

Elysium Healthcare (Field House) Limited

Field 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

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We undertook this comprehensive inspection to look at all key lines of enquiries and the progress made in relation to the warning notices. The hospital was placed into special measures following an inspection in August 2020. We saw in October 2020, that managers had introduced treatment interventions and specialised staff training but this had not been fully embedded. It was evident during this inspection that the new treatment interventions were routinely used to support patients' rehabilitation.

We saw that the provider had addressed the warning notices issued in September 2020. The service now met all the requirements issued in the warning notices under Section 29 of the Health and Social Care Act 2008.

Our rating of this service improved. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The hospital had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding
- Staff developed holistic, recovery oriented care plans informed by comprehensive patient assessments. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. The service worked to a recognised model of mental health rehabilitation. They actively involved patients and families and carers in care decisions
- Patients' comments were overwhelmingly positive. A patient told us they were particularly pleased that the service had therapy animals which aided their management of anxiety and reduced incidents of self harm
- The hospital had access to the full range of specialists required to meet the needs of patients. The manager ensured staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team
- We saw staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. The service worked to a recognised model of mental health rehabilitation
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason
- Good governance processes were now working effectively at ward level and performance and risk were managed well. The manager has engaged with us through regular engagement and monitoring processes

However:

- Staff told us they dispensed medication, including those as required from a medicine cabinet in the staff office, situated in the apartments. We noted there was no access to suitable hand washing facilities to enable staff to dispense safely

Summary of findings

Our judgements about each of the main services

Service

Long stay or rehabilitation mental health wards for working age adults

Rating

Good



Summary of each main service

The summary is contained in the overall summary at the beginning of the report. Our rating of this service improved.

Summary of findings

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Summary of this inspection

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Summary of this inspection

Background to Field House

Elysium Field House is an inpatient mental health low secure rehabilitation unit. The hospital admits patients detained under the Mental Health Act 1983.

Field House is registered with the Care Quality Commission for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury

Field House had a new registered manager who was registered with CQC.

There were three patients in the main hospital and five patients in the apartments at the time of our inspection.

Elysium Field House had a focussed inspection on 14 August 2020 in response to whistleblowing concerns and other matters of concern. The focussed inspection included specific key lines of enquiry from the safe and well led domains only. Following that inspection, we rated the service inadequate, issued three warning notices under Section 29 of the Health and Social Care Act 2008 against the provider, and placed the service in special measures. Within a week of completing the inspection in August 2020 we became aware of further new concerns.

We undertook a further focussed inspection in October 2020 to look at specific key lines of enquiry in the effective, caring, and responsive domains. We also looked at specific key lines of enquiry relating to safe and well led to look at the progress made in relation to the warning notices. We did rerate the service on this occasion and the hospital was removed from special measures.

What people who use the service say

We spoke with five patients, their comments were overwhelmingly positive. One patient said they were particularly pleased that the service had therapy animals which aided her management of anxiety and reduced incidents of self harm. Another patient said the food provided by the cook was excellent and included a choice of healthy options. All Five patients we spoke with said it was the best placement they had been in. Three patients told us there were lots of activities and that staff were compassionate and caring. One patient told us that the staff not only cared about them in hospital but cared about their future long term plan. Two patients told us that there had been a significant reduction in their own incidents over the last three months.

How we carried out this inspection

This was an unannounced comprehensive inspection looking at key lines of enquiry in the safe, effective, caring, responsive and well- led domains.

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, which was compliant with all COVID-19 government and Care Quality Commission guidelines, the team:

- visited the hospital where we spoke to staff and reviewed care records

Summary of this inspection

- spoke with five patients we had three carers telephone numbers, however we were unable to make contact with them
- spoke with eight other members of staff; including a doctor and two nurses.
- spoke with the registered manager
- looked at the medicine's management within the hospital
- attended one morning management meeting
- attended one daily patient planning meeting
- looked at eight care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find further 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>

Areas for improvement

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

Action the trust MUST take to improve:

- The service must provide access to suitable hand washing facilities to enable staff to dispense medication safely in the apartments. Regulation 12(1).

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 | Good | Good | Good | Good | Good |
| Overall | Requires Improvement | Good | Good | Good | Good | Good |

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Is the service safe?

