

Vision MH Ltd

Vision MH - Cornerstone House

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Cornerstone House is an independent mental health in-patient unit based at Borehamwood, Elstree. The hospital has 30 registered beds and provides treatment for both informal patients and persons liable to be detained under the Mental Health Act 1983 (2007). The service specialises in treating people with personality disorder and provides a rehabilitation and recovery role for those people suffering from a mental illness.

Our rating of this location improved. We rated it as requires improvement because:

- Not all staff were in receipt of regular supervision
- Not all staff were up to date with the prevention management of violence and aggression (PMVA), and de-escalation training.
- The provider had not maintained cleaning records for the clinic and treatment room.
- Staff had not always conducted physical health checks in line with identified patient need, and scores were not always recorded correctly.
- Patient risk assessments had not been updated following each patient incident.
- Staff had not used clinical outcome tools to measure patients' rehabilitation progress.
- The provider did not use a side effect monitoring tool for patients on high dose anti-psychotic medication.
- Capacity assessments had not been undertaken for all patients.
- Care plans demonstrated involvement of patients, but 40% of patients we spoke with, said they had not received a copy of their care plan or had been involved in a review.
- Patients did not have access to snacks throughout the day.
- Patient complaints had not always been responded to within the required timescale

However:

- We noted improvements in safe, caring and well led domains since our last inspection.
- The service generally had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm. Agency staff were block booked to ensure patients had consistent care.
- Staff stored, managed and audited medications effectively.
- Mandatory training and appraisal compliance were good.
- Staff understood how to protect patients from abuse. Staff had received training on how to recognise and report abuse and they knew how to apply it. Two freedom to speak guardians had been appointed and staff knew how to raise issues.
- Managers had the skills, knowledge and experience to perform their roles.
- Robust governance systems and processes were in place to improve and monitor the performance of the service.
- Senior managers had made significant steps to address concerns identified at our previous inspection. Staff morale, team working, and communication had improved. Poor performance of staff was managed effectively.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement 	

Summary of findings

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Summary of this inspection

Background to Vision MH - Cornerstone House

Vision MH Ltd provides a hospital service at Cornerstone House with in-patient accommodation for people to receive rehabilitation care and treatment for a range of mental health issues.

The service treats and supports patients with a range of mental health disorders. The service specialises in treating people with personality disorder using an evidence-based treatment modality. In addition, the service provides a more traditional rehabilitation and recovery role for those people suffering from a psychotic illness (schizophrenia, bi-polar disorder, dual diagnosis).

Cornerstone House is a large detached house with an additional annex within the grounds. The hospital is situated approximately one mile from the local high street, shopping, leisure activities and a rail link.

The hospital has 32 registered beds and provides treatment for both informal patients and persons liable to be detained under the Mental Health Act 1983 (2007). The unit offers a treatment and recovery based mental health service that provides assessment and active, intensive multidisciplinary care and treatment for individuals suffering from mental illness.

The most recent comprehensive inspection of Cornerstone House was in October 2017. The service was rated good for effective and responsive, and outstanding for safe, caring and well-led. The service was rated as outstanding overall.

On 8 and 9 April 2021, the Care Quality Commission (CQC) conducted an unannounced focused inspection. The inspection was undertaken in response to concerns the Care Quality Commission (CQC) had received, in relation to a high number of patient self-harm incidents. The report was published on 28 June 2021.

During the inspection, we looked at specific key lines of enquiry of safe, caring and well led. The provider was rated as inadequate for safe, caring and well led and was given an overall rating of inadequate. The provider was placed in special measures.

Following our inspection in April 2021, the provider was issued with an urgent letter of intent under Section 31 of the Health and Social Care Act 2008, to warn them of possible urgent enforcement action. The provider was told to submit an action plan within 24 hours that described how they would address our concerns. Their response provided enough assurance they had acted to address immediate concerns, and the provider developed a robust action plan to address areas of concern. We continued to monitor progress against their action plan through regular engagement and submission of evidence for review.

