Raglan House

Quality Report

Raglan House Hospital
Raglan Road
Smethwick
West Midlands
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Website:http://www.casbehaviouralhealth.com/our-services/mental-health/raglan-house/

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

Ratings

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

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

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

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

Summary of findings

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

Overall summary

We rated Raglan House as Good because:

- Morale amongst staff at the service was excellent. The registered manager and head of care were described as providing consistent, effective and visible leadership and staff reported that working as part of the multi disciplinary team was like being part of a family.
- Staff at the service completed a range of environmental and individual risk assessments to ensure the safety of patients receiving care. Detailed contingency plans were in place in the case of emergencies and all patients received a review of their presenting risk on a daily basis.
- Care plans were detailed, holistic and recovery focussed. We found evidence that patients were assisted from the point of admission to identify and achieve their rehabilitation goals, and to work towards increasing independence and eventual discharge from the service.
- Sufficient numbers of skilled staff were available and patients were able to access nationally recognised therapeutic interventions, including psychology and occupational therapy. Professional development was encouraged by senior staff and monitored through the routine use of clinical and managerial supervision.
- A comprehensive audit programme was in place and completed by staff to ensure the delivery of a high quality service. Action plans were developed based on audit results and improvement was evident where previous results had not reached the required standard set by the provider.
- Patients and carers that we spoke with provided positive feedback in relation to the care and treatment provided by staff at the service. We were told that staff treated patients with kindness, dignity and respect, and that families and carers were routinely involved in the care planning process.
- Effective governance procedures were in place at a local and national level to monitor the quality of the service. The registered manager met routinely with the leaders of other hospitals to share good practice and to ensure lessons were learnt as an organisation when things did not go as planned.
- Staff and patients reported an open culture where they felt safe to raise concerns if necessary and were assured they would be supported by to do so. We found that where complaints or concerns had been raised, staff had responded promptly and duty of candour was evident where appropriate.

Summary of findings

Contents

Good

Raglan House

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

Summary of this inspection

Background to Raglan House

Raglan House is a 25 bed mental health hospital designed to provide an environment which promotes mental health recovery for women, by focusing on space, personal privacy and dignity.

Regulated activities that Raglan House is registered with the CQC to provide are:

- Accommodation of persons requiring nursing or personal care.
- Treatment of disease, disorder or injury.
- Assessment or medical treatment for persons detained under the Mental Health Act 1983/2007
- Diagnostic and Screening procedures.

Patients cared for at Raglan house**:**

- may be detained under the Mental Health Act (1983), 3, 37, 37/41 or informal.
- have a primary diagnosis of mental illness with complex needs.
- typical diagnoses include: personality disorder, schizophrenia, schizo-affective disorder, bipolar affective disorder or depression.
- may have a history of substance, drug and alcohol misuse.
- may present with a forensic history.
- may be treatment resistant.

At the time of our inspection a registered manager was in place and had been since 2013.

There have been four previous inspections at Raglan House Hospital, the most recent of these was January 2016 and the hospital was rated as good for safe, good for effective, good for caring, good for responsive and good for well-led. The hospital received an overall rating of good and there were no requirement notices or enforcement actions taken by the CQC at this time.

Our inspection team

Team leader: Jonathan Petty, CQC inspector (Mental Health). Central West region.

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

Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- carried out a tour of the ward environment, looked at the quality of the premises and observed how staff were caring for patients
- spoke with six patients that were using the service
- reviewed eight care and treatment records of patients
- spoke with three carers of patients using the service
- spoke with the registered manager of the service, the head of care and the regional director of operations for the provider
- spoke with 12 other members of staff including nurses, support workers, occupational therapists, domestic and maintenance staff and the psychologist and responsible clinician for the hospital
- carried out a specific check of the medication management including a review of all patient's prescription cards
- attended and observed a coffee morning, a cooking group and morning handover meeting with the multi disciplinary team
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

- All patients that we spoke with told us that staff treated them with kindness, dignity and respect. Staff were described as providing a patient centred approach to care and worked collaboratively with patients to gain an understanding of their individual needs and goals for recovery.
- Families and carers that we spoke with told us they were routinely involved in the care planning process and that their views were listened to and respected by staff.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- A range of environmental checks and health and safety assessments were routinely completed by staff. The hospital had a detailed contingency plan in case of emergencies including in the event of a fire and the outbreak of infectious diseases.
- A range of nationally recognised assessments and rating scales were used to measure patient risk. A daily review of all patients was carried out by the senior management team for the hospital and risk mitigating factors identified.
- Procedures were in place for the safe dispensing and reconciliation of medication stocks. Audits of the medication management were carried out weekly and action plans developed to address any areas where improvement was identified.
- The hospital had a culture of reflective practice and learning lessons from incidents. We were able to see that changes had been made following incidents to improve patient safety.
- There were sufficient staff who were suitably skilled and qualified to ensure safe care. Sickness levels were low and staff were able to attend a range of statutory and mandatory training opportunities.

Are services effective?

Good

We rated effective as good because:

- Records relating to the planning of patient care were detailed, addressed a range of patient strengths and needs and were updated regularly by staff.
- Patients could access a range of nationally recognised clinical interventions, including psychology. Rating scales and outcome measures were in place to monitor the effectiveness of the care provided and staff routinely completed case formulations and patient reviews.
- Supervision and appraisal rates for staff were high and allied health professionals were able to access peer support and supervision as required.
- A range of meetings routinely took place to ensure that the service operated effectively and communication was shared amongst staff from all disciplines.

