

# Milestones Hospital







## Quality Report

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

## Ratings

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

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

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

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

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

# Summary of findings

## Overall summary

We rated Milestones Hospital as good because :

- The hospital was safe, visibly clean and well maintained. Each bedroom and the communal areas had nurse call systems and staff carried personal alarms to summon help. The clinic room was fully equipped with accessible resuscitation equipment and medications were stored correctly. The cleaning records were up to date and showed that staff cleaned the hospital regularly.
- The hospital was comfortably furnished and supported the patients' recovery. Patients had a choice of lounge areas and staff encouraged patients to personalise their bedrooms. Food was of good quality with drinks available all day. A separate kitchen area was available where patients could cook their own choice of food under supervision. There was a designated activity centre that offered numerous activities with choices available. Patients and carers gave positive feedback about the hospital.
- The provider managed risks to patients well. It had a detailed policy about enhanced observation. There was a current ligature risk assessment dated 26 August 2015 that assisted staff to mitigate the potential risks from ligature points (fittings to which patients intent on self-injury might tie something to harm themselves). The provider also had environmental risk management plans. Staff made good assessments of risks for individual patients and the high ratio of staff to patients further mitigated any risks.
- The provider met the physical healthcare needs of its patients. Staff ensured that all patients registered with the local GP. Physical health check records were current and ongoing and showed that the care and treatment team regularly assessed patient progress. Records included outcome measures such as the health of the nation outcome scales and the recovery star.
- Managers and clinical staff engaged well with patients under their care. Staff interactions with patients were caring and senior management were approachable and friendly. Patient records contained evidence that patients were actively involved in decisions about their care and treatment. Staff ensured that patients had

access to independent advocacy services and that patients knew how to make a complaint. The hospital had effective systems for managing complaints and concerns.

- The service employed a sufficient number of staff and covered vacancies by using regular bank or agency staff. Patients told us that staff rarely cancelled escorted leave, including taking them to their place of worship in the community. Qualified nurses were available at all times. Hospital staff knew who to contact for medical advice out of hours and in an emergency.
- The hospital managers ensured that staff were supported to provide high quality care. All staff had completed mandatory staff training. Each member of staff had received an annual appraisal. Staff attended weekly team supervision delivered by the psychologist. The provider held regular staff team meetings and there was effective team working and mutual support within the staff group. When needed, the provider offered de-briefing to individual staff by a psychologist.
- The hospital provided an innovative and proactive approach to the care and treatment of this client group. Instead of a traditional locked ward, patients were cared for in a small family like environment. In addition to traditional psychiatric interventions, patients could access a range of complementary therapies on site and in the community.

However:

- There were ligature points the hospital and staff could not easily see patients in some areas of the hospital. The inspection team brought this to the attention of the provider at the time of the inspection.
- Mental Health Act (MHA) paperwork reviewed in patient records was incomplete. We were able to find the missing information in the MHA administrator's office.
- Although physical health checks were seen to be current and ongoing, of the care files reviewed, only one contained evidence that medical staff had completed a physical examination upon admission.

## Summary of findings

- Staff were not clear about patient access to the garden area and patients' views about the level and choice of activities varied.

# Summary of findings

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Good



# Milestones Hospital

**Services we looked at**

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

# Summary of this inspection

## Background to Milestones Hospital

Milestones hospital is a female only, stand alone, independent mental health hospital. The hospital offered psychiatry and psychology services, psychiatric nursing and wellbeing therapies. The hospital aimed to provide a therapeutic environment for women aged between 18 and 65 who have a diagnosis of complex, challenging and severe mental illness. The hospital offered transitional care arrangements for young women approaching the age of 18.

The hospital has 10 inpatient beds. At the time of this inspection, there were eight inpatients, all detained under the terms of the Mental Health Act (MHA) 1983.

Milestones Hospital is regulated with the Care Quality Commission (CQC) for:

- Assessment and medical treatment for persons detained under the MHA 1983.
- Treatment for disease, disorder and injury.

The registered manager is Lisa Vescio. An application for Pauline Kelly for registration as registered manager with CQC is in progress. The controlled drug accountable officer is Lisa Vescio.

Milestones hospital was registered in December 2010. The last CQC inspection carried out was in August 2013. The hospital was compliant with all the regulations inspected at that time.

## Our inspection team

Team leader: Peter Johnson, inspection manager, mental health hospitals.

The team that inspected the service comprised an inspection manager, three CQC inspectors and a Mental Health Act reviewer.

