Priory Rehabilitation Services Limited

The Priory Highbank Centre

Inspection report

Walmersley House
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Date of inspection visit: 26 and 27 January 2022
Date of publication: 19/09/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Priory Highbank Centre is operated by Priory Rehabilitation Services Limited and provides in-patient mental health services for adults and specialist neurological rehabilitation for adults and children.

The service is run from a large detached Victorian property set within its own grounds. It has a total of 34 beds for patients of all ages with a brain injury or a neuro-disability which as well as a long-term high dependency rehabilitation unit for patients who have a diagnosis of mental disorder.

Within the service there are three units:

- The Walmersley unit (upper and lower Walmersley) provides a service for patients requiring complex care and slow stream rehabilitation over the age of 16 years, with 19 inpatient beds. 15 inpatient beds were located in the upper Walmersley unit and 4 inpatient beds in the lower Walmersley unit. At the time of our inspection lower Walmersley was closed to in-patients.
- Torrance House (formerly known as Lynne House) – provides a service for patients requiring complex care and slow stream rehabilitation from birth to 17 years old, with 5 inpatient beds.
- Robinson House provides a service for male patients aged 18 and over who have a diagnosis of mental disorder, with 10 inpatient beds.

Facilities include a family sitting room, designated therapy areas, dining and outside areas, fully adapted gym, and a self-contained flat which can be used for patients and their families.

The Priory Highbank Centre was last inspected by CQC in December 2018 and was rated 'good' overall. We inspected this service using our next phase inspection methodology and carried out an unannounced inspection on 26 and 27 January 2022.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Our rating of this service went down.

We rated this service as requires improvement overall because:

- The service did not have enough support staff or allied health professional staff to meet people's care and treatment needs. The service approach to staffing levels did not adhere to national guidance such as the British Society of Rehabilitation Medicine (BSRM). Not all staff received and kept up to date with their mandatory training.
- The service failed to deliver the clinically assessed required therapy hours to patients.
- Managers did not always have supervision meetings with staff to provide ongoing support and development.
- The maintenance of equipment was not always monitored and placed people at risk.

Summary of findings

- Leaders were not always visible and approachable in the service. Not all staff knew what the vision, corporate values and strategic goals were. The service did not have an open culture where all staff felt they could raise concerns without fear. Not all staff felt respected, supported and valued.

However, we found that:

- The service had enough medical and trained nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service made sure staff were competent for their roles and managers appraised staff's work performance,
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously and investigated them.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with four requirement notices that affected long term conditions. Details are at the end of the report.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
People with long term conditions	Requires Improvement 	The service did not have enough support staff or allied health professional staff to meet people's care and treatment needs. The service approach to staffing levels did not adhere to national guidance such as the British Society of Rehabilitation Medicine (BSRM). Not all staff received and kept up to date with their mandatory training. Managers did not always have supervision meetings with staff to provide ongoing support and development. Systems to protect patients against cross infection were not always monitored. Staff did not always keep equipment and the premises clean. The maintenance of equipment was not always monitored and placed people at risk. The service failed to deliver the clinically assessed required therapy hours to patients. The service did not provide care and treatment for children and young people based on national guidance and evidence-based practice. Leaders were not always visible and approachable in the service. Not all staff knew what the vision, corporate values and strategic goals were. The service did not have an open culture where all staff felt they could raise concerns without fear. Not all staff felt respected, supported and valued. However, the service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staff supported patients to make informed decisions about their care and treatment.
Long stay or rehabilitation mental health wards for working age adults	Good 	Our rating of this service stayed the same. We rated it as good because: • The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed

Summary of findings

and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

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

What people who use the service say

We spoke with four people who were using the service and two carers. Their views reflected what we found on inspection.

Both carers were pleased with the service their relatives received. They thought they were safe and the staff looked after them well. One said they had once raised an issue and it had been addressed to their satisfaction.

Summary of findings

The people who used the service told us they were happy with the care they received. They felt safe on the ward. Two patients said that the ward was always clean and one told us how he had been made to feel welcome when he arrived on the ward.
Patients thought there were enough staff to meet their needs and there were always things to do, such as trips, games and gardening.
They said that staff were respectful and polite.
One patient told us how he was involved in his own care. He said that staff took notice of his views.

Summary of findings

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Background to The Priory Highbank Centre

Priory Highbank Centre is an independent hospital in Bury, Greater Manchester and is operated by Priory Rehabilitation Services Limited.

The service is registered to carry out the following regulated activities:

• Accommodation for persons who require nursing or personal care

• Treatment of disease, disorder or injury

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

• Diagnostic and screening procedures

The service was last inspected by the CQC on 5, 6 and 13 December 2018 where they were rated as good. The provider was issued with one requirement notice that affected long-term conditions. The legal requirements that were not being met were in relation to Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents. These requirements have now been met.

The registered manager is Helen Powell who has been in post since 4 March 2004.

The Priory Highbank Centre is a 34-bedded independent hospital located in Bury, Greater Manchester and accepts patient referrals from around the country. Referrals can be made by any health or social services professional. Funding is provided by the commissioning support unit (CSU) and clinical commissioning groups, social services, solicitors or individuals.

Within the hospital there are three units: Robinson House, Walmersley unit (upper and lower Walmersley) and Torrance House (formerly known as Lynne House).

Robinson House provides a service for 10 male patients aged 18 and over who have a diagnosis of mental disorder. They provide a long-term high dependency rehabilitation unit. The unit is part of the Priory Rehabilitation services group and is located within the main building of The Priory Highbank Centre in Bury.

There were six male patients in Robinson House at the time of the inspection and all six patients were detained under the Mental Health Act.

The unit is set over two floors. The first floor provides bedrooms for patients whilst the ground floor provides an open kitchen, dining room and lounge area. There is a conservatory and a spacious garden which can be entered from the lounge or conservatory. There was a multifunction room, a laundry/arts and craft room, a further lounge, a relaxation room and a snug.

Robinson House was last inspected by the CQC on 5, 6 and 13 December 2018 where they were rated as good. A CQC Mental Health Act monitoring visit took place on 18 June 2021. There were no issues or concerns identified.

Summary of this inspection

The Walmersley unit (upper and lower Walmersley) provides interdisciplinary team assessment and slow stream rehabilitation to patients over the age of 16 years. The units facilitate rehabilitation for a range of patients, from low awareness to the more independent.

Rehabilitation programmes are tailor made to suit the assessed needs of the individual and can be delivered on a short term or longer term basis. Specialist areas include the management of patients who require assessment and those who have complex respiratory needs including tracheostomy and mechanical ventilation management. All patients are under the care of a consultant in rehabilitation medicine.

Upper and lower Walmersley wards are each located on separate floors and all patients have their own individual room with communal dining, therapy and gym areas and have access to a large garden.

The lower floor provides a self-contained apartment which includes a new salon for patients to have hair and makeup done occasionally.

Torrance House is a complex care and slow stream rehabilitation ward, with five inpatient beds. It provides care for children with acquired brain injury and complex neurological impairment from birth to age 17 years. Services provided include care and management of children with tracheostomies and / or ventilator dependent children under the supervision of a consultant in long term ventilation. Care is also provided for children with a range of disabilities, such as cerebral palsy and epilepsy.

There were fifteen patients in the upper Walmersley unit at the time of the inspection and three patients at Torrance House, with a fourth patient accessing respite at the weekends. Both units were inspected by the CQC on 5, 6 and 13 December 2018 where they were rated as good.

At the hospital there was one medical director 0.4 (WTE), one speciality grade doctor 1.0 (WTE), one consultant in long-term ventilation 0.1 (WTE) and one consultant in neuro-rehabilitation 0.2 (WTE) who worked under practising privileges. Following our inspection the service sent us a service level agreement for the consultant in neuro-rehabilitation. However, this expired 30 September 2020. Therefore there was no assurance that there was appropriate cover in place for this consultant.

For the upper Walmersley unit there were 15.7 whole time equivalent (WTE) registered nurses and 33.9 WTE healthcare assistants. At Torrance House there was 5.5 WTE registered children's nurses and 17 WTE healthcare assistants. Shared across both units were 6.5 WTE therapists including therapy assistants, a part time head of therapy, a dietitian, a family liaison officer, two social and recreational officers, one part-time psychologist and a full-time assistant psychologist.

The accountable officer for controlled drugs (CDs) was the ward manager from the Robinson unit who was also the lead for the safe and secure handling of medicines.

Track record on safety across the service from January 2021 to January 2022 showed there had been no serious incidents reported and no healthcare associated infections.

Services provided under a service level agreement were:

- Pharmacy
- Pathology and histology

Summary of this inspection

• On call GP out of hours service.

How we carried out this inspection

The team which inspected the upper Walmersley Unit and Torrance House comprised of two inspection managers, a CQC lead inspector, and two inspectors. The team which inspected Robinson House comprised of one CQC inspector and an assistant inspector.

The inspection team was overseen by Karen Knapton, Head of Inspection (Hospitals).

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 and spoke with commissioners.

During the inspection visit at the upper Walmersley Unit and Torrance House, the inspection team:

• observed care and looked at a range of policies, procedures and other documents relating to the running of the service;

• looked at the quality of the ward environments and observed how staff were caring for patients;

• we did not speak with patients but spoke with four family members and a children's social worker;

• spoke with 24 members of staff including; registered nurses, healthcare assistants, therapy staff, medical staff, and senior managers;

• looked at 13 care and treatment records of patients;

• carried out a specific check of the medication management;

• attended and observed one multidisciplinary meeting; and

• received feedback about the service from three commissioners.

During the inspection visit at Robinson House, the inspection team:

Summary of this inspection

- visited the ward at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with four patients who were using the service;
- spoke with two relatives of patients;
- spoke with the independent advocacy service;
- spoke with the deputy ward manager;
- spoke with five other staff members; including a doctor, nurses and activities organiser;
- looked at four care and treatment records of patients;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Outstanding practice

We did not identify any areas of outstanding practice as part of this inspection.

Areas for improvement

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

Action the service MUST take to improve:

Long term conditions:

- The service must ensure they deploy sufficient numbers of allied health professional and nursing support staff to meet people's care and treatment needs (Regulation 18 (1))
- The service must operate effective systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who use services. (Regulation 17(2)(b))
- The service must ensure that equipment is maintained and serviced in accordance with manufacturer's guidelines. (Regulation 12(2)(e))
- The service must ensure there are sufficient quantities of equipment to meet the needs to people who use the service. (Regulation 12(2)(f))
- The service must ensure that all areas of the unit are clean and well maintained. (Regulation 12(2)(h))
- The service must ensure care and treatment for children and young people are based on national guidance and evidence-based practice. (Regulation 9 (3) (b))
- The service must ensure care and treatment is planned and delivered in a way that enables all a person's needs to be met. (Regulation 9 (3) (b))

Action the service SHOULD take to improve:

Long term conditions:

- The provider should ensure all relevant staff complete required mandatory training.

