

The Cloisters

Quality Report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Overall summary

We rated The Cloisters as good because:

- Wards were clean and well maintained and patients told us they felt safe. Emergency equipment and medicine were stored safely and medicine management followed National Institute for Health and Care Excellence guidance.
- There was access to out of hours support for patients' mental health and physical needs and emergency contingency plans in place. Patients' risk assessments and care plans were person centred and updated regularly. The Cloister's focus was on recovery and patients had access to an outreach service which supported them after their discharge.
- The Cloisters offered a full occupational therapy programme and empowered patients to access external resources such as the local college and gym. The service had purchased a wheelchair accessible minibus and patients had access to a garden and allotment. There was a good choice of fresh food available; staff catered for patients' dietary needs and offered nutritional training.
- There was very good assessment, monitoring and care of patients' physical health needs and an effective relationship between the service and a local general practitioner practice. Staff had been trained to provide physical health care and participated in a number of audits to monitor the effectiveness of services provided.
- The multidisciplinary team was consistently and pro-actively involved in patient care. Staff from all disciplines were invited to clinical huddles, non-clinical huddles and brief meetings to discuss key issues. Staff enjoyed working at the Cloisters and felt valued, supported and able to raise their concerns with senior staff members who were accessible.
- The staff were kind, caring and motivated. We saw good professional and respectful interactions between staff and patients during our inspection. Patients told us that staff involved them in their care and that changes had been made to their care because of their feedback.
- There were enough suitably qualified and trained staff to provide care to a good standard. Over 75% of staff had received mandatory training and over 95% of staff had received an annual appraisal. Staff had received safeguarding training and there were three safeguarding leads across the unit.
- Governance structures were clear, well documented, adhered to and reported accurately. These are controls put in place so that managers can assure themselves that the service delivered is effective and delivered to a good standard. There was a strong commitment towards continual improvement and innovation.
- Since our last inspection in October 2015, the service had experienced a change of provider. Senior Cloisters staff attended regular meetings with the commissioners and their new provider and felt supported in the process.

However:

- Regular safety checks for fire and water were not in date. However, the service had provided an action plan in response and were addressing these issues.
- Although medicine incidents were reported, there were no reports of near misses.
- Managers did not always provide staff supervision consistently. During the six months prior to our inspection, monthly staff supervision completion rates ranged from 46% to 80%. However staff had access to group supervision and reflective practice sessions.
- Staff discussed and reviewed patients' capacity to consent to treatment and finances during the monthly multi-disciplinary review meeting but this was not recorded.
- Patients told us they received copies of their care plan but the signed copies were not uploaded onto the patient electronic care record.
- There was no formal strategy between the commissioners and the service about where the service fitted into the rehabilitation care pathway. This meant that patients might not have a clear pathway to move on to, leading to unnecessarily long stays.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good	See overall summary.

Summary of findings

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Good 

The Cloisters

Services we looked at

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

Summary of this inspection

Background to The Cloisters

The Cloisters is a long-stay/rehabilitation unit for working age adults experiencing mental ill health. It is run by Priory Rehabilitation Services Limited and is based in the community, as a standalone unit, in Newbury, Berkshire.

The unit opened in June 2012 and was commissioned by the Berkshire clinical commissioning group via a 10-year block contract with Berkshire Healthcare NHS Foundation Trust to provide rehabilitation services. The unit opened taking 17 patients who had spent many decades living at Prospect Park hospital but has accepted patients with increasingly complex needs. The Cloisters has 24 beds across three wards. Birch ward, located on the ground floor, has eight beds for men. Rowan ward, located on the first floor, has 12 beds for men. Orchid ward, located on the first floor, has four beds for women. The Cloisters has received planning permission to build an eight-bed extension to the existing unit. It is due to be built by the end of 2017. The Cloisters also planned to extend one of the larger bedrooms to create space for two extra beds.

There were seven patients detained under the Mental Health Act (1983) at the time of our inspection.