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

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

Before inspecting Milestones hospital, we reviewed information we had about the service. We provided comment boxes for patients, carers and staff to express their opinions confidentially if they wished.

During the inspection visit, the inspection team:

- Looked at the quality of the hospital environment and observed how staff cared for patients
- spoke with five patients who were using the service

# Summary of this inspection

- interviewed the interim manager and managing director
- spoke with 12 other staff members, including both responsible clinicians, nurses and a psychologist
- received feedback about the service from two carers
- reviewed 15 comment cards completed before our inspection
- reviewed in detail five care and treatment records of patients
- carried out a specific check of medication management and the clinic room
- examined a range of policies, procedures and other documents about the running of the service.

## What people who use the service say

Patients told us that they felt safe and cared for at Milestones hospital. They told us that there was a wide range of activities and a choice of staff they could talk to, in addition to their named nurse. Doctors and other senior staff were approachable, and staff overall were kind.

Patients told us that the food was good. They could personalise their bedrooms and commented on how clean and comfortable the hospital was. Patients said they were included in decisions about their care and treatment.

Of the two carers interviewed, both said that Milestones hospital offered a safe and caring environment for their

relatives. Both said that communication between the hospital and themselves was good. One carer said that staff at Milestones hospital had made special efforts to help her relative recover.

However, some patients raised concerns about proposed restrictions on the use of personal mobile phones. We raised these concerns with the provider in feedback at the end of the inspection.

People completed 15 comment cards. Of these, five referred to Milestones hospital being short staffed. This was in contrast to the staffing levels historically recorded and observed on the day of the inspection. Three comment cards said the activities offered should be more meaningful for patients.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated 'safe' as good because:

- All areas were visibly clean, well maintained and comfortably furnished. Cleaning records were up to date. The clinic room was fully equipped with accessible resuscitation equipment and medications were stored correctly.
- There were nurse call systems in each bedroom as well as communal areas. Staff carried personal alarms to summon help in the event of an emergency. The service employed appropriately trained staff and covered vacancies by using regular bank or agency staff. There was a high staff to patient ratio. Qualified nurses were available at all times. Staff knew whom to contact for medical advice out of hours and emergency procedures. Patients told us that nursing staff rarely cancelled escorted leave.
- The provider had a detailed enhanced observation policy. There was a current ligature risk assessment dated 26 August 2015 that assisted staff to mitigate the potential risks from ligature points (fittings to which patients intent on self-injury might tie something to harm themselves). The provider also had environmental risk management plans, current detailed patient risk assessments and a high ratio of staff to patients to further reduce risk to patients.

However:

- Staff could not easily see patients in some areas of the hospital. There were no observation panels in the bedroom doors. The inspection team brought this to the attention of the provider at the time of the inspection.
- There were ligature points (fittings to which patients intent on self-injury might tie something to harm themselves) throughout the hospital.

Good



### Are services effective?

We rated 'effective' as good because:

- Patient records were complete and accurate with evidence of patient involvement in their care and treatment. Risk assessments were up to date. The care and treatment team regularly assessed patient progress.

Good





# Summary of this inspection

- The care and treatment team regularly reviewed patient physical healthcare needs. Physical health check records were current and ongoing. The provider ensured patients registration with the local GP.
- The care and treatment team used recognised outcome measures, including the health of the nation outcome scales and the recovery star.
- Mandatory staff training was robust with 100% uptake by staff.
- Staff attended weekly team supervision delivered by the psychologist.
- The provider held regular staff meetings.
- The provider offered psychology de-briefing to individual staff when needed.

However:

- Mental Health Act (MHA) paperwork we reviewed in patient records was incomplete. We were able to find the missing information in the MHA administrator's office.
- Although physical health checks were seen to be current and ongoing, of the care files reviewed, only one contained evidence that medical staff had completed a physical examination upon admission.

## Are services caring?

We rated 'caring' as good because:

- Staff interactions with patients were caring. Patients and carers gave positive feedback about the hospital. Patients were included in their planning of care and treatment.
- Staff we spoke with were passionate about patient recovery.
- Patients had access to independent advocacy services.

Good



## Are services responsive?

We rated 'responsive' as good because:

- There were a number of rooms that supported recovery, treatment and care, including a clinic room and designated activity centre. There was a choice of lounge areas. Patients were able to personalise their bedrooms. Patients held their own bedroom keys unless the assessed risk was too high.
- Food was of good quality with drinks available all day. Patients could cook their own choice of food under supervision in a separate kitchen.
- Patients had access to numerous indoor and outdoor activities with choices available. Staff escorted patients to their choice of worship in the community.