Summary of this inspection

- The provider should use an approach to staffing levels that adheres to national guidance such as the British Society of Rehabilitation Medicine (BSRM).
- The provider should ensure that required checks are completed for specialist equipment.
- The provider should ensure all records and care plans are clear and up to date.
- The provider should ensure they continue to monitor the actions taken to reduce the risk of omissions when prescription cards are re-written.
- The provider should ensure they continue to improve compliance with staff clinical supervision.
- The provider should ensure that it continue to make improvements in culture across the service.
- The provider should ensure that leaders at every level are visible and approachable.
- The provider should ensure that staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
People with long term conditions	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

Requires Improvement

People with long term conditions

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

Are People with long term conditions safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to staff, however not all staff had completed it.

Not all staff received and kept up to date with their mandatory training. Compliance for reducing restrictive intervention breakaway training was 48.2% against a target of 85%. The hospital director told us that restrictions due to COVID-19 had impacted on their ability to deliver this face-to-face training. We saw evidence that this area was listed in the top five risks on the risk register. There was a training plan in place to support compliance with this throughout 2022.

Mandatory training compliance for bank staff was 77.4% against a target of 85%.

For required courses, emergency first aid at work was 82.4%, induction pathway final sign-off 75% and portable suction training: in a choking emergency was 74.1%.

Compliance data for basic life support with defibrillator was 92% and paediatric immediate life support (PILS) showed a 100% completion rate. All unit managers and nurses at the children's unit Torrance House had completed PILS training in the last year. At the time of the inspection 50% of the nursing staff had been allocated to, and were waiting to complete their next annual PILS course.

The mandatory training was comprehensive and met the needs of patients and staff. The service maintained electronic records of mandatory training to assure managers of compliance rates. At the time of this inspection, overall mandatory training compliance was 87.2%. This was in line with the service target of 85%.

Compliance rates for nursing staff at the upper Walmersley unit was 92% and 95% for Torrance House. Healthcare assistants for both units had compliance rates ranging from 90% to 92% and therapy staff 94%.

Compliance for agency staff was not monitored on the same electronic system. However, the agency services provided the service with individual staff profiles to evidence compliance with the required mandatory training.

Requires Improvement

People with long term conditions

Safeguarding

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

The service had an up to date safeguarding policy for adults and children which was available to guide staff on how to protect people from abuse.

Safeguarding information was easily accessible. Torrance House had safeguarding information on a noticeboard to inform staff, patients and relatives of who the designated safeguarding officers were. Safeguarding policies and procedures were available in the staff office.

The upper Walmersley unit had adult and children safeguarding policies on a noticeboard featuring the monthly governance newsletter. This featured a safeguarding section and the names of the nominated safeguarding leads.

Roles and responsibilities for safeguarding were clear. All staff we spoke with knew who the safeguarding leads were and how to raise a safeguarding issue or concern.

Staff knew how to identify adults and children at risk of suffering significant harm and worked with other agencies to protect them. Safeguarding lead meetings took place monthly. We saw evidence of multidisciplinary working between the site leads, safeguarding practitioners from local clinical commissioning groups and the local authority.

Safeguarding incidents were reviewed, and lessons learned identified. Outcomes from these meetings were then discussed as an agenda item at monthly clinical governance meetings.

We saw that safeguarding referrals were completed in line with the service's policy; they had been investigated and actions taken to mitigate risk were recorded.

Staff described what constituted abuse and described their own experiences of escalating safeguarding concerns to the nurse in charge and completing an incident report. Staff could give examples of how to protect adults, children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act.

All staff received safeguarding awareness training level two during induction to the service. Compliance for both safeguarding adults and children (via e-learning) was 96.7%. Compliance rates for face to face safeguarding level three training had been impacted by government restrictions during the COVID-19 pandemic. At the time of the inspection 64.6% of eligible staff had completed this training.

The service had four safeguarding leads for adult and children. Safeguarding leads compliance for advanced combined safeguarding level four was 90%.

All staff we spoke with told us they had completed e-learning training on female genital mutilation (FGM).

Cleanliness, infection control and hygiene

Requires Improvement

People with long term conditions

The service did not always control infection risk well, some equipment and premises were not clean. Staff did not always use equipment and follow control measures to protect patients, themselves and others from infection. However, we saw some examples where the service had managed infection risks well.

The environment quality walk round checklists dated November 2021 and January 2022 for Torrance House and the upper Walmersley unit identified the presence of dust in areas. Staff recorded that this was immediately reported to housekeeping. However, dust and dirt was still present at the time our inspection. At Torrance House we found equipment, including a bed that was visibly dirty and dusty in one of the patient bedrooms. We escalated this to staff, and they addressed this immediately.

Infection prevention and control (IPC) audits had not been completed on Torrance House since March 2021 and there was no evidence of completed hand hygiene audits. This meant patients might have been put at risk if issues were not identified.

Senior managers told us they completed monthly mattress audits. We requested results of mattress audits for the previous three months undertaken on the two units and were sent results of an audit completed in May 2021 at Torrance House and November 2021 at upper Walmersley unit. We found this did not correspond with what senior managers had told us.

The service had an IPC action plan with some actions still outstanding and had not had a recent update.

In the therapy gym we saw that some plinths were ripped which could be an infection risk to patients and staff as it would make it hard to effectively clean the equipment.

We saw that open jugs of water, for use with percutaneous endoscopic gastrostomy (PEG) feeding tubes were stored on the top shelf in the clinic room. This was contrary to NICE guidance CG139, which states that enteral feeding tubes should be flushed with freshly drawn tap water for patients who are not immunosuppressed. Guidance also advised cooled freshly boiled water or sterile water from a freshly opened container could be used for patients who are immunosuppressed.

However, we observed completed audits of handwashing and personal protective equipment for the period October to December 2021 for the upper Walmersley unit and compliance was generally good. The most recent handwashing compliance was 90.5% on the upper Walmersley unit.

Infection control training was mandatory for all staff groups and data showed compliance for all staff across the units was 91%.

There were handwashing facilities at the building entrance and an effective system of triage at the front reception to evidence negative lateral flow tests and screen for potential COVID-19 positive visitors. We saw that all areas had good access to personal protective equipment (PPE). There were gloves, aprons, alcohol spray and hand gel available in all areas. We witnessed staff following infection control principles well, including the use of PPE and hand hygiene.

The service experienced an outbreak of COVID – 19 amongst staff. They took the appropriate action to manage and prevent the spread of infection and as a result no patients were affected.

Environment and equipment

Requires Improvement

People with long term conditions

The service did not always have enough equipment to help staff to care for patients. The maintenance of equipment was not always monitored and placed people at risk. However, the service generally had suitable premises and staff disposed of clinical waste safely.

The layout of the rooms across several corridors meant there was limited visibility of patients from the nurses' desks and office. Staff told us to ensure they could observe patients they had to keep patient room doors open, meaning patient's privacy could be impacted. The hospital director told us that limited visibility was managed with allocated staff to those areas and during personal care, doors were always closed to maintain privacy and dignity.

The service did not always have equipment which had up to date maintenance records. The equipment inventory and service log had numerous equipment for the upper Walmersley unit and Torrance House showing service due dates of February 2020, August and October 2021. After the inspection, the hospital director provided further information which evidenced some of these had been serviced in August 2021. However, there was still some equipment with unconfirmed service dates. This meant the service could not be assured that they had equipment that was safe to use for the care of patients.

During our inspection, staff told us of concerns over lack of some therapy equipment, such as occupational therapy items. Senior management acknowledged this might impact patient interventions if equipment remained unavailable. The site risk register showed that specialist therapy staff were working with companies to source relevant therapy equipment to mitigate risk. Following the inspection, the hospital director told us that equipment supplies ordered were delayed due to Brexit and COVID-19.

Staff told us that observation machines used to monitor oxygen levels, blood pressure and heart rate sometimes malfunctioned and gave different readings or stopped working completely. However, we saw evidence regular servicing of this monitoring equipment had been carried out.

Though staff mostly carried out daily safety checks of specialist equipment, audits and checklists were not completed consistently. For example, there was a process where a medical equipment checklist should be completed weekly, however when the audit file was checked this section was empty. Records contained within the audit file for resuscitation trolley and bags only went up to October 2021. Following the inspection, the hospital director provided evidence of these audits from December 2021 to February 2022 for Torrance House and the upper Walmersley unit.

Patients could reach call bells and staff responded quickly when called.

The service had suitable facilities to meet the needs of patients' families with a lounge area incorporating a kitchen and dining area although at the time of our inspection, visiting was restricted due to COVID-19.

Staff disposed of clinical waste safely at both upper Walmersley unit and Torrance House.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration. Staff completed risk assessments for each patient but did not always update them or minimise risks.

There was a policy for staff to follow in relation to care of the deteriorating service user.

Requires Improvement

People with long term conditions

The service followed the Priory Highbank model (Integrated Care Pathway) based on national guidelines such as British Society of Rehabilitation Medicine (BSRM).

Staff completed essential risk assessments for each patient within 24 hours of admission, using a recognised tool. Staff we spoke with told us that the risk assessments were always done within this time scale. The service had a policy for undertaking skin assessments within six hours of admission and we saw evidence this was completed in the patient records we checked.

Staff performed a range of patient risk assessments including skin assessments, manual handling risk assessment, respiratory management and capacity assessments regarding treatment.

Staff on both units used nationally recognised tools to monitor patient's health. Staff at the upper Walmersley unit used the National Early Warning Score (NEWS) 2 tool and Torrance House used the Manchester children's early warning score (ManChEws2) tool to identify children or young people aged up to 16 at risk of deterioration. We saw that observations were well recorded, and the observation times were dependent on the level of care needed by the patient.

On inspection staff took appropriate action when a patient showed possible signs of deterioration. Staff picked up on subtle changes in a patients breathing and escalated their concerns to managers. Assessments were completed in line with intermediate life support training (ILS) and tracheostomy training. The patient was transferred to a local hospital in a timely manner and staff used the patients file to pass on all the relevant information.