As a result of this inspection we have removed the provider from special measures.

What people who use the service say

We spoke with five patients. All patients reported that the provider used high number of agency staff. All patients said the ward was clean, however one patient stated their bedroom was not always cleaned regularly. Patients said most staff treated them well and behaved kindly. However, three patients said that agency staff could be rude. All five patients stated they had been involved in their care, however none of the patients interviewed had been involved in making decisions about the service.

Summary of this inspection

We spoke with nine family members during the inspection who gave mixed views of the services. Two out of the six family members we spoke with (33%), reported that their family member did not always feels safe. Five carers stated staff were caring and interested in patient's wellbeing.

All the patients and staff we spoke with mentioned the high use of agency staff and 67% stated the service had improved.

How we carried out this inspection

On the 8 and 9 February 2022, two inspectors and one specialist advisor conducted the inspection on site, and two inspectors conducted staff interviews remotely. On 9 and 10 February an Expert by Experience conducted patient and carer interviews remotely.

Between the 8 and 10 February 2022, our inspection team undertook the following activities:

- undertook a tour of the ward
- interviews with five patients
- interviews with six carers
- interviews with 23 staff, including staff nurses, healthcare assistants, administrators, housekeeper, occupational therapist, occupational therapy assistants, psychologist, psychology assistants, medical staff and managers.
- reviewed eight care records
- reviewed nine prescription cards of medication management
- attended a patient's forum meeting
- reviewed the ward clinic and treatment room.

We also reviewed information provided by the service, including:

- clinical and health and safety audits
- incident data for three months prior to the inspection and ten incident reviews.
- patient observations
- patient care plans
- ligature risk assessment
- restrictive practice review
- minutes of patients' forum meeting
- reviewed 10 staff files
- complaints
- minutes of the Quality Governance meeting, and ward meetings.
- risk register and minutes of the risk register meeting
- staffing, mandatory training, supervision and appraisal data
- recruitment strategy
- capacity and consent to treatment records.

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

Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations.

Action the service MUST take to improve:

- The provider must ensure that patient care plans are collaborative and holistic, and patients receive a copy of their care plans. Regulation 9(1)
- The service must ensure that all staff receive regular supervision. Regulation 18(1)(2)
- The service must ensure that physical health checks are undertaken in line with identified patient need and that the scoring is documented correctly. Regulation 12(1)
- The service must use a side effect monitoring tool for patients on high dose anti-psychotic medication. Regulation 12(1)
- The service must ensure that a copy of the most recent capacity assessments are attached to the patient's prescription chart. Regulation 12(1)
- The provider must ensure that cleaning records are maintained for the clinic and treatment rooms. Regulation 12(1)
- The provider must ensure that all staff are up to date with the prevention management of violence and aggression (PMVA), and de-escalation training and emergency first aid at work. Regulation 18(1)(2)
- The provider must ensure that all staff are up to date with Mental Health Act training. Regulation 18(1)(2)
- The provider must ensure that patient risk assessments are updated following each patient incident. Regulation 12(1)
- The service must ensure that patients have access to snacks throughout the day. Regulation 14(1)
- The provider must use outcome measures for measuring patient rehabilitation progress. Regulation 12(1)
- The provider must ensure that complaints are responded to in line with identified timescales. Regulation 16(1)(2)

Action the service SHOULD take to improve:

- The provider should ensure that current drainage problems are addressed.
- The provider should ensure that staff undertake training regarding whistleblowing and duty of candour.
- The provider should ensure that male patients have access to a quiet room.
- The provider should continue to embed governance processes and structure to continually monitor the service.

Our findings






Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

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

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

Requires Improvement 

Our rating of safe improved. We rated it as requires improvement

Safe and clean care environments

Most ward areas were safe, clean well-equipped, well-furnished, well-maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. However, during our inspection, we noted that a switch for an air conditioning unit had been broken. This was reported to the provider, who addressed the issue immediately.

