255 Lichfield Road

Quality Report

255 Lichfield Road
Walsall
WS33DT
Tel:01922 694766
Website: http://www.priorygroup.com/location-results/item/255-lichfield-road

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated 255 Lichfield Road as Good because:

- The service routinely completed assessments of the environment to ensure the safety and wellbeing of staff and patients.
- Risk assessments and care plans were detailed, reviewed frequently and identified patients strengths and goals. Patients and carers were involved in care planning and review meetings and we saw a focus on recovery and discharge planning by the clinical team.
- Local and regional governance structures were in place to ensure that quality of service delivery was monitored by senior managers. The service reported on a range of key performance indicators and there was evidence of shared learning with other hospitals in the organisation.
- Patients had access to a range of staff to meet their physical health, psychological and rehabilitation needs. The service used nationally recognised rating scales and assessments to identify patient need and monitor improvements in patients' wellbeing.
- There were sufficient staff with suitable qualifications and skills to support patients. Sickness levels were low and the registered manager was able to access bank and agency staff where needed.
- Attendance at mandatory training was high and was monitored by the registered manager. All eligible staff had received an annual appraisal and accessed regular supervision and peer support.
- Staff were aware of their responsibility to report incidents and had received training in the safeguarding of children and adults.
- Staff adhered to the Mental Health Act Code of Practice and restrictions placed on patients were based on an individual assessment of risk and need.
- Staff described morale as excellent and reported a culture of mutual support and team working.
  The registered manager was described as accessible, responsive and patient focussed.

Summary of findings

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Good

255 Lichfield Road

Services we looked at
Long stay/rehabilitation mental health wards for working-age adults.

Summary of this inspection

Background to 255 Lichfield Road

Registered manager:

At the time of our inspection, there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have the legal responsibility for meeting the requirements of the law; as does the provider.

Regulated activities that 255 Lichfield Road is registered to provide:

• Treatment of disease, disorder or injury.

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

Details about the service:

255 Lichfield road includes:

Two four -bedded enhanced recovery and rehabilitation units for people who may be sectioned under the Mental Health Act (1983) who require a structured environment with intensive support to progress through their recovery pathway.

Twenty self-contained apartments that enable patients to live independently, whilst having the safety of a therapeutic structure if needed. Each apartment has its own front door, a lounge and kitchenette, bedroom and a bathroom. Patients have access to 24 hour support as required.

A dedicated occupational therapy facility to promote independent living skills.

Therapy and treatment areas, private grounds and a family visiting room.

A communal bistro is available for patients and provides hot and cold snacks and drinks for patients to purchase between 9am - 5pm.

255 Lichfield Road accepts referrals from medium and low secure forensic services, acute wards, out-of-area services, rehabilitation services and the community. To be eligible for referral to the service, patients must be:

• Men or women aged 18 years and over.

• Have a primary mental health diagnosis.

• Informal or detained under the Mental Health Act(1983).

• Severe complex and enduring mental health needs which might include treatment resistant conditions.

• May have challenging behaviour, substance misuse and learning disabilities.

• May be difficult to engage/motivate.

• May have a history of disengagement and non-adherence with traditional services.

Summary of this inspection

Previous inspections of this service:
255 Lichfield Road has been registered with CQC since 16 May 2013.

There has been one inspection carried out at 255 Lichfield Road on 12 and 13 October 2015 (inspection report published 1 March 2016).

The service was rated in 2015 as good for safe, good for effective, good for caring, good for responsive and good for well-led. The service received an overall rating of good and there were no requirement notices or enforcement actions taken by the CQC

Our inspection team

Team leader: Jonathan Petty, CQC inspector for Central West England.

The team that inspected this service comprised one CQC inspector, a specialist advisor nurse and an expert by experience and their support worker. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services. The role involves helping us hear the voices of people who use services during inspections and Mental Health Act visits.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- looked at the quality of the ward environment and observed how staff cared for patients.
- spoke with six patients using the service.
- spoke to the carers of two patients using the service.
- spoke with fifteen staff members including the consultant psychiatrist, nurses, support workers and allied health professionals.
- attended and observed a hand over meeting and three patient groups
- looked at six care and treatment records.
- carried out a specific check of the medication management for all patients.
- reviewed a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

What people who use the service say

Feedback from patients and carers that used the service was excellent. The registered manager and staff were described as effective, patient centred and motivated to help patients in their recovery towards a more independent life.

Carers and families told us that the service involved them in care review and planning meetings, and they felt their views were listened to, valued and respected.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Risk assessments were comprehensive, reviewed regularly and contained detailed plans to help patients in a crisis.
- A range of environmental checks and health and safety assessments were routinely completed to ensure the wellbeing of staff and patients.
- There were sufficient staff of the appropriate skill level and qualifications to ensure patient safety. Staff sickness levels were low and arrangements were in place to respond to unplanned staff absences or vacancies.
- Attendance at statutory and mandatory training was high. Staff received a range of training including immediate life support, safeguarding adults and children.
- There was a culture at the service of ensuring all staff were able to report incidents and understood their responsibility to do so. Learning from incidents and staff debriefs took place routinely and ensured staff could make changes to reduce future risks.