However, we looked at audits for clinical records from November 2021 to January 2022 and found one patient had a risk assessment, falls risk assessment and physical health care plan that were out of date. The hospital director told us that these omissions were rectified immediately.

Staff completed Waterlow risk assessments for each patient on admission to highlight the risk of developing pressure ulcers, but they were not always reviewed on time. We saw one patient had a gap of three months with no Waterlow assessment score completed.

Nurse staffing

The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave agency staff a full induction. However, the approach to staffing levels did not adhere to national guidance such as the British Society of Rehabilitation Medicine (BSRM). The service did not always have enough support staff to provide the right care and treatment.

The service had enough nursing staff to keep patients safe. The upper Walmersley unit had three registered nurses during day shifts and two registered nurses during night shifts for 15 patients. At Torrance house there was one registered children's nurse for day and night shifts. This meant there was a ratio of three child patients to one registered nurse.

Managers calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift. The service used a corporate 'staffing ladder' to determine staffing requirements and inform the service of the minimum staff level required dependent on number of patients and acuity.

However, the 'staffing ladder' did not adhere to national guidance such as the British Society of Rehabilitation Medicine (BSRM). The hospital director told us that there were no mandates nationally or corporately for staffing levels and their annual reviews ensured safe and appropriate levels of staffing to support the cohort of patients at that time.

Staffing levels could be adapted daily according to the needs of patients and reviewed to ensure skill mix of staff met the needs of patients.

The actual number of nurses matched the planned numbers. The service did not have any vacancies for nurses and had increased the nursing establishment since our last inspection.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers told us healthcare assistant gaps in shifts were covered by either bank staff or agency staff familiar with the service to ensure consistency. Managers made sure all bank and agency staff had a full induction and understood the service. Bank staff were already employed by the service, for example they were part-time employees so had already received a full induction.

The number of healthcare assistants did not always meet the minimum staffing requirement set by the service to keep patients safe. We looked at incident reporting data for the upper Walmersley unit. There were 14 staffing incidents reported in October 2021 relating to healthcare assistant staffing levels. In November 2021 there were seven staffing incidents reported and during December 2021 there were eight reported staffing incidents. We found one occasion in December 2021 when staffing was below safety levels and the on-call nurse was not phoned by staff.

Staff absences ranged from one to three healthcare assistants short for each reported incident and no agency or bank staff had been able to cover any of these shifts when requested.

For all staffing incidents reported, the nurse in charge had completed a safety checklist and recorded the mitigation taken to keep the ward safe. Mitigation included cover by nurses already on shift, nurses on shift working extra hours, staff taking breaks on the unit, staff removed from training to assist, and relocation of skill mix.

Some relatives told us that staffing levels and high turnover of staff was a concern. They told us that personal care could be better, and they had complained to managers about personal care not always being completed.

The service had increasing turnover and vacancy rates for healthcare assistants. In June 2021 the total healthcare assistant vacancies across the upper Walmersley unit and Torrance House was 10.4 WTE and in January 2022 it was 13.6 WTE. Managers told us they had found it difficult to recruit healthcare assistants. They had encouraged recruitment by delivering a healthcare assistant assessment day in January 2022, however only two candidates arrived.

The service had a turnover rate of 30.2% for nursing and support staff over the last 12 months.

The service had high sickness rates. Staff sickness levels across the service for the previous 12 months ranged between 4.9% and 8.4%. Sickness rates include COVID-19 sickness, isolation periods and shielding required by staff.

We looked at staff rotas between November 2021 and January 2022. For the upper Walmersley unit, out of 25 healthcare assistants we found 64% rotated from day to night shifts. Out of eight registered nurses, 53% of them rotated between day and night shifts. For Torrance house, out of 18 healthcare assistants we found 83% rotated between day and night shifts; all five registered nurses rotated between day and night shifts. At Robinson house, out of six healthcare assistants we found 100% rotated shifts and half of the six registered nurses (50%) rotated shifts.

Senior managers told us not all staff rotated shifts for personal and medical reasons. It is best practice to rotate staff either on day/night shifts or rotate them to other units to avoid closed cultures developing.

Medical staffing

The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.

The service had enough medical staff to keep patients safe and the service always had a consultant on call during evenings and weekends. Torrance House was covered by a consultant paediatric intensivist who was jointly employed by the Priory Highbank Centre and the local NHS trust. Staff told us the consultant was available seven days a week. The service also had access to the specialty doctor on site from Monday to Friday 9am to 5pm.

The upper Walmersley unit was covered by one full time speciality doctor and a neurorehabilitation consultant under practising privileges; the consultant was on site one day per week (0.2 WTE) and we were told they were contactable at all times including evenings and weekends. Staff told us they were able to contact the consultant at any time despite that person being on leave. We found this did not provide sufficient assurance that the consultant could be contacted in an emergency as required. There was no formal cover in place for when the neurorehabilitation consultant was on leave. Following our inspection, the service sent us a service level agreement for the consultant in neurorehabilitation. However, this agreement expired on 30 September 2020. This meant there was no assurance that there was appropriate cover in place for the neuro consultant when they were not in work.

Both units held a contract with a local on call GP service to provide out of hours medical support. In the case of emergencies an ambulance would be requested.

The service accessed locums when they needed additional medical staff. At the time of inspection, the vacancy for a full-time speciality doctor was being provided by a locum. The permanent doctor was currently going through the recruitment process.

Managers made sure locums had a full induction to the service.

Allied Health Professional Staffing

The service did not have enough allied health professional staff to provide the right care and treatment.

The numbers of actual therapy staff employed by the service did not match the planned number and had not done since June 2021. Following our inspection, the hospital director told us that due to the service specialism and COVID-19 they had been unable to fill these posts.

The therapy team consisted of two physiotherapists with one vacancy, one WTE neuro occupational therapist and 0.6 WTE mental health occupational therapist, one speech and language therapist with 0.6 WTE vacancy (recruited and in pre-employment stage), 0.4 WTE psychologist, one assistant psychologist, 0.1 WTE dietitian and 2.5 WTE healthcare assistants.

The service had a high turnover rate for therapy staff. The therapy staff turnover was 31.6% and general staff sickness levels (including therapy staff) across the service for the previous 12 months ranged between 4.9% and 8.4%. Sickness rates include COVID-19 sickness, isolation periods and shielding required by staff.

Requires Improvement

People with long term conditions

Most patients assessed as having a clinical need for therapy from a registered professional did not have their clinical need met in therapy hours. Main reasons recorded by staff included patient engagement and staffing levels.

The hospital director told us that they were in the early stages of planning a new therapy co-ordinator role with the aim of working more efficiently with non-clinical time and maximising clinical therapy hours.

We looked at the last eight months of clinical governance meeting minutes. The occupational therapist and speech and language therapist vacancies were in the advertisement stage from June 2021 to the date of our inspection. There had been no locum cover for any therapy vacancies during this time.

We observed a multi-disciplinary meeting and the availability of staff to accompany patients to have music therapy and hydrotherapy was discussed. Nursing staff said in the meeting that they could not spare a nurse or healthcare assistant for an hour at the weekend or any other time for the required hours.

The service had a business plan for 2022 to work with the central team to recruit the vacant therapy and healthcare assistant posts. The site risk register for 2021 and 2022 reflected the healthcare assistant and therapy vacancies in the top five risks. In addition, the site improvement plan demonstrated that the hospital director and director of clinical services planned to review grades and salaries for healthcare assistants and therapy staff to aid recruitment.

Records

Records were not always clear or up to date. However, staff kept detailed records of patients' care and treatment, they were stored securely and easily available to all staff providing care.

Records at Torrance House were individualised and comprehensive and all staff could access them easily. We looked at three records, all were documented on paper. At the upper Walmersley unit we looked at ten records, they were a mix of paper and electronic. Senior managers told us the unit planned to move to full electronic records on 7 February 2022.

None of the records we reviewed had a signature reference guide to indicate which staff member the signature related to. This meant that the provider could not always be assured who had signed the record. In three care records we saw that staff had signed using their first name only and did not always include their designation. Signatures were illegible. This was not in keeping with national standards for record keeping.

There were several gaps in the care records. On 25 January 2022 body maps (skin assessments) for three patients had not been updated since 23 January 2022. The documentation did not indicate how often they should be updated; however, they had been updated daily previously.

We saw an audit of clinical records which showed six care plans were out of date.

There were gaps in the green coloured daily care records. For three records we looked at, the required level of observation was not filled in; the associated risk was left blank on all three records. One of the patients was known to lash out at staff, however this risk was not included on the green daily care record. We spoke with senior leaders about the gaps in records and they told us the forms were not intended for use on their unit.

Requires Improvement

People with long term conditions

There were gaps in the mattress and bed rail check documentation folders kept on patient beds. The intervals for recording these checks was not recorded on the forms, so staff might not know how often to complete them. For example, in one record there were six random days when there were gaps in November 2021, nine gaps in December 2021 and six gaps for the month of January 2022. Another record set had six gaps in January 2022. This meant that there might be problems with the safety of the bed rails or mattresses which may not be noted by care staff.

After the inspection the hospital director provided evidence that beds had been inspected monthly from May 2021 to March 2022.

In one set of patient records, the enteral feed sheet (dated from 9 April 2021 to 15 September 2021) was ripped at the margin side halfway up the page. This meant the dates could not be seen. This was not in line with national guidance for documentation standards.

However, patient records were comprehensive, and all staff could access them easily.

In most records reviewed the entries had been signed and either the staff grade or GMC number had been provided. All pages were numbered and contained patient details at the top of the page.

We saw that patients had comprehensive and patient-centred care plans in place and were monitored via a care monitoring chart which evidenced the care has been given.

At Torrance House, the schools that patients attended received a copy of their advanced care plan which included all necessary key information such as nutrition and hydration, tracheostomy care and medicines

Patient files included a care passport which could be taken out of the file to accompany a patient when they were attending appointments outside of the service. These contained all important information about the patient, for example their medication and any allergies.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

The service had a comprehensive set of medicines policies kept under review.

Appropriate arrangements were in place for the management of controlled drugs. The controlled drugs accountable officer was a member of Greater Manchester controlled drugs Local Intelligence network. We reviewed the controlled drugs register which was correctly and comprehensively completed. We observed that all medicines including controlled drugs were stored securely.