Requires Improvement 

Safe and clean care environments

All areas within the ward and apartments 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. For example, ensuring doorways into the garden were clear at all times. Staff could observe patients in all parts of the ward.

The ward complied with national guidance and there was no mixed sex accommodation.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients' safe. Closed Circuit Television (CCTV) was in place throughout the hospital, grounds and garden. The service had an up to date ligature risk assessment audit.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, newly decorated, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. Staff followed infection control policy, including handwashing.

We saw during inspection staff followed policy and procedures in line with the current COVID-19 government guidelines. COVID-19 champions undertook hourly checks of personal and protective equipment, and hand sanitiser. The service had donning and doffing areas in the hospital and apartments reception areas.

Long stay or rehabilitation mental health wards for working age adults

Good 

However, staff told us they dispensed medication, including those given as required, from a medicine cabinet in the staff office situated in the apartments. We noted there was no access to suitable hand washing facilities to enable staff to dispense safely. Managers were aware of this and had plans in place to install suitable handwashing facilities.

Staff checked and cleaned the emergency equipment and “I am clean” stickers were visible. There was adequate supply of hand sanitiser and masks where needed.

Although the design and layout of the building particularly in corridor areas was narrow and social distancing was a challenge, managers had done as much as possible to reduce the risk of COVID-19 transmission in these areas. Stickers had been applied to the floor surface promoting the two meter social distancing principles.

At our previous inspection in August 2020, we saw that some of the rooms were not well used being either too large or too small for purpose. In response to this the provider has now completed a program of works to refurbish some areas of the building to free up therapy space and allow for more quiet areas for visits and individual therapy.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment used to monitor patients' physical health.

Safe staffing

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

Nursing staff

During this inspection we found the managers had recruited enough staff with only two nurse vacancies and no health care assistant vacancies. We confirm that the provider had addressed the breaches of regulations identified in the previous inspections.

The use of agency nursing staff had significantly reduced and were now rarely used. During this inspection we saw that the service had used agency to cover four shifts in the previous month. The manager limited their use of bank and agency staff and requested staff familiar with the service. We saw evidence of the manager asking a patient which agency staff member they would prefer to cover a night shift. We confirm that the provider had addressed the breaches of regulations identified in the previous inspections.

Managers had taken action to address the errors found in the recording of daily nursing observations. When errors in the recording of daily observations were found, this was addressed with staff. Managers ensure that any errors were reported as an incident and investigated. The service ensured agency nurses who were being allocated to patient observations had read the patient's risk management plan, which were available on observation clipboards. We confirm that the provider had complied with this breach.

Levels of sickness were low at 2%.

The manager accurately calculated and reviewed the number and grade of nurses, and healthcare assistants for each shift. The ward manager could adjust staffing levels according to the needs of the patients.

Long stay or rehabilitation mental health wards for working age adults

Good 

Patients told us they had regular one to one sessions with their named nurse and rarely had their escorted leave or activities cancelled, even when the service was short staffed.

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

Staff shared key information to keep patients safe when handing over their care to others. This was discussed during the morning meeting and any changes were discussed with the patients.

Medical staff

The service had enough daytime and night time medical cover. The service had one full time consultant psychiatrist and all patients were registered with a local GP practice. A doctor was available to respond to the ward quickly in an emergency.

Mandatory training

Staff had completed and kept up to date with their mandatory training which was comprehensive and met the needs of patients and staff.

The manager monitored mandatory training and alerted staff when they needed to update their training. Overall mandatory training across the hospital was 92%.

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. For example, supporting patients to self cater where appropriate.

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. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool. Staff were routinely using the Wales Applied Risk Research Network (WARRN) risk assessment and the Historical Clinical and Risk management assessment tool (HCR20V3) to ensure patients specific needs were met. The multidisciplinary team were all involved in completing patient risk assessments, so all aspects of care and treatment were considered. All care records for patients had up-to-date risk assessments and during ward rounds, staff discussed specific risks to each patient.

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 could observe patients in all areas of the main hospital. All patients had Personal Emergency Evacuation Plans.

