

Meadow View

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 Meadow View as **good** because:

- Patients told us they usually felt safe on the wards.
- The hospital had a policy and procedure for carrying out observations. Staff kept up to date records of observations carried out.
- We observed staff interacting with patients in a positive way; there was a variety of activities available seven days a week.
- Senior managers held daily morning meetings to discuss any concerns or complaints and to address issues promptly.
- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines.
- Hot and cold drinks were available throughout the day and night.
- Patients were able to personalise their bedrooms, and had a lockable cupboard to store their possessions.
- Staff said there had been a lot of positive change over the last nine months and they felt valued.

However:

- Escorted section 17 leave was cancelled on two occasions due to lack of staff.
- The hospital used the company regional on call doctor service; staff said it could take over one hour for the doctor to reach the hospital. This meant that patients may not have been seen in a timely way; however the hospital had recently appointed a full time associate specialist doctor.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Forensic inpatient/
secure wards**

Good



Meadow View provides services for up to 28 patients over two wards.

Summary of findings

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Good 

Meadow View

Services we looked at

Forensic inpatient/secure wards

Summary of this inspection

Background to Meadow View

Meadow View is located in Gainsborough, Lincolnshire and provides a low-secure environment for male patients who are detained under the Mental Health Act 1983. The hospital had a registered manager and a nominated accountable officer for controlled drugs.

The regulated activities which Meadow View is registered to provide are:

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

Meadow View provides services for up to 28 patients across two wards:

- Cedar ward is an acute and admission ward with 14 beds
- Ash ward is a recovery ward with 14 beds

The Care Quality Commission last inspected the hospital in August 2015. Following the inspection, we served requirement notices in relation to breaches of regulations of the Health and Social Care Act (2008) Regulated Activities. The breaches were in relation to:

- ligature risks throughout the hospital,
- the checking of emergency equipment, lack of a blind in the seclusion room
- out of date information leaflets
- incomplete seclusion records
- lack of a system to manage overall performance
- the recording of patients 'mental capacity
- disorganised patient records

We reviewed the breaches in detail at this inspection and found that the provider had taken the required actions to address these and to improve the care and treatment provided to patients

Our inspection team

The team that inspected the hospital consisted of three CQC inspectors, one CQC pharmacist specialist and one assistant inspector.

The team would like to thank all those who met and spoke with inspectors during the inspection. People were open with the sharing of their experiences and their perceptions of the quality of care and treatment at the hospital.

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 that we held about these services.

During the inspection visit, the inspection team:

- visited both wards and looked at the quality of the environment

Summary of this inspection

- observed how staff cared for patients
- spoke with four patients and collected feedback from five patients using comment cards
- held two focus groups with nursing staff
- interviewed the ward manager, hospital director and other senior managers with responsibility for these services
- attended the daily senior management meeting
- reviewed 11 care and treatment records
- carried out a specific check of 19 medication charts
- examined a range of policies, procedures and other documents relating to the running of the service
- reviewed in detail seven staff files.

What people who use the service say

Patients said that they felt safe in the hospital, and were pleased with the refurbishing of the wards. They had been involved in choosing furnishings and colour schemes and said there was a variety of food that was of good quality.

Patients told us they felt listened to and were involved in planning the care offered to them. They said that professionals caring for them were interested in their wellbeing.

Patients said they were able to personalise their room. Patients said their rights under the Mental Health Act were read to them regularly in a way they could understand, however section 17 leave was sometimes rearranged or alternatives to leave offered because of staff shortages and only having one hospital car.

A wide range of activities were available seven days a week and were never cancelled.

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:

- The seclusion room, a room used for the supervised confinement of a patient for their own safety, allowed staff clear observation of patients and met the Mental Health Act code of practice.
- The clinic room was fully equipped with accessible resuscitation equipment and emergency drugs were kept in the dispensary on each ward. Staff regularly checked and calibrated equipment and kept a record of this.
- Patients told us they usually felt safe on the wards.
- The hospital had a policy and procedure for carrying out observations. Staff kept up to date records of observations carried out.
- Wards were visibly clean and the infection control policy was checked and in date.