Good



# Summary of this inspection

- The provider had systems for managing individual complaints and concerns.

However:

- Staff were not clear about patient access to the garden area.
- Patients' views about the level of activities varied. One patient said they did not have access to the amount of therapeutic sessions they had at their last hospital. One patient said they were bored with doing art and crafts. However, another patient told us they liked the recreational activities on offer, which included bowling, cinema visits and walking.

## Are services well-led?

We rated 'well-led' as good because:

- Each member of staff had received an annual appraisal.
- There was effective team working and mutual support within the staff group.
- The provider had an innovative and proactive approach to the care and treatment of this client group.
- Senior management were approachable and friendly.

**Good**



# Detailed findings from this inspection

## Mental Health Act responsibilities

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

- All patients were detained under the terms of the MHA 1983.
- All nursing staff had received MHA training the day before the inspection. Staff understood the Act, the code of practice and the guiding principles.
- Staff completed capacity and consent to treatment requirements and reviewed these regularly. Patients told us their doctor talked to them about their medication and explained the effects and side effects of their medication before they consented to treatment.
- One of the patients had been detained for less than three months and was receiving medication under the three-month rule. The patient notes showed a capacity assessment and a record showing a discussion about the medication plan had taken place.
- Staff explained patients' rights on admission and, where necessary, repeated them every three months.

Information given to patients included their legal status, right of appeal, the roles of CQC and independent mental health advocate. All the patients we spoke with were clear about their legal status and rights.

- Medical staff reviewed patient leave weekly. Standardised leave forms, which included conditions and escort arrangements, were completed and stored in patient records for staff reference.
- Only one of the leave forms we saw indicated that the patient had received a copy.
- There was a MHA administrator based at the hospital to offer support to staff.
- There was a process for receiving and scrutinising detention papers. Full sets of section papers were not always on the current files but they were easily located in the administration office.
- All the documents we looked at were complete and appeared to be in good order. Ministry of Justice authorisations for transfers in to the hospital were on the relevant files.
- Patients had access to advocacy services.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- All nursing staff had received Mental Capacity Act (MCA) training the day before the inspection.
- Staff we spoke with had a good understanding of the MCA. Staff regularly assessed and recorded capacity to consent.
- Consent to treatment and capacity assessments were complete. Staff had attached the relevant documentation to prescription charts.
- Staff encouraged patients to make their own decisions as far as possible.

# 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

- Patients said they felt safe in the hospital.
- Staff could not easily see patients in all areas of the hospital due to the homely nature of the environment. The provider mitigated this risk by the use of regular observations and individual risk assessments. The provider had a detailed enhanced observation policy. There was a current ligature risk assessment dated 26 August 2015 that assisted staff to mitigate the potential risks from ligature points (fittings to which patients intent on self-injury might tie something to harm themselves). The provider also had environmental risk management plans, current detailed patient risk assessments and a high ratio of staff to patients to further mitigate any risk to patients.
- The provider managed the ligature risks by using a high ratio of staff to patients and with increased staffing when necessary. Patients assessed as being 'at risk' were placed on the appropriate enhanced observation level.
- The clinic room was clean and included the required emergency equipment. Staff completed regular equipment checks.
- The hospital was visibly clean and homely. All furnishings were of a good standard.

- Staff carried personal alarms and radios for personal and patient safety. We observed that staff responded appropriately to these when required.

### Safe staffing

- The established level of staffing was two qualified nurses with six support workers during the day and one qualified nurse with three support workers at night. The provider used bank or agency to cover shifts according to levels of risk, patient need and staff sickness or annual leave.
- The provider had no current staff vacancies. New staff had completed pre-employment checks. The provider continued recruitment processes to ensure that staffing levels were maintained.
- All staff had completed mandatory training. This included safeguarding of children and vulnerable adults, equality and diversity and first aid training.
- Patients confirmed that escorted leave and activities were rarely cancelled due to staff shortages.