We carried out the inspection due to a change to the organisation overseeing the Cloisters. The Cloisters was previously registered under Priory Secure Services Limited but is now registered under Priory Rehabilitation Services Limited.

We have inspected the services provided at the Cloisters in May 2013 and in October 2015. Following the October 2015 inspection, the Cloisters was rated as Good overall with no requirement notices. However, we told the service it should make the following actions to improve long-stay/rehabilitation wards for working age adults:

- The provider should ensure the emergency equipment in the reception area is stored securely.
- The provider should ensure that equipment such as weighing scales and blood pressure machines are calibrated regularly.
- Patients on self-medication programmes should have an associated care plan.

We last reviewed the Cloisters in November 2016 through our Mental Health Act (1983) monitoring visit. During this inspection we saw that the service was in the process of addressing the concerns raised following the Mental Health Act (1983) monitoring visit.

The Cloisters had a registered manager in post.

Our inspection team

The team that inspected the service comprised two CQC inspectors, a specialist advisor nurse and a specialist advisor pharmacist.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

Summary of this inspection

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients via comment cards.

During the inspection visit, the inspection team:

- visited all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with the registered manager of the unit

- spoke with 11 other staff members; including a doctor, a pharmacist, an occupational therapist, health care assistants and staff from support services, catering and housekeeping
- received feedback about the service from commissioners
- spoke with the visiting general practitioner
- attended and observed a ward round, a staff clinical huddle, a patient community meeting and a singing group
- collected feedback from three patients using comment cards
- looked at 13 care and treatment records of patients
- carried out a specific check of the medicines management on two wards and looked at seven medicine charts
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Patients told us they felt safe and well cared for at the Cloisters. Patients told us they had copies of their care plans and felt involved with their care.

We looked at three comment cards and patients said they enjoyed the group programme, that there was good access to therapists and the quality of the food was very good. They liked how staff listened to their views about their care and made changes when possible.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **good** because:

- The wards were clean and well maintained with a robust cleaning schedule in place.
- Emergency equipment and medicine were stored safely. There was a good standard of medicines management that followed National Institute of Health and Care Excellence guidance. Staff discussed changes to the patients' medicines with them and provided leaflets with more information.
- There were enough suitably qualified and trained staff to provide care to a good standard. Patients told us that they felt safe at the Cloisters and arrangements were in place for staff to provide effective support for patients. Over 75% of staff had received mandatory training and were up to date.
- Senior managers were flexible and responded well if the needs of patients' increased and additional staff were required.
- Patients' risk assessments and plans were recovery focussed, person centred and updated regularly.
- Staff had received training in safeguarding adults and children and there were three safeguarding leads across the unit.
- The Cloisters could access out of hours support for patients' mental health and physical needs. There was an emergency contingency plan which outlined who to contact in different types of emergencies.

However:

- Although medicine incidents were reported, we did not see any reports of near misses.
- Regular safety checks for fire and water were not in date. However, the service had provided an action plan in response and were addressing these issues.

Good



Are services effective?

We rated effective as **good** because:

- There was very good assessment, monitoring and care of patients' physical health needs ensured by an effective relationship between the service and a local general practitioner practice. Staff were trained to provide physical health care and were confident in their ability to assess physical health care needs.

Good



Summary of this inspection

- The assessment of patients' needs and the planning of their care was thorough, individualised and had a focus on recovery. Patient care plans were updated regularly and were detailed, personalised and holistic.
- Throughout the Cloisters the multidisciplinary team was consistently and pro-actively involved in patient care. Regular 'clinical huddles' (short meetings) were held for staff discussion on clinical effectiveness, patient safety and patient experience. Non-clinical huddles included housekeeping, catering and maintenance staff.
- Staff participated in a number of audits and clinical audits to monitor the effectiveness of services provided.
- Over 95% of staff had received an annual appraisal.
- There were good links between local services including mental health services and the community police.