Long stay or rehabilitation mental health wards for working age adults

Good 

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

During this inspection we found all patients risk assessments and corresponding risk care plans have been reviewed by the multidisciplinary team. The service had a communication book on the ward for staff. We confirm that the provider had complied with this breach.

Use of restrictive interventions

Levels of restrictive interventions were low. The service had used rapid tranquilisation 12 times in the six months leading up to this inspection and had monitored the patient physical health in line with National Institute for Health and Clinical Excellence guidance. Staff had been successful in practices of de-escalation with patients and prevented the need for more invasive interventions. Interventions were well documented, and restrictions had been reduced over time.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

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 knew how to make a safeguarding referral and who to inform if they had concerns. The service had two safeguarding leads. Manager ensured staffs compliance with safeguarding training. At the time of the inspection 92% of staff had received safeguarding training.

Staff said they felt confident to raise safeguarding issues with the senior management team. They knew when they should make referrals to the local authority and which safeguarding concerns to report direct to the regulator. They were aware of risks to children who were part of a patient's family or circle of friends and would take action if concerns were raised about their safety as well.

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

The manager took part in serious case reviews and made changes based on the outcomes and shared this at team meetings.

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

We looked at eight patient records, they were electronic format and were comprehensive, and all staff could access them easily. They included up-to-date risk assessments, care plans for mental health and physical health, personal evacuation plans, COVID-19 information. Authorised staff, including bank and agency, could access patient notes.

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

Long stay or rehabilitation mental health wards for working age adults

Good 

Records were stored securely in a cabinet in the ward office which was locked.

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.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. They followed current national practice to check patients had the correct medicines. Medicines records were complete and contained details on dose, when patients received them, and controlled drugs were double checked.

Staff regularly reviewed the effects of medications on each patient's physical health. For example, blood testing, ECG and following the use of rapid tranquilisation.

Staff stored and managed medicines and prescribing documents in line with the service's policy. There was an up-to-date stock list with all medicines in date and no excess stock. All medicines were stored safely in locked cupboards.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff reviewed the effects of each patient's medication on their physical health. The pharmacist gave advice and checked patients' medication, particularly when their prescription changed. Patients and carers said they were encouraged to say when they experienced any problems with their medication.

Decision-making processes ensured that people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff knew which patients were prescribed medication that could lead to addiction. They described how they monitored those patients and what they would do if they saw any signs a patient was becoming dependent.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence 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 managed patient safety incidents well, we saw a downward trend in incidents in the six months leading up to this inspection. The nature of the incidents are fully recorded along with the contributing factors and the actions staff needed to take to minimise the risk of reoccurrence. We confirm that the provider had complied with this breach.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff recognised incidents and reported them appropriately. The manager 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 described what incidents to report and how to report them, incidents in the preceding 24 hours were also discussed at the morning management meeting.

Staff reported serious incidents clearly and in line with the providers policy.

Staff were able to describe their responsibilities in relation to duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

The manager debriefed and supported staff after any serious incidents.

The manager investigated incidents thoroughly. Patients and their families were involved in these investigations where appropriate.

Staff received feedback from investigation of incidents via regular team meetings. In addition, staff discuss the feedback and look at improvements to patient care in the clinical governance meetings.

There was evidence that changes had been made as a result of feedback. For example, following discussions at the community meetings, the service now has a cook who attends daily to cook one healthy meal for patients. They discussed the lessons learned at staff meetings and handovers. They identified themes and used these to improve care. Records showed staff had improved how they responded to incidents and reduced the number of invasive interventions in the hospital.

Is the service effective?

Good 

Assessment of needs and planning of care

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

During this inspection we saw care plans were reviewed daily at the morning meeting. We reviewed care plans and saw that staff had the competency and skills required. For example, we saw a key worker had discussed and documented strategies with the Dr and the patient on how to keep them safe. We confirm that the provider had addressed the breaches of regulations identified in the previous inspections.

We looked at eight care records, all of which were personalised, holistic and recovery orientated.

Staff completed comprehensive physical health care check and a mental health assessment of each patient either on admission or soon after.