Due to the layout of the building, staff could not observe patients in all parts of the wards. However, staff had access to CCTV and mirrors were in place to mitigate any blind spots. Managers had undertaken a blind spot review in November 2021. Mirrors had been installed to reduce several blind spots. However, during inspection inspectors identified one blind spot remaining. This area of the building was not currently in use, and managers confirmed that a mirror was on order for this area.

The service complied with guidance on eliminating mixed sex accommodation. All patients had single rooms with ensuite shower rooms. At the time of our visit, there were two male patients on the unit. Plans were in place to move to a female only service.

The provider had undertaken a ligature risk assessment, which was most recently reviewed in January 2022. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The minutes of the quality governance meeting dated 14 January 2022, evidenced that the outcome of the ligature audit review, had been circulated to staff.

Patients had access to call alarms in their bedrooms and staff had easy access to alarms. All staff were issued with an alarm on entry to the unit.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Maintenance, cleanliness and infection control

Most ward areas were clean, well-maintained, well-furnished and fit for purpose. However, the ensuite bathroom in one of the patient flats, had an offensive smell, which appeared to be emanating from the drains. Review of maintenance documentation showed that managers were aware of the issue, and steps were being taken to address identified problems with the drainage. At the time of our inspection this room was not in use.

The service was undergoing an extensive process of refurbishment and main ward areas had recently been decorated. Managers had purchased new furniture and plans were in place for further refurbishment. In addition, the provider shared plans for a new build on the site, which would enable the service to have two main ward areas. Managers had a plan to decommission the current patient flats.

Staff made sure cleaning records for the main ward areas were up-to-date and the premises were clean. The housekeeper maintained a cleaning schedule. However, this did not include the ward clinical or treatment room.

Staff followed infection control policy, including handwashing. We found robust systems and processes in place for both staff and visitors to the unit. Staff ensured that visitors showed evidence of a negative lateral flow test for COVID-19 undertaken on the day of their visit, temperatures were taken, and visitors were asked to sign a visitor's form.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs which staff had checked regularly. Staff had checked, maintained, and cleaned equipment. Staff had ensured clean stickers were in place on equipment which were not in use. However, whilst the clinic and clinical equipment was clean, there was no documentation to evidence cleaning had taken place. Following inspection, we were advised by the provider that the clinic had been added to the documented cleaning schedule.

During inspection, staff were not able to show that the medical equipment had been calibrated. However, following inspection, we were sent documented evidence, that all medical equipment had been calibrated.

Safe staffing

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

Nursing staff

Staff reported that the service had enough nursing and support staff on each shift to keep patients safe. Staff told us there were adequate levels of staffing on each shift. However, all patients and one family member said there had been a high turnover staff. The provider filled vacancies with agency staff. Where possible, managers had limited their use of bank and agency staff and requested staff familiar with the service.

At the time of our inspection, the provider had 55 staff members in post and had reported four registered mental health nurse and five healthcare assistant vacancies. The provider was currently exploring the possibility of having apprenticeships, in order to help with recruitment.

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

The turnover rate for the service in January 2022 was 5.5%. The provider reported three staff had left the service and one new staff member had been employed.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Managers had supported staff who needed time off for ill health.

Levels of sickness were low. In January 2022, the sickness level was 3.99%, due to long term sickness and COVID-19 absences.

Managers had accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Minimum staffing levels for the unit during the day was two qualified and four healthcare assistants. Minimum staffing levels at night were one qualified and four healthcare assistants. The ward manager and nurse in charge could adjust staffing levels according to the needs of the patients.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Staff informed us that in the rare event of patients leave being postponed, it was rescheduled for as soon as staff were available.

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

Staff shared key information to keep patients safe when handing over their care to others. The provider had a handover book in place. Managers undertook regular reviews to ensure that handover information had been appropriate and robust.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. The service had one full time and one part time consultant psychiatrists in posts. Two doctors provided medical on call services out of hours. Managers could call locums if they needed additional medical cover.

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

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The mandatory training rate at the time of our inspection was 96%.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers ensured that there was a programme in place for mandatory training, and appraisal.