However:

- The hospital used the company regional on call doctor service; staff said it could take over one hour for the doctor to reach the hospital. This meant that patients may not have been seen in a timely way; however the hospital had recently appointed a full time associate specialist doctor.
- There were 10 whole time equivalent qualified nurse vacancies.

Good



Are services effective?

We rated effective as **good** because:

- Staff assessed patients' needs, and delivered care in line with individual care plans. All care plans were in date and were holistic.
- Doctors completed physical healthcare assessments for all patients, this included when high doses of anti-psychotic medication had been prescribed.
- Patients had access to independent advocacy services, and staff encouraged them to seek support from this service.
- The hospital displayed information on how to access independent Mental Health Act advocates on the wards.
- Patients received care and treatment from a range of professionals including nurses, doctors, psychologists, occupational therapy technical instructors and a social worker.

However:

Good



Summary of this inspection

- On one occasion out of 19, doctors had prescribed medication which was in excess of the T3 (certificate of second opinion).
- Managers did not ensure that staff received regular supervision.
- Escorted section 17 leave was cancelled on two occasions due to lack of staff.

Are services caring?

We rated caring as **good** because:

- Patients said that staff were caring and helpful.
- Staff interacted with patients in a respectful and caring manner. They encouraged participation in activities on and off the ward.
- Informal community meetings were held twice a day.
- Staff actively encouraged patients to take part in care planning and to attend weekly multidisciplinary meetings.

Good



Are services responsive?

We rated responsive as **good** because:

- There was a wide range of rooms and equipment across the hospital, including activity rooms, therapy rooms and a gym. Both wards had access to outside space.
- The kitchen provided a wide choice of meals for patients. Patients said there was a variety of food and that it was of good quality.
- Hot and cold drinks were available throughout the day and night.
- All patients had a cupboard allocated to them in the kitchen where they could store their own food
- Patients were able to personalise their bedrooms, and had a lockable cupboard to store their possessions.
- Leaflets were displayed on both wards on how to complain and advice about medications and treatments.

Good



Are services well-led?

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

- Staff said there had been a great deal of positive change over the last nine months and they felt valued.
- Patients and staff said they were comfortable in approaching senior staff to discuss any concerns.
- Staff knew who the most senior managers were and they visited the wards regularly.
- Managers had access to key performance indicators to gauge the performance of the wards.

Good



Summary of this inspection

- Senior managers met every morning to review incidents that had occurred the previous day.
- The ward manager had the authority to make prompt changes to the ward staffing levels when needed.

Detailed findings from this inspection

Mental Health Act responsibilities

- Patients were detained under the Mental Health Act (MHA).
- Ninety two percent of staff had completed their mandatory MHA training.
- An MHA administrator was available to offer support to staff. Staff showed awareness of MHA principles and knew where to seek further advice. The MHA administrator carried out audits of MHA papers to ensure detentions remained legal.
- Before patients went on escorted section 17 leave staff completed contingency plans to take with them. This meant that they knew what to do if something untoward happened.
- Staff attached treatment forms to medication cards where necessary.
- There was one T3 (certificate of second opinion) form which gave consent for the prescription of 200% of anti-psychotics. The actual prescription added up to 213% which was over the amount allowed; this was in breach of the T3 form.
- Staff explained patients their rights in a way they could understand, in accordance with section 132 of the MHA. Patients had access to independent advocacy services, and staff encouraged them to seek support from this service.
- The hospital displayed information on access to independent Mental Health Act advocates on the wards.