Summary of this inspection

- Audits were completed as part of an annual schedule to ensure the delivery of a high quality service. Action plans were developed as a result of audits findings and we found that actions identified were completed by staff.

Are services caring?

Good

We rated caring as good because:

- All patients that we spoke with told us that staff treated them with kindness, dignity and respect. We were given examples of staff working collaboratively with patients to enhance their recovery.
- Staff worked with patients from the point of admission to develop person centred care plans which identified a range of strengths and needs and provided a range of interventions to assist them in their recovery.
- Families, carers and support networks were routinely involved in the planning of patient care. All patients were able to have a copy of their care plan and were supported to do so by staff.
- Weekly community meetings were held to give patients the opportunity to provide feedback on the quality of the service provided.
- Advocacy services were available for patients and had been independently commissioned in line with the 2015 Mental Health Act Code of Practice, with a focus on patient involvement and feedback.

Are services responsive?

Good

We rated responsive as good because:

- The average length of patient stay at the hospital was two years and in line with national guidance for community mental health rehabilitation settings.
- Discharge planning was evident in care records reviewed. Patients that we spoke with were aware of their treatment goals and were able to describe how they were working towards discharge from the service.
- A range of occupational activities were provided by staff to meet the social, leisure and recovery needs of patients and there were a full range of facilities to support treatment and care.
- The service had a target of offering each patient 25 hours of meaningful occupation per week and had an average achievement rate of 94% in the three months prior to our inspection.

Summary of this inspection

- Information was available throughout the service for patients on the hospital's complaints process and policy. Staff responded promptly to complaints and duty of candour was evident where required.

Are services well-led?

Outstanding 

We rated well-led as outstanding because:

- Morale amongst staff at the service was excellent and staff we spoke with described the team as being part of a small family who worked collaboratively to provide high quality patient care.
- The registered manager and head of care at the service were described as providing consistent, visible and strong leadership. They were supported by a multi disciplinary team who worked collaboratively to ensure high quality and safe care.
- Staff told our inspection team that they were proud of the standard of care they offered and the sense of achievement gained from the improvements they could make to patients' recovery and quality of life.
- Effective governance structures were in place at a local and regional level. The registered manager was able to measure the performance of the service using key indicators and we saw evidence of this during our inspection.
- The service had established a philosophy and values and staff were able to describe how this was incorporated into their approach to providing care.
- All staff told us they felt able to raise concerns using the provider's whistleblowing policy if required. Staff at the service said they would be supported by the registered manager or head of care to raise concerns and felt safe to do so.

Detailed findings from this inspection

Mental Health Act responsibilities

- All medication was given under a lawful authority. Consent to treatment was obtained from patients in line with Mental Health Act requirements. Staff documented this on T2 forms which were kept with prescription charts and were complete and in date.
- The hospital maintained clear records of Section 17 leave granted to patients. Section 17 leave is planned leave from hospital for patients detained subject to the Mental Health Act and can be used, over time, for gaining increased independence and preparing for discharge to a less restrictive environment.
- At the time of our inspection, all staff had received training in the updated 2015 Mental Health Act Code of Practice. Staff that we met with were able to discuss with the inspection team what the guiding principles of the Mental Health Act were and how this impacted on patient care.
- Staff explained patients' rights to them under section 132 of Mental Health Act on admission and routinely thereafter. Evidence of this had been recorded in care records and included the patient's signature where possible.
- Patients were able to access independent mental health advocacy services and these had been commissioned by the local authority in accordance with the 2015 Mental Heath Act Code of Practice

Mental Capacity Act and Deprivation of Liberty Safeguards

- At the time of our inspection, all staff had received training in the Mental Capacity Act. All staff were able to explain the guiding principles of the Mental Capacity Act and how they used these principles in their clinical work.
- The service had a Deprivation of Liberty Safeguards policy in place dated 2016 with a review date of 2019. In the year prior to our inspection there had been no Deprivation of Liberty Safeguards applications made to the local authority by the service.
- We found evidence within care records of the clear documentation of patients capacity to consent to treatment and make decisions about their care. Where capacity could not be assured, we found that decisions were made in their best interests and following meetings with the patients community care co-ordinator and consultation with members of the patients immediate family.
- Audits of the hospital's adherence to the Mental Capacity Act were carried out twice yearly in conjunction with audits of the use of the Mental Health Act.

Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment:

- The ward layout allowed staff to observe most parts of it, where there were blind spots these were mitigated by staff presence in all areas. A sanctuary room was available for patients to access with staff support and when patients accessed this independently a risk assessment was carried out and agreed following a multi disciplinary meeting.
- The service provided care for female patients only. All patients had keys to their bedrooms and were able to access them 24 hours a day following a risk assessment by the multi disciplinary team that they would be safe to do so.
- The registered manager for the service had completed a ligature risk assessment in October 2017, with a review date for October 2018. The ligature risk assessment covered internal and external aspects of the service including patient bedrooms, garden areas and rooms used for therapeutic activities. Where ligature points had been identified, for example in therapy kitchens, they had been documented with a risk rating and mitigating factors identified, including locking access doors when not in use.
- The fire alarm system in place at the hospital had received an annual service in May 2017. The estates department for the hospital carried out routine checks of fire fighting equipment including fire extinguishers of various types and fire blankets. Logs were maintained of completed checks and we reviewed these and found them to be complete and in date.
- Staff at the service completed monthly fire drills to ensure a rapid and coordinated response in an emergency. The time taken to clear the simulated fire area was recorded, including the time elapsed to take a roster of names by the designated fire warden. Each fire drill was assessed on its effectiveness and remedial action identified.
- Emergency lighting system checks were completed and logs were maintained to evidence this. The hospital had a passenger service lift in place for patients to access the first floor and this was inspected annually by a qualified engineer and we reviewed records evidencing this.
- A contract was in place with an external contractor to ensure that electrical appliances were inspected annually and tested for electrical safety, and to the requirements of the electricity at work regulations.
- We reviewed documentation relating to the services electrical installation, gas safety record and kitchen extract system cleaning. We found that required checks and servicing had been completed and logs were maintained by the hospital's maintenance department.
- Staff adhered to infection control principles. Hand gel dispensers were in place in communal areas and we observed staff using these during our inspection.
- Staff were able to access a fully equipped clinic room at the hospital to carry out physical health monitoring checks with patients. Equipment available for staff use included an electro cardiogram machine, medical scales and blood glucose monitors. All equipment had