Staff received training in addition to mandatory training. This was known as developmental training. The average rate for completion of developmental training as of 18 January 2022, was 77%. The highest rates of completion (100%) was for medication administration and fire drill training.

However, the provider had not ensured that all staff were up-to-date with some aspects of mandatory training. The lowest completion rates were for emergency first aid at work (44%) and control and restraint and de-escalation (45%). At the time of our inspection, the provider was exploring alternative training for de-escalation and the management of violence and aggression, as the identified supplier of training had not been able to deliver due to COVID-19. Training on whistleblowing and duty of candour training, was added to the portfolio of developmental training on 17 January 2022, therefore was not included in the numbers.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. However, not all staff were up-to-date with the prevention management of violence and aggression (PMVA), and de-escalation training. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff had completed risk assessments for each patient on admission arrival, using a recognised tool, and reviewed this regularly. We found that staff did not update patient's risk assessment documentation following each incident. However, the provider held a meeting every morning for staff to receive a handover about incidents from the day before; a daily risk management handover to discuss changes in patient status and a weekly risk management meeting chaired by psychology to review risk.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff identified and responded to any changes in risks to, or posed by, patients.

Staff followed procedures to minimise risks where they could not easily observe patients. Measures included ensuring a nurse was always present in the main ward area, mirrors were in place to address blind spots and there was CCTV in all communal areas. All patients were on hourly ward observations.

Staff followed provider policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff did not routinely conduct searches but would undertake searches of patient's bags following periods of unescorted leave. Bedroom searches were undertaken, when an identified risk had been highlighted.

Use of restrictive interventions

Levels of restrictive interventions were low. The provider audited the use of any restrictive practice. The service completed several audits as part of the provider's restrictive interventions reduction programme, which met best practice standards. Staff participated in these audits.

In January 2022, a restrictive practice audit identified restrictions for patients on access to razors and scissors. This was resolved as patients who were safe enough to access these items, were given swipe cards to access cupboards where the items were stored.

Staff completed audits on the use of rapid tranquilisation between October 2021 and January 2022. The results of the audit demonstrated a reduction in the use of rapid tranquilisation from 4 episodes to none.

The service monitored the number and severity of incidents between July 2021 and December 2021. The results showed that the frequency and severity of incidents had reduced over time. The highest number of high severity incidents had changed from five to one, medium severity from 12 to seven and low severity from 43 to 26. The audit also included a review of individual patients and the number of individual incidents for each.

We also sampled ten incident records which in relation to self-harm or aggression displayed by patients. The recorded response by staff in four records showed least restrictive interventions were used, such as de-escalation, and no further increase in enhanced observations.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. At the time of our inspection, the provider was exploring alternative training for de-escalation and the management of violence and aggression, as the identified supplier of training had not been able to deliver due to COVID-19. As of 18 January 2022, not all staff were up to date with training. The training rate for the prevention management of violence and aggression (PMVA), and de-escalation training was 45%.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation, which was used infrequently. All registered nursing staff were trained in intermediate life support.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. The training rate for safeguarding was 98%. Staff kept up to date with their safeguarding training. The service had a safeguarding lead in post, and plans in place were in place, for a further four staff members to undertake level 4 safeguarding training, to ensure that staff had immediate access to advice and support regarding any safeguarding concern.

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

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

Staff had access to procedures to keep children visiting the service safe. We were told that any child visit would take place in the external conference room.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. In the six-month period between August 2021 and end January 2022 there were six safeguarding concerns of which one was rated high risk, two medium and three were rated low risk.

Staff access to essential information

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

Patient notes were comprehensive, and all staff knew how to access them. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

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

Medicines management

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

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



Staff followed systems and processes to prescribe and administer medicines. The service had employed an external pharmacy provider who undertook medication checks and audits.

Staff mostly completed medicines records accurately and kept them up to date. The provider had made several improvements in relation to medication management following our last inspection. Managers completed a weekly and monthly audit; however, the provider had identified a range of further improvement required in relation to medication management. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff stored and managed all medicines and prescribing documents safely. Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff learned from safety alerts and incidents to improve practice. This was an improvement since our most recent inspection.