There was no onsite pharmacist and the service used a national pharmacy service to provide stocks of medication. There was a service level agreement in place and the pharmacist visited weekly to review prescription charts and complete audits of medicines handling. The pharmacist also shared information relating to national medicines safety alerts

Patients had individual medicines passports to help ensure that their medicine needs would be met should they transfer to an acute hospital. Doctors were able to promptly access and review the results of any blood tests needed to monitor patient's physical health electronically.

Requires Improvement

People with long term conditions

We completed checks on a selection of medicines in the medicine's cupboard and controlled drugs in the fridge which were all within date. We checked opened medicines and saw date of opening and expiry documented. We saw that medicine fridge temperatures were checked and recorded daily on both units. The acceptable limits for fridge temperatures (2-8 degrees Celsius) were provided for reference.

Staff stored and managed all medicines and prescribing documents safely. We reviewed four prescription charts at Torrance House, and they were all signed and dated correctly.

On the upper Walmersley unit we reviewed nine prescription charts which had been updated appropriately, however, it was noted that a signature had not been added on all occasions that drugs were due to be given to a patient, meaning that it could not be determined whether the medications had been given as prescribed.

A log of short-dated stock had been completed monthly and there were logs of stock transfer, disposal of unwanted drugs and patients own drugs.

Nurses completed yearly competency assessments in medicine handling.

Medicines incidents or errors were appropriately recorded and investigated. Staff learned from safety alerts and incidents to improve practice. We saw that patients and/or relatives were informed should an incident occur and opportunities for learning were explored. The service had reported three errors in the last year where doses of a medicine had been missed when the patient's prescription chart was re-written. Action had been taken to introduce additional checks, to reduce the risk of re-occurrence.

Incidents

The service managed patient safety incidents well. Most staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients, families and carers honest information and suitable support. However, staff did not always receive necessary training after an incident.

Staff reported serious incidents clearly and in line with the incident management and reporting policy.

Staff compliance across the units for incident reporting training was 100% for nursing and therapy staff. Compliance rates for therapy assistants on the upper Walmersley unit was 92.5% and 91.7% for bank staff.

Staff overall told us that the reporting culture was strong and timely. They were able to give examples of incidents they had reported on the electronic reporting system.

The service had a policy on the duty of candour and most staff we spoke with knew what this was. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'notifiable safety incidents' and provide reasonable support to that person.

We saw a reported medicine incident in December 2021 where a medication error occurred. The ward manager had followed the duty of candour process for this incident and informed the patients next of kin and the local authority. All relatives we spoke with told us that staff had informed them of any incidents that had involved their family members.

Requires Improvement

People with long term conditions

Staff told us that specific incidents and any learning was discussed at handover meetings when required. There was a monthly lessons learnt committee which a designated staff member from the unit attended. Staff on the ward told us lessons learned from incidents were shared via the lessons learnt committee minutes, monthly newsletter and the corporate lessons learnt bulletin.

Managers investigated incidents and involved patients and their families in these investigations. A relative told us that an incident involving their family member was acted upon quickly and changes were made in a timely manner.

An area of improvement from the previous inspection in December 2018 was that the service must ensure notifiable incidents were reported to Care Quality Commission. The service was compliant with this legal requirement and had regularly reported notifiable incidents.

However, staff did not always receive feedback or training after an investigation of incidents. Staff told us that an incident was reported involving the use of mittens on a patient's hands and that no feedback or training was given on the correct use of the mittens after the investigation.

Not all staff understood why some incidents were not reported. For example, one staff member told us that if a patient had a known repetitive behaviour that was recorded on the patients' care plan, they did not have to incident report it. They told us this was the only area of incident reporting they were unsure about.

Are People with long term conditions effective?

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment for adults based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. However, we did not see evidence that care and treatment for children and young people were based on national guidance and evidence-based practice.

The service followed the Priory Highbank model (Integrated Care Pathway (2020) which was based on the following national guidelines:

- British Society Rehabilitation Medicine (Updated April 2015) Specialist neuro-rehabilitation services: providing for patients with complex rehabilitation needs.
- Royal College of Physicians (2020) Prolonged Disorders of Consciousness Guidelines following sudden onset of brain injury
- UK Rehabilitation Outcomes Collaborative (UKROC)
- British Society Rehabilitation Medicine (BSRM) Standards for Rehabilitation Services Mapped on to the National Service Framework for Long-Term Conditions. 2009
- The National Service Framework for Long Term Conditions. (2005)
- Competence Framework for Long Term Conditions – Neurological. Consultation document draft 3.0. "Skills for Health". (2005)
- Independent Neurorehabilitation Providers Alliance (INPA) Objectives and Standards

Requires Improvement

People with long term conditions

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The Integrated Care Pathway model outlined clear standards for staff to follow prior to admission, on admission, throughout treatment and for the discharge stage. We looked at the most recent audit for their Integrated Care Pathway and found good compliance across all standards.

However, at Torrance House we did not see evidence that care plans were based on national clinical guidance. We requested a selection of clinical guidelines and policies used for evidence-based care and treatment, but these were not received.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patient's needs. However, patients did not always have access to speech and language therapy.

Specialist support from a dietitian was available for patients who needed it. At Torrance House we saw evidence of a temporary feeding plan following advice from the paediatric endocrine team in one patient record. A dietitian established feed regimes and monitored diet and nutrition of patients. We heard the dietitian request specific food for a patient in two consistencies so the patient would have a variety of textures when eating.

Staff did not use a nationally recognised screening tool to monitor patients at risk of malnutrition. The hospital director told us that such tools assessed the nutritional risks an individual may have, and this then would support an onward referral to a dietitian. As all patients were automatically assessed by the dietitian on admission and monitored throughout their stay, the service did not need to use a screening tool.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff used special feeding and hydration techniques when necessary. We saw detailed nutrition and hydration assessments and plans in patient records. We heard a member of staff requesting a specific drink for a patient in between meal/drink times.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. All patients had health action plans and included feed regime and weight charts where appropriate.

However, patients did not always receive specialist support from a speech and language therapist. There were periods of time when patients had no access to speech and language therapy due to poor staffing levels. This meant patients were put at potential risk of harm.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using behavioural observation methods and gave additional pain relief to ease pain.

Most patients in the adults' and children's unit did not communicate verbally. The hospital director told us there was no validated tests for evaluating pain symptoms in patients with prolonged disorders of consciousness. Staff were required to take account of non-verbal cues to monitor pain and discomfort. Staff told us they recognised pain in patient's by noticing subtle changes in presentation.

Requires Improvement

People with long term conditions

Patients who could communicate told staff when they were experiencing pain and was then clinically evaluated. We saw a patient being provided with pain relief as staff had noted visible signs that the patient was in pain. Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

The service did not always achieve intended therapy outcomes for patients. They failed to deliver the clinically assessed required therapy hours to patients. This meant that the service did not always meet the rehabilitation needs of the patient. The service monitored the effectiveness of care and treatment but did not use the findings to make improvements.

Outcomes for patients were not always positive, consistent nor met expectations**.** We saw therapy data which recorded patients assessed clinical need (in hours) for weekly registered therapy. Between 01 November 2021 and 28 January 2022, the planned hours of therapy compared with actual therapy delivered was usually below the assessed clinical need for most patients.

Nine patients were assessed as having a clinical need for registered speech and language therapy. Between 01 November and 03 December 2021, the total clinical need in hours for the nine patients was 121 hours. The actual hours of speech and language therapy delivered was 30.75. The service delivered only 25.4% of the assessed clinical need hours for the nine patients during this period.

Between 06 December and 31 December 2021, the clinical need total was 94 hours for speech and language therapy and actual hours delivered was zero. Between 03 January 2022 and 28 January, the clinical need total was also 94 hours and actual hours delivered was zero.

Nine patients were assessed as having a clinical need for registered physiotherapy care. Between 01 November and 03 December 2021, the total assessed clinical need in hours for the nine patients was 142.5 hours. The actual hours of physiotherapy delivered was 88.75. The service delivered only 62.3% of the clinical need hours for the nine patients during this period.

Between 06 December and 31 December 2021, the assessed clinical need total was 128 hours for physiotherapy and actual hours delivered was 45. The service delivered only 35.2% of the clinical need hours for the nine patients during this period. Between 03 January 2022 and 28 January, the assessed clinical need total was 125 hours and actual hours delivered was 34.5. The service delivered only 27.6% of the clinical need hours for the nine patients during this period.

Ten patients were assessed as having a clinical need for registered occupational therapy care. Between 01 November and 03 December 2021, the total assessed clinical need in hours for the ten patients was 133.5 hours. The actual hours of occupational therapy delivered was 51. The service delivered only 38.2% of the clinical need hours for the ten patients during this period.

Between 06 December and 31 December 2021, the assessed clinical need total was 101 hours for occupational therapy and actual hours delivered was 23. The service delivered only 22.8% of the clinical need hours for the ten patients during this period. Between 03 January 2022 and 28 January, the assessed clinical need total was 98 hours and actual hours delivered was 32. The service delivered only 32.7% of the clinical need hours for the ten patients during this period.

Requires Improvement

People with long term conditions

Staff and relatives we spoke with told us they were frustrated at the lack of therapy sessions taking place. Some stakeholders shared concerns with us about patient outcomes.

The lead therapists completed a job plan to explore why assessed clinical need hours were not being met. The job plan demonstrated that the therapist vacancies which, when filled would still not provide enough physiotherapy and occupational therapy staff to meet the clinical need of patients. The hospital director told us they were planning a new therapy co-ordinator role with the aim to maximise clinical therapy hours.

However, the service audited the integrated care pathway (ICP) annually against nineteen agreed standards. The most recent audit completed in August 2021 showed good compliance against all standards.

The service participated in relevant national clinical audits and monitored itself against similar services by submitting data to United Kingdom Specialist Rehabilitation Outcomes Collaborative (UKROC). This programme monitored the outcomes and comparisons across the UK.

All patients' goals were monitored and discussed weekly at the interdisciplinary team meeting (IDT) with the neurorehabilitation consultant.

Each patient had a weekly structured therapy programme based on the assessments. We saw records that showed goals were specific, measurable, attainable, relevant and time-based (SMART), person centred and updated regularly.

The service was accredited with the Independent Neurorehabilitation Providers Alliance.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance but did not always have supervision meetings with them to provide ongoing support and development.

Staff were experienced and had the right skills and knowledge to meet the needs of patients. The service ensured there was tracheostomy and ventilator trained staff on each shift. The service had a protocol in place for the respiratory management of adults and children with neurological impairment so that staff could work to agreed protocols.

