

Lea Court







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 Lea court as good because:

- effective systems and processes were in place to monitor and manage environmental risks
- there were adequate staffing levels, with staff on duty that were knowledgeable, and experienced. Staff had all attended their mandatory training and had additional training to support their role
- patients' care plans and risk assessments were in place and up to date. They all reflected the patients' needs and were recovery focused
- safeguarding procedures were in place and staff were able to tell us how they would identify and report any issues
- we observed staff being kind and respectful to patients. Staff were also very knowledgeable about the patients they cared for
- patients were able to personalise their bedrooms, and had access to a pay phone in a private area of the ward. Blanket restrictions were limited and individualised based on risk
- there were no restraints or complaints over the 12 months period prior to inspection
- physical health care was prioritised and monitored. This included those patients on high dose antipsychotics
- multi-disciplinary team meetings and care programme approach meetings took place that were patient centred and focused on the person's recover journey
- the visions and values of the organisation were embedded, and there was evidence of positive leadership
- staff and team morale was good, staff had access to regular team meetings, supervision and work performance appraisals.

However,

- there were not enough panic alarms available for all staff, which put the staff at risk of harm
- the service did not log informal complaints therefore there were no records of how these were managed.

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 Lea Court

Lea Court, Warrington, provided services for males with mental health problems who required rehabilitation. It formed part of the Alternative Futures Group who also have a number of other services within the north west.

Lea Court was a 24 bed ward and provided rehabilitation to men, and admitted both patients detained under the Mental Health Act and informal patients. At the time of inspection Lea Court was undergoing a refurbishment to many areas of the service, and were not in use, that meant that part of the ward could not be viewed.

There was a registered manager, 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 12 of the 24 beds. Any referrals from outside the Warrington area would be funded by the locality CCG.

Lea Court had been registered with CQC since 21 December 2010. There had been four previous inspections at Lea Court, the most recent being 04 February 2014. 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, Care Quality Commission

The team that inspected the service consisted of two CQC inspectors and a nurse specialist in rehabilitation.

Why we carried out this inspection

We inspected this service as part of our on going 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 that we held about the location, 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 three patients who were using the service;
- spoke with the registered manager and manager of the ward;
- spoke with 10 other staff members; including doctors, nurses, and an occupational therapist;
- spoke with an independent advocate;
- attended and observed two multi-disciplinary meetings;
- Looked at six care and treatment records of patients:

Summary of this inspection

- carried out a specific check of the medication management on the wards; and
- 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 to three patients who told us:-

- They felt safe at Lea Court.
- That they were treated with kindness and respect. That, 'the nurses are great here'.
- They were offered their care plans, and felt involved in their care.
- That the ward was quiet and it was 'lovely here'.
- Their named nurse was available for them.

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:

- Environmental risk assessments were in place, including a ligature assessment, which showed how local risks were managed.
- The clinic room was well equipped and stocked with all equipment required for physical health monitoring, including a defibrillator. Medical device check lists were in place and were seen to be checked regularly and calibrated.
- There were adequate staffing levels and all staff had undertaken mandatory training in line with the organisation's requirements.
- Risk assessments were in place for patients and these reflected their risks and had management strategies in place.
- Staff were knowledgeable about safeguarding procedures.
- Restrictions that were in place were individualised and a clear rationale was in place for each restriction.

However,

- We found that there were not enough panic alarms for each staff member on duty, which could increase the risk to staff should an incident occur.

Good



Are services effective?

We rated effective as good because:

- Staff had received an annual appraisal of their work performance and received regular managerial supervision.
- Care plans were up to date, recovery focused and reflective of the patients' needs.
- Physical health care was prioritised and monitored throughout the patients stay at Lea Court. This included those patients on high dose antipsychotics.
- There were a full range of professionals employed to work within Lea Court, such as an occupational therapist, senior nurse practitioners, pharmacists, and nurses.
- Additional training was available to staff and there was evidence of the service promoting continuing professional development.
- Recognised rating scales were used to measure outcomes for patients.
- Effective multi-disciplinary team meetings and care programme approach meetings took place that were patient centred.

Good



Summary of this inspection

- There were effective systems and processes in place for the management and monitoring of the Mental Health Act.