Mental Capacity Act and Deprivation of Liberty Safeguards






- Ninety four percent of staff had completed their Mental Capacity Act (MCA) training.
- Staff knew where to get advice from regarding MCA and could refer to the policy if needed.
- Capacity assessments which were decision specific were filed in patients care notes.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient/ secure wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good 

Safe and clean environment

- Patients told us that they usually felt safe on the wards.
 - Staff could not observe all areas of the ward due its layout. Managers mitigated this risk by installing mirrors to promote staff's observation.
 - Ligature audits had been completed. Ligature points (places to which patients intent on self-harm might tie something to strangle themselves) were identified in the laundry room and patient activity kitchen. Staff mitigated these risks by only allowing patients with a completed risk assessment into these areas unsupervised and locking these rooms when not in use.
 - The seclusion room met the required standard as defined in the MHA Code of Practice.
 - Wards were visibly clean, had good quality furnishings, the infection control policy was in date and staff demonstrated knowledge of infection control principles.
 - The clinic room was fully equipped with accessible resuscitation equipment and emergency drugs were kept in the dispensary on each ward. Staff regularly checked and calibrated equipment and kept a record of this.
 - Staff carried personal alarms, which they used to summon help in an emergency. There was a patient call bell system in all clinical areas.
- Safe staffing**
- The established level of qualified nurses across the hospital was 14 whole time equivalents. At the time of the inspection there were 10 vacancies. The established level of unqualified nurses was 33. There were three vacant posts. However the hospital had employed 10 long term locum qualified nurses to promote consistency of care for patients. Managers had an ongoing recruitment plan in order to fill nursing vacancies.
 - Between 01 April 2016 and 30 June 2016 255 shifts had been filled by bank or agency staff to cover vacancies or sickness.
 - Staff turnover at the hospital over the last 12 months was 23%; managers said that this was due to being bought by another company and subsequent reorganisation.
 - Managers discussed staffing levels daily in the senior management meeting and deployed staff to take into account individual patient need and risk.
 - The hospital used the company regional on call doctor service; staff said it could take over one hour for the doctor to reach the hospital. This meant that patients may not have been seen in a timely way.
 - Between June and September 2016 the hospital audit showed two patients had their section 17 leave cancelled due to staff shortages. However patients said that staff rearranged the leave or alternatives were offered.
 - A qualified nurse was present in communal areas at all times. Patients said that one to one time was offered at least once daily.
 - Ninety eight percent of staff had attended mandatory training, which included safeguarding adult's level one, conflict resolution and immediate life support. One hundred percent of staff were trained in using the service's preferred restraint technique.

Assessing and managing risk to patients and staff

Forensic inpatient/secure wards

- Between 1 May and 19 September 2016 there were five incidents of seclusion.
- Between 1 July and 6 October 2016, there were 62 recorded incidents of restraint used on 10 individual patients.
- Staff used prone restraint six times from 1 June to 19 September 2016. Prone restraint means staff held patients in a facedown position.
- Staff completed individual risk assessments for patients. We reviewed 11 risk assessments and found they had been updated then and reviewed them regularly.
- Before patients went on escorted section 17 leave staff completed contingency plans to take with them. This meant that they knew what to do if anything untoward happened.
- The hospital used short term assessment of risk and treatability and historical clinical risk management tools to assess needs and plan care.
- The hospital had a policy and procedure for carrying out observations. Staff carried out enhanced observations of patients and kept up to date records showing interventions used to engage the patient.
- Staff used de-escalation skills to prevent restraint and rapid tranquilisation. There had been 3 episodes where rapid tranquilisation had been administered in the last six months. The care records for these incidents showed that physical health monitoring following administration had been completed.
- We checked the seclusion records for all five episodes and found that they had been completed correctly according to the hospital seclusion policy.
- One hundred percent of staff received level one safeguarding adults training and ninety five percent had received level one safeguarding children training.
- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines. We reviewed 19 prescription charts and found all to be completed correctly. A community-based pharmacy provided services and completed medicines management audits monthly and shared their findings with the ward teams. There was evidence that the fridge temperatures were checked daily on each ward which were all within normal range.
- There was a family room available which was child friendly, where patients could meet with their loved ones.

Track record on safety

- In the last 12 months, the service had reported three serious incidents, two involved patients that had left the hospital without authorisation and one where a patient had damaged the seclusion room and attempted to harm themselves. Managers had carried out investigations and taken action to minimise the risk of re-occurrence.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to do this. Staff reported incidents using an electronic reporting system.
- Senior managers discussed incidents daily in the managers' meeting and management plans had been agreed and shared with the ward teams to manage any potential risks to patients or staff.
- Debriefs were available to staff and patients following incidents. Staff said that there was an informal debrief at the end of every shift in the handover.