### Assessing and managing risk to patients and staff

- From May to November 2015, Milestones Hospital recorded 25 incidents of restraint on five different service users. One hundred per cent of staff had received mandatory training in the use of safe physical restraint. Safe holds were only used to restrain patients when absolutely necessary.
- Rapid tranquilisation (RT) and prone restraint had not been used in the last twelve months. The RT flowchart was inaccurate and was immediately removed to be amended by senior staff. The provider did not have a seclusion room. Patient bedrooms or the 'evening lounge' were used to de-escalate any concerns with patients being supported by staff at all times.

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

Good 

- Care records showed that physical healthcare needs were regularly assessed and met. Individual risk assessments were comprehensive, detailed and updated regularly.
- Staff knew what constituted abuse and how to report safeguarding concerns.
- Medications were stored securely. A pharmacist visited monthly to check medications. Records showed daily checking of the fridge temperature and of actions taken when concerns were identified.

## Track record on safety

- Systems were in place to monitor any risks to patient safety. We found examples of changes made in response to previous safety concerns.
- The only serious incident and investigation in the last twelve months was appropriately notified to the Care Quality Commission. This was a suicide and subject to further investigation and a Coroner's report.
- The provider had implemented an action plan following this incident to minimise the likelihood of this happening again.

## Reporting incidents and learning from when things go wrong

- Records showed that staff reported and recorded incidents.
- Incidents were recorded on an electronic recording system and any themes arising were identified for action.
- Staff used team meetings and clinical handovers to share learning. Staff told us that these opportunities were helpful to ensure a consistent approach towards incident management.
- Specific de-brief sessions were offered by the psychologist to staff and patients where required.

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

(for example, treatment is effective)

Good 

- Physical health care planning was current and in place for each patient.
- Care plans reviewed were detailed and thorough and included the patient's views.
- Care and treatment records were in paper format. The provider was part way through a transition to electronic care and treatment documentation.
- The 'recovery star' and 'health of the nation outcome scales' were used to monitor patient progress.

## Best practice in treatment and care

- Patients were registered with the local GP practice and were supported to attend appointments by staff. They had access to opticians, dentists and podiatrists as needed.
- Although there was no occupational therapy input there was a designated recovery nurse who worked with patients to achieve personal goals.
- Therapies on offer included one to one talking therapies, cognitive behavioural therapy, art and music therapy as well as complementary therapies such as reflexology.

## Skilled staff to deliver care

- The staff team comprised eight mental health nurses, two doctors, a clinical psychologist, 14 support workers, one fitness instructor, a chef and housekeeping staff.
- Managers and senior staff were available via an on call rota to provide additional support to staff.
- Staff records showed that continuing professional development was available. Staff told us that they were able to access additional training opportunities, for example nurse training for support staff and leadership courses for nurses.
- Most patients told us that staff were understanding and skilled in supporting their recovery.

## Multi-disciplinary and inter-agency team work

- Doctors, nurses, activity coordinators and support workers worked together to provide care and treatment for patients. Staff received comprehensive daily handovers and weekly team supervision to keep up to date with patient care needs.
- The provider worked closely with external agencies to identify suitable employment and voluntary opportunities for patients.

## Assessment of needs and planning of care

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

Good 

- The provider worked to the framework of the care programme approach. Community teams were actively encouraged to attend hospital based meetings and to maintain contact and involvement.

## Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- Staff understood the MHA, the code of practice and the guiding principles.
- Staff explained patients' rights on admission and, where necessary, repeated them every three months. All the patients we spoke with were clear about their legal status and rights.
- Section 17 leave arrangements were reviewed weekly and stored in patient records for staff reference. Only one of the leave forms we saw indicated that the patient had received a copy.
- There was a MHA administrator based at the hospital to offer support to staff. There was a process for receiving and scrutinising detention papers. Full sets of section papers were not always on the current files but they were easily located in the administration office.
- All the documents we looked at were complete and appeared to be in good order. Ministry of Justice authorisations for transfers in to the hospital were on the relevant files.
- Patients had access to advocacy services.

## Good practice in applying the Mental Capacity Act (MCA)

- Staff had a good understanding of the MCA and what capacity meant.
- Staff regularly assessed and recorded capacity to consent.
- Consent to treatment and capacity assessments were complete. Patients told us their doctor talked to them about their medication and explained the effects and side effects of their medication before they consented to treatment.
- Staff encouraged patients to make their own decisions as far as possible.

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

Good 

## Kindness, dignity, respect and support

- Staff undertaking enhanced patient observations did so in a caring manner. They showed a good understanding of the individual care and treatment needs of patients.
- Staff addressed patients in their preferred way and were polite at all times.
- Front line staff ate with patients and provided additional support at meal times if required.