Are services caring?

We rated caring as good because:

- Staff treated patients with kindness, dignity and respect. They were very knowledgeable about their patients' individual needs and care.
- Patients told us that staff were respectful and caring.
- Patients told us that they were orientated to the ward on admission, and that they had care plans in place that were copied and offered to them.
- Independent mental health advocacy was available for patients to access.
- Monthly community meetings and daily morning meetings took place at which patients were able to offer feedback about the service.

Good



Are services responsive?

We rated responsive as good because:

- There were clear processes in place for referral and access. All referrals had been seen within their target of 14 days.
- There were processes in place for those patients who required access to acute inpatient beds.
- The ward had a full range of rooms including those for physical health care, visiting for children, and quiet areas for patients.
- There was access to a private area to make phone calls and patients had access to their own personal mobile phone.
- There were facilities to be able to access equipment to support those needing additional support such as walking aids.
- They were able to cater to all dietary requirements on site through their own catering, or using the activity of daily living kitchens.
- There had been no formal complaints in the 12 months prior to inspection.
- Activities were available on site seven days a week.

However,

- Informal complaints were not logged, therefore there was no record of how these were managed and what the outcomes were.

Good



Are services well-led?

We rated well-led as good because:

Good



Summary of this inspection

- There were clear visions and values in the organisation, the staff knew what these were and these were incorporated as part of their annual performance appraisal.
- Good governance structures were in place for reporting from ward to board level.
- The registered manager had good oversight of their staff performance and outcome measures.
- There were clear key performance indicators and commissioning quality innovation targets for the service, which staff were aware of and the registered manager had sight of.
- Staff and team morale was positive and the staff spoke of positive leadership within the service.
- Regular staff meetings and a communication day took place that gave staff the opportunity to hear about new developments and contribute.

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.

- Certificates showing that patients had consented to their treatment (T2) or that it had been properly authorised (T3) were completed and attached to medication charts where required.
- Patients were informed of their rights in accordance with section 132 on admission. There was a system in place to remind patients of their rights every quarter.
- We found that Mental Health Act paper work was completed appropriately, and therefore they were detained lawfully. There was a code of practice available at Lea Court for staff to access.

- The MHA administration for Lea court was completed by a local NHS hospital. There were good links and good working relationships with the administrator.
- There was an independent mental health advocate (IMHA) available for those patients detained under the MHA.

Previous Mental Health Act visit found that there were issues:

- There was an administrative error in one set of section papers reviewed. We found no errors in the MHA paper work we reviewed as part of this inspection.
- All patients should have access to an IMHA. This issue had been fully addressed during the inspection.
- Patients were not fully involved in the development of their care plan. This issue is addressed later in the report.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act (MCA) at induction and through updates every two years.

From August 2015 – October 2015 there had been one Deprivation of Liberty safeguards (DoLS) application made. At the time of inspection, there were no patients under a DoLS application.

The staff we spoke to were able to tell us the principles of the Mental Capacity Act and that capacity should be presumed. Staff knew where to go for help advice and support with any questions around the MCA. There was a policy in place and staff knew how to access this.

The clinical manager attended a local authority MCA forum. The clinical manager spoke of how useful this had been and how this supported them through the DoLS process






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 ward meant there were many blind spots, which hindered observation of patients. This could result in unwitnessed incidents occurring. However, we saw sufficient staff on the wards 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 ward 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 area as being the door closures. Lea Court as a rehabilitation ward made full assessments of a patient's risk prior to admission. Those patients who were at of self-harm or suicide would not be accepted for admission until those risks had minimised. Where risks of self-harm or suicide increased following admission, there were five rooms which were specifically designed with anti-ligature specifications, and other areas were managed through staff awareness and individual patient risk assessment. This reduced the risk of ligature incidents occurring.

The ward was a male only ward therefore this complied with 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. A

defibrillator was available which was located in the staff office, and oxygen was available in the clinic area, these were recorded as being checked on a daily basis. Lea Court did not have a resuscitation bag or trolley or hold emergency drugs on site. We saw that the temperature of the medication fridge was checked twice daily by staff. A first aid box was also available on site. In a medical emergency staff contacted 999 for an Ambulance. Staff were trained in basic life support so were able to begin CPR.