Duty of candour

- Staff were able to describe their duty of candour and the need to be open and honest with patients when things go wrong.

Are forensic inpatient/secure wards effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff completed comprehensive assessments for all patients. We reviewed 11 care plans and they were all in date, personalised, holistic and recovery orientated.
- Care records showed physical healthcare assessments were undertaken and reviewed regularly. This included when high doses of anti-psychotic medication had been prescribed and when ongoing monitoring of physical health was required.
- The information needed to deliver care and treatment effectively was stored securely within computer-based records which were easily accessible.

Best practice in treatment and care

Forensic inpatient/secure wards

- We found evidence that the hospital followed National Institute for Health and Clinical Excellence (NICE) guidance when prescribing medication.
- Staff used health of the nation outcome scale to assess and record severity and outcomes for all patients
- Two psychologists provided therapies to patients in one to one or group sessions.
- Patients nutritional and hydration needs were met and recorded on a specific form in the care records.
- Patients were registered with a local GP practice. The GP attended the hospital weekly to hold a clinic. Staff referred patients to specialist services for treatment when necessary, for example podiatry and dentistry.
- Staff said that they had been involved in audits. For example self-harm ligatures and a mattress audit. They demonstrated that improvements had been made to the environment following audits.

Skilled staff to deliver care

- Patients received care and treatment from a range of professionals including nurses, doctors, psychologists, occupational therapy technical instructors and social worker.
- Clinical staff said the induction programme prepared them to undertake their role. The induction programme included all mandatory training requirements.
- The provider was supporting staff to undertake continued professional development, for example leadership programmes.
- Managers offered staff monthly supervision. Five staff said they received monthly supervision however six staff said supervision was irregular. Staff appraisals were up to date.
- Staff meetings took place every eight weeks. We reviewed minutes of these meetings and found issues identified had been actioned.
- Managers said they had support to manage poor performance promptly.

Multi-disciplinary and inter-agency team work

- Weekly multidisciplinary team meetings took place to discuss patients care and treatment. Patients were encouraged to attend and were supported by their key worker or advocate as appropriate during the meeting
- During the MDT care notes were projected onto a screen and patients are encouraged to contribute to the discussions about their care and treatment.

- Care coordinators were invited to, and attended MDT meetings; this was recorded in the patients' care notes.

Adherence to the MHA and the MHA Code of Practice

- All patients were detained under the Mental Health Act. (MHA)
- Ninety two percent of staff had completed their mandatory MHA training. Staff showed awareness of MHA principles and knew where to seek further advice.
- An MHA administrator was available to offer support to staff. The MHA administrator carried out audits of MHA papers to ensure detention paperwork was completed correctly, up to date and stored appropriately.
- Staff attached treatment forms to medication cards where necessary.
- There was one T3 (certificate of second opinion) form which gave consent for the prescription of 200% of anti-psychotics. The actual prescription added up to 213% which was over the amount allowed; this was in breach of the T3 form.
- Staff explained patients their Section 132 rights on admission and routinely thereafter in a way that patients could understand them. Staff evidenced this in care records. Patients had access to independent advocacy services, and staff encouraged them to seek support from this service.
- The hospital displayed information on access to independent Mental Health Act advocates on the wards.

Good practice in applying the MCA

- Ninety four percent of staff had completed their Mental Capacity Act (MCA) training and demonstrated an understanding of the principles of the MCA.
- Staff knew where to get advice from regarding MCA and could refer to the policy if needed.
- Capacity assessments which were decision specific were filed in patients care notes.

Are forensic inpatient/secure wards caring?

Good 

Kindness, dignity, respect and support

- Patients said that staff were caring and helpful.
- Staff interacted with patients in a respectful manner.

Forensic inpatient/secure wards

- We observed staff undertaking one to one observations in a caring manner, encouraging participation in activities. Staff knocked on the door before entering a patient's bedroom.
- We observed staff supporting patients to attend activities both on and off the ward.