Long stay or rehabilitation mental health wards for working age adults

Good 

Best practice in treatment and care

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

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff completed a 72 hour care plan on admission and within the first week the named nurse will complete the keep and connected, keeping safe, keeping well, keeping healthy and COVID-19 current restrictions care plans. Patients were offered a copy of their care plan and staff documented in the patient notes if this had been refused.

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. The service was piloting a six week Llama therapy programme at a local farm.

Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used health of the nation outcome scores to measure the health and social functioning of people with mental illness. In addition, staff used the model of human occupation screening tool to assess patient's communication, motor skills, process skills, interaction skills in order to gain an overview of occupational functioning.

The service participated in clinical audit, benchmarking and quality improvement initiatives. The service had been peer reviewed by commissioners.

The service had an annual audit calendar which included care plans, medicines safety and patient experience.

Staff identified patients' physical health needs and dietary needs which were recorded in their care plans. Patients had access to physical health care, including specialists as required, for example district nurses or dietetics services

Skilled staff to deliver care

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

Staff appraisal rates were 100% and clinical supervision rates were 97%.

The manager recognised poor performance, could identify the reasons and dealt with these with support from the providers human resource team.

Multi-disciplinary and interagency teamwork

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

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

Ward teams had effective working relationships with external teams and organisations, for example clinical commissioning groups and local authority safeguarding teams.

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. The manager made sure that staff could explain patients' rights to them.

Staff received and kept up to date with, training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Overall compliance was 94%.

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 them for support.

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

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

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.

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.

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

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

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

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Training compliance was 94%.

There were no Deprivation of Liberty Safeguards applications at the time of this inspection.

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.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

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

Is the service caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

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

Patients' told us they were particularly pleased that the service had therapy animals which aided their management of anxiety and reduced incidents of self harm. Two patients told us that there had been a significant reduction in their own incidents over the last three months. Three patients told us there were lots of activities and that staff were compassionate and caring.

We observed staff were discreet, respectful, and responsive when caring for patients. They provided help, emotional support and advice when they needed it.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff supported patients to understand and manage their own care treatment or condition.

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

Patients said staff treated them well and behaved kindly.

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

Staff followed policy to keep patient information confidential.

Involvement in care

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

One patient told us they have an advocate who attends meetings with them on a regular basis.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. For example, easy read versions of information leaflets.

Staff involved patients in decisions about the service, when appropriate. Patients made suggestions on the décor, artwork for outside, menu choice and therapeutic activities. Patients told us they had a vote to choose the names of the hospital animals.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make decisions on their care for example supporting them to cater for themselves and devise individualised therapeutic programmes. All patients had a weekly shopping allowance of £25.00 which they could use to buy food and cook for themselves.

Is the service responsive?

Good 

Access and discharge

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

Long stay or rehabilitation mental health wards for working age adults

Good 

The manager made sure bed occupancy did not go above 85%. At the time of inspection there were three patients admitted into the house out of an available eight beds and five patients in the apartments.

The manager regularly reviewed length of stay for patients with commissioners to ensure they did not stay longer than they needed to.

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

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

Discharge and transfers of care

The service had no delayed discharges.

Staff carefully planned patients' discharge and worked with care the manager and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

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

Patients could make phone calls in private and were able to have their own mobile phones.

The service had an outside space that patients could access easily, this included decorative planters and a vegetable patch.

Patients could make their own hot drinks and snacks following a risk assessment and were not always dependent on staff.

The service offered a variety of good quality food with a hot meal once a day cooked onsite.

Patients' engagement with the wider community

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff supported patients with activities outside the service, such as work, education and family relationships. For example, college, the local farm and gym membership.

Staff helped patients to stay in contact with families and carers. Patients had access to technology to enable them to keep in touch with family virtually. All patients had use of their own mobile phones.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients regularly used shops in the local town, the gym and walked the hospital dog.

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.

Some bedrooms were on the ground floor and supported disabled patients, the upstairs bedrooms were accessible by a lift and all patients had personal emergency evacuation plans.

Staff made sure patients could access information on treatment, local service, their rights and how to complain, there were on the notice boards both in the hospital and the apartments.

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

The manager 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 and where appropriate were encouraged and supported to shop and cook for themselves.

Patients had access to spiritual, religious and cultural support and a multi faith room was available.