The service had access to a procurement system that checked all medical devices on an annual basis to ensure that the equipment was in good working order. Equipment we saw was clearly labelled with the date it was last serviced. Faulty equipment was reported to procurement and a replacement was given to the service until the equipment was fixed. Blood monitoring machines for patients with a diagnosis of diabetes were given to individual patients through the GP surgery. These were calibrated by the GP surgery on an annual basis. Sharps boxes were in place and were labelled correctly.

We saw hand washing signs around the ward and hand washing audits were completed by the service. Staff were bare below the elbow whilst performing any clinical duties. An infection control audit had been completed and showed that the service was overall compliant with this audit at 91%. However, two areas showed a need for improvement, waste management and bedroom areas. It was clear from the audit what was needed for improvement and the service had identified actions to bring the areas into compliance. On the day of inspection, there were no identified concerns in these two areas.

The ward was, at the time of inspection, going through a refurbishment. This meant that part of the ward could not

Long stay/rehabilitation mental health wards for working age adults

Good 

be seen as this had ongoing works being completed. The ward areas that were seen were bright, clean and tidy. However in the main areas of the ward the walls were sparse and there was very little information for patients posted. Some of the main areas also were waiting their new fixtures and fittings such as curtains and blinds. This gave a feel of an unfinished ward. On discussion with the registered manager, it was clear that the service was waiting until all the works had been completed and alterations had been finished before all the final changes were completed.

We reviewed a number of risk assessments in relation to the management of the environment, the safety, privacy and dignity of staff and patients, fire, emergency evacuation plans, contractors and a major incident plan. These had clear guidance and control measures in place to manage identified risks to staff, patients and visitors to the service.

Lea Court did not have any seclusion facilities.

There were a number of nurse call alarms in place around the main areas of the ward, which staff and patients could use to summon assistance. There was also a panic alarm system installed but we found that there were not enough personal alarms for all staff that were on duty. The registered manager and clinical manager were aware of this and were in the process of purchasing more. However, in the interim this left some staff without access to an alarm whilst they were on shift. This put staff at risk of harm should they be involved in an incident that would require assistance from other members of the team.

Safe staffing

The service had its staffing establishment estimated based on the ratio of staff to patients. The service worked on an establishment of two qualified nurses and four support workers staff per shift during the day and one qualified nurse and two support workers at night. There were additional staff available throughout the day such as a full time occupational therapist, and a senior nurse practitioner, as well as both the clinical and registered managers.

Staffing establishment could be increased if the patient needs increased, for such things as increased activity or levels of observations increase. On the day of inspection, we found that the compliment of staff on duty met their planned daily amount.

Staffing establishments March 2016 whole time equivalent (WTE) were:-

- Registered manager – 1.0
- Clinical manager – 1.0
- Senior nurse practitioners – 2.0
- Staff Nurses – 7.7
- Occupational therapist – 1.0
- Support workers – 13.0

The number of vacancies (WTE) March 2016:-

- Staff nurses – 0.3
- Support workers – 4.0

The Alternative futures group (AFG) employed their own internal bank staff, and there was a 'hub' of staff that Lea Court could access. All bank staff undertook the same induction training as substantive staff to ensure that they had the same mandatory training. However, we were told that the substantive staff at Lea Court often picked up additional shifts that were not covered and worked these as over time that provided consistency in care delivery for the patients. From the period October 2015 – January 2016 there were 35 shifts covered by bank or agency staff, and 20 shifts that were covered internally through overtime or on call.

The registered manager and clinical manager felt confident that should the need arise that they would be able to increase staffing levels.

For the period of January 2015 – January 2016, nine staff left the service. We were told two staff moved to another service within AFG as part of a step down approach with a patient, one staff member left to take on further education and the other five staff left for reasons of promotion. Lea Court had a sickness level of 4% for the same period, which is below the target of 5%.

Staff and patients we spoke with all told us that there was enough staff on duty, and it was very rare that the ward worked short staffed. Activities, one to ones, and leave were very rarely cancelled and staff were unable to tell us the last time this occurred.