Are services effective?

Good

We rated effective as good because:

- Care plans were detailed, holistic and patient centred. A range of strengths and needs for patients were identified and care planning was completed collaboratively with patients and staff.
- Patients were able to access a range of psychological therapies in line with national guidance, including cognitive behavioural therapy, dialectical behavioural therapy and relapse prevention strategies.
- The service had a commitment to monitoring patients physical healthcare and patients were able to access a nutritional specialist and physical health nurse. Recognised rating scales and specialist clinical assessments were routinely completed in care records.
- All staff were suitably skilled and qualified to carry out their role. Supervision and appraisal rates for staff were high and allied health professionals were able to access peer support and supervision as required.

Summary of this inspection

- A range of meetings routinely took place to ensure that the service operated effectively and communication was shared amongst staff from all disciplines. Audits were completed as part of an annual schedule to ensure the quality and delivery of the service remained high.

Are services caring?

Good

We rated caring as good because:

- Throughout our inspection of this service we observed care that was kind, respectful and promoted patient dignity.
- Patients that we spoke with described the care provided by staff as exceptional. Patients told us that staff were kind, treated them with respect and were always available to provide support if needed.
- Families and carers were routinely involved in the care planning and reviews of patients at the service. All patients were able to have a copy of their care plan to store securely in their bedrooms and were supported to do so by staff.
- Weekly community meetings were held to give patients the opportunity to provide feedback on the quality of the service provided. Patients took part in annual surveys of the service and this was used to drive service improvement.
- Advocacy services were available for patients and had been independently commissioned in line with the 2015 Mental Health Act Code of Practice.

Are services responsive?

Good

We rated responsive as good because:

- The average length of stay between July 2016 and July 2017 was within the two year length of stay guidance for patients receiving care in community rehabilitation settings.
- Discharge planning was evident in all care records reviewed. Patients were aware of their discharge plans, including time scales and future accommodation and vocational goals.
- There were a full range of facilities to support treatment and care. Patients had a choice of food to meet their dietary requirements or religious or ethnic groups.
- Information was available throughout the service for patients on the provider's complaints process and policy. Staff responded promptly to complaints and duty of candour was evident where required.
- The service had received eight compliments in the year prior to our inspection. Themes included patient centred care, recovery focussed treatment and staff attitude

Summary of this inspection

Are services well-led?

Good

We rated well led as good because:

- The service had established a philosophy and values and staff were able to describe how this was incorporated into their approach to providing care.
- Effective governance structures were in place at a local and regional level. The registered manager was able to measure the performance of the service using key indicators and develop plans to improve practice.
- Morale at the service was excellent. Staff described a culture of strong leadership from the registered manager and a senior management team that valued staff of all grades and disciplines.
- There were opportunities for leadership and staff were supported to undertake further training and qualifications. Staff reported that they were able to access variety of team meetings and provide input to the service development.
- The service had undertaken a staff engagement survey in 2017 and had achieved a score of 83%, rated as very good in comparison to sister hospitals run by the same provider.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- At the time of our inspection, all staff had received training in the updated 2015 Mental Health Act Code of Practice. A Mental Health Act administrator was employed on a full time basis at the service and provided oversight and support to staff in ensuring that Mental Health Act paperwork was completed correctly.
- Meetings were held monthly for learning and new practice to be shared amongst the Mental Health Act administrators working in the provider's regional hospitals. We found evidence in all care and treatment records reviewed that patients had their rights under section 132 of Mental Health Act explained to them on admission and routinely thereafter.
- All medication was given under a lawful authority. Consent to treatment was obtained from patients in line with Mental Health Act requirements and was documented on accompanying prescription charts, which were complete and in date. Patients were able to access independent mental health advocacy services and these had been commissioned by the local authority in accordance with the 2015 Mental Heath Act Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

Good practice in applying the Mental Capacity Act:

- At the time of our inspection all staff had received training in the Mental Capacity Act and were able to explain what the guiding principles of the Mental Capacity Act were and how they used these principles in their clinical work.
- Capacity assessments had been completed where required, which were decision specific and contained the two stage diagnostic and functional capacity assessment. All capacity assessments and T3 forms were correctly completed and in date.
- There were no Deprivation of Liberty Safeguards applications made by the service in the six months prior to our inspection.

Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment:

- The service completed regular assessments of the environment to ensure the safety of staff and patients, with the most recent blind spot audit completed in February 2017. Staff could identify blind spots in the environment and used increased staffing and risk assessments to manage this.
- The manager had completed a ligature risk assessment in May 2017 and an external ligature risk assessment in February 2017. These were reviewed annually. A ligature risk is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Bedrooms and en suite bathrooms in the two intensive care flats all had anti ligature fixtures and fittings. All curtain rails in the self contained step down bungalows were also anti ligature.
- Staff reviewed individual risk assessments for patients at least monthly. Staff ensured that ligature risk was mitigated and appropriate risk management strategies were in place, including increased observations and monitoring of patient's wellbeing on a one to one basis. All staff received training in the use of ligature rescue knives and a schedule was in place for annual replacement of the ligature knife blade, last replaced in September 2017.
- A fully equipped clinic room was available and had a range of equipment for the completion of physical health checks with patients. Equipment available on the day of our inspection included a pulse oximeter, weighing scales and a digital blood pressure monitoring machine. A schedule was in place for the annual checking and calibration of health monitoring equipment and we found this to be completed and in date.
- Accessible resuscitation equipment was available for all staff to use and was stored within the clinic room. Equipment available included a manual resuscitator, a defibrillator and emergency oxygen. The equipment was checked on a daily basis and records of this were kept within the clinic room.
- The service was compliant with national guidance for same sex accommodation. Male and female patients lived independently in self contained bungalows with en suite toileting and bathroom facilities. Two extra care flats were available for patients with increased support needs, and provided accommodation for either four male or four female patients.
- All areas at the service were clean, well maintained and had adequate furnishings in place for patient comfort. During our inspection we reviewed housekeeping schedules and cleaning audits and found them complete and in date. A monthly mattress audit had been completed by housekeeping staff and all duvet covers in patient accommodation were checked on a three monthly basis and replaced if necessary.
- A bistro was in place at the service and provided hot meals and snacks for patients. 255 Lichfield Road was awarded a food hygiene rating of 5 (Very Good) by Walsall Metropolitan Borough Council on 28 February 2017.
- Staff had completed a range of environmental checks to ensure the safety of patients, including an annual fire

risk assessment with accompanying fire emergency evacuation plan. Monthly checks of fire appliances, including fire extinguishers and fire blankets were complete and in date for the six months prior to our inspection. Staff had received training as fire marshals and a register was maintained identifying designated staff and the date of their most recent training.

- The registered manager, ward manager and maintenance staff attended monthly health and safety meetings to review fire drills, risk assessments safety audits and fire alarm testing. All actions required were given identified timescales for completion and were rated either red, amber or green depending on if actions had been taken to ensure compliance with the provider's health and safety policies.
- The registered manager had completed a risk assessment in August 2017 identifying the requisite number of staff to be trained in first aid to ensure patient safety. A log of all staff trained as designated first aiders was available and provided details of the locations of first aid kits and eye wash kits for use in emergencies.
- Maintenance staff at the service ensured that portable appliance testing for electrical items was carried out annually for permanent equipment and before use for equipment brought into the service by patients or their families. Logs were kept of all tests which were complete and up to date.
- All staff had access to personal alarms and were able to explain how these were used and the process for staff response if an alarm was raised. Communal areas and patients' bedrooms had nurse call systems in place for support if patients required assistance.
- The service had a major incident contingency plan in place to ensure patient safety in the event of a major incident, including discovery of a fire, explosive devices, suspicious packages or a serious outbreak of infection or pandemic. A major incident policy was also available to provide guidance to staff in the event of an emergency and had last been updated in August 2017.
- A passenger service lift was in place at the service and was inspected annually and maintenance completed where required. We reviewed the service schedule and found that the previous lift service had been completed in April 2017.
- The hospital displayed a copy of its public liability insurance in the communal entrance area and we found this to be in date. The Hospital also displayed its ratings achieved from the Care Quality Commission during their previous inspection of the service in September 2015, this was in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A, which states that care providers must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated service and on their website, if applicable.

Safe staffing:

- As of July 2017, there were a total of 42 substantive staff working at the service. Staffing establishment levels for whole time equivalent qualified nurses was 11 and there were three vacancies. Establishment levels for whole time equivalent nursing assistants was 17 and there was one vacancy. Recruitment to vacant posts was under way at the time of our visit to the service.
- Sickness rates for the period July 2016 to July 2017 were low at 4%, and the service reported a total of ten staff who had left during the same period, equivalent to 24% of the full staffing establishment. The manager identified that although the turnover rate was high, this was a result of staff leaving to pursue nurse qualifications or as a result of staff not successfully completing their probation period.
- During the period May 2017 to July 2017, a total of 63 shifts were filled by bank or agency staff to cover staff sickness, absence or vacancies. There were no shifts left unfilled during this time period. Where the service used agency staff, they were block booked to ensure consistency for patients using the service.
- The registered manager for the service had calculated staffing numbers using a provider specific ratio of staff to patient mix. We were given examples of when staffing levels could be increased to ensure patient safety and the registered manager reported she was supported to do this if required.