The involvement of people in the care they receive

- Staff actively encouraged patients to take part in care planning and to attend weekly multidisciplinary (MDT) meetings and recorded this in their care notes. Families were encouraged to attend MDT meetings.
- There were posters displayed on both wards advising patients how to access advocacy services. The advocate visited the wards on a weekly basis to talk with patient.
- Both wards had informal community meetings twice a day in the morning and evening. These meetings were used to discuss plans for the day ahead and to review how the day had been for the patients.

Are forensic inpatient/secure wards responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- Between 1 January and 30 June 2016, bed occupancy was 64% on Ash ward and 43% on Cedar ward. The average length of stay was 230 days.
- When referrals are made to the unit the consultant psychiatrist and psychologist meet with the patient to assess their suitability for admission. Following this assessment, members of the nursing team would also assess the patient before they are admitted to Meadow View.
- Patients moved from the acute admission ward to the recovery ward in a planned and timely way.
- There were no reported delayed discharges reported in the last 12 months.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a range of rooms and equipment to support treatment and care. This included activity rooms, therapy rooms and a gym. Both wards had access to outside space.
- Patients could make phone calls in a private room which contained a pay phone.
- The kitchen provided a wide choice of meals for patients, and we saw evidence this choice extended to catering for specific dietary requirements. Patients said there was a variety of food and it was of good quality.
- Hot and cold drinks were available throughout the day and night.
- Patients were able to personalise their bedrooms, and had a lockable cupboard to store their possessions.
- All patients had a cupboard allocated to them in the kitchen where they could store their own food.
- Programmes of weekly activities were on display in main ward areas. Activities were available seven days a week.

Meeting the needs of all people who use the service

- There were accessible disabled bathing and toilet facilities.
- The hospital had provided specialist equipment such as an adjustable bed for a patient receiving end of life care.
- Across the service there was a provision of accessible information on treatments, medication and how to complain. This information was available in languages spoken by people who use the service.

Listening to and learning from concerns and complaints

- The hospital had received one formal complaint in the last 12 months. The complaint was from a patient who had not received adequate one to one sessions. The complaint had been upheld. No complaints had been referred to the ombudsman.
- Patients said they knew how to raise concerns and received feedback at the community meetings.

Are forensic inpatient/secure wards well-led?

Good 

Vision and values

Forensic inpatient/secure wards

- Staff demonstrated knowledge of the organisation's values.
- Staff knew who the most senior managers were and they visited the wards regularly. Patients and staff said they were comfortable in approaching senior staff to discuss any concerns.

Good governance

- Managers had access to key performance indicators to gauge the performance of the wards this included training, MHA compliance and sickness and absence rates. This information was stored in a dashboard which ward charge nurses could access and update where necessary.
- Whilst managers staffed shifts to the established levels of nurses, they achieved this by employing 10 locum nursing staff on long term contracts to fill these vacancies whilst they actively sought permanent nurses.
- Audits were in place, for example infection control, controlled drugs and ligatures. Action plans had been developed following audits being undertaken.
- Managers reviewed and signed off actions from incidents. These actions were feedback to staff at ward meetings.

- Staff said that they felt supported by senior managers, and they had sufficient authority to make prompt changes. For example increasing staffing levels to meet the enhanced observation needs of patients.
- Managers completed staffs' annual appraisal.
- Managers reviewed the risk register in monthly meeting to address the identified issues. Staff said that they could raise issues at ward level for inclusion in the hospital risk register.

Leadership, morale and staff engagement

- Sickness rates over the last 12 months was four percent.
- Staff said there had been a lot of positive change over the last 9 months and they felt valued.
- There were no reported bullying and harassment cases and staff said they worked well as a team. There were opportunities for staff to engage in further development.
- There had been no cases of whistle blowing in the last 12 months.
- The hospital had completed a staff survey in March 2016. The results showed a positive response to the change in ownership of the hospital in October 2015.

Commitment to quality improvement and innovation

- The hospital is a member of the quality network for forensic mental health services.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that systems are in place for effective staff recruitment and retention.
- The provider should ensure that medicines are prescribed in accordance with T3 second opinion forms.
- The provider should ensure that staff receive regular supervision.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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