However:

- Staff supervision was not provided consistently. In the six months prior to our inspection staff monthly supervision completion rates varied and ranged from 46% to 80%. However the supervision rates improved in the three months prior to our inspection and staff had access to group supervision and reflective practice sessions.
- Staff discussed and reviewed patients' capacity to consent to treatment and finances during the monthly multi-disciplinary review meeting but this was not recorded.
- Patients told us they received copies of their care plan but the signed copies were not uploaded onto the patient electronic care record.

Are services caring?

We rated caring as **good** because:

- Staff were kind, caring and motivated. We saw good, professional and respectful interactions between staff and patients during our inspection.
- Staff sought patient's views and acted upon their requests. Patients received copies of their care plans and told us that changes had been made to their care as a result of their feedback.
- The Cloister's focus was on recovery and discharge which involved the patient and their carer, where appropriate, at all stages of the process.

Good



Are services responsive?

We rated responsive as **good** because:

Good



Summary of this inspection

- The Cloisters offered an outreach service which supported patients after their discharge to minimise the impact of the change of environment.
- Six patients had been resident at the Cloisters for five years. Despite a shortage of step-down housing options, between January 2016 and January 2017 the Cloisters discharged nine patients to more appropriate accommodation. The Cloisters had worked actively with a voluntary supported housing organisation to ensure patients were able to move into community living.
- The Cloisters offered a full occupational therapy assessment and programme that included a wide range of groups and activities five days a week. Where appropriate, patients were encouraged to make their own external appointments and some were attending the local college and gym.
- There was good access to outdoor space with a garden and an allotment attached to the unit for patients' use.
- There was a good choice of fresh food which was provided seven days a week. Individual dietary needs were catered for. The head chef provided healthy eating groups, teaching sessions and cooking assessments for patients.
- The service had recently purchased a minibus that had access for wheelchairs and staff had been trained to operate it.

However:

- There was no formal strategy between the commissioners and the service about where the service fitted into the rehabilitation care pathway.

Are services well-led?

We rated well-led as **good** because:

- Governance structures were clear, well documented, adhered to and reported accurately. These are controls put in place so that managers can assure themselves that the service delivered is effective and delivered to a good standard.
- Since our inspection in October 2015, the service had experienced several changes including a change of provider. Senior Cloisters staff attended regular meetings with the commissioners and their new provider and felt supported in the process.
- Senior staff carried out walk rounds four times a month where they assessed the environment, documentation, patient welfare and patient experience. There was a strong commitment towards continual improvement and innovation.

Good



Summary of this inspection

- The service was well managed at ward level and by the hospital director who was also the registered manager for the Cloisters.
- The service was very responsive to feedback from patients, staff and external agencies and took a collaborative approach to engagement.
- Staff enjoyed working at the Cloisters and felt valued, supported and able to raise their concerns with senior staff members who were accessible.
- The Cloisters had completed the self-assessment stage of an application for accreditation under the Royal College of Psychiatrists' Accreditation for Inpatient Mental Health Services Rehabilitation Units (AIMS-Rehab) programme. This is an initiative of the College Centre for Quality Improvement.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- Over 75% of staff had received training in the Mental Health Act (MHA) and staff carried out MHA audits.
- Staff adhered to consent to treatment and copies of consent to treatment forms were attached to medicines charts where applicable. Staff discussed patients consent to medical treatment in the multi-disciplinary meetings but there was very little recorded detail in the patient care records of these discussions.
- The unit supported patient access to an independent mental health advocate who visited the unit twice a week to support patients who were detained under the MHA.
- Staff told us there could be delays when trying to access a second opinion appointed doctor (SOAD) via the Care Quality Commission.
- Staff encouraged patients to contact the Care Quality Commission if they wished to about issues relating to the MHA. This was contained in the information folders of all patients detained under the MHA.