been maintained and calibrated in line with manufacturer's recommendations and we were provided with evidence of this by the registered manager.

- Staff at the service had access to emergency life saving equipment including ligature cutters, a defibrillator, emergency oxygen and medicines for the treatment of anaphylaxis. Routine checks of the life saving equipment had been completed and staff maintained accurate and up to date records which were provided to our inspection team for review.
- All areas at the service were well maintained and visibly clean. The housekeeping staff at the service kept detailed logs of the routine cleaning of hard floors, curtains and carpets. A weekly bedroom cleaning schedule was in place and records of this were in date and complete.
- The registered manager for the service completed an environmental risk assessment annually. We found that the most recent assessment had been completed in October 2017 and contained a detailed and comprehensive assessment of the service with identified risks, mitigating factors and risk management strategies evident.
- The hospital displayed a copy of its public liability insurance in the communal entrance area and we found this to be in date. The hospital also displayed its ratings achieved from the Care Quality Commission during their previous inspection of the service in January 2016. This was in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A, which states that care providers must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated service and on their website, if applicable.
- A business continuity plan was in place for the hospital and provided detailed guidance for staff in the event of emergencies or major incidents including the outbreak of infection, interruption to the service's utilities or a terrorist incident. Contact numbers for utility providers were recorded for staff use and procedures for the evacuation of the service were available including alternative accommodation options and transport arrangements.
- All staff had access to personal alarms and nurse call systems were available for patient use. Staff that we spoke with were able to describe how they could activate personal alarms if required, and how they could use wall mounted displays to identify areas in which to respond to if needed.

Safe staffing:

- As of October 2017, there were a total of 32 substantive staff working at the service. Staffing establishment levels for whole time equivalent qualified nurses were seven and there was one vacancy. Establishment levels for whole time equivalent nursing assistants were 24 and there were no vacancies. Recruitment to the vacant qualified nurse post had been completed at the time of our visit to the service and a planned start date was being identified.
- Sickness rates for the period October 2016 to October 2017 were low and less than one per cent. The service reported a total of eight staff who had left during the same time period, equivalent to 25% of the full staffing establishment. The registered manager for the service attributed the relatively high turnover rate to staff leaving the service to pursue professional qualifications and career opportunities.
- During the period July 2017 to October 2017, a total of 11% of all shifts were filled by bank staff to cover staff sickness, absence or vacancies. There were no shifts left unfilled during this time period. Agency staff were not used in this service as the provider felt that they may not have the necessary specialist knowledge to work with the patient group. As of October 2017, the registered manager at the service had access to 31 contracted nursing/support workers and seven specialist mental health nurses via the providers internal bank staff co-ordinator.
- The registered manager at the service provided feedback that they were able to access bank staff in a timely manner when required. A service policy stated that bank staff should never exceed more than 20% of staff on shift at any one time. This was to ensure continuity of care was provided where practicable and that staff familiar with the service and individual patient needs were always available when required.
- Staffing levels could be adjusted daily to take into account the need of patients and changes in therapeutic observations and risk management

strategies. Patient need and risk were discussed daily in the service's morning meeting and this was used to identify the potential for increased staffing levels over the following days.

- A minimum of one qualified nurse was on every shift and maintained a presence in the ward area. Senior nurses were supported during day shifts by a dedicated head of care, this was a senior staff member not included in the shift numbers and who provided an oversight and support function for the service.
- Patients that we spoke to told us that staffing levels ensured that they received planned 1:1 sessions and that they could access staff support as and when required.
- Staff and patients told us that escorted leave and ward activities were rarely, if ever cancelled. The registered manager had implemented a policy where cancellation of either escorted leave or scheduled activities required authorisation by themselves or the senior management team.
- Medical cover for the service was provided by a consultant psychiatrist who held responsible clinician status and a specialist registrar grade doctor. Both medics were employed full time by the provider and had a contract to provide out of hours cover including night times and to respond to emergencies.
- Staff had received and were up to date with most areas of mandatory training, including emergency first aid, suicide, self harm and ligature risk awareness and the management of actual and potential aggression. The average training compliance rate at the service was 92% at the time of our inspection. There were no areas of training where staff attendance was below 75%.