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.

We saw evidence of two recent complaints that the manager had dealt with at local level with positive resolution.

The service clearly displayed information about how to raise a concern in patient areas. Patients, relatives and carers we spoke to knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them.

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

Long stay or rehabilitation mental health wards for working age adults

Good 

The service had a star awards initiative to celebrate success and improve the quality of care. Patients were involved by giving feedback which contributed to the staff nominations and took part in the award ceremony.

Is the service well-led?

Good 

Leadership

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

There had been a lack of leadership to support audits for example, environmental audits, medication management audits, staff engagement and to lead team meetings at previous inspections. Our findings from the other key questions showed that leadership was now operating effectively.

Staff we spoke with were committed to the model of rehabilitation and positive risk taking in the service. During interviews we heard from patients that this model worked well with clear signs of the rehabilitation ethos.

Patients and staff told us the manager had an open-door policy and would actively get involved with therapy work.

Vision and strategy

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

The manager had promoted the organisations vision and values including the principles of Kindness, Integrity, Teamwork and Excellence (KITE). Staff were able to describe how these values guided their work at the hospital.

Culture

Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff told us they did now feel respected, supported and valued.

Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian.

The managers dealt with poor staff performance when needed.

Teams worked well together and where there were difficulties managers dealt with them appropriately.

Staff appraisals included conversations about career development and how it could be supported.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. One staff member told us they were in the process of completed a leadership and management course.

The service's staff sickness and absence rates were similar to the provider target.

Staff had access to support for their own physical and emotional health needs through an occupational health service.

The provider recognised staff success within the service. For example, through staff awards.

Governance

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

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

We saw clear set agendas in the staff team meeting, which allowed managers to feedback from hospital governance and regional clinical governance, legal, ethical issues, relational security, environmental update, monitoring of clinical information, supervisions, appraisals, feedback from investigations, service user related issues, training, clinical risk management, therapeutic engagement, safe staffing, medication management, controlled drugs and service developments.

Since the last inspection managers had ensured that staff were aware of the services COVID-19 testing arrangements. We found COVID-19 risk assessments were in place, and posters were displayed in staff areas. We confirm that the provider had addressed the breaches of regulations identified in the previous inspections.

At the last inspection we found lack of support for staff training, professional development, supervision and appraisal. During this inspection we found there is now new management structures in place, mandatory training compliance was 97%. Staff can access a full induction programme, and all new staff to have three supernumerary shifts, plus an allocated buddy.

We confirm that the provider had addressed the breaches of regulations identified in the previous inspections.

The service had reinstated hospital clinical governance meetings to review effective governance of audits, medication management, staff engagement, team meetings, and nursing compliance. Fire risk assessments were reviewed and updated by the health and safety officer. The ligature tool had been amended to include all anchor points listed and risk rated. A corporate review of risks had taken place. We confirm that the provider had addressed the breaches of regulations identified in the previous inspections.

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

Good 

Our findings from the other key questions showed that governance processes were now operating effectively at ward level and staff performance and risk were managed well.

The manager maintained and had access to the risk register and staff could escalate concerns in the daily meeting for adding to the risk register.

The service had plans for emergencies. For example, COVID-19 pandemic.

Information management

The manager engaged actively with 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.

They had worked with the local clinical commissioning group to ensure that all patients were registered with a local GP practice.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

The manager had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. Staff share this information via newsletters.

Patients and carers had opportunities to give feedback on the service via feedback forms to reflect their individual needs.

The manager and staff had access to the feedback from patients, carers and staff and used it to make improvements. The manager ensured that feedback from patients was listened too and acted on. Patients requested a cook to provide one healthy meal per day. This was provided for them.

Patients were involved in decision making about changes to the service. For example, the redesign of the dining room.

Patients and staff could meet with members of the provider's senior leadership team to give feedback.

Directorate leaders engaged with external stakeholders, such as commissioners and independent champions for health and social care.

Learning, continuous improvement and innovation

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff used quality improvement methods and knew how to apply them. For example, a health care worker (HCA) was undertaking a senior HCA development programme.

The service was not taking part in any quality improvement or independent accreditation scheme at the time of this inspection.