## The involvement of people in the care they receive

- Staff undertook pre-admission assessment visits and patients were encouraged to visit the service prior to admission.
- Two carers confirmed they were consulted about the care and treatment of their relatives.
- Patients were encouraged to be involved with their care plans. We saw signed and individualised care plans in all the patients' records we checked.
- There were daily community meetings. Patients used the sessions to plan their day and feedback their views about the hospital.
- Patients had opportunities to make suggestions and influence change during the fortnightly problem solving and consultation meetings.
- An independent advocacy service was available to patients.

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

Good 

## Access and discharge

- Local NHS clinical commissioning groups referred patients to this service. Clear clinical criteria were in place for assessing the suitability of all new referrals.
- In the 12 months leading up to the inspection the hospital had received 10 referrals, six of which were accepted.

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

Good 

- The provider had clear arrangements in place for assessing new referrals. The provider planned all admissions. Family contact was encouraged where appropriate and families and other carers were involved in discharge planning. The average length of stay was six months.
- Robust arrangements were in place to manage discharges from the hospital. This included an enhanced care programme approach and close working with care co-ordinators and patients' families where applicable.
- Two discharges were delayed by a lack of placement opportunities within the community. The provider was taking pro-active steps to address these by, for example, involving care co-ordinators and families at an early stage of a patient's stay in the hospital.

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

- The hospital was homely with quiet and private areas for patients to use. There was a pay phone, but all patients had access to their own personal mobile phone.
- Patients had input into the choice of food available. There was access to snacks and drinks throughout the day.
- Patients could buy their own food and prepare and cook it in a separate kitchen area under supervision.
- Patients held their own bedroom keys unless the assessed risk was too high.
- Bedrooms were personalised by the patients. Patients had helped to decorate the hallway.
- The provider had a secure outside area for access to fresh air and numerous outside activities were available. Patients negotiated the times they wanted to smoke. The provider offered smoking cessation support.

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

- A range of activities was available including walking groups, arts and crafts and visits to leisure amenities such as bowling. Two patients did unpaid community work.
- A gym was available on site.
- The hospital had its own activity centre on site. This was well used by patients.
- Patients accessed their place of worship with staff support.
- Leaflets and information were available about local services and activities.

## Listening to and learning from concerns and complaints

- In the last year, eight formal complaints were made and one was upheld.
- Information on how to make a complaint was available on notice boards. 'Complaint and feedback' questionnaires for patients were used to feedback to staff. Staff understood how to support patients when they wanted to make a complaint. Staff shared feedback from complaints in handover and made changes where necessary.
- Patients were involved in 'consultation and problem solving' meetings that were held twice a month.
- The senior management team knew about the 'Duty of Candour' requirements. They could explain the steps taken when concerns were identified by patients or their families.

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

Good 

## Vision and values

- The hospital had a clear and simple set of organisational visions and values.
- Staff knew about and agreed with the organisation vision and values.
- We noted that staff and patients approached senior management in a friendly manner.
- Senior management were friendly and approachable to both patients and staff.
- Staff were passionate about patient recovery.

## Good governance

- Staff shared learning in handover meetings.
- Audits were regularly undertaken and learning shared through team meetings.
- Staff learned from fully investigated complaints through team meetings and senior management discussions.
- The hospital had a range of current policies in place. The policies we looked at were appropriate, in date and reviewed regularly.

## Leadership, morale and staff engagement



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

Good 

- All staff knew the senior management team. Senior management listened to concerns of staff and responded positively.
- Staff were able to raise concerns without fear of victimisation.
- Staff told us there were no incidents of bullying or harassment taking place.
- Two carers we spoke to talked positively about the leadership at Milestones hospital.
- Eighty- seven per cent of staff reported that they felt their training needs were met. The provider supported non-mandatory training that would enhance a staff

member's skills to provide the best possible care and treatment to patients. Staff spoke of developmental opportunities being available, including training courses and 'acting up' into more senior roles.

## **Commitment to quality improvement and innovation**

- The hospital was not part of any external accreditation scheme.
- The provider had acted on suggestions made by patients and staff to improve the care and treatment offered, for example the décor of the hallway and the therapies offered on a daily basis.



# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should ensure that there is clear guidance regarding patient access to the garden area.
- The provider should amend the rapid tranquilisation chart to make sure staff follow current guidance as contained in the British National Formulary.
- The provider should continue to review and update their environmental risk assessment.