Managers gave all new staff a full induction tailored to their role before they started work. Staff had brain injury training during induction and were given workbooks at the start of their employment, which they worked through at their own pace. New staff were supernumerary for the first few weeks of employment and were assigned a mentor.

Staff received specialist training for their role. The service ensured that clinical staff completed competencies specific to their job role in the induction period. These were repeated either annually or every three years. Competencies completed included, administering medication management, tracheostomy care and oral suctioning.

On the upper Walmersley unit compliance for tracheostomy management was 100% for nurses and 64.3% for healthcare assistants. Staff completed between three to five assessments, observed by a senior practitioner and we saw evidence of competencies completed and signed off by senior staff. This included competencies in the full change and suctioning of a tracheostomy tube.

Requires Improvement

People with long term conditions

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisals were still underway, and staff had till March 2022 to complete them. Compliance for 2021- 2022 was 18.5% at the time of our inspection. Compliance the previous year was 98.7%.

Managers did not support all staff to develop through regular, constructive clinical supervision of their work. We saw evidence that some staff had monthly (or bi-monthly if part-time) clinical and managerial supervisions. Staff told us that they could discuss any development needs or desires at these meetings. However, the most recent supervision compliance data for December 2021 was 43% and 60% the previous month.

Senior managers had recorded the need to increase supervision compliance on the site improvement plan from 2021 to present.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

The service had a multidisciplinary team of staff involved in the rehabilitation of the patient. Staff assessed patients and set initial goals within two weeks of admission. The assessments included nursing needs, behavioural needs, psychological and cognitive aspects, movement, posture, functional ability, oral hygiene and swallowing.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The upper Walmersley unit held their meetings weekly, led by the neurorehabilitation consultant. Staff discussed any change in medication, concerns and progress against any outcomes.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. At the weekly multidisciplinary meeting we heard staff discussing the mental health needs of patients. A relative we spoke with told us that the family liaison officer had offered them emotional support when it was identified. Torrance House held monthly multidisciplinary meetings to discuss children and young people and improve their care. The consultant paediatric intensivist attended these meetings.

Staff worked across health care disciplines and with other agencies when required to care for patients. We heard examples of staff working with NHS hospital departments to improve the care of patients. The service worked with commissioners from the clinical commissioning groups and representatives from local authorities to plan admissions. Commissioners and social workers were involved in reviews of care and treatment for adults and children.

The service had effective working relationships with teams outside the organisation, such as commissioners, local authority social services and schools.

Seven-day services

Key services were available seven days a week to support timely patient care.

Care was provided over seven days a week. However, registered therapists were not accessible to patients seven days a week.

Requires Improvement

People with long term conditions

Medical staff were available on the ward during the day Monday to Friday 9am – 5pm. Out of hours and weekend medical cover was via a local out of hours GP service, with any emergencies requiring staff to call 999.

Patients were reviewed weekly by a consultant.

The provider had a service level agreement with a local NHS trust for the transfer of a patient if they required NHS acute care.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

We saw smoking cessation posters on the walls.

Patients had access to podiatry monthly and dental appointments.

Patients had the opportunity to have the COVID – 19 and flu vaccine during their stay at the service.

We saw healthy meal choices on offer and a relative told us staff had promoted healthy eating to help their family member lose weight.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions and used measures that limit patients' liberty appropriately.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. We saw examples of detailed mental capacity assessments. When children, young people or their families could not give consent, staff made decisions in their best interest, considering their wishes, culture and traditions. We saw evidence of ward of court documentation in patient records. This meant that the High Court had the ultimate guardianship of the child to ensure their safety and protection.

Staff had access to a policy which assisted them when applying the Deprivation of Liberty Safeguards (DoLS). Staff implemented DoLS in line with approved documentation and gave examples of when DoLS would be applied for. We saw evidence of one young person with DoLS in place with all appropriate documentation completed. This included capacity assessments and referrals to the safeguarding team.

Staff received and kept up to date with training in the Mental Capacity Act (87% compliance) and Deprivation of Liberty Safeguards (86% compliance).

We saw examples of staff information posters and flashcards, relating to mental capacity, displayed on notice boards on the wards. These provided key points and information regarding correct processes to be followed.

Requires Improvement

People with long term conditions

Staff gained consent from patients for their care and treatment in line with legislation and guidance and we saw that best interest assessments had been undertaken, with family/carer discussion, where patients lacked capacity to consent. Staff clearly recorded consent in the children and young people's records. We saw evidence of completed consent from media forms (such as having photographs taken) during our review of patient records.

However, we did note in two adult patient records that a consent to sharing information (with their GP) and consent to media sharing had not been signed by the patient or their representative and a note had been added advising that the patient was unable to consent or lacked capacity to consent.

Access and flow

The service worked with clinical commissioning groups who were responsible for arranging appropriate placements after discharge. They monitored waiting times and planned patients' discharge carefully. However, discharge delays meant people could not always access the service when they needed it.

There were fifteen beds at the upper Walmersley unit which were all occupied during the inspection. All patients were admitted for assessment and or rehabilitation. At the time of inspection there were two patients awaiting admission, eight patients with ongoing neurorehabilitation needs and seven patients awaiting discharge.

Commissioners and/or the local authority were responsible for facilitating the next appropriate onward placement.

The hospital director told us that discharge delays were due to a number of factors such as placement shortage in Greater Manchester, COVID-19 and staff shortages in onward discharge placements.

Managers monitored waiting times however, due to prolonged admissions and delays in discharges, patients awaiting slow stream rehabilitation in the service could not always access care in a timely manner.

The site risk register recorded delayed patient discharges as an issue which prevented new admissions. Managers continued to work with clinical commissioning groups to keep communication open regarding bed availability.

Staff planned patients' discharge carefully, particularly for those with complex health and social care needs. We heard staff at the interdisciplinary meeting discussing the discharge needs of a patient and any actions that needed to be addressed.

Staff supported patients when they were referred or transferred between services. A pack with key patient information was sent with the patient in order that the receiving service was fully aware of patient history, medication and support needs.

Torrance House did not maintain a waiting list as the children were long term patients and the unit was described as 'their home'. When children became 18 years old, arrangements were put in place to transfer to an appropriate adult unit.

Requires Improvement

People with long term conditions

Are People with long term conditions caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed kind caring interactions between patients and staff. For example, we saw staff provide care in a sensitive manner, despite the challenging behaviour of the patient.

All patients had a named nurse and therapy key worker who oversaw their care and knew the patient well. At the interdisciplinary meeting staff appeared proud when discussing the achievements of patients.

Staff followed policy to keep patient care and treatment confidential. We witnessed staff move to a private area to discuss toileting needs of a patient.

Staff called patients by their first name and could give us specific examples of a patients likes and dislikes for example, what football team they supported.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. We heard an example of a patient who suffered from anxiety and how that affected their ability to get involved in certain activities. Together the interdisciplinary team discussed ways that they could support that patient to ensure they could continue with the planned activity.

Staff appeared to genuinely care about the patients and treated them well and with kindness. A relative told us that their family member had been to the salon twice to have hair and makeup done by staff. During the COVID-19 pandemic, staff took children and young people around the service grounds to pick leaves, sticks and twigs to create a display on Torrance House unit.

Despite the complex needs of patients using the service, the atmosphere was calm and relaxed. We saw interactions where staff saw that patients were becoming distressed, particularly with visitors on the ward. Staff immediately attended to their patients in a kind and gentle manner.

Relatives told us staff treated their family members well and with kindness. The service received eight compliments over the previous 12 months from relatives which included common themes such as showing compassion and care.

Emotional support

Requires Improvement

People with long term conditions

Staff mostly provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff generally gave patients and those close to them help, emotional support and advice when they needed it. A relative told us that the respect shown by staff towards his family member had reduced their challenging behaviour. Patients received input from the psychologist who could give advice and support should a patient become distressed or anxious. Guidance was given to staff about how they should respond and what interventions they could use. Some relatives told us they were offered emotional support when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Relatives told us staff were supportive during visits and recognised their needs.

Staff told us that they had kept patient's families/carers updated via virtual calls when visiting was paused due to COVID-19 restrictions. We saw evidence of this in-patient records.

Understanding and involvement of patients and those close to them

Staff generally supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We heard staff discussing concerns with a family member by phone in a calm and informative manner. Most relatives we spoke to said they received regular updates from the nurses and therapists about their family members care and treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw a poster, dated August 2021, inviting patients and their families/carers to attend a listening event to give feedback on their experience of care.

Families were invited to case conference meetings and asked to provide feedback about care, treatment and goals prior to the meeting. We saw evidence of minutes of case conferences and reports in the records we checked and found that families were involved in the process.

We spoke to a social worker who told us that staff went out of their way to care for patients and that staff always introduced themselves. They told us they felt able to raise concerns and that they were always addressed. The social worker confirmed that they were involved and aware of patient's care plans; they were always kept up to date. We were told that staff were always sensitive to patient needs.

Staff mostly made sure patients and those close to them understood their care and treatment. We saw evidence in a patient's records that their family member had been able to view an occupational therapy session virtually. Relatives told us they attended the interdisciplinary meetings virtually and felt included. However, one relative told us they did not always understand why certain decisions were made regarding treatment and if they questioned it, they did not feel listened to or important.

Feedback was mixed from relatives. Some relatives told us that staff responded to questions well and dealt with issues quickly. However, other relatives we spoke with told us staff communication was poor and they did not feel as involved partners in their relative's care.

Requires Improvement

People with long term conditions

Are People with long term conditions responsive?

Requires Improvement

Our rating of responsive went down. We rated it as requires improvement.

Service planning and delivery to meet the needs of the local people

The service did not always plan and provide care in a way that met the needs of local people and the communities served. However, it worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. They worked with clinical commissioning groups however the service did not always meet the rehabilitation needs of the local and wider population.

Facilities and premises were appropriate for the services being delivered. Patients at the upper Walmersley unit had single rooms which provided them with the privacy required. There was access to communal lounges and outside areas for patients and family members to use.

Torrance House had access to a communal lounge area which had sensory lights, a television with movies, games and a radio. There was a family room off the unit where patients could meet visitors. Patients had access to outside space with a garden area.

Staff could access consultant cover for emergency mental health support 24 hours a day, seven days a week for patients who needed emergency mental health support. The service had access to a part-time psychologist and full-time psychology assistant.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff had specialist knowledge of the patient group they cared for and there were staff with expert knowledge of tracheostomy care.

The provider liaised with NHS continuing healthcare and individual healthcare funding teams to ensure that the correct level of care and length of stay could be agreed.