The responsible clinician (RC) for Lea court was employed by a local NHS hospital and a service level agreement was in place for them to provide the RC duties. In working hours, the RC covered Monday to Friday nine to five, however they were only on site at Lea court Wednesday, Thursday, and Friday mornings. The RC was contactable

Long stay/rehabilitation mental health wards for working age adults

Good 

and available to attend outside of these times. Outside of working hours, Lea Court would contact the out of hours on-call doctor at the local NHS hospital or the local community mental health teams or home treatment teams. On speaking to staff, this was very rarely used or needed. Out of hours GPs or an ambulance would be contacted if there were concerns for a patient's physical health.

All staff at Lea Court completed support essentials training as part of their induction. Some of the main topics included were:-

- Equality and diversity
- Safeguarding
- Supporting people to make decisions
- Fire awareness
- Health and safety
- Infection control
- Mental health awareness
- Record keeping and data protection
- First aid (includes basic life support)
- Moving and handling

This course was repeated every two years. We found at the time of inspection all staff were up to date with their essential skills training. Staff also additionally to this completed:

- Basis life support (BLS) and automated external defibrillator (AED)
- Therapeutic management of violence and aggression (TMVA)
- First aid training.

Records showed 92% of qualified staff were up to date and trained in BLS and AED.

Out of the 30 staff employed at Lea Court, 12 staff were trained and up to date with their TMVA training. Nine staff were out of date with their training, and nine staff had not completed the course as they were awaiting a revised course that had been adapted. The staff who were out of date had all been booked on to available courses.

All qualified staff had received their first aid training.

Assessing and managing risk to patients and staff

Lea Court reported that over the period of June 2015 – March 2016 there had been no episodes of restraint.

Lea Court used the Short-term Assessment of Risk and Treatability (START) risk assessment. We reviewed six risk

assessments. These reflected the risks of the patients and management plans were in place to manage any identified risks. All risk assessments had been completed on admission, and were reviewed and updated regularly.

We found that there were few restrictions on patients at Lea Court. Those that were in place such as access to the activity of daily living kitchen were restricted on an individual basis based on risk and progress in the patient's recovery. The front door to the service was locked but a sign was visible to ensure that informal patients knew their rights to leave should they wish to. There was access to fresh air and a garden throughout the day.

There were clear policies in place for the use of supportive observations. We found that these were used in a positive way to engage patients and reduce risks to patients and others. A search policy was in place. Patients were only searched on an individual risk basis.

All the staff we spoke to told us that rapid tranquilisation was not used; this was also reflected in the review of the prescription charts.

Lea 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 responsible clinician (RC), 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. The local pharmacy collected all the prescriptions, dispensed and then delivered the medication to Lea Court. For medication that was needed outside of the GP hours, such as antibiotics, Lea Court would use the local out of hours GP and pharmacies. Medications were stored securely at Lea Court in lockable medication cupboards that the qualified nurse on duty held, throughout the duration of their shift.

Staff were aware of the safeguarding procedures, different types of abuse and what they should do if a concern arose. Good local links were in place with the safeguarding team in Warrington local authority (LA). Where safeguarding concerns were raised, a form would be completed and sent to the LA. The safeguarding lead for the organisation would also be informed through an incident form, and discussions would take place regarding the strategy to manage any risks to patients or others. There had been

Long stay/rehabilitation mental health wards for working age adults

Good 

three statutory notifications of abuse to the Care Quality Commission in the 12 months prior to inspection, the last one in June 2015. We found that the service had taken all necessary actions to safeguard their patients.

There were a number of rooms available for patients to see their visitors and there were procedures in place for children to visit. Lea Court required that all visits from children were prearranged to ensure that they had a designated room available for them to visit.

Track record on safety

There had been reported 13 serious incidents in the period February 2015 – January 2016.

Ten of those incidents were relating to patients going absent without leave (AWOL). Three others were in relation to physical assaults or abuse on staff or patients.

The AWOL incidents were in relation to two patients and appropriate management strategies had been put in place to manage the risks identified to both patients.

All the incidents were reported to the Care Quality Commission and the local safeguarding teams where this was required.