Long stay/rehabilitation mental health wards for working age adults

Good

- During our inspection we observed that a qualified nurse was present in the communal area of the service at all times. Staff and patients reported there were sufficient staff to ensure that patients had regular one to one time with their named nurse, and escorted leave and activities were rarely cancelled or delayed due to staff shortages.
- Arrangements were in place to ensure adequate medical cover for the service day and night. The consultant psychiatrist worked at the service during core working hours and participated in the on call rota for the service and region every five weeks. Staff that we spoke with reported that out of hours medical cover was effective and could be accessed in an emergency if required.
- Staff had received and were up to date with most areas of mandatory training, including infection control, equality diversity and human rights, information governance and conflict resolution. The average training compliance rate at the service was 90%, with the exception of security training, which was below the CQC standard of 75% at 73%. The registered manager at the service checked the training matrix weekly and staff were emailed to remind them to book any training which was approaching expiry.

Assessing and managing risk to patients and staff:

- There were no recorded incidents of the use of restraint, seclusion or long term segregation in the six months prior to our inspection.
- There were no recorded incidents of the use of rapid tranquilisation in the six months prior to our inspection.
- Staff had completed nationally recognised risk assessment tools in all six records we reviewed. These included the Short Term Assessment of Risk and Treatability and the Historical Clinical Risk management-20 for the assessment of management and violence. All risk assessments had been completed at the point of patients admission to the service and updated regularly, including following incidents. Self risk assessments had been completed by patient's in collaboration with staff and included actions and agreements identified by patient to help them maintain their safety.
- There were no blanket restrictions in place at the service. All patients had access to their personal telephones, and bedrooms and living spaces were not locked during the day and there was access to the outside communal areas when required. Staff reviewed risks on an individual basis as part of multi disciplinary meetings and patient searches were only carried out in response to identified changes in individual patient risk.
- Staff at the service had completed work in collaboration with the Walsall Community Stop Smoking Service and were trained in the delivery of nicotine replacement therapies. This was done in conjunction with the site becoming non-smoking, to ensure that patients were fully supported.
- The provider had policies and procedures in place to guide staff, including the safe and supportive observation and engagement policy and the searching service user and their belongings policy. We found that all policies were in date and had future review dates identified. The patient search policy contained references to the 2015 Mental Health Act Code of Practice and the National Institute for Health and Care Excellence guidance on the short term management of disturbed/violent behaviour in psychiatric inpatient settings and emergency departments.
- Staff and patients could describe the rights of informal patients to leave the service at will. Notices explaining the rights of informal patients were in place at the main exit for the service. We were not informed of any instances where patients had been delayed unduly if wishing to leave, either as an informal patient, or to utilise section 17 leave as part of the Mental Health Act.
- Staff compliance rates of safeguarding training level one for adults and level one for children was 100%. Staff demonstrated a good understanding of how to identify and act on safeguarding concerns and information on safeguarding was available in communal areas including the contact details for local safeguarding teams. Policies were in place for safeguarding children and adults with review dates of 2020, which provided guidance for staff on the recognition of abuse, types of abuse and reporting procedures.
- Staff worked effectively with the service's pharmacist to ensure safe medication management. Stock medication for the service was ordered online by staff and delivered by secure courier. The pharmacist produced a quarterly newsletter for the service identifying medication guidance from the National Institute of Health and Care Excellence. They produced weekly reports on the medication management and any concerns and also

attended the governance meetings. We reviewed all medication charts during our inspection and found them completed clearly and in line with the service's medication management guidelines.

- Staff assessed the physical health needs of patients, including patients at risk of pressure ulcers. Staff routinely completed assessments of patients skin viability using the Waterlow scale. The Waterlow scale gives an estimated risk for the development of a pressure sore in a given patient and was completed on admission to the service for new patients and as required following this.
- Safe procedures were in place for children visiting the service and a visitors policy was in place with a review date of 2020. The policy identified that a designated children's visiting room should be provided where required and that staff must consider the best interests of the child and liaise with appropriate local safeguarding structures if required. A full time social worker was in post at the service and was the designated lead clinician for safeguarding. They liaised with local safeguarding teams, patients' relatives and children's social workers when arranging visits to the service by young people.

Track record on safety:

- The hospital reported five serious incidents in the 12 months prior to our inspection.
- During our inspection of the service, we reviewed the investigations into each of the five reported serious incidents. We found that investigations had been commenced promptly and changes made to the service provision where required, this included a review of physical health assessments to ensure they reflected possible risks of dysphagia and working with community teams to strengthen discharge planning.

Reporting incidents and learning from when things go wrong:

- All staff that we spoke with were aware of their responsibility to report incidents using the service's electronic incident reporting system.
- All incidents were reviewed by the hospital director and signed off with the regional lead for health and safety. All incidents were included in handover documentation and discussed with the team in the daily morning meeting.
- Staff were open and transparent and explained to patients if and when things went wrong. Duty of candour was a standing agenda item at the daily business meeting for the service attended by the registered manager and senior management team. In the event of mistakes being made or care provided falling below the required standard, the hospital director met with the patient and families or carers involved, offered an explanation and apology, and sought to learn from the event.
- The outcomes of internal investigations were shared with staff at the service. We found that the service had a robust approach to meeting and discussing incidents, sharing learning and making changes where required to mitigate against reoccurrences. Staff had attended de briefs led by the senior management team at the service, and support had been offered to staff following incidents where required.