The service had systems to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services. Families were regularly asked to provide feedback about care and treatment which was discussed at case conference meetings on a three-month basis.

Managers told us they organised satisfaction surveys, focus groups and patient involvement. Recent outcomes of such meetings included a new summer house and a salon for patients to have their hair and makeup done.

Meeting people's individual needs

The service coordinated care with other providers and took account of patients' individual needs and preferences. However, staff did not always make reasonable adjustments to help patients access services.

Requires Improvement

People with long term conditions

The service took account of patients' individual needs and staff had considered ways to communicate with patients who did not communicate verbally. For example, the occupational therapist used an electronic device which recognised where a patient looked, which meant patients could communicate using their eyes.

Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss.

The service accessed local translation services to assist patients and families for whom English was not their first language.

Assessments on admission included family history, leisure hobbies/interests and religious or spiritual beliefs. We heard staff discuss the discharge preferences of a patient which were based on their religious needs.

The communal dining room gave patients the opportunity for social interaction and stimulation. There was a selection of games and patients could watch television or listen to the radio. The room was clean and spacious and was decorated to feel welcoming.

Kitchen staff were aware of patients' individual requirements and patients could request individualised meals according to their preferences.

All bedrooms at Torrance House were personalised according to patients like and dislikes. The service arranged assessments for individually moulded chairs for patients. Staff supported children and young people living with complex health care needs by using 'my care profile' booklets. Each patient had their own 'my care profile' booklet which included information such as medical history, allergies and contact details for doctors involved in their care.

However, staff did not always make reasonable adjustments to help patients access services. A relative told us they asked for family virtual calls to be staffed but this was not acted on. They told us it resulted in virtual calls that were upsetting and cut short. Staff also told us that music therapy virtual calls had been negatively impacted by staff not facilitating.

Relatives told us that their family member had not accessed community based social activities for at least a year as a result of the pandemic. They felt that not being able to leave the unit in such a long time impacted on their well-being. Staff told us that staff shortage of a weekend had meant there had not been social activities taking place as usual. We saw an activity plan on the wall which was blank and had no planned activities displayed. After our inspection, we asked for evidence of social activities which had taken place. Senior managers sent us examples such as themed menus, a film night, and a comedy DVD session. We did not see evidence that patients had taken part in these activities.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously and investigated them but did not always share lessons learned with all staff.

The service had a complaints policy which outlined the various stages of the complaints process.

The service clearly displayed information about how to raise a concern in patient areas. Patients, relatives and carers knew how to complain or raise concerns. Over the previous 12 months the service received six complaints.

Requires Improvement

People with long term conditions

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

The service was a member of the Independent Sector Complaints Adjudication Service (ISCAS), complainants could use this process if they were not satisfied with the internal process or outcome.

Staff could give examples of how they used patient feedback to improve daily practice. For example, body mapping had improved since learning from a complaint about bruising.

Managers investigated complaints and identified themes. We observed a complaints database for the previous 12 months which showed any emerging trends. We reviewed five complaints and found they had been acknowledged and responded to in a timely manner and as per policy. We saw evidence of duty of candour. This is a legal duty on healthcare providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. We found that all five complaints had been investigated with explanation of actions taken.

However, learning was not always used to improve the service. Managers did not always share feedback or lessons learned from complaints with staff. We looked at learning lessons committee minutes for January 2022. The hospital director told us that feedback from concerns and complaints was shared with staff via these minutes. However, the minutes had a brief description of one complaint and one concern from December 2021 in a spreadsheet but no detailed feedback or lessons learned was documented.

Some relatives we spoke with told us that when they raised informal complaints and concerns with staff that they did not always receive feedback and necessary changes were not made in a timely manner and issues reoccurred.

Are People with long term conditions well-led?

Requires Improvement

Our rating of well-led stayed the same. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. Managers demonstrated systems and processes that gave some assurance and oversight of the service in terms of risk, quality, safety, and performance. However, they had not always acted to address challenges in a timely manner.

Managers at the service had the right skills and abilities to run the service. The management team consisted of a hospital director, medical director, a director of clinical services and a regional support services manager. The service was led by the hospital director who had been the registered manager with Care Quality Commission since 2004.

Managers had been aware of workforce shortages since June 2021 which had impacted on rehabilitation opportunities for patients. The hospital director told us that they had attempted to recruit locum/agency therapists.

The director of clinical services had overall responsibility for nursing staff, healthcare assistants and the head of therapy. The head of therapy was responsible for the registered therapists and generic therapy assistants. The support manager was responsible for maintenance, catering and housekeeping staff.

Requires Improvement

People with long term conditions

Managers could demonstrate adequate systems and processes that assured us they had full oversight of the service in terms of risk, quality, safety, and performance.

The service supported staff to develop their skills and take on more senior roles. Staff gave examples of how they had been encouraged to apply for different roles within the service and had secured roles with more responsibility. Staff could explain the leadership structure within the service.

Not all staff spoke positively about the leadership. Staff at Torrance House described the senior management as approachable, visible and provided them with good support. However, staff at the upper Walmersley unit told us that the senior management team were not always visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders understood and knew how to apply them and monitor progress. However, not all staff knew what the vision, corporate values and strategic goals were.

The service had a clear vision and purpose which included providing services that were safe, effective and high quality. The five corporate values included striving for excellence, being positive and putting people first. We were told these were developed in discussion with staff across the provider and were discussed at induction and appraisals.

The service had its own ward-based values. Staff at the upper Walmersley unit had designed their own philosophy with a values tree which was visible on the ward. Staff we spoke with had been involved in choosing the values and knew what they were.

Managers were in the process of developing a philosophy for Torrance House. We were told that the philosophy would be child focused and would be displayed on unit once completed. This was due to be completed by February 2022

The hospital director told us the strategy for the service was reviewed annually and documented within the business plan. This had four key priorities; people, quality and safety, business development and profitability. We observed the business plan had a strategy with actions for each of the four priorities. For example, to deliver the site engagement strategy for 2022 and to work with the central team to recruit the vacant therapy and healthcare assistant posts. It also documented relevant risks and actions taken.

However, not all staff could recall the vision or the strategy for the service. They did not understand how their role contributed to achieving the strategy. Although the values were embedded into the staff appraisal system, no staff we spoke with were able to identify any of the corporate values or behaviours.

Culture

The service did not have an open culture where all staff felt they could raise concerns without fear. Not all staff felt respected, supported and valued. However, patients and their families felt they could raise concerns without fear. Staff were focused on the needs of patients receiving care. The service provided opportunities for career development.

Requires Improvement

People with long term conditions

Not all staff at the upper Walmersley unit felt supported or listened to if they raised concerns. Staff had bypassed the internal whistleblowing procedure and reported their concerns directly to the Care Quality Commission. A common theme of concerns were insufficient staffing numbers to meet personal care and therapy needs. Staff told us they did not have the confidence that their concerns would be addressed effectively internally.

Most staff we spoke with told us they felt the level of nursing care was good, but that patients were not receiving enough clinical therapy hours due to staff shortages and juggling other priorities. Some staff told us they were discouraged by management to be open with relatives about low staffing numbers if families complained about patient's rehabilitation timetables not running as planned.

Staff told us they felt exhausted due to staffing shortages and were frustrated they could not provide the level of care they wanted to. Some staff we spoke with were tearful during our interviews with them when discussing the pressure they were under. Therapy staff described feeling less valued and important than nursing staff and that more focus was put on nursing needs than therapy needs. Most staff spoke of morale being very low and not feeling like their ideas were valued or taken seriously by senior management.

The most recent staff survey demonstrated 67% of staff said that the reason they were considering leaving was that they did not feel appreciated or valued. We could not tell from the data how many staff had responded to the survey or how many staff had expressed an intention to leave the organisation. In response to the survey results the service had taken action to try and improve staff well-being and monitor staff morale.

However, relatives told us that they felt comfortable raising concerns and gave examples of situations when they had raised an issue and had it dealt with effectively.

Staff from the provider's regional team visited the site. They had carried out a review of the culture and found no concerns.

Staff at Torrance House spoke positively about the management team. They felt that leaders were supportive, approachable and respectful.

Staff told us that their high level of training and competencies had given them opportunities for career development.

We saw from the human resources files that black, Asian and minority ethnic COVID -19 risk assessments had been undertaken.

Boards on the ward gave staff health and wellbeing advice, a bullying and harassment helpline number, details of the whistleblowing policy and the Freedom to Speak up contact. We saw that staff forums were held regularly with senior management which included equality and diversity, employee of the month and well-being sessions.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a clear governance reporting structure and staff were aware of their responsibilities.

Requires Improvement

People with long term conditions

There were regular meetings held through which governance issues were addressed. The meetings included Medical Advisory Committee (MAC). The hospital director told us they met bi-annually and included agenda items such as practising privileges, recruitment and peer support amongst doctors. The MAC policy was developed within the organisations larger sites and primarily around flow of information, so doctors had visibility of changes happening at site.

Operational meetings were held bimonthly and clinical governance meetings were held monthly with each having set agendas. We reviewed meeting minutes and saw that audits, clinical effectiveness, complaints, incidents, risk and performance were discussed. Senior management meetings were held monthly, agenda items included quality and safety, people, profitability and business development.

The service held monthly learning lessons meetings which were chaired by senior management. Incidents were reviewed and lessons learnt from these meetings were escalated to the governance meetings and circulated out to the site. The hospital director told us information on lessons learned were saved in a central folder online which staff could access.

The service had policies and procedures for staff to follow. These were available electronically and we observed paper versions on the wards, which meant all staff had access to guidance when required. We reviewed a selection of policies and procedures and observed these were in date and reflected current guidance.

Management of risk, issues and performance

Management of risk and action to reduce or eliminate risk was not always effective or carried out in a timely manner. However, the service had systems for identifying risks and leaders used systems to manage performance.

There was a risk register which highlighted seven risks across the units. This was updated and reviewed monthly in clinical governance meetings.

Risks recorded on the register did not always provide assurances and risk reduction strategies were not always effective or timely. We observed that vacancies for therapy staff had been raised on the risk register in May 2021. It was rated as having a high impact and categorised red (significant risk). Staff we spoke with told us when a job advert for therapy staff had expired no action was immediately taken. They told us they had to raise it with managers to get the vacancy re advertised.

The existing controls for the staffing risk were that 'adverts remain out' and current mitigation controls were to 'review and adapt the posts including salary changes and then re-advertise'. The risk rating after these controls was rated as having a medium impact and categorised green (low risk). However, the service did not mitigate risk by using locum or agency staff at any time. The hospital director told us that there was a lack of adequately skilled and experienced locum or agency staff available.