Reporting incidents and learning from when things go wrong

Lea Court used an electronic incident reporting system that was part of their electronic clinical records, CARISTA. Staff were aware of the different types of incidents that should be reported and how these should be reported. Staff were able to tell us that they would apologise if something went wrong, such as an extra dose or missed dose of medication.

All staff we spoke to said there were very few incidents that were serious on the ward. The most recent event had been over 12 months prior to inspection. Staff said that they would receive feedback from incidents through team meetings and supervision.

Debriefs following incidents were available for staff although this was felt to be on a more informal basis and peer support rather than formal debriefs.

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 and treatment records. We found that all the patients had care plans in place that were up to date. The recovery STAR was the main care plan used for the persons mental health needs, though there were other more generic care plans that were used for the patients' physical health needs and the Mental Health Act. We found the recovery STAR care plans to be recovery orientated and holistic. However, we found that the more generic physical health care plans were not written from the patients' perspective and did not contain the patients' views, nor was it clearly documented that the patient refused to comment.

In all six care records we found that a health improvement profile had been completed, and care plans were in place for ongoing physical health care needs such as diabetes, asthma and hepatitis C. However, in two of the health improvement profiles although there were areas of need identified and an action plan within the HIP, there were no associated care plans for these needs.

We found on-going physical health care was monitored through the GPs. Weekly monitoring of patients physical observations were completed by the staff using the modified early warning score tool (MEWS). Early warning score tools are used to help recognise when patients may be deteriorating physically, by giving the patient a score and guidance for action, based on their physiological observations.

All care records were stored electronically on CARISTA. However, only the clinical staff had access to CARISTA. Paper records were also kept and regularly updated so that support workers had access to the clinical records. These were stored in a locked cabinet in the staff office.

Best practice in treatment and care

We reviewed 18 prescription cards. We found that nine out of the 18 prescription cards had antipsychotic medicine that had been prescribed and was above the British National Formulary (BNF) limit. Five of these had more than

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Good 

one antipsychotic prescribed. The BNF is a pharmaceutical reference book of information and advice on prescribing and pharmacology, along with details of medicines available on the NHS including indications, contraindications, side effects, and doses.

All nine patients had care plans in place for physical health care monitoring for taking high dose antipsychotics. The care plans were attached to the prescription chart and the physical health observations were kept alongside them. This is in line with best practice guidance.

Lea Court did not employ a psychologist specifically for their service. Psychology input was available through referral to the locality mental health community teams, or through the provider organisation's complex care advisory group. The complex care advisory group took referrals for those patients who had complex needs. It consisted of various professionals, and based on the patient's needs and multi disciplinary discussion, a care and treatment plan would be developed.

Four of the qualified nursing staff had also undertaken the psychosocial intervention (PSI) degree and could offer PSI interventions. These interventions use techniques from cognitive behavioural therapies and educational theories. This includes interventions such as family assessment of the patient's needs, motivational interviewing techniques and engagement and outcome orientated assessment.

Standardised assessments and rating scales were used to measure outcomes and plan care. These included the Krawiecka, Goldberg & Vaughan (KGV) rating scale, Beck's depression inventory, recovery STAR, and LUNSERS side effect scale. Commissioning for quality and innovation (CQUIN) targets, such as cardio metabolic screening for those who have a diagnosis of schizophrenia was also used as an outcome measure.

We saw that clinical staff participated in clinical audits such as care plan reviews, one to one audits, infection control and medication audits.

Skilled staff to deliver care

There were a number of mental health and medical professionals that were employed to work at Lea Court and by the organisation. This included senior practitioners, occupational therapists, nurses and support workers. There was also access through the organisation to other

professionals such as psychologists and pharmacists. There were links with outside agencies for services such as GPs, pharmacy, responsible clinician and mental health act administration.

The staff that worked within Lea Court were seen to be skilled and experienced. There was an emphasis on additional training to ensure that evidence based care was delivered. Additional training included post graduate training in psychosocial interventions, mentorship programmes, suicide prevention, personality disorders, and a medication errors course.

Staff all received an induction on commencing employment; bank staff also received the same induction. Lea Court also had a local induction in which new starters were familiarised with the ward; this also included fire and security procedures and relevant policies.