Mental Capacity Act and Deprivation of Liberty Safeguards

- There were no patients subject to the Deprivation of Liberty Safeguards (DoLs) when we inspected. The patient care records we looked at showed that staff had considered capacity and the need to consider best interest decisions had been discussed where appropriate.
- Staff reviewed capacity to consent to treatment and finances for each patient during the monthly multi-disciplinary review meeting and minuted these. We observed a meeting and saw that this took place. However staff recorded this information in the patient notes using a tick box system which did not include details of the discussion. The registered manager responded positively and planned to amend paperwork to accurately reflect the discussions.
- Over 75% of staff had received regular training in the Mental Capacity Act as well as updates in the weekly training sessions. Staff were aware of the key principles of the act and told us how they applied to their patients.
- Patients had access to an independent mental capacity advocate and staff supported patients to make contact.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- The building was four and a half years old. There were three wards situated across two floors. The building was purpose built as a community based rehabilitation unit. The building presented some challenges for clear observation of the patients and staff managed this through individually risk assessed observation levels. A staff member was available at all times in the communal lounge areas on both floors.
- The ground floor had eight male patients and the second floor had four female patients and 12 male patients. The female ward was separated from the male ward by a locked door. The patients had elected to have the door open during the day. The building complied fully with Department of Health guidance on same sex accommodation with access to segregated sleeping areas and separate lounges. All rooms had en-suite bathrooms.
- A yearly ligature risk assessment was undertaken and updated regularly. Identified risks were mitigated by, for example, mirrors placed in blind spots and enhanced patient observation. Ligature risks were also clearly identified on the risk register that had been updated to demonstrate work completed and work on-going to reduce the risks. Staff carried out ligature audits twice a year to review the environment for risks of ligature to

identify and manage those risks. Three bedrooms were available for patients deemed to be at risk of self-harm behaviour, which had ligature points such as taps and exposed pipework removed. The service planned to develop the unit under the 'safer rooms' scheme which would mean that all rooms would become ligature free. The eight new bedrooms identified for the unit were intended to be ligature safe when built.

- The building was clean and very well maintained with a robust cleaning schedule in place. All areas were cleaned daily and every month there was a deep clean. The cleaning schedule was overseen and checked by the head of housekeeping and the support services manager. There were also two full time domestic assistants employed by the service. There was 24 hour cover for urgent maintenance issues and a three hour call out time for maintenance emergencies.
- Environmental risk assessments were undertaken monthly and we saw evidence of work carried out as a result.
- The clinical treatment room was clean and tidy. Medicines were stored securely and disposed of safely. The temperature of the clinic room and fridge were checked and recorded on a daily basis. During our previous inspection, we found that the provider had not demonstrated that equipment such as weighing scales and blood pressure machines had been calibrated regularly. On this inspection, we saw that all of the equipment, including an electro-cardiogram machine (ECG) was present, working and had been calibrated regularly. Staff adhered to infection control principles and carried out annual infection control audits.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Each ward had an emergency medicine box that included EpiPen and these were found to be present, working and in date. EpiPen is an injection containing epinephrine, a chemical that can reverse severe low blood pressure and other symptoms of an allergic reaction. Adrenaline was not kept on site but in the event of emergencies, the service would dial 999.
- During our previous inspection we saw that the emergency equipment in the reception area was not stored securely. During this inspection we found the service had addressed this and the equipment was stored in a room in the reception area that had a tamper-evident plastic seal on the door latch. Nursing staff signed a log on the door to show that they had checked that the seal was attached. The room contained emergency resuscitation equipment such as a defibrillator, a suction machine, oxygen cylinders and an emergency evacuation chair and mattress. The Cloisters arranged for this equipment to be tested by an external company once a year.
- The November 2016 Mental Health Act monitoring visit identified that ensuite bathrooms could be locked from the inside with no allen key to gain access in an emergency. Following the visit the service added this to the risk register and during our inspection we saw that this had been addressed. The majority of locks on all of the ensuite bathrooms had been disabled. This did not negatively affect patient's dignity or privacy as patients were able to lock their bedroom doors, which staff could unlock in an emergency. Staff allocated bedrooms to patients based on their level of risk.
- Staff carried personal alarms and there were wall alarms in place in all rooms and corridors.
- During our inspection one ward was unsettled as a patient was unwell and waiting for transport to a more secure environment. The manager increased the observation levels to ensure that the patient had two staff members with them at all times.
- Where possible permanent and bank staff covered shifts but when agency staff were required, these were staff familiar with the wards and trained in the prevention and management of violence.
- There were 12 qualified nurses (whole time equivalent) employed by the Cloisters, 12 health care assistants and one clinical nurse specialist who was also a non-medical prescriber. The service also employed one full time occupational therapist, three occupational therapy assistants, a part-time psychologist and consultant psychiatrist. The service had one occupational therapy student, one drama therapy student and were in discussion with a local university to host nursing students. All nurses were mental health trained and some were dual qualified with a general nursing qualification.
- There was one full time mental health nurse vacancy, one art therapist vacancy for one day a week and one staff grade doctor vacancy. In the month prior to our visit the service reported 6% staff sickness, 29% staff turnover with 22 shifts covered by agency staff. The manager told us that these figures were higher than usual due to the admission of a patient whose needs required additional staffing to manage challenging behaviours. In the previous six months two full time staff and two part time staff had joined and five full time staff and one part time staff had left.
- The consultant psychiatrist had provided input to the Cloisters since 2014 and had recently increased the number of weekly sessions from four to seven. The consultant psychiatrist was available to be contacted out of hours. We saw the psychiatrist rota, which demonstrated that cover arrangements were in place for out of hours and for when the consultant psychiatrist was on leave. In the event of a mental health emergency, the Cloisters had access to the local mental health crisis team and to beds on acute mental health wards. There was good access to approved mental health professionals should the service need to assess someone for treatment or detention under the Mental Health Act.