However, the provider did not use a recognised rating scale to monitor high dose anti-psychotic medications. This meant staff were not able to assess the risk of physical health deterioration associated with high dose antipsychotic medication. An external pharmacy provider who worked at the hospital, had an outcome measure to monitor this, and the provider had identified during a quality review of the service that this could be used.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff reviewed the effects of each patient's medicines on their physical health according to National Institute for Health and Care Excellence (NICE) guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. We found there was a robust incident management system in place. Staff reported serious incidents clearly and in line with the provider's policy. The provider reviewed incidents on a quarterly basis. The service had not had a never event.

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

Managers debriefed and supported staff after any serious incident. We found evidence that patients were offered a debrief after each incident.

Managers had investigated incidents thoroughly. Patients and their families had been involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff discussed incidents in the daily operations meeting, and managers undertook an analysis of all incidents on a monthly basis. Staff met to discuss the feedback and look at improvements to patient care.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



There was evidence that changes had been made as a result of feedback. For example, staff had removed magnets from windows in order to reduce the risk of self-harm.

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

Requires Improvement



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

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented. Patients had not signed their care plans.

Staff had completed a comprehensive mental health assessment of each patient either on admission or soon after. Patients had their physical health assessed soon after admission and regularly reviewed these during the patient's time on the ward. However, the recording of patient's vital signs had not always been recorded in line with the required frequency.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff regularly reviewed and updated care plans when patients' needs changed. Care plans were personalised, holistic and recovery orientated. However, whilst care plans demonstrated involvement of patients, 40% of patients we spoke with said they had not received a copy of their care plan or had been involved in a review. Care plans had not been signed by the patients.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. The provider had recently made a strategic decision to change the current treatment modality from mentalisation-based therapy (MBT), to dialectic behaviour therapy (DBT). The provider had plans in place for a group of staff to undertake accredited dialectic behaviour therapy (DBT) training. In the interim, dialectic behaviour therapy (DBT) was being provided by the psychologist on an individual basis. Patients also had access to therapeutic group therapies delivered by both occupational therapy and psychology. Staff delivered care in line with best practice and national guidance.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. The service had recently appointed a physical health lead, who led on physical healthcare monitoring. This included delivering teaching to staff on physical health issues and referring to other agencies where required. However, staff had not always recorded patients' vital signs in line with the required frequency and had not always documented physical health scores correctly. We found one request that had been made for staff to undertake daily blood pressure recordings for a patient with high blood pressure. This had only

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

been undertaken on two days. The provider completed a quality review of physical health monitoring on 18 January 2022. The review stated that “the NEWs observations should be completed at least weekly for all the patients at the hospital”. This was not being done consistently. The physical health lead had identified the shortfall in recordings and had a plan to address this.

During inspection we saw that each patient had a robust care plan in place for nutrition and hydration. Staff gave patients education, advice and support regarding healthy eating. However, the provider had not made sure that patients had access to healthy snacks during the day. Patients could only access snacks in the evening.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff gave patients advice on a range of health promotion issues including smoking cessation, oral hygiene and support patients who had ongoing weight issues.

Staff had not always used recognised rating scales to assess and record the severity of patients’ conditions and care and treatment outcomes. We saw that staff had not used an outcome measure to monitor patients’ rehabilitation progress, or a recognised side effect monitoring tool to monitor patients who were on high doses of anti-psychotic medication.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements. During our inspection we reviewed a wide range of both clinical and environmental audits. All audits had identified learning and actions, which had been entered onto the overall hospital action plan.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff. However, not all staff had received regular supervision.

The service had a full range of specialists to meet the needs of the patients on the ward. The multi-disciplinary team included doctors, nurses, healthcare assistants, psychology, psychology assistants, occupational therapists and occupational therapy assistants. Patients also had access to other specialist staff including chiropody, dietician and speech and language therapy as required.