Minutes from clinical governance meetings showed that vacancies for therapy staff including a part time speech and language therapist, had been out to advert since June 2021. The speech and language therapist role had recently been filled and in the early stages of recruitment.

Requires Improvement

People with long term conditions

The hospital director told us that allied health professional locums had been unavailable for all roles and recruitment generally had been challenging due to specialism, national shortages and salary not being in line with the NHS. The site business plan 2022 outlined that managers would work with the central team to recruit the vacant therapy staff and healthcare assistant posts.

Clinical audits were undertaken monthly to assess staff competency and compliance.

The service had a major incident contingency plan and a site improvement plan.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Patient records were in paper format and easily accessible for all staff. The provider was moving to electronic patient records and all departments were in the process of transferring information to the new system.

There were clear service information and performance measures reported and monitored by managers including risk, incidents, deaths and complaints.

The service collected safety performance data, and this was discussed in the minutes of the meetings we looked at.

Systems and processes ensured data and notifications were submitted to external bodies. For example, statutory notifications about serious injuries were made to Care Quality Commission.

Staff had access to up-to-date accurate information on patients' care and treatment. Staff were aware of how to use and store confidential information. Records for patients were always kept secure.

Data protection and confidentiality training was mandatory for all staff. Data indicated for January 2022, an overall compliance rate of 97%. Cyber security training was also mandatory, and compliance was 92%. We did not have compliance figures for specific staff roles.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. However, stakeholders did not always feel assured their concerns were addressed.

Staff had an opportunity to raise any issues or ideas at the 'your say forum' via elected representatives from each area. A weekly bulletin with key messages from governance and operational meetings was emailed out to all staff at site. In addition, staff had access to a company-wide newsletter that was issued weekly in a web-based format.

Patients were not always able to participate in engagement processes due to their health condition. However, the service continued to engage with and seek feedback through the monthly 'voices for choices' meeting for patients.

Requires Improvement

People with long term conditions

Senior managers were knowledgeable about the staff, the patients and their families. They completed quality walk rounds on the wards throughout the day and night and routinely sought feedback from staff, patients and their relatives or carers.

The service had an engagement strategy for 2022 which had actions involving the values of the service, monthly listening groups and celebrating staff achievements.

However, one stakeholder we spoke with told us that when they raised concerns about a patient's treatment goals with leaders and staff, they felt patronised and did not find them responsive. They were not confident that they were being listened to. Following our inspection, we asked for evidence of collaboration with stakeholders such as clinical commissioning groups. We saw that commissioners had joined in virtual meetings during the pandemic. Stakeholders told us they had not carried out face to face quality visits during periods where restrictions were lifted. There were limited mechanisms for learning from commissioner feedback and visits.

Results from the annual staff survey taken in November 2021 were not available at the time of inspection. The annual staff engagement survey from 2020 showed a decrease in the overall engagement score from 81% (January 2018) to 62%.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Clinical governance meetings had continuous improvement as an agenda item and shared the site improvement plan with staff. This included actions in relation to improving staff vacancies, training compliance, staff engagement, supervision and facilities.

Learning lessons meetings were regularly held to discuss trends and analysis of incidents and lessons learnt from these. Written reflections were also undertaken by staff as part of the learning process.

We saw minutes from a recent clinical governance meeting which showed management encouraging reflective practice to be extended from clinical situations and adopted by non-clinical departments.

The hospital director told us the service aims to have annual clinical initiatives.

At Torrance House staff had recently introduced the Manchester children's early warning system for the patients.

The service had remained accredited with the Independent Neurorehabilitation Providers Alliance (INPA).

An area of improvement from the previous inspection was that the provider should consider including sepsis awareness training for staff. All staff we spoke with during this inspection told us they had completed sepsis awareness training and could describe sepsis symptoms and actions they would take.

However, staff told us the internet connection on Torrance House was unreliable and they found it frustrating as it affected access to learning resources on electronic devices.

Long stay or rehabilitation mental health wards for working age adults

Good

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

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

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean care environments

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

There were communal spaces, activity space, and kitchen and dining areas where patients could make drinks and snacks. There was a quiet room and a family room where patients could meet their visitors. The furniture was in good condition and looked comfortable.

All patients had their own bedrooms and their own key. There were nurse call alarms in each room. Some bedrooms were en-suite but others shared a separate shower room and a bathroom. All the rooms were clean and tidy.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. They knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

The ward layout enabled clear lines of sight to most areas. Staff mitigated risks by ensuring staff presence on the ward, and by using care planning and individual risk assessments and observations. They checked the environment at regular intervals. There was an up-to-date environmental risk assessment that rated identified risks and defined how they were mitigated.

Staff had radios that they used to communicate with each other around the ward and to call for assistance if they needed to. Patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Long stay or rehabilitation mental health wards for working age adults

Good

Ward areas were clean, well maintained, well-furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean. A domestic team was on site daily.

Staff followed infection control policy, including handwashing. There were posters around the ward reminding staff of infection control processes.

The provider completed quality walk rounds every week, including the environment. No concerns had been raised.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment. They kept a list of equipment and completed checks every week. Records we reviewed showed that clinic room temperatures and fridge temperatures were monitored and maintained within range.

Safe staffing

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

Nursing staff

The service had enough nursing and support staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. They could adjust staffing levels according to the needs of the patients. The ward used a staffing ladder to calculate the numbers of staffing needed to ensure the ward was safe. Managers reviewed this daily to ensure the staffing skill mix met patients' needs. Additional staff could be brought in when needed; for example, to carry out increased levels of observation.

The ward manager, occupational therapist role and the activity organiser were not included in staffing numbers.

Robinson House had vacancies for one registered nurse and two healthcare assistants, supported by use of bank and agency staff. Recruitment was ongoing, advertised both internally and externally.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Staffing rotas showed that agency staff had worked on the ward before.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Turnover rates were monitored on a site-wide basis and information for the unit could not be determined.

Levels of sickness were monitored on a site-wide basis and information for the unit could not be determined.

Long stay or rehabilitation mental health wards for working age adults

Good

Patients we spoke with confirmed they had regular one-to-one sessions with their named nurse.

No patients had had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. We reviewed handover minutes that showed that relevant information had been shared.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. Managers could call locums when they needed additional medical cover. There was a service level agreement with a local GP out of hours service for physical health issues, and a consultant psychiatrist was on call for mental health concerns.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff completed and kept up-to-date with their mandatory training. Overall, 90% of staff had completed mandatory training.

The mandatory training programme was comprehensive and met the needs of patients and staff. It included basic and immediate life support, the Mental Health Act and the Mental Capacity Act, infection control, food hygiene, reducing restrictive intervention and safeguarding. Safeguarding training included using applications such as facetime and zoom.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly every four weeks and after any incident.

Support needed in a crisis or emergency was included in 'keeping safe' care plans. Care plans also included advance directives regarding how patients preferred to be treated if their condition deteriorated.

Management of patient risk

Long stay or rehabilitation mental health wards for working age adults

Good

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risk was considered individually for each patient with the aim of least restriction, and the ethos was one of positive risk taking.

Staff identified and responded to any changes in risks to, or posed by, patients. They reviewed and updated risk assessments regularly, including after an incident. They also observed interactions on the wards, between patients and staff.

Staff could observe patients in all areas. Mitigation was in place for areas that were not in direct line of sight.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low. Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

Staff implemented the 'safewards' model, an organisational approach developed to improve safety in inpatient wards by reducing conflict, such as aggression, self-harm and absconding, and containment, such as coerced medication, special observations and restraint, events. It focuses on soft words, reassurance, de-escalation, positive words and key aspects concerning positive behavioural support plans, such as which behaviours are rated as red, amber or green, why they might happen, what might help and how to respond.

Staff made minimal use of restrictive interventions. They made every attempt to avoid using restraint by way of de-escalation techniques. They restrained patients only when these failed and when necessary to keep the patient or others safe. Staff understood the Mental Capacity Act definition of restraint and worked within it.

In the 12 months before this inspection, there were no incidents of physical restraint and none in the 12 months before that.

Staff followed NICE guidance when using rapid tranquilisation. In the 12 months before this inspection, there were no incidences of rapid tranquilisation being used.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. They kept up-to-date with their safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They described safeguarding occurrences and the measures they took. Safeguarding was discussed at shift handover meetings and at ward staff meetings. The ward manager was the safeguarding lead. Posters at the entrance identified safeguarding leads.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff discussed safeguarding issues with each patient in their one-to-one meetings and in community meetings on the ward.

Staff access to essential information

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

Patient notes were comprehensive and all staff could access them easily. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Records stored on the electronic system were password protected.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Paper records were stored in the manager's office.

Medicines management

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

The provider had a contract with a national pharmacist to provide pharmacy services. The pharmacy service also provided training to staff in medicines.

Staff followed systems and processes to prescribe and administer medicines safely. There were policies that staff used for guidance.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. There were information leaflets available for patients.

Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed all medicines and prescribing documents safely. Patients' specific medicines were kept separately from stock medicines. Controlled drugs were stored, administered and destroyed in accordance with regulations.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. All patients had a regular four-weekly review meeting with the multi-disciplinary team.

Staff reviewed the effects of each patient's medicines on their physical health according to

National Institute for Health and Care Excellence (NICE) guidance. They carried out and recorded physical health monitoring in line with national guidance for patients prescribed antipsychotic medicines.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Staff told us what types of incidents they reported, such as incidents involving patients, falls and staffing levels. They reviewed incidents at daily handover meetings and discussed how to address them.

Staff reported serious incidents clearly and in line with the provider's policy.

Managers shared learning with their staff about never events that happened elsewhere.

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

Managers debriefed and supported staff after any serious incident. Patients who had been involved in incidents were also given support, and staff considered the potential impact on the other patients on the ward.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Incidents were also reviewed by the provider's safeguarding committee.

Staff received feedback from investigation of incidents, both internal and external to the service, through weekly updates and communications from the provider, including safety alerts.

Staff met to discuss the feedback and look at improvements to patient care.

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

Long stay or rehabilitation mental health wards for working age adults

Good

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Patients also had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The records we reviewed included all relevant information.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. They regularly reviewed and updated care plans when patients' needs changed. Care plans were personalised, holistic and recovery-orientated. They included setting goals, and there was evidence of partnership working with other organisations and health professionals. The patient's voice was evident in most of the records we reviewed. Some patients were not willing to engage but we saw that staff made efforts to involve them.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service.