Safe staffing

- Staffing was maintained at safe levels and the manager was able to increase this when necessary. All staff told us there were sufficient staff to deliver care to a good standard and we saw that there was sufficient staff on duty. All of the wards had one qualified nurse and two health care assistants working on each shift. Night shifts were covered by two qualified nurses and three health care assistants across the Cloisters. The ward manager, unit manager and clinical nurse specialist were working in addition to the minimum number of staff on each shift.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The service had a service level agreement with the local general practitioner practice that provided out of hours cover for medical problems. The Cloisters would dial 999 in the event of an emergency.
- The Cloisters had an emergency contingency plan, which outlined who to contact in different types of emergencies and what to do if there was a need to evacuate the site. The manager and senior staff shared an on call rota for out of hours support to staff.
- Over 75% of staff had received and were up to date with mandatory training. Staff accessed mandatory training either online or in person and they received reminders of when their mandatory training was due. Managers told us that the change of provider had had an impact on how staff received their training so but this was being addressed and training was planned.
- Staff told us where they identified particular risks, they safely managed these by putting in place relevant measures. For example, staff increased the level and frequency of observations of patients. Staff carried out general observations of all patients on the ward four times a day and followed the provider's observation policy. Patients told us, without exception, that they felt safe at the Cloisters.
- Staff kept blanket restrictions at the Cloisters to a minimum. Sixteen patients had free access to the locked door coded keypads. Staff supervised the main kitchen area on Birch ward at all times. When this was not possible, the kitchen door was locked. Patients on Birch ward also had access at all times to hot and cold drinks in a communal and fully accessible part of the ward. The kitchen areas in the other two wards were open at all times.