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

Good

Assessment of needs and planning of care:

- All six records contained a comprehensive and timely assessment of the patient's needs. Records included assessment and monitoring of patients' physical health needs. Physical observations were monitored monthly as a baseline and more frequently for those patients with physical health problems, including obesity and diabetes.
- All care records reviewed contained personalised, holistic and recovery based care plans. We found that patients strengths and needs had been identified and documented future rehabilitation goals, including work and educational opportunities.
- All information needed to deliver care was stored securely. Staff could access care planning records, Mental Health Act paperwork and patient assessments using the provider's electronic record keeping system. Contingency plans were in place if the electronic record

system was not available. Paper copies were kept in a business continuity file for all patients and included next of kin details, most recent risk assessment, care plan and Mental Health Act status, including section 17 leave.

Best practice in treatment and care:

- Medication at the service was prescribed in line with guidance from the National Institute for Health and Care Excellence; CG178 Psychosis and Schizophrenia in adults, prevention and management. Care and treatment records contained detailed physical health monitoring for the side effects of medication and psychological therapies were offered in combination with medication regimes.
- A full time psychologist was in post and provided psychological therapies recommended by the National Institute for Health and Care Excellence, including cognitive analytical therapy and cognitive behavioural therapy. The consultant psychiatrist at the service was also trained in cognitive analytical therapy and worked with patients to understand their needs and deliver a consistent clinical approach to their recovery.
- Patients at the service had been supported to attend an eight week cognitive behavioural therapy course provided by the mental health charity, Rethink.The course was titled "Living Life to the Full" and provided patients with a stepping stone to access other peer support groups across the local area.
- Physical healthcare was a standing agenda item at daily morning meetings and a full physical health assessment was undertaken by the designated practice nurse within seven days of admission. The practice nurse was employed at the service with the remit of clinical lead for physical health monitoring and health promotion. A range of nationally recognised tools and rating scales were in place for the monitoring of physical health care, including the National Early Warning Score. The National Early Warning Score is a physiological assessment of needs based on resources produced by the Royal College of Physicians in collaboration with the Royal College of Nursing.
- The Lester positive cardio-metabolic health resource was in use at the service to assess and provide interventions to patients receiving anti-psychotic medication. This was in line with recommendations in the National Institute for Health and Care Excellence guidance CG178 and CG155 and the national quality standard for psychosis and schizophrenia in adults QS180.
- Staff routinely completed assessments of patients' nutrition and hydration needs using the Malnutrition Universal Screening Tool. The Malnutrition Universal Screening Tool is a five-step screening tool used to identify adults who are malnourished, at risk of malnutrition, or obese.
- A nutritional specialist was employed by the provider and attended the service one day per week. The role had been developed following neurological studies focussing on the interaction between medication and dietary intake. The nutritional specialist also worked with patients to complete nutritional intake plans and to look at sleep patterns which were linked with weight loss or gain.
- Staff participated in clinical audits, including medication management, care planning completeness and adherence to nationally recognised treatment regimes for patients diagnosed with schizophrenia. The service had completed a schizophrenia audit of practice in June 2017. This included a review of the rationale for patients being prescribed two or more antipsychotic drugs, patients prescribed medication above recommended dosages and assessed whether information had been provided to patients on the benefits and side effects of their medication.

Skilled staff to deliver care:

- Patients were able to access a range of multi-disciplinary professionals that worked at the service, including mental health nurses, support workers, psychologists, psychiatrists and an occupational therapist.
- All staff were required to attend a five day induction programme when starting employment at the service. Topics covered included safeguarding adults and children, Mental Health Act and Mental Capacity Act training, and guidance on completing clinical notes and undertaking safe and supportive patient observations. All bank staff were required to attend the company induction and agency staff were required to have undertaken the necessary training and provided evidence of this to their employing agency. Agency staff

were also required to complete a unit induction checklist on their first shift, including familiarisation of the fire audit, ligature audit and health and safety procedures.

- Staff were experienced and qualified to undertake their roles. Staff personnel files contained suitable references, pre-employment checks and disclosure and barring service checks.
- Qualified staff were required to maintain current professional registration with regulatory bodies, including the Nursing and Midwifery Council and the Health Care and Professions Council for occupational therapists and psychologists. The human resources department had completed checks of professional registration but this had not been updated in personnel files. We raised this at the time of inspection and the registered manager took immediate steps to rectify the issue.
- All staff eligible to have an appraisal had received one during the 12 months prior to our inspection. A policy was in place for the provision of clinical and managerial supervision for staff working at the service, supervision was provided by senior staff and the registered manager and the attendance rate during the period July 2016 to July 2017 was 92%.
- Allied health professionals were able to access profession specific clinical supervision and peer support groups. Team meetings took place monthly and staff said they were accessible and effective.
- Staff at the service had developed and delivered the personality disorder training for the region which was presented to new staff during regional induction. The training was reviewed following each session and the collation of feedback and amended where necessary to meet the needs of staff.