They delivered care in line with best practice and national guidance, including medicines, occupational therapies, opportunities to take part in education and work so that patients could develop the skills needed for independent living, and psychological therapies.

Staff identified patients' physical health needs and recorded them in their care plans. They ensured that patients' physical health needs were being addressed and completed regular physical health checks. They encouraged patients to attend GP surgeries for their physical health needs wherever possible.

Staff made sure patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. All patients had a 'keeping healthy' care plan based on their physical health needs.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The service used the Camberwell assessment of need short appraisal schedule to identify patients' needs.They used the Health Of the Nation Outcome Scales to measure progress. Staff also implemented DIALOG, which is a patient reported outcome measure. It supports structured conversations between patients and staff, focusing on patients' views of their quality of life, their care needs and satisfaction with their treatment.

Staff used technology to support patients, by way of an electronic care recording system.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. They monitored information about patients' care and treatment and outcomes, using nationally recognised tools, such as the outcomes star and the health of the nation outcome scales.

Managers used results from audits to make improvements; for example, following care plan audits they emailed individual staff with points to consider.

Skilled staff to deliver care

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

The multidisciplinary team included a psychiatrist and a psychologist, mental health nurses, health care support staff and an activities co-ordinator. They had access to other specialists, such as a dietitian and an occupational therapist.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers supported staff to develop their skills through training and professional development.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. They supported permanent non-medical staff to develop through yearly, constructive appraisals of their work. They also supported them through regular, constructive clinical supervision of their work. These took place every month. Staff also had monthly meetings for peer supervision.

Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work and through regular, constructive clinical supervision of their work. They also had access to peer group supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Standing agenda items included quality and safety.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. They discussed training needs in supervision, and managers made sure staff received any specialist training needed for their role.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers recognised poor performance, could identify the reasons and dealt with these. Managers told us how they would try to address poor performance in supervision before initiating the disciplinary process.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early on in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. All relevant staff were involved in assessing, planning and providing patients' care and treatment, including community care co-ordinators. Patients were included but did not always participate.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

The team had effective working relationships with other teams in the organisation and the provider's services shared good practice.

The team had effective working relationships with external teams and organisations to ensure patients' needs were met, such as care co-ordinators and commissioners.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The provider employed Mental Health Act administrators who provided guidance to staff. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about advocacy and patients who lacked capacity were automatically referred to the service. There was information on the ward and the advocate visited every week. Patients could also telephone if they needed to.

Independent mental health advocacy (IMHA) was provided by a different advocacy organisation, commissioned by the local authority. Patients accessed the IMHA via referral from the provider.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Patients we spoke with said that staff explained their rights to them. Staff described how they ensured patients had understood.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Records we reviewed confirmed this. Staff completed a risk assessment every time patients went out on leave. Section 17 leave was included in care plans as part of discharge planning.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. Support during transition and discharge included section 117 after-care.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff we spoke with understood how to apply the principles.

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

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. The Mental Health Act administrators provided guidance for staff.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. Records we reviewed confirmed these discussions and decisions.

Staff made applications for a Deprivation of Liberty Safeguards (DoLS) order only when necessary and monitored the progress of these applications. There were no patients who were subject to a DoLS authorisation or awaiting a DoLS assessment.

Long stay or rehabilitation mental health wards for working age adults

Good

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

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

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff understood patients' individual needs. They were discreet, respectful, and responsive when they were caring for patients. They gave patients help, emotional support and advice when they needed it, and supported patients to understand and manage their own care treatment or condition. Patients had opportunities to raise their concerns; for example, one-to-one meetings with their named nurse, community meetings, advocacy provision on the ward and the complaints process.

Staff directed patients to other services and supported them to access those services if they needed help. Patients had access to a regular advocacy service. They were all registered with a local GP. Staff supported them to visit their GP if they needed to. They also encouraged patients to use other health services in the community.

Patients said staff treated them well and behaved kindly. They thought there were enough staff to meet their needs and they said that staff were respectful and polite.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care

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

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. One patient told us how he had been welcomed when he was admitted to the ward.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff involved patients and gave them access to their care planning and risk assessments. The patients we spoke with said they felt involved in their care. They had been offered copies of their care plans but only one told us they kept a copy.

Staff made sure patients understood their care and treatment. The care plans we looked at were mainly written from the patient's perspective and their involvement was clear. Staff had documented when patients did not want to engage.

Staff involved patients in decisions about the service, when appropriate. The ward held monthly community meetings called 'Your Voice', where patients could discuss the ward's plans and issues such as safeguarding. Meeting agendas and minutes were displayed on the ward.

Patients could give feedback on the service and their treatment and staff supported them to do this. There were opportunities for patients to voice their concerns, at monthly community meetings, via the advocate, at multidisciplinary meetings, in discussions with their named nurse and at their monthly rights sessions. There was a complaints and comments box on the ward.

Staff supported patients to make decisions about their care.

Staff made sure patients could access advocacy services. Patients had weekly access to an independent advocate who visited the ward, or by telephone contact.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Where appropriate, they were invited to contribute to planning their relative's care. Staff facilitated visits and use of applications such as facetime and zoom to keep in contact with their relatives. A member of staff acted in a family liaison role.

Staff also helped families to give feedback on the service. Families were provided with a welcome pack that included how they could give feedback, and there was a suggestions box on the ward that they could use.

Staff gave carers information on how to find the carer's assessment.

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

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

The service had no out-of-area placements at the time we inspected.

Managers and staff worked to make sure they did not discharge patients before they were ready.

Moving on happened gradually so that patients had time to adjust before they were discharged. When patients went on leave, their bed was always available when they returned.

Patients were moved to other services only when there were clear clinical reasons or it was in the best interest of the patient.

Discharge and transfers of care

Managers monitored the number of delayed discharges. The service had no delayed discharges in the past year.

Staff carefully planned patients' discharge and supported them when they were referred or transferred between services, by working with individual patients, external professionals such as their care co-odinators and future care providers to develop their plans for discharge. They also supported them with their social needs and education and work opportunities. Plans for transition and discharge included section 117 after-care.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. Patients all had keys to their bedrooms. They had lockable cupboards where they could store their personal possessions, and patients who progressed to self medication were provided with a safe to keep their medicine in.

Staff used a full range of rooms and equipment to support treatment and care. There were quiet areas and there was a room where patients could meet their visitors in private.

Patients could make phone calls in private. Some patients had their own mobile telephones.

The service had an outside space with a seating area that patients could access easily.

Patients could make their own hot drinks and snacks and were not dependent on staff. There was a kitchen that patients could use whenever they wanted to.

The service offered a variety of good quality food.

Patients' engagement with the wider community

Long stay or rehabilitation mental health wards for working age adults

Good

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. They made sure patients had access to opportunities for education and work, and supported them to participate. The ward had developed good links with local groups and charitable organisations, businesses and colleges.

Staff helped patients to stay in contact with their families and carers. 'Keeping connected' care plans supported patients in building links with the community, their family and friends and potential work and training opportunities.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Staff understood that some patients needed more support to express themselves.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. The service had information leaflets available in languages spoken by patients and local community. If needed, information was available in different formats. Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support. There was a multi-faith area for patients to use. Some attended a church, and leaders of various religions visited.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. One person told us that they had been satisfied with the way in which their concern had been dealt with.

The service clearly displayed information about how to raise a concern in patient areas.

Managers and staff understood the policy on complaints. They knew how to acknowledge complaints and how to handle them. Managers investigated complaints and identified themes. Patients received feedback from managers after the investigation into their complaint. Records we reviewed confirmed that issues raised had been investigated and responded to appropriately.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

The service used compliments to learn, celebrate success and improve the quality of care.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from concerns was discussed at staff meetings and at community meetings with patients.

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

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

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

Managers knew the issues for the service and prioritised them. They were committed to developing and enhancing the service.

Staff had opportunities to develop their skills, knowledge and experience, including completing professional qualifications, and they could access leadership training.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

They were committed to delivering a recovery focused service with a background of promoting independence through positive risk taking, and commitment to provide a setting where patients could develop and achieve realistic goals for recovery.

Culture

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

Staff told us they were not aware of any bullying or harassment taking place. They thought managers listened to their ideas and valued them. Staff had a number of opportunities to raise their concerns. They had regular one-to-one meetings with their line manager, team meetings and access to human resource processes.

Staff from the provider's regional team visited the site. They had carried out a review of the culture across the site, which included Robinson House, with positive results.

Governance

Long stay or rehabilitation mental health wards for working age adults

Good

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

Audit processes were robust and identified any issues.

Managers participated in clinical governance meetings for the location.

Management of risk, issues and performance

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

The provider kept a register of risks to the service. This related to the whole site and included Robinson House. Managers used various sources to inform risk, such as collected data and audit information. Risks were prioritised according to severity. The risk register included future risks, such as staffing. The risk register showed that there were controls in place to mitigate each risk relating to Robinson House.

Information management

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

Managers used the information to support activity and to develop and improve the service.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers participated actively in the work of the local transforming care partnership.

The service had links with the community to support patients to develop their skills and education.

A review of the culture included patients' views.

Staff met with patients every month, and there was a box for suggestions on the ward. Patients were involved in ward issues, such as refurbishing the snug and suggestions for menus.

Learning, continuous improvement and innovation

The service used internal and external reviews effectively. Learning was shared and used to make improvements.

Leaders concentrated on continuous learning and improvement. They used information such as the findings of reviews to support improvement. They shared learning from incidents and complaints.

Staff had opportunities to access training and advance their skills, including completing professional qualifications.

Long stay or rehabilitation mental health wards for working age adults

Good

The service was participating in the Royal College of Psychiatrists accreditation for inpatient mental health service scheme, and was awaiting the outcome of its inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service did not ensure they deployed sufficient numbers of allied health professional and nursing support staff to meet people's care and treatment needs.

Regulated activity	Regulation
Treatment of disease, disorder or injury Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not ensure that equipment was maintained and serviced in accordance with manufacturer's guidelines. The service did not always have enough equipment to help staff to care for patients. The service did not ensure that all areas of the unit were clean and well maintained.

Regulated activity	Regulation
Treatment of disease, disorder or injury Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The service did not ensure care and treatment for children and young people was based on national guidance and evidence-based practice. The service did not ensure care and treatment was planned and delivered in a way that enabled all of a person's needs to be met.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not ensure they operated effective systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who use services.