Staff received quarterly supervision in line with their own policies. For the period January 2016- March 2016 73% of staff had supervision. For the period 2015 – 2016 all staff had received an appraisal. Staff we spoke with confirmed that they had regular supervision and that their appraisals had been completed.

Multi-disciplinary and inter-agency team work

Multi-disciplinary team (MDT) meetings took place every Wednesday morning. The nursing team and patients were assigned a colour group. The different colour groups of patients were seen on a different week on a four weekly basis. If there were concerns or patients requested to be seen outside of this, then this would be facilitated. The nurses were allocated as named nurses for those patients in their team and they would be on duty on the days their patient MDTs were due to take place. This gave consistency in the approach to the nursing care delivery.

We observed two patients MDT meetings and a care programme approach (CPA) meeting during our inspection. We found that the nurse gave a full handover of the patients presenting needs and progress including any identified risks. We saw that the responsible clinician spoke to the patients in a way in which they understood what was being explained, avoiding jargon. The MDT listened to the patient's concerns, gave reassurance, spoke positively, and were hopeful about their future.

The CPA meeting was well attended and included other professionals from outside the organisation such as

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Good 

probation, a care co-ordinator, and social worker. The CPA meeting was felt to be thorough, holistic, and inclusive of the patient taking their views on board. There was clear evidence of discharge planning that the patient was involved in, understood and agreed.

Handovers took place formally twice daily, both in the morning and in the evening. A further more informal handover took place at 9am when other professionals started their shift. This covered a number of areas that included observation levels, incidents, and physical and mental health of the patient.

Adherence to the MHA and the MHA Code of Practice

From the information the service provided, it showed that 92% of staff had completed Mental Health Act (MHA) training. The outstanding staff were shown to be booked to attend this training.

At the time of inspection, there were 11 detained patients on the ward. On review of the detained patients' prescription charts we found that certificates showing that patients had consented to their treatment (T2) or that it had been properly authorised (T3) were completed and attached to medication charts where required.

The qualified nurses we spoke to all had a good working knowledge of the Mental Health Act. They were able to describe that patient's rights were read on transfer to Lea Court also these were repeated quarterly.

We reviewed three detained patients' records as part of the review of their care and treatment records. We found that the paper work was completed appropriately, and therefore they were detained lawfully. We also found care plans that were in place for both their detention and section 17 leave that described their rights and what their leave status was. There was a code of practice available at Lea Court for staff to access.

The MHA administration for Lea Court was completed by a local NHS hospital. The staff described good links and good working relationships with the administrator. The administrator could be contacted for support and advice.

There was an independent mental health advocate (IMHA) available for those patients detained under the MHA. However, the uptake of IMHA was low with only three patients currently accepting advocacy services. The other eight patients had declined IMHA services.

Good practice in applying the MCA

All staff had received training in the Mental Capacity Act, at induction and through two yearly updates.

From August 2015 – October 2015 there had been one Deprivation of Liberty safeguards (DoLS) application made. At the time of inspection, there were no patients under a DoLS application.

Staff were able to tell us the principles of the Mental Capacity Act (MCA) and that capacity should be presumed. Staff knew where to go for help, advice and support with any questions around the MCA. There was a policy in place and staff knew how to access this.

The clinical manager attended a local authority MCA forum. The clinical manager spoke of how useful this had been and how this supported them through the DoLS process.

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

Good 

Kindness, dignity, respect and support

We observed staff treating patients with kindness, dignity and respect. We found the staff to be very knowledgeable about all the patients' individual needs. We observed during the multi-disciplinary team meeting that patients were spoken with and spoken about in a sincere and caring manner.

We spoke with three patients on the day of inspection; other patients did not wish to speak with us. All three patients said that the staff were caring and respectful to them, and they felt safe on the ward.

The involvement of people in the care they receive

The patients we spoke to told us they were orientated to the ward on admission, and that they were given information about the ward by their named nurse. Patients also received an information pack from the occupational therapist that included consent to disclosure form, Independent mental health advocacy details, information on recovery portfolios, and the hospital door policy.