Assessing and managing risk to patients and staff:

- There were no reported incidents of seclusion or segregation in the six months prior to our inspection. The service did not seclude patients and a policy was in place to inform staff of the definition of seclusion under the Mental Health Act Code of Practice
- During the period April 2017 to October 2017, there were 85 recorded instances of the use of restraint with eight patients. The highest cause of the use of restraint was to prevent patients from harming themselves, this accounted for 45 of the total, the remainder were related to patients presenting as physically aggressive to either staff or fellow patients, attempting to abscond from the hospital and the use of intra-muscular medication on three occasions. The hospital policy classed any laying of hands on a patient as the use of restraint, and required an incident reporting form to be completed and reviewed in all cases by the senior management team and signed off by the responsible clinician for the service. We reviewed completed incident reporting forms during our inspection and found them to be detailed, including a review of events that had led to the use of restraint and a section for debriefs to be held with both staff and the patient involved to check on their emotional wellbeing.
- Recognised risk assessment tools were used throughout the service and were accessible by all staff for review. These included the Short Term Assessment of Risk Tool and the Historical Clinical Risk management-20 tool for patients who had been convicted in the criminal justice system.
- There were no blanket restrictions in place at time of our inspection. The registered manager, senior management team and staff were able to describe what would constitute a blanket restriction, and describe the process for using individualised risk assessment and case formulations to provide care that was the least restrictive for each patient whilst managing risk.
- Notices were placed in communal areas and at the entrance to the building providing guidance to informal patients on their right to leave without restriction.
- A policy and procedure for the use of therapeutic engagement and observation was in place, approved for use in 2016 and with a review date of 2019. The policy made reference to guidance from the National Institute for Health and Care Excellence NG10; Violence and aggression, short term management in mental health, health and community settings. Observation levels of each patient were reviewed as part of the shift handover process and formed part of the wider multi disciplinary team meeting which took place daily. Increases in observation levels were able to be made by nurses on shift in response to the needs of the patients, decreases in observation levels could only be authorised by either the responsible clinician or specialist registrar following a medical review.

Long stay/rehabilitation mental health wards for working age adults

Good

- All staff that we spoke with told us that restraint would only be used as a last resort and when all other therapeutic interventions had been unsuccessful. Staff at the hospital were trained in the management of actual or potential aggression. All use of interventions or disengagement techniques required an electronic incident reporting form to be completed identifying events leading up to the incident and de-escalation strategies used. They also included sections for staff and patient debrief and a review by the psychologist for the service and a member of the senior management team. All incident forms were reviewed by the responsible clinician for the service and the registered manager.
- The use of rapid tranquilisation at the service was low and monitored in line with guidance from the National institute for Health and Care Excellence. There were three recorded incidents of its use in the six months prior to our inspection. Physical health observation forms were completed in all cases where rapid tranquilisation had been used and we reviewed these as part of our inspection activity and found them to be complete.
- Staff were trained in safeguarding with a compliance rate at the time of our inspection of 93% and above the providers training target of 90%. Staff that we spoke with were able to describe their responsibilities to ensure safeguarding referrals were completed.
- Staff completed weekly reconciliation and monitoring of all medication stock and a robust auditing schedule was in place. This included monthly medication audits by staff, quarterly medication audits by the providers corporate quality team and annual medication audits by the local pharmacy providing service provision. During our inspection, we reviewed the stock levels, storage and monitoring arrangements and found them to be well organised with records evidencing routine checks. Fridge temperature records for the storage of medication were maintained and were complete and up to date.
- A policy was in place outlining safe procedures for visitors to the hospital including special consideration to the safety and wellbeing of visitors who were children or young people. A visitors room was available for use, was comfortably furnished and did not require visitors to access the main clinical area of the hospital.

Track record on safety:

- There had been one serious incident at the hospital in the twelve months prior to our inspection, an internal investigation had been commenced in line with the providers incident policy and guidance and changes had been implemented to prevent reoccurrences.
- The registered manager at the service provided our inspection team with examples where changes had been made to improve staff and patient safety. Following a period of high incidents of self injurious behaviour by patients, staff had reflected that repeat occasions of the nurse alarm call sounding were increasing patients distress and emotional arousal levels. As a result, the alarm call system had been reduced in volume, and staff were issued with pagers linked to the alarm system.

Reporting incidents and learning from when things go wrong:

- All staff that we spoke with were aware of the procedure for reporting incidents and could describe the process for doing so. All incidents that were reported were required to be reviewed by the registered manager for the service and the responsible clinician.
- An accident/incident policy and procedure was in place with a review date of 2018 and provided guidance for staff, including whether an accident or incident met the Health and Safety Executive criteria for Reporting Injuries, Diseases and Dangerous Occurrences Regulations. Patients that we spoke with told us that staff were open and explained to them when things did not go as planned.
- The senior management team and staff held monthly incident review meetings which reflected on the total number of incidents reported per calendar month, the type of incident and the frequency. Staff also reviewed the safeguarding referrals and notifications completed to the Care Quality Commission as required by the Care Quality Commission (Registration) Regulations 2009 (part 4). A monthly incident trend analysis was completed and formed part of the regional clinical governance meeting with other hospitals in the region run by the provider.
- Staff met routinely to discuss lessons learned following the investigation into incidents both internal and external to the service. Staff and patients had been

Long stay/rehabilitation mental health wards for working age adults

Good

offered debriefs where required and the psychologist at the service had taken a lead in debriefing staff following a serious incident that took place in the year prior to our inspection.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care:

- We reviewed eight records relating to the care and treatment of patients as part of our inspection activity. We found that in all records reviewed, a comprehensive assessment of needs including physical health, occupational functioning and performance had been completed by suitably skilled and qualified staff.
- All patients had a physical health folder in which staff recorded outcomes from physical health checks including electro cardiograms, blood pressure monitoring and blood test results. Staff at the service completed a range of nationally recognised physical health assessments and rating scales including the National Early Warning Score. The National Early Warning Score is a physiological assessment of needs based on resources produced by the Royal College of Physicians in collaboration with the Royal College of Nursing.
- We found evidence in all care records reviewed of a personalised and holistic approach to providing patient care. Patients views and wishes were documented in all care plans and strengths and goals identified for the future, including plans for work and educational opportunities.
- All information needed to deliver care was stored securely. Staff could access care planning records, Mental Health Act paperwork and patient assessments using the provider's electronic and paper record keeping system. All patients had a designated grab file which included the most up to date care planning records and multi disciplinary assessments and enabled staff to access the most frequently used information easily. Staff that we spoke with told us that the hospitals record keeping system worked well and was effective.