Managers had generally ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. However not all staff were up to date with training for the prevention management of violence and aggression (PMVA), and de-escalation.

Managers had given each new member of staff a full induction to the service before they started work. All staff were required to complete an induction booklet, which they were given four weeks to complete. All new staff were supernumerary for the first two weeks. This enabled staff to complete their induction and to spend time shadowing staff within the service.

Managers supported staff through regular, constructive appraisals of their work. At the time of our inspection, the appraisal rate for the service was 98%. Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work.

Managers had not supported all non-medical staff through regular, constructive clinical supervision of their work. At the time of our inspection, the average supervision rate for the three-month period November 2021 to end of January 2022,

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Requires Improvement 

was 61%. However, we saw evidence that the need for staff to receive regular supervision, had been noted as a concern by the provider. We observed instructions on the office notice board, and minutes of staff meetings advising all staff of the need to ensure receipt of regular supervision. Managers had supported medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. The provider had agreed to support a group of staff to attend residential training in dialectic behavioural therapy.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency teamwork

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. All handover discussions were recorded in a handover book, which all staff could access. The provider undertook audits of handovers to ensure that all key information had been shared.

Ward teams had effective working relationships with external teams and organisations. These relationships included safeguarding, commissioning care groups, and the patient's care coordinators.

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

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

Some staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. However, at the time of inspection, the training rate for Mental Health legislation was 58%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrator was and when to ask for support. The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Patients had easy access to information about independent mental health advocacy.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the responsible clinician and/or with the Ministry of Justice. However, the provider had documented that not all patients had used their authorised leave. The provider had recorded that in December 2021, 995 hours of leave was offered, however only 310 hours was used. The provider had documented plans in place to capture more details, in order to provide reasons why some patients were not using all their leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Staff had stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward. Informal patients had been provided with a swipe access card to enable them to enter and leave the building as and when required.

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

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

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. Staff understood the Mental Capacity Act 2005, however staff had not assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. At the time of our inspection, the mandatory training figures for the Mental Capacity Act and Deprivation of Liberty Safeguards was 100%. In addition, the provider had posters displayed within the service, which showed the five main principles of the Mental Capacity Act.

There had been one Deprivation of Liberty Safeguards application made in the last 12 months.

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

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. However, staff had not always ensured that a copy of a patient's capacity assessment was attached to the patient's prescription card.

The service had monitored how well it followed the Mental Capacity Act. An audit of capacity and consent to treatment had been undertaken in December 2021. This audit contained identified actions for relevant staff to complete. However, these actions did not have an identified required date for completion.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



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

Good



Our rating of caring improved. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

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

Most staff were discreet, respectful, and responsive when caring for patients. However, three out of five patients (60%) expressed concern about agency staff being rude at times. The provider had received complaints from some patients regarding the attitude of individual agency staff. In response the provider had discussed the concern with the relevant agency and had stopped the relevant agency staff member working in the service.

Staff gave patients help, emotional support and advice when they needed it. All five patients we spoke with said that staff had involved them in their care.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said most staff treated them well and behaved kindly. Staff understood and respected the individual needs of each patient.

Staff felt they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. The provider had appointed two freedom to speak up guardians. Staff knew how to raise a whistleblowing concern

Staff followed policy to keep patient information confidential.

Involvement in care

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

Involvement of patients

Staff involved patients, however two out of five patients (40%), said that staff had not given them access to their care plan and risk assessment.

Staff made sure patients understood their care and treatment. All the patients we spoke with, stated that staff had involved them in decisions about their care.

We found evidence of patient involvement in their care plans, which were written from the patients' perspective. However, patients had not signed their care plans. This issue had been identified as a concern during a recent care plan audit. The provider confirmed that a plan was in place to include patient signatures on the care plan form.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Patients could give feedback on the service and their treatment and staff supported them to do this. We found evidence of an established patient forum, and reviewed minutes of the meeting for the previous three months.