Long stay/rehabilitation mental health wards for working age adults

Good 

The patients we spoke with told us that they were offered their care plans and could choose to have a copy if they wished. We saw in care and treatment files that patients were offered their recovery STAR care plan. Patients had signed to say they understood and agreed their STAR care plans, and when they refused a copy, this was documented.

We saw that there were daily morning meetings for patients and staff to attend. At this meeting patients talked about their activity plan for the day. This included patients going to day centres or trips in to the town. The activity plan for the ward was discussed. Concerns from the patients, such as the patients requesting larger portion sizes for food, and asking for information about when their personal TVs were being installed.

Community meeting were also held monthly. Records of the minutes of the meetings were reviewed from January 2016 and February 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. Information was provided to the patients through this meeting on developments such as the refurbishment and how this would be affecting them. All patients were asked whether they felt that both they and their belongings were safe. This showed that the patients were able to voice their concerns and give feedback on the service.

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

Good 

Access and discharge

Lea Court provided rehabilitation services to the Warrington borough and the north west, referrals came from a number of sources but primarily from a locality community mental health team. This could be for patients who were in hospital low secure services or acute admission wards. Patients could also be admitted directly from the community. Placements at Lea Court were funded through locality clinical commissioning groups.

All referrals received were assessed within two weeks. On discussion with staff, this was often completed within 72 hours of receiving the referral. Once the patient had been assessed a discussion with the responsible clinician (RC) took place to agree admission. Lea Court, as part of the admission process, gave patients a four week trial period to assess their suitability and engagement during that time. Once agreed, transfer was arranged following that trial period. On discussion with both the registered and clinical manager, the trial period was under review and discussions were on going to determine whether this was needed.

The average bed occupancy for the period July 2015 – December 2015 was 70%. This was due to a number of beds being closed as refurbishment works were ongoing. There was no waiting list at the time of inspection for Lea Court.

The RC reviewed patients that were in crisis due to their mental health needs, and consideration was given to alternative management strategies and placements. We observed one multi disciplinary team meeting where a patient's needs and risks had increased therefore agreements were made for alternative placements to be found; this included an admission to an acute ward should the patient's mental health deteriorate further. Lea Court accessed the nearby acute admissions wards through the locality home treatment team.

There were five delayed discharges for July 2015 – January 2016. One of these had been discharged at the time of the inspection; others were reported to have been due to issues with future accommodation. Lea Court reported on an annual basis how many patients had been discharged to a more independent setting: over quarter one and two last year there had been six discharges. This showed that there was ongoing monitoring of the discharge process.

The facilities promote recovery, comfort, dignity and confidentiality

Lea Court had a full range of rooms that were multi-purpose. There was a fully equipped clinic room with an area that could be used for taking physical health observations. There was no examination couch; all physical examinations were completed by the GP.

There was a games room area and a large garden that had exercise equipment and was suitable for outdoor activities. There were a number of quiet areas and lounges that could be used for activities, visiting and quiet time for patients.

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There was an enclosed area with a payphone for private phone calls. Patients could also have mobile phones where this had been risk assessed. Patients were seen to be able to personalise their bedroom areas and had access to hot drinks through a vending machine. The patients were provided with four tokens per day that they could use in the drinks machine and following this, they could pay 20 pence for a drink. There was juice available throughout the day.

Activities were available seven days a week, however, staff reported that patients were often not motivated to engage in on site activities but preferred to go off site. There was an acknowledgement from the registered manager that it was difficult to engage patients in on site activities. Different ways had been tried to improve levels of engagement with varying levels of success. Activities were discussed at both the morning meeting and the community meeting to see what the patients wanted.

Off-site leave to the community was facilitated regularly. The occupational therapist worked with the patients to look at their individual interests, to develop individual activity planners and their recovery STAR.

Meeting the needs of all people who use the service

Lea Court was a single storey building with wide access at the front to enable wheel chair access. A bathroom had a hoist for those patients who required assistance in and out of the bath. All patients were assessed prior to admission. Staff told us that if additional aids or support was required, this would be completed prior to admission through their procurement system.