Best practice in treatment and care:

- There were no nurse prescribers in post at the time of our inspection. All medication prescribing was completed by either the consultant psychiatrist or specialist registrar and in accordance with National Institute for Health and Care Excellence guidance for the treatment of schizophrenia (CG178) and the treatment of bipolar disorder (CG185). The responsible clinician and specialist registrar at the service had completed a range of audits to ensure that patients received physical health monitoring and physical health checks recommended due to their medication regimes. An electro cardiogram audit had been completed in October 2017 and found that 93% of patients at the hospital had received an electro cardiogram where clinically indicated.
- Patients were able to access a range of psychological interventions including wellness recovery action planning, cognitive behavioural therapies and emotional management groups. The psychologist at the service worked collaboratively with the occupational therapy department to assess patients cognitive skill levels and completed the Repeatable Battery for the Assessment of Neuropsychological Status to assess memory function and concentration levels.
- The occupational therapy department at the hospital completed a range of nationally recognised assessment tools and rating scales to assess patient need and measure the effectiveness of clinical interventions provided. The Model of Human Occupation Screening Tool is an assessment that enables therapists to gain an overview of the client's occupational functioning in a range of core domains including volition, habituation, motor skills, and environment. It can also be used for case formulation and we saw this in practice during our inspection.
- Staff completed sensory needs assessments with patients and worked collaboratively with them to identify how sensory strategies could be used to manage their emotions and feelings of stress. Patients were provided with a sensory diet which was an

individualised programme of activities that involved taste, touch, sense and smell and assisted them to manage periods of emotional arousal and increased stress.

- The hospital had built effective relationships with local general practitioners responsible for managing the physical health care and needs of patients. Each patient had a designated physical health care folder which included all communication letters with their designated general practitioner, details of any physical health checks and details of physical health medications. A general practitioner in-reach service was also in place at the service, and a clinician from the local doctors surgery visited monthly to meet with patients who were unable to access their service in the community.
- Staff routinely completed assessments of patients' nutrition and hydration needs using the Malnutrition Universal Screening Tool. The Malnutrition Universal Screening Tool is a five-step screening tool used to identify adults who are malnourished, at risk of malnutrition, or obese.
- Staff routinely completed a range of audits to ensure the delivery of a quality service and to improve practice in line with guidance from the National Institute for Health and Care Excellence. We found that audits had been completed for the monitoring of high dose anti-psychotics and that actions plans had been implemented as a result to ensure that physical health monitoring was completed routinely.
- A full audit of the hospital was completed every three months by a member of the senior management team and included reviews of areas including health and safety and infection control, medication management, storage and prescribing and a review of care records for completeness. Where audits were completed, an action plan was developed to improve any areas of practice and identified a time scale and staff member responsible for completion.
- The Health of the Nation Outcome Scale was completed in all care records reviewed following a patients admission to the service and reviewed as part of regular multi disciplinary team and care programme approach meetings. The Health of the Nation Outcome Scale is a tool developed by the Royal College of Psychiatrist's to measure of the health and social functioning of people with severe mental illness. The scales contain 12 items measuring behaviour, impairment, symptoms and social functioning.
- Monthly audits of patients records relating to care and treatment were completed by staff and included whether care plans covered a full range of patient needs, whether a risk assessment was complete and in date, completion of capacity assessments where required and the involvement of patients support networks, carers and families. We reviewed the outcomes of audits for the four months prior to our inspection and found that the average compliance rate for completeness was 98%.

Skilled staff to deliver care:

- Patients were able to access a range of multi-disciplinary professionals that worked at the service, including mental health nurses, support workers, psychologists, psychiatrists and occupational therapists.
- Staff were experienced and qualified to undertake their roles. We reviewed three staff personnel files during our inspection and found they all contained suitable references, pre-employment checks and disclosure and barring service checks.
- Specialist training and apprenticeship pathways were available for staff from foundation to degree level. The service also offered training to enhance staff development including personality disorder training, autism awareness, suicide and risk training, diabetes and phlebotomy training.
- Nursing assistants at the service were supported to complete the care certificate standards as part of their professional development and we were provided with evidence of this during our inspection. The care certificate standards were launched in March 2015 with the aim to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.
- The hospital offered clinical placements to psychology, nursing and occupational therapy students. Staff that we spoke with were committed to offering students the opportunity to develop their clinical practice and were described by students as giving them the opportunity to "live the role" and be independent and autonomous with appropriate clinical supervision.

Long stay/rehabilitation mental health wards for working age adults

Good

- All bank staff who worked at the service received the same full induction programme as substantive staff, including shadowed shifts with permanent staff, face to face training including observation and engagement training and electronic learning opportunities for statutory and mandatory training modules.
- Qualified staff were required to maintain current professional registration with regulatory bodies, including the Nursing and Midwifery Council and the Health Care and Professions Council for occupational therapists and psychologists. We reviewed logs relating to annual staff professional registration and found them to be complete and checked routinely.
- Most staff eligible to have an appraisal had received one during the 12 months prior to our inspection. At the time of our inspection of this service, the appraisal rate for staff was 93%.
- A policy was in place for the provision of clinical and managerial supervision for staff working at the service. Supervision was provided by senior staff and the registered manager and the attendance rate during the period October 2016 to October 2017 was 100%. We met with allied health professions staff including the psychologist and members of the occupational therapy team. All staff that we met with were able to give examples of profession specific supervision arrangements and were able to attend peer support meetings with colleagues internal and external to the service.
- Medical staff at the service had undergone revalidation of their professional skills in accordance with guidance from their regulatory body; the Royal College of Psychiatrists.
- The registered manager at the service addressed poor staff performance promptly and effectively where necessary and we were provided with examples where action had been taken in accordance with the provider's disciplinary policy.