Multidisciplinary and interagency team work:

- The service had established a daily business meeting attended by the senior leadership team. We attended this meeting as part of our inspection activity. A review of all changes in observation levels for patients was completed and staff were allocated to ensure patients' planned activities took place. Staff reviewed incidents, clinical checks and audits that had occurred in the previous 24 hours.
- Staffing handovers took place twice daily to discuss changes in patients' wellbeing, increases and decreases in observation levels and risk. Staff described the shift handover process as structured and reported that all clinical information required to ensure patient safety was communicated effectively.
- We found evidence within patient records of a co-ordinated approach to providing care for patients. Staff invited representatives from community teams, including care co-ordinators and social workers, to attend care programme approach meetings and multi disciplinary team meetings. Staff shared minutes from these meetings with teams external to the service, including social services.
- Staff at the service were working on strategies to develop more effective working links with local General Practitioners who provided physical health care to patients, including offering free training on personality disorder or a mental heath topic of their choice. The responsible clinician for the service had also undertaken visits to local general practitioners to raise their awareness of the service, and to develop communication links.
- At the time of our inspection, staff at the service were liaising with the local high school to deliver free workshops to students and staff in December on mental health awareness. This was in response to an increase in verbal abuse to patients from local young people in the community.

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

- At the time of our inspection, all staff had received training in the updated 2015 Mental Health Act Code of Practice. Most staff were able to discuss with the inspection team what the guiding principles of the Mental Health Act were and how this impacted on patient care.
- A Mental Health Act administrator was employed on a full time basis at the service and provided oversight and support to staff in ensuring that Mental Health Act paperwork was completed correctly. We met with the Mental Health Act administrator as part of our inspection process and they described their role as working independently to promote the rights of patients.
- Meetings were held monthly for learning and new practice to be shared amongst the Mental Health Act administrators working in the provider's regional

hospitals. Areas that had been reviewed in previous meetings included national updates on policies and procedures, Mental Health Tribunals and best practice and the role of the approved mental health professional.

- Leave forms were completed by staff and patients following the use of section 17 leave for patients detained subject to the Mental Health Act. Patient views on whether the leave had been successful and met its purpose were recorded and were a mandatory section on the post leave form.
- Staff explained patients' rights to them under section 132 of Mental Health Act on admission and routinely thereafter. Evidence of this had been recorded in care records and included the patient's signature where possible.
- All medication was given under a lawful authority. Consent to treatment was obtained from patients in line with Mental Health Act requirements. Staff documented this on T2 forms which were kept with prescription charts and were complete and in date.
- Patients were able to access independent mental health advocacy services and these had been commissioned by the local authority in accordance with the 2015 Mental Heath Act Code of Practice.

Good practice in applying the Mental Capacity Act:

- At the time of our inspection all staff had received training in the Mental Capacity Act.
- All staff were able to explain the guiding principles of the Mental Capacity Act and how they used these principles in their clinical work.
- The service had a policy in place to provide guidance for staff on the use of the Mental Capacity Act, ratified in 2017 and with a review date of 2020. Staff were aware of the policy and would speak with the Mental Health Act administrator, social worker or consultant psychiatrist if further guidance was required.
- Capacity assessments had been completed where required, were decision specific and contained the two stage diagnostic and functional capacity assessment. We reviewed capacity assessments and T3 forms during our inspection. T3 forms give a service the legal power to administer treatment for patients who lack the capacity to consent and when it is assessed to be in their best interests by a second opinion approved doctor in discussion with the service's multi disciplinary team. All capacity and T3 forms were correctly completed and in date.
- There were no Deprivation of Liberty Safeguards applications made by the service in the six months prior to our inspection.

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

Good

Kindness, dignity, respect and support:

- We observed staff providing care that was respectful and supportive to patients. Staff were aware of individual patients' needs and provided appropriate practical and emotional support, working collaboratively with them to assist in their recovery.
- Patients described the care provided by staff as exceptional. Patients told us that staff were kind, treated them with respect and were always available to provide support if needed. Carers told us that staff put patients' needs first all of the time and were kind, caring and empathetic in their role.
- Staff were able to give detailed descriptions of the varied approaches that were used to meet individual patient's needs. This included an awareness of incidents and situations that may increase an individual patients anxiety levels, as well as strategies to work with agitated patients and keep them safe.

The involvement of people in the care they receive:

- A welcome pack had been developed by staff and patients to provide new patients with information about the therapeutic activities and treatment pathways available. The welcome pack also provided details on the senior leadership team for the hospital, their roles and highlighted weekly activities that patients could engage in.
- Patients were actively involved in their care planning. All care plans were up to date and contained the views, wishes and signatures of patients. All patients that we spoke with confirmed that they had been involved in the care planning process and care plans had been written

Long stay/rehabilitation mental health wards for working age adults

Good

from the perspective of the patient and in the first person. All patients were able to have a copy of their care plan to store securely in their bedrooms and were supported to do so by staff.