Staff supported patients to make decisions on their care. We saw evidence of co-production and patient involvement in patient forum meetings.

Staff made sure patients could access advocacy services. We saw posters advertising advocacy and Independent Mental Health Advocacy (IMHA) services. The patient advocate attended the service on the day of our inspection.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Most of the family members we spoke with (66%), said that staff supported, informed and involved them. However, one family member stated they were only informed after changes had been made, and another stated that they had not been involved in their relative's care and treatment.

Three out of five family members interviewed (60%), said that staff had helped them to give feedback on the service.

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

Requires Improvement 

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

Access and discharge

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

At the time of our visit, the service was running at 50% occupancy. Following our most recent inspection, the provider had self-imposed a temporary ban on admissions.

Managers and staff worked to make sure they did not discharge patients before they were ready. We saw evidence of ongoing discharge planning. Each patient had a discharge care plan in place, which was both robust and patient centred. When patients went on leave there was always a bed available when they returned. Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

The service had one delayed discharge in the previous 12 months. Managers monitored the number of delayed discharges. The only reasons for delaying discharge from the service were clinical.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Staff had supported patients when they were referred or transferred between services. The service followed national standards for transfer.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement



Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality, however, patients reported that there was limited choice. Patients could make hot drinks at any time, although could only access snack in the evening.

Each patient had their own bedroom, which they could personalise. All bedrooms had ensuite facilities. Patients had a locker in which to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. However, at the time of our visit the patient kitchen was not in use as it was undergoing refurbishment.

The service had quiet areas for female patients only. However, the provider was in the process of moving to female only service.

Patients could use mobile phones in their bedrooms. Patients could make phone calls in private.

The service had an outside space that patients could access easily.

Patients could make their own hot drinks and were not dependent on staff. Patients had access to hot and cold drinks throughout the day. Patients should also have access to healthy snacks throughout the day. However, we were informed that snacks were only made available to patients in the evening.

The service offered a good quality food, which was cooked on site. However, two out of five patients we spoke with (40%), told us there was limited choice. The service had a food hygiene rating of four, which indicated that hygiene standards were good.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and work, and supported patients. We saw evidence of patients accessing a range of external facilities including yoga, music lessons.

Staff helped patients to stay in contact with families and carers. Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The provider had wheelchair ramps for disabled access and there were downstairs bedrooms.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. During our inspection we viewed noticeboards in the patient's lounge. This had information on how to make a complaint, advocacy, IMHA, Mental Health Act, groups and daily activities.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

The service had access to information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Food was cooked in house and all patient diets were catered for. The food was of a good standard.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service. However, complaints were not always completed in a timely way.

Patients, relatives and carers knew how to complain or raise concerns. During inspection we saw that the service clearly displayed information about how to raise a concern in patient areas. The provider had “you said, we did” posters in place, which showed actions which had been taken in response to concerns.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. However, complaints had not always been investigated within the identified timescale of 10 working days. In December 2021, three out of six complaints (50%), had been investigated within the required time frame.

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

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. In December 2021, staff had acknowledged receipt of complaints within the required timeframe of three working days. However, only 33% of letters had been sent before the identified deadline. Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff discussed compliments at the monthly clinical governance meeting. In December 2021, the service received 21 compliments and 100% of the compliments received were for individual staff or the whole team. However, the service had identified that they were not always using compliments to learn, celebrate success and improve the quality of care.

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

Requires Improvement 

Our rating of well-led improved. We rated it as requires improvement.

Leadership

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

The service had appointed a new management team since our most recent inspection. The provider had appointed a new registered manager, nominated individual, medical director, consultant psychiatrist and clinical lead. Staff were

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

complementary about the new management team. Staff told us that the new management team had made several improvements in the running of the service. We heard that the relationship between staff and the management team had much improved and that the atmosphere was more pleasant. Staff told us the new managers were visible on the ward and reported that managers were hands on, and some patients reported the service had improved.

