviewed regularly. The patient's care plan was clear about how their finances were to be managed in the absence of capacity to do this for themselves.

There had been no applications to use Deprivation of Liberty safeguards in the six months prior to the inspection, and staff had completed 100% of their training.

A policy and procedure was in place for the Mental Capacity Act that gave staff guidance on the Mental Capacity Act and their responsibilities.

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

Good 

### Kindness, dignity, respect and support

We observed that the staff in the hospital treated patients in a kind and compassionate manner, and that all interactions with patients were professional. Staff were knowledgeable about patient needs.

We spoke with seven patients who all said that they were treated with kindness and respect and they felt safe in the hospital. Patients told us that 'you can ask them anything in confidence to talk through any problems you are having', 'very friendly staff' and 'easy to get on with'.

### The involvement of people in the care they receive

All patients told us they were orientated to the ward through a settling in period before they were fully transferred. Patients also received a guide on admission that gave an overview of the services available at Ashwood Court and some practical advice around the routine and structure of the hospital.

Patients told us that they were fully involved in their care planning and had received or signed to say that they had read their care plans. This was also evident in the care records we reviewed.

Community meetings took place monthly; we reviewed the minutes of the meetings for March 2016 and April 2016. We saw that patients were able to provide feedback on the service. This included what was working and what was not working, in their opinion. The minutes showed that there was a shared discussion about activities and the environment, and staff gave feedback from previous meetings.

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

Good 

### Access and discharge

Ashwood Court provided rehabilitation services to the Warrington borough. Referrals came from a number of sources but primarily from a locality community mental health team. Placements at Ashwood Court were funded through locality clinical commissioning groups.

The average bed occupancy from July 2015 to December 2015 was 98%. At the time of inspection, there was no waiting list for the hospital. The average number of days from referral to assessment for the 12 months prior to inspection was 10 days.

Ashwood Court received referrals through care coordinators and social workers from the Wigan borough. An accommodation panel received all initial referrals, reviewed and agree if the referral was suitable and in line with their referral criteria. Once the suitability of the referral was agreed, Ashwood Court would make a request for care plans, risk assessments and care programme approach documentation. The hospital would then make contact with the referral source within 48 hours and would see the patient within a week. The multi disciplinary team would then review the referral and assessment within 10 days. Patients were admitted to the hospital for a two-week trial; a full multi disciplinary review would take place before a formal transfer was agreed.

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

Good 

Where patients required an increased level of support or intervention due to deterioration in their mental health, staff referred patients to the local mental health hospital through their locality assessment teams or home treatment teams.

Patients had a full care programme approach meeting at three months following admission, and every 6 months following this. The care programme approach meeting was attended by all the professionals involved in the patients care and reviewed the progress on the patient including arrangements for discharge. Outside of the care programme approach meetings suitable placement and discharge were discussed in the regular multi disciplinary team meetings and as part of the named nurse one to one sessions.

There had been no delayed discharges reported for the 12 month period prior to inspection.

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

The hospital had a wide range of rooms and facilities available on site including a well-stocked clinic room, activity of daily living kitchen, lounges for both males and female and a space where activities could take place.

There was a garden to the rear of the building with a smoking shelter that was well maintained and could be used for outdoor activities.

There was a pay phone near the main entrance to the hospital, this was not in a private area but did have a privacy hood. However, this did not allow private phone calls to take place. All patients following a risk assessment had access to their own mobile phone that they could use in private and to aid their communication with others.

Patients were able to personalise their bedroom areas with televisions and computer equipment, and keep their own snacks in their bedroom, including drinks.

The hospital offered a range of activities on site seven days a week. However, most of the activities took place off site and in the community such as the gym, college, and bowling. Each patient had an individualised weekly activity planner that showed his or her preferred and agreed activities for the week. This included both activities on and off site and any assessments and appointments to attend.

On and off site activities were reviewed monthly through the patient community meetings. Patients had the opportunity to provide feedback and make suggestions about future activities.

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

Ashwood Court was a one storey building which allowed disabled access to the building for wheel chairs. Bathrooms all had wet rooms for those who had difficulties using the bath. Staff told us that if any patient required adaptations or aids, then an occupational assessment would be completed prior to admission and the local authority would provide these prior to their admission.

Easy to read leaflets and leaflets in other languages could be sourced from corporate services, and language line would be used should interpreters be required.

The hospital had a number of leaflets displayed that included how patients could complain, information on the Care Quality Commission, independent mental health advocacy services and patient rights under the Mental Health Act.

Ashwood Court supported patient spiritual needs through supporting them to their local or preferred place of worship.

Patients told us that the food at the hospital was good. There was a good choice of food that catered for everyone. There was a four weekly rota in place for the menus offering three choices at each mealtime and the menu changed seasonally. The catering staff attended the patient community meeting so direct feedback could be given to the catering staff from the patients, and any changes that had been made could be fed back from the catering staff to the patients.

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

There had been two formal complaint received in the six months prior to inspection, in January 2016 and March 2016. These complaints were both around the conduct of staff. One of the complaints was withdrawn and managed through supervision; the other was upheld and managed through performance policies.



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

Good 

There were suggestion boxes that were placed around the hospital in which patients could raise concerns. All seven patients we spoke to felt able to raise concerns and knew how to do this should they wish to do so.

The registered manager had commenced an informal complaints log. However, it was a new process that had been put in place and at the time of inspection, they had no record of any informal complaints.

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

Good 

### Vision and values

Ashwood court vision and values were:

For every person with care and support needs to have access to personalised, outcome focused services that are delivered with dignity, respect and compassion and support them to enjoy an everyday life.

Their values were:

- Customer focused
- Valuing and embracing diversity
- Working in a spirit of partnership
- Striving for excellence
- Innovation
- We make a difference

Staff were aware and agreed with the visions and values of the organisation, with their team objectives reflecting the visions and values. Staff told us that the service director visited the hospital frequently but other more senior managers visited less often.

### Good governance

There was a governance structure in place, and regular meetings occurred that ensured quality and safety at the ward was monitored and reported from ward level to the board level. This included a serious untoward incident scrutiny group, health and safety forum, infection prevention forum and clinical governance forum.

The registered manager had a good oversight of staff performance, and outcomes for patients. There were clear key performance indicators that were monitored by the registered manager.

There was a clinical audit program in place that the registered manager took the lead for and reviewed and actioned areas for improvement. A risk register was in place for Ashwood court; all risks had adequate mitigation in place, and were reviewed through the clinical governance meetings.

The registered manager felt that they had enough authority to perform their role. They were able to tell us that they had previously wanted to widen the multi disciplinary team by employing an occupational therapist and psychologist and had been able to do this.

### Leadership, morale and staff engagement

The staff we spoke with reported positive working relationships within the team. They spoke positively about support that they received from their manager. All staff felt that they were able to raise concerns and understood there was a whistleblowing process that they could follow.

Regular team meetings took place, staff were able to provide feedback on the service they provided, and felt listened to about new ideas that they raised.

### Commitment to quality improvement and innovation

Ashwood Court had commenced the accreditation for inpatient mental health services in rehabilitation and was due to be reviewed for the accreditation in January 2017.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should ensure that care plans are written from the patient perspective to ensure that they are more patient centred.
- The provider should ensure that risk management plans are person centred and describe how individualised risk are managed