- Independent advocacy services were available for patients. Patients were able to describe the process for accessing advocacy services who also visited the service weekly as part of the community meeting.
- Families and carers were able to become involved in the care planning and reviews of patients at the service. Carers attended planned multi disciplinary meetings, care programme approach meetings and were involved in discharge planning.
- Weekly community meetings took place called 'tea and talk' and were attended by patients, staff and the hospital manager. We attended this meeting and found that patients and staff engaged positively, planned activities for the forthcoming week and reflected on the previous week. Staff offered thanks to patients who had gone over and above to contribute to the running of the service. Suggestion boxes for patient comments were available in communal areas and were reviewed by staff weekly and discussed as part of the community meeting.
- A patient satisfaction survey had been completed in June 2017. During the survey, 93% of patients stated that they felt the treatment received and the skills learnt would help them to manage their life following discharge from the hospital.

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

Good

Access and discharge:

- At the time of our inspection, there were 22 patients receiving care and treatment at 255 Lichfield Road. The average bed occupancy during the period July 2016 to July 2017was 75%. The average length of stay in days for patients discharged between July 2016 and July 2017 was 387 days which was within the two year length of stay guidance for patients receiving care in community rehabilitation settings.
- The hospital was able to provide care for patients from the local area and nationwide. Patients' beds remained available when they were absent from the hospital, for example when utilising Section 17 leave.
- A clinical pathway was in place for patients with acute support needs to receive care in the four bedded rehabilitation flats. This involved increased staff support and following a period of stability, patients could then step down to the self contained bungalows. Patients were only moved between the two levels of support if justified on clinical grounds, and always following a multi disciplinary review with input from the patient's support networks.
- Discharge planning was evident in all care records reviewed. Patients and carers had a clear understanding of the remit of the service to provide rehabilitation and for patients to eventually move on to more independence in the community. Patients were aware of their discharge plans, including time scales and planned future accommodation and vocational goals.
- There had been no delayed discharges reported in the six months prior to our inspection of the service.
- Care plans detailed appropriate aftercare services identified for detained patients, including support with identifying housing, employment opportunities and education. Care co-ordinators from community teams were routinely involved in the care reviews and care planning meetings for patients arranged by the clinical team at the service.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of facilities to support treatment and care. The communal area was used as focal point for patients and staff to carry out activities together. There was a 'snug' area that patients could use if they preferred a quieter environment and this was equipped with comfortable furniture.
- A self contained bungalow had been converted into a therapy bungalow and patients could access this with support from staff and the occupational therapist to carry out daily living skills assessments and practice.
- Staff supported patients to use the hospital phone in private and patients were able to use their own phone

when required. Patients had access to well maintained outdoor spaces equipped with benches and worked collaboratively with staff from the service to maintain this area.

- Facilities were available for patients to make hot drinks and snacks at all times. The majority of patients lived in self contained bungalows with their own kitchen facilities. Patients that lived in the enhanced care supported flats had access to communal kitchens.
- A bistro was available for patients to use and provided hot and cold meals and drinks during daytime hours that patients could purchase with their own funds. This was supplementary to meals and refreshments provided by the service.
- Living spaces and bedrooms were personalised and patients gave positive feedback on the therapeutic environment, describing it as calming, homely and welcoming.
- Patients were able to lock their bungalows and had their own keys. Staff had a master key for emergency access but did not use this unless required. Patients told us that staff knocked on their doors and waited for an answer before entering and said they felt treated with dignity and respect.
- Patients could access activities at all times, including weekends. A weekly activity timetable was displayed in the communal area which included arts and crafts, cooking and relaxation groups. We participated in three groups provided by the hospital including a gardening group and a visit by a pet therapist. Feedback from patients was very positive in relation to the quality and variety of activities provided by the hospital.
- The service fostered the homing of animals as a way to build the therapeutic environment and improve the wellbeing of patients. At the time of our inspection the service was home to two cats and four chickens, housed in a purpose built hen coop which had been christened "Cluckingham Palace" and built by patients in collaboration with the service's maintenance department. All staff and patients that we spoke with told us of the positive benefits that caring for the animals had provided and that it contributed to the atmosphere of the service.

Meeting the needs of all people who use the service:

- Adjustments had been made for people requiring disabled access. A lift was in place and we saw evidence of the service schedule being maintained according to manufacturer's recommendations. There was a disabled access bathroom and facilities available and disabled access parking.
- Throughout communal areas there were posters and information leaflets advertising activities, advocacy services and helplines. Information was available for patients on Deprivation of Liberty Safeguards, regional safeguarding leads for the provider and translation services for patients for whom English was not their first language.
- There was a choice of food available for patients to meet the dietary requirements of religious or ethnic groups. Patients were able to shop and prepare meals of their choice with support from care staff in the self contained bungalows and as part of occupational therapy groups.