There were limited information leaflets available on the ward; this was due to the refurbishment that was ongoing at the time of inspection. Information was available on request; however there were no leaflets in other languages. There were no patients at the time of inspection that needed this but we were told that if there was an assessed need for this, this would be arranged prior to admission to the service. They would also access an interpreter on a needs basis.

All food at Lea Court was cooked fresh on site; there was a four weekly rota in place. There was both a meat and vegetarian option available. Patients made daily choices regarding their food choice. The kitchen was able to offer sandwiches, jacket potatoes, salads and omelettes on request. It was clear that they were able to consider any

special dietary requirements such as allergies to foods. At the time of the inspection they did not have any patients that required specific cultural dietary requirements, but we were told that this would be catered for if required. The use of the activity of daily living kitchen also provided a place where patients were able to cook their own food, when they had received a full occupational therapy assessment.

Staff supported patients with their spiritual needs by escorting them out to their place of worship.

Listening to and learning from concerns and complaints

Over the period March 2015 – March 2016 Lea Court received no formal complaints. However, on discussion with the registered manager there were a small number of informal complaints such as complaints about portion size of the food. This was an indeterminate number, as informal complaints were not recorded.

Patients and staff both told us that they were aware of the complaints procedure. Patients all said that they felt there were able to raise concerns, and felt that they would be dealt with.

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

Good 

Vision and values

Lea Court had corporate visions and values, they had three main strategic aims which were:

- To put people in control
- To make a positive difference
- To be sustainable.

Their values were:-

- Principled – we are driven by our charitable status, business principles and good governance as well as our responsibilities as a good neighbour in the community and as an employer.
- Reflective – we listen carefully and learn from everything that we do.

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Good 

- Integrity – we operate in an ethical way ensuring that everything that we do is for the good of the people who we support.
- Dynamic – we are creative and innovative in our approach avoiding complacency.
- Empowering – we help support people to be all they can be by putting the people who we support and who work for us in control.

The visions and values were incorporated into the annual performance appraisal of all staff, and staff we spoke to were familiar and agreed with the corporate visions and values.

Staff told us that their managers were visible, in particular the director of quality and performance who was often on the ward and approachable for any discussions or concerns.

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 quality assurance groups, clinical manager forums, mental health act forums, safeguarding, infection control, and a physical health care forum.

The registered manager had a good oversight of overall staff performance, and outcomes for patients. There were clear key performance indicators that were monitored by both the registered and clinical manager and were disseminated to staff. The registered manager was able to tell us what the commissioning for quality and innovations targets were specifically around the cardio metabolic screening for those with a diagnosis of schizophrenia.

Clinical audits were given priority and staff were made aware where areas for improvement were needed and actions taken to make these improvements.

The registered and clinical manager both felt that they had authority to perform their role. There was a risk register in place that recognised the current building works and empty beds as their only risks. There were clear strategies on how these risks were to be managed.

Leadership, morale and staff engagement

A staff survey was completed in 2015. Although this was not broken down into individual hospitals or services for the organisation, it was broken down in to areas. This showed that in the independent hospitals 83% of staff were positive about the culture of the organisation, 85% knew what their role was, and 64% felt that there was good communication from their teams and organisation.

The staff we spoke to reported high morale on the ward. They spoke positively about the leadership and the support that they received from their managers. All staff felt that they were able to raise concerns and understood that there was a whistleblowing process that they could follow.

The staff attended regular team meetings and had access to communication days that they felt were supportive and gave them information on new developments within the service. This also provided them with the opportunity to give feedback on developments and concerns that were arising.

Commitment to quality improvement and innovation

There was a corporate study looking at the views, perceptions and experiences of patients and their carers, supported by Alternative Futures Group (AFG), and establishing overall if the support they received from AFG was helpful or unhelpful. It also was looking at how the individuals coped during the transition from inpatient care to living independently with minimal support from AFG. This was specifically looking at the outcomes for 15 patients that had been discharged from Lea Court.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should consider how it will ensure that staff have access to the appropriate security alarms to ensure their safety.
- The provider should consider how informal complaints are logged to ensure that these are captured and handled appropriately.
- The Provider should consider how it will ensure that patients physical health care plans are written from the patients perspective and include their views.