Multi-disciplinary and inter-agency team work:

- Handovers took place between staff twice daily at shift changes. This provided an opportunity for staff to be updated with any changes in patients' care needs, observation levels and to be updated about any incidents that had occurred during the previous shift.
- A member of our inspection team attended the multi-disciplinary team meeting which took place daily for staff working core hours (9am-5pm), including the registered manager, the head of care, psychology, occupational therapy and nursing staff. Medical input to these meetings was provided by either the responsible clinician or specialist registrar. All patients were discussed at the multi disciplinary team meeting and their progress for the previous 24 hours and any changes to their risk assessment were reviewed and updated. Incidents that occurred were also reviewed and a brief formulation and plan for how to manage patients with increased support needs was developed by all staff in attendance.
- The psychologist at the service provided monthly reflective practice meetings for clinical staff. The aim of the reflective practice meetings were for staff to review the culture at the service, acknowledge any challenges that they faced as a clinical team and to identify ways to work more effectively with patients. Staff that we spoke with gave positive feedback about the process, citing that it had helped them to work cohesively during challenging periods and had helped them to retain a team approach while working with complex patients and changing risk presentations.

Adherence to the MHA and the MHA Code of Practice

- Mental Health Act paperwork was examined by a competent member of staff following a patients admission to the hospital and to ensure that their detention subject to the Mental Health Act was lawful. A Mental Health Act administrator was employed on a full time basis at the service and provided oversight and support to staff in ensuring that Mental Health Act paperwork was completed correctly.
- The hospital maintained clear records of Section 17 leave granted to patients. Section 17 leave is planned leave from hospital for patients detained subject to the Mental Health Act and can be used, over time, for gaining increased independence and preparing for discharge to a less restrictive environment.
- At the time of our inspection, all staff had received training in the updated 2015 Mental Health Act Code of

Long stay/rehabilitation mental health wards for working age adults

Good

Practice. Staff that we met with were able to discuss with the inspection team what the guiding principles of the Mental Health Act were and how this impacted on patient care.

- Staff explained patients' rights to them under Section 132 of Mental Health Act on admission and routinely thereafter. Evidence of this had been recorded in care records and included the patient's signature where possible.
- All medication was given under a lawful authority. Consent to treatment was obtained from patients in line with Mental Health Act requirements. Staff documented this on T2 forms which were kept with prescription charts and were complete and in date.
- Audits of all patients Mental Health Act paperwork were completed by the hospital's Mental Health Act Administrator twice yearly. We reviewed the most recent audit completed in June 2017 which included checks on administration and legality of detention, recording of patients rights under Section 132, documentation of consent to treatment and reviews or paperwork relating to patients subject to a community treatment order. The audit found that there were no immediate actions required in relation to Mental Health Act documentation, although did make four recommendations for actions required, and included timescales for their completeness and identified staff responsible for ensuring they were carried out.
- Patients were able to access independent mental health advocacy services and these had been commissioned by the local authority in accordance with the 2015 Mental Heath Act Code of Practice.

Good practice in applying the MCA:

- At the time of our inspection all staff had received training in the Mental Capacity Act.
- All staff were able to explain the guiding principles of the Mental Capacity Act and how they used these principles in their clinical work.
- The service had a Deprivation of Liberty Safeguards policy in place dated 2016 with a review date of 2019. In the year prior to our inspection, there had been no Deprivation of Liberty Safeguards applications made to the local authority by the service.
- We found evidence within care records of the clear documentation of patients' capacity to consent to treatment and make decisions about their care. Where capacity could not be assured, we found that decisions were made in their best interests and following meetings with the patient's community care co-ordinator and consultation with members of the patient's immediate family.
- Audits of the hospitals adherence to the Mental Capacity Act were carried out twice yearly in conjunction with audits of the use of the Mental Health Act. Areas included for review were recording of patients completed capacity assessments and requests for second opinion doctor assessments for patients lacking capacity. In the most recent audit, completed in June 2017, 123 of 127 paperwork domains were checked and the hospital achieved a compliance score of 97%.
- Staff that we spoke with were able to demonstrate an understanding of the 2005 Mental Capacity Act definition of restraint, and how they worked in accordance with this when providing care for patients. The Mental Capacity Act 2005 defines restraint as when someone uses, or threatens to use force to secure the doing of an act which the person resists, or restricts a person's liberty whether or not they are resisting. We found that staff were committed to working with patients in the least restrictive manner and took a pro active approach to positive risk taking to enable patients to live as independently as practicable given existing and historical risk factors.

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

Good

Kindness, dignity, respect and support:

- Throughout our inspection we observed staff attitudes and behaviours that were responsive, discreet, respectful and provided a balance between practical and emotional support.
- We observed staff interacting with patients in a manner that demonstrated an understanding of their individual needs and promoted their independence. Staff worked

Long stay/rehabilitation mental health wards for working age adults

Good

with patients from the point of admission to develop person-centred care plans which identified a range of strengths and needs and provided a range of interventions to assist them in their recovery.