Listening to and learning from concerns and complaints

- During the period July 2016 to July 2017, there were two complaints received by the service, one of which was upheld.
- A complaints policy was in place and available to staff. Staff were aware of their responsibilities to assist patients in using the complaints process and said they would feel able to do so if required.
- Information was available throughout the service for patients on the provider's complaints process and policy. Information for access to external organisations was also provided, including local advocacy services and the Care Quality Commission.
- During the period July 2017 to July 2017, there were eight compliments received by the service relating to the care provided by staff. Areas of care that were identified as positive were patient focus, successful discharges from the service and resolution of a complaint.

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

Long stay/rehabilitation mental health wards for working age adults

Good

Good

Vision and values:

- The service had a corporate vision which was "to make a real and lasting difference for everyone we support." Staff were aware of the service vision and were able to give examples of how they incorporated this into their approach to providing care.
- Staff were aware of who the senior managers were within the organisation and reported that they had visited the service recently. The registered manager reported effective links with the regional operations director and felt well supported by them. The chief executive had also visited the service in August 2017.

Good governance:

- Governance structures were embedded within the service to measure staff performance. They were used to ensure staff were appropriately trained to carry out their role and could access sufficient managerial and clinical supervision and annual appraisals.
- A clinical governance committee meeting was held monthly by the senior leadership team. The meeting included a review of medicines management, incidents, staffing levels and recruitment, quality monitoring and assurance and patient experience. All actions identified were allocated to a member of the management team and given a red, amber or green rating to identify urgency and completeness.
- A monthly regional operational clinical governance meeting was attended by hospital directors along with regional health and safety and learning and development leads. The meeting reviewed incidents, safeguarding issues, infection prevention and control, restrictive practice and the risk register. Lessons learned from incidents across the region were shared at this meeting and disseminated to staff in team meetings.
- The registered manager was able to use a range of key performance indicators to review the performance of the service, including staff sickness rates, training compliance and incidents. Outcomes of performance indicators were used to drive service improvement by the senior leadership team and we found evidence of this within local governance meeting minutes.
- The registered manager for the service reported that they were well supported by the administrative team at the hospital, including the Mental Health Act administrator. The provider had a risk register in place and the hospital manager reported that they were able to access this and add items if required. Items on the risk register at the time of our inspection included increased risk of fire setting due to unsupervised access to kitchen areas in the self contained bungalows, as well as the site being non-smoking therefore a potential for increased risk of patients smoking in non designated areas.

Leadership, morale and staff engagement:

- The service had completed an employee engagement survey in April 2017 with positive results. The service was awarded an employee engagement score of 83%, and rated as very good when compared to scores achieved by the providers other services. Areas that the service scored particularly high on were, 92% of staff saying they were proud to work there, 95% of staff saying they cared about the future of the service and a further 85% of staff reporting that working at the service made them want to do the best work they could.
- Sickness levels at the service were low at 4% and the manager took sufficient steps to ensure that all shifts were covered by experienced and qualified staff.
- At the time of our inspection, there were no grievance procedures being pursued within the team and there were no allegations of bullying or harassment.
- Staff were aware of the provider's whistleblowing policy and process and said they would feel able to raise concerns using this. We saw posters and information leaflets advising staff on how to raise concerns with details of how to contact senior management.
- Morale amongst staff at the service was excellent. Staff described a culture of mutual support and team working. The registered manager at the service was cited by all staff and patients as being approachable, effective and having a patient focussed leadership approach. We were given examples of the senior leadership team working collaboratively to deliver a high quality service and build therapeutic relationships with patients. This included the consultant psychiatrist running weekly community badminton groups to promote physical health and wellbeing.
- There were opportunities for leadership development for staff. This included a leadership development

programme undertaken by the clinical lead for the service and a level 5 diploma in health and care leadership completed by the hospital's registered manager.

- Staff held weekly 'tea and talk' meetings with patients and discussed any events from the previous week and made plans for the coming week. Staff took the opportunity in these meetings to demonstrate an open and transparent approach to providing care. Decisions that were made were explained to patients and a rationale provided where appropriate.
- Staff were able to attend regular team meetings and have the opportunity to give feedback on the service and input into service development. Staff felt well engaged with the senior management team at the hospital and reported their views were listened to, respected and acted on where possible.

Commitment to quality improvement and innovation:

- The service promoted the involvement of patients in drama therapy initiatives to explore their difficulties and experiences of being an inpatient. Following successful six week courses run at the hospital in collaboration with the international Geese Theatre Company, Geese requested to continue working with the service and offered the opportunity for patients to join their 'participant advisory group' which aims to improve the experience of Geese and how to increase the engagement of people with mental health experiences.

Outstanding practice and areas for improvement

Outstanding practice

- Staff at the service were working on strategies to develop more effective working links with local General Practitioners who provided physical health care to patients, including offering free training on personality disorder or a mental heath topic of their choice.
- The service promoted the involvement of patients in drama therapy initiatives to explore their difficulties and experiences of being an inpatient.
- The service fostered the homing of animals as a way to build the therapeutic environment and improve the wellbeing of patients.

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure that renewal dates for staff professional registration is updated in personnel files where applicable.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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