Vision and strategy

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

Staff were able to describe the visions and values of the organisation. Staff told us the provider's values were caring, effective care, being well led and responsive. The new management team had undertaken a complete review of the future role and function of the service. Consequently, clear plans were in place for the future of the service. Future included treatment modalities, the structure of the environment, patient gender and admission criteria. This included moving to a female only service, and a move to providing two separate clinical areas.

Culture

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

Staff told us they now felt heard by the current managers, and they now felt able to escalate concerns. Staff told us that there was no longer a disconnect between staff and the management team. Staff told us that they felt listened to and were respected. The provider had recently invested in the provision of a staff room. Previously staff had no identified area for taking breaks whilst on duty. The new staff room was opened during our inspection. The provider had appointed two freedom to speak up guardians and staff felt able to approach managers. Staff knew how to raise whistleblowing concerns.

Governance

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

The management team had introduced a new governance structure within the service. The provider shared documentation which outlined the governance arrangements within the service. Seven meetings/forums fed into the monthly governance meeting, chaired by a consultant psychiatrist, which had a documented standing agenda. Weekly meetings included the patient forum and co-production, meeting with the nominated individual and risk management meeting. Monthly meetings included health and safety, nurse's clinical effectiveness, infection prevention and control and staff forum. In addition, there was a schedule of clinical and health and safety audits, which fed into the clinical governance meeting. The minutes of the clinical governance meeting had clearly identified actions and owners. However, the minutes did not always contain an identified date for the completion of actions. The provider had undertaken mock Care Quality Commission and quality visit, all of which resulted in a range of identified actions.

Management of risk, issues and performance

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

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 

Staff held a daily operational meeting where any risk issues were discussed and escalated. The provider had risk management meetings in place, which were chaired by psychology. The risk management meeting had a set agenda, which focused on patient presentation, and high clinical risk issues, including lessons learned from incidents.

The provider had a risk register in place. However, this was not referenced in the risk management meeting minutes. A ligature risk assessment had been updated in January 2022, which identified ligature risks and mitigation.

Information management

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

Managers collected and reviewed data about outcomes and performance and used this to report on key performance areas of the hospital to board. However, staff had not used clinical outcome measures to record patient rehabilitation progress. Managers used information to oversee performance.

Staff had access to systems to record clinical information. Staff regularly updated care plans, however risk assessments were not updated following each patient incident. Incidents were regularly reviewed at the daily operational meeting, and outcomes of audits were reviewed at the monthly governance meetings.

Engagement

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

Managers had engaged with stakeholders in the local health and social care system to understand where improvements at the hospital could be made. They had engaged with commissioners, the local NHS care provider as the safeguarding lead, and had made improvements in governance, culture and clinical care delivery.

A service improvement plan meeting had monthly quality improvement board had been in place further to our most recent inspection. The provider had action plans in place to demonstrate progress against issues raised from previous inspections.

Learning, continuous improvement and innovation

The provider had introduced an academic programme, and plans were in place for a group of staff to undertake training in dialectic behaviour therapy (DBT).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service had not ensured that all staff had received regular supervision. The provider had not ensured that all staff were up to date with the prevention management of violence and aggression (PMVA), de-escalation training and emergency first aid at work. The provider had not ensured that all staff were up to date with Mental Health Act training.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service had not ensured that physical health checks had been undertaken in line with identified patient need and that the scoring is documented correctly. The service had not used a side effect monitoring tool for patients on high dose anti-psychotic medication. The service had not ensured that a copy of the most recent capacity assessments are attached to the patient's prescription chart. The provider had not ensured that patient risk assessments had been updated following each patient incident. The provider had not used outcome measures for measuring patient rehabilitation progress.

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

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

Treatment of disease, disorder or injury

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

The service had not ensured that patients have access to snacks throughout the day.

Regulated activity

Regulation

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

Treatment of disease, disorder or injury

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not ensured that patient care plans were collaborative and holistic, and that patients had received a copy of their care plans.

Regulated activity

Regulation

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

Treatment of disease, disorder or injury

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider had not ensured that complaints had been responded to in line with identified timescales