- All patients that we spoke with told us that staff treated them with kindness and respect. All patients also told us that they felt staff made them feel safe, were responsive to their needs and ensured they had sufficient support to help them during periods of emotional distress.

The involvement of people in the care they receive:

- Patients admitted to Raglan House Hospital were provided with a welcome booklet containing details of the care team, the local area, the daily routine including meal times and community and hospital based rehabilitation opportunities. Patients were also provided with a welcome pack including toiletries, a back pack for their belongings and a towelling dressing gown.
- All care records that we reviewed demonstrated the active participation and involvement of patients in the care planning process. Patients were routinely invited to take part in multi disciplinary reviews of their care and families and support networks were invited to work collaboratively with staff at the hospital. Care plans were provided for patients to have a copy, including in easy read and pictorial format where an assessment of their cognitive functioning indicated this would be beneficial and maximise their understanding of their recovery goals. All care plans reviewed had been signed by members of the multidisciplinary team involved in the process and patient signatures had also been sought and recorded.
- Patients were able to access independent mental health advocacy services and these had been commissioned by the local authority in accordance with the 2015 Mental Heath Act Code of Practice. The hospital had also commissioned secondary advocacy services, provided by an independent organisation and we met with the advocate from this service as part of our inspection process.
- Weekly community meetings were held with patients, were well attended and minutes recorded by staff. Actions from previous meetings were reviewed and outcomes documented where patients had made suggestions of how they felt the service provided could be improved. The community meeting also provided a weekly forum for patients to identify activities for the coming weekend and enabled the service to plan for sufficient staff to ensure these could take place. Patients that we spoke with provided positive feedback regarding the community meeting, and told us they found it effective and meaningful and that staff took action based on their suggestions where possible.
- At the time of our inspection, a recent survey of patient satisfaction had been completed by the advocacy service commissioned by the hospital and had been forwarded to the occupational therapy department for formatting.
- Advance statements were in place in all care records reviewed and were reviewed regularly in line with care plans to ensure they were reflective of the patient's current needs.

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

(for example, to feedback?)

Good

Access and discharge:

- At the time of our inspection, there were 25 patients receiving care and treatment at Raglan House Hospital. The average bed occupancy during the period October 2016 to October 2017 was 97%.The average length of stay in days for patients discharged between October 2016 and October 2017 was 750 days which was slightly above the two year length of stay guidance for patients receiving care in community rehabilitation settings.
- Raglan House Hospital provided a service predominantly to patients from the local area, however were able to provide a service to patients from outside the catchment area if clinical need indicated it would be beneficial to their recovery. Assessment of patient needs was completed prior to admission and involved a range of staff including the psychologist, occupational therapists and nurses dependent upon patient need.
- During the period March 2016 to March 2017, there were no reported delayed discharges from the service and there were no re-admissions to the service within 90 days of discharge during the same period. Beds at the

service were not re allocated during periods that patients were absent for extended periods of Section 17 leave and were available for patients on their return.

- Care plans made reference to Section 117 aftercare services for patients planning to be discharged from the service. We found that discharge planning was evident in all care records reviewed.

The facilities promote recovery, comfort and dignity and confidentiality:

- A range of rooms and facilities were available for patients including therapy kitchens, lounges, areas to carry out daily activities and a hairdressing salon. A laundry room was available for patients to use and a designated therapy room was available for patient activities and 1:1 sessions with therapy staff.
- A programme of therapeutic and meaningful activities was in place including social, leisure and skill acquisition groups. Psycho-educational groups were available for all patients to access. A work programme was in place and we met with staff from the occupational therapy team during our inspection who demonstrated that patients were supported to fill in application forms for work roles at the service, and an employment contract was provided for them outlining key tasks and remuneration. The aim of the work programme was to provide patients with a realistic work role, and to provide evidence that could be incorporated into a curriculum vitae for the future.
- The provision of activities and leave was monitored for each patient as part of the hospital's key performance indicator system. The service aimed for 25 hours of meaningful activity per patient per week and in the three months prior to our inspection the average rate of achievement for all patients was 95%. During our inspection of this service we attended a coffee morning and cooking group with patients and found them to be well attended and offering patients the opportunity to socialise in a relaxed environment external to the hospital and to work with staff practising daily living skills.
- Patients were able to access quiet areas, including two lounges and a communal dining area with stalls for seating. A phone was available for patient use in an enclosed space to promote confidentiality and contact details were provided for local solicitors, advocacy services and the Care Quality Commission.
- Patients at the service had access to a range of hot and cold drinks and snacks at all times of the day and night and provided positive feedback about the quality and variety of food offered by the kitchen staff. We met with patients during our inspection who were demonstrably proud of their bedroom area and gave our inspection team a tour of the facilities on offer. Bedroom spaces could be personalised and we saw that patients had completed artwork with their names and attached it to the outside of their bedroom doors.
- Patients were able to access secure storage for their possessions in their bedroom areas and all bedrooms at the service were provided with en suite facilities. Access to communal gardens was available and was well maintained and patients accessed a range of activities at weekends chosen by them and including trips to local areas of interest, shopping and to see the local Christmas lights switch on.

Meeting the needs of all people who use the service:

- Adjustments had been made at the hospital for patients with reduced mobility, this included access ramps at the entrance, designated parking and a passenger service lift.
- There was a choice of food available for patients to meet the dietary requirements of religious or ethnic groups and all meat provided at the hospital was Halāl. Halāl refers to what is permissible or lawful in traditional Islamic law. It is frequently applied to permissible food and drinks for people following the Islamic faith.
- Information boards were in communal areas and provided details for patients on their rights under the mental health act, access to advocacy services and support services. Sheets detailing patients rights to leave the ward if they had informal status under the mental health act were evident in communal areas.
- Spiritual support for patients was available via weekly drop in sessions led by the pastor from the local church. Rooms were also available including prayer mats for patient use.

Long stay/rehabilitation mental health wards for working age adults

Good

Listening to and learning from concerns and complaints:

- During the period July 2016 to July 2017, there were two complaints received by the service relating to patient care. Of these two complaints, one was upheld. We reviewed the services response to the complaints received and found that they adhered to the providers policies and timelines for completeness and that outcome were communicated to complainants with further options identified if they remained unhappy with the outcome.
- A complaints policy was in place and available to staff. Staff were aware of their responsibilities to assist patients in using the complaints process and said they would feel able to do so if required.
- Information was available throughout the service for patients on the provider's complaints process and policy. Information for access to external organisations was also provided, including local advocacy services and the Care Quality Commission.
- During the period July 2016 to July 2017, there were 11 compliments received by the service relating to the care provided by staff. Areas of care that were identified as positive were staff support, staff attitudes and multi disciplinary working.

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

Outstanding ☆

Visions and values:

- The hospital had a vision to actively enable each and everyone of the individuals within their care to achieve their personal best however this was defined by them. The belief being everyone has a personal best, everyone can find something to aim for and everyone can achieve something special. Staff that we spoke with were able to describe the visions and values of the hospital and could give examples of how they informed their clinical practice.
- Senior managers within the organisation were described as accessible and responsive to the service's needs. The registered manager had received support from the chief executive of the provider following a serious incident that had occurred earlier in the year. During our inspection, we met with the regional operations director and registered manager who both described a working relationship that was supportive, patient focussed and committed to service improvement.

Good governance:

- Governance systems were embedded at the service and ensured that staff could access a range of training and learning and development opportunities. Staff were suitably skilled and qualified to carry out their roles and appropriate checks were in place to monitor professional registration for qualified staff.
- The registered manager and representatives from all staff groups met on a monthly basis for a local governance meeting which fed into and received feedback from regional and national governance agenda's.
- A programme of routine clinical audits and service improvement was in place. Audits that had been completed and were reviewed by our inspection team included the monitoring of high dose anti-psychotics, the lawful use of the Mental Health Act and Mental Capacity Act, and the completeness of care records. We found that where audits had been completed, action plans had been developed in response and staff allocated to ensure actions were carried out.
- A culture of learning lessons from incidents and the use of reflective practice was promoted by members of the senior leadership team for the hospital. We were give a number of examples where clinical practice had been changed and adapted to ensure patient safety and wellbeing.
- The registered manager for the service reported that they were well supported by the administrative team at the hospital, including the Mental Health Act administrator. The provider had a risk register in place and the hospital manager reported that they were able to access this and add items if required.
- The hospital used a range of key performance indicators to measure the effectiveness of the service provided and to monitor quality and patient safety. The registered

manager provided data on staff sickness, incidents, the use of restraint and rapid tranquilisation to the providers' central governance team electronically. This then formed part of a performance dashboard which could be reviewed and benchmarked against other hospitals ran by the provider.

Leadership, morale and staff engagement:

- Sickness levels were monitored and were low, at less than one per cent. The registered manager at the hospital ensured that all shifts were covered by a sufficient number of staff of the right grades and experience, enabling staff to be responsive to patient need and to maximise the amount of time they could spend on direct care activities.
- At the time of our inspection, there were no grievance procedures being pursued within the team and there were no allegations of bullying or harassment.
- Staff were aware of the provider's whistleblowing policy and process and said they would feel able to raise concerns using this. We saw posters and information leaflets advising patients and staff on how to raise concerns in place at the hospital.
- Morale amongst staff was high. Most staff that we spoke with described working at the hospital as akin to being part of a small family. Staff told our inspection team that they were proud of the standard of care offered at the service and felt rewarded by the improvements they could make to patients recovery and quality of life. The registered manager was cited as being excellent, with an open door policy and an ability to lead the clinical team during difficult times. The head of care at hospital was described by a number of staff as being a positive role model and one who used their experience to provide clinical leadership in the absence of the registered manager.
- Multidisciplinary team working was evident throughout the service and within records relating to the care and treatment of patients. We found there was a commitment to using the skills of the clinical team to complete case formulations for patients with complex needs and staff described their approach as non-hierarchical and a culture where every staff member's opinion was valued, irrespective of grade or professional role.
- Staff worked collaboratively with patients and were described as being open and transparent, offering patients an explanation if and when things went wrong. A weekly community meeting was held at the service and was well attended, promoting communication between patients and staff and enabling suggestions for service improvement to be put forward.
- Staff attended regular team meetings and could provide feedback on the service and input into service development. Staff felt well engaged with the senior management team at the hospital and reported their views were listened to, respected and acted on where possible.

Commitment to quality and innovation:

- The hospital had introduced training for staff in Managing Actual and Potential Aggression, in the time since our previous inspection in 2016, replacing the Management of Violence and Aggression approach used previously. The new initiative aimed to promote a safe, reasurring, positive and respectful environment and provide staff with the skills to manage situations safely, using de-escalation techniques and minimising the use of physical interventions.

Outstanding practice and areas for improvement

Outstanding practice

A dedicated sensory room called the sanctuary was in place at the hospital and patients were provided with a sensory diet which was an individualised programme of activities that involved taste, touch, sense and smell and assisted them to manage periods of emotional arousal and increased stress.

Areas for improvement

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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