Assessing and managing risk to patients and staff

- There was no seclusion room at the Cloisters and staff did not seclude patients. There were nine reported incidents of restraint, involving one patient over a six-month period preceding our inspection. We saw that those patients liable to require restraint had a clear care plan describing this and the rationale behind this necessity. We looked at the records on restraint and saw that there were no incidents of prone restraints (restraining somebody in the face down position) or rapid tranquilisation. Staff were not trained to use prone restraint so this did not occur. We saw the provider's prevention and management of disturbed/violent behaviour policy, which was thorough and included a section on rapid tranquilisation. The service did not keep intravenous medicine.
- Risk assessments were in place for all patients and updated every four weeks at the multi-disciplinary team meeting or more often if required. Individual risk assessments that we reviewed took account of patients' previous risk history as well as their current mental state and were recovery focussed and person centred. Staff carried out a comprehensive risk assessment for patients on their admission. Patients, where they had wanted to and had consented to, had been actively involved in the risk assessment process. Staff also used the national framework of the care programme approach to assist risk management processes. Staff received regular clinical risk bulletins with updates and reminders about optimising safe practice.
- There was a good standard of medicines management at the Cloisters that followed National Institute of Health and Care Excellence (NICE) guidance. We checked the management of medicines on all the wards and looked at seven patient medicine folders that included relevant mental health act and mental capacity act check forms. All of the seven medicine charts had been signed, dated and reasons stated if doses were omitted. There was a section for notes on allergies. 'As and when medicines' were reviewed at least every two weeks. Medicine incidents were reported on the incident-reporting database however, we did not see any reports of near misses. Staff completed high dose anti-psychotic forms for patients who were on higher doses of medicine and these were kept in the prescription folder. We looked at the provider's medicine management policy, which appeared comprehensive and included guidance on medicine reconciliation, management of medicine errors, leave, and discharge medicines.
- Staff gave patients information about medicines and discussed medicines in a multidisciplinary care review. Staff discussed changes to the patients' medicines with them and provided leaflets with more information.
- During our previous inspection we found that two patients on self-medication programmes did not have an associated care plan. On this inspection, all of the patients on self-medication programmes had associated care plans and evidenced that blood tests and electro-cardiogram tests had been completed.
- The Cloisters had an arrangement with an external clinical pharmacist to supply and dispense medicines

Long stay/rehabilitation mental health wards for working age adults

Good 

and medicines were delivered daily. The clinical pharmacist carried out regular medicine management audits and controlled drug audits. We spoke to the external clinical pharmacist who visited the unit weekly to review medicine charts for errors, safety, clinical appropriateness, effectiveness and checked that relevant Mental Health Act (1983) paperwork was completed correctly. The pharmacist shared any findings with staff at the monthly clinical governance meetings. Patients were able to speak to the pharmacist on an individual basis. The pharmacy provided access to medicine information and related National Institute for Health and Care Excellence guidelines via a helpline and online resources. They also ran an out of hours on call service for urgent medicine supplies and advice for staff.

- We spoke with staff about protecting patients from abuse. All the staff we spoke with were able to describe what constituted abuse and were confident in how to escalate concerns. Over 75% of staff had been trained in safeguarding adults and children. There were three safeguarding leads at the service who would advise staff whether a safeguarding concern required onward referral to the local authority safeguarding team. All of the safeguarding leads had received designated safeguarding adults and children officer training. Staff were aware of the Priory's safeguarding policy and the service carried out annual safeguarding audits to ensure compliance against national standards. We looked at The Cloister's safeguarding log on which 16 safeguarding incidents had been logged for 2016. The rationale for whether or not the referral was sent to the local authority safeguarding adults team was included and actions taken as a result.
- The Cloisters reported that regular safety checks for fire and water were not in date due to the absence of key maintenance staff. A Health and Safety audit had alerted the service to the changes needed to achieve health and safety compliance at the next audit and the service had provided an action plan in response and were addressing these issues.
- Staff felt that the nature of the environment of the Cloisters was not always suitable to meet the needs of the increasing number of patients admitted with complex presentations. This had been included on the

service's risk register and there were actions identified to make more rooms ligature free. The provider was responsive to their feedback and staff felt that their views had been listened to.

- Staff used clear protocols for patients to see children from their family. Each request was risk assessed thoroughly to ensure a visit was in the child's best interest. There was a meeting room available for visitors outside of the ward areas.
- We looked at three staff files and found them to be completed appropriately. All the appropriate pre-employment checks for staff had been completed. These included thorough identity checks, references and educational certificate checks, completion of health questionnaires and satisfactory disclosure and barring service clearance.

Track record on safety

- Staff reported and recorded incidents appropriately on the incident database. We looked at a range of reported incidents over the previous six months and these totalled 108. The majority of these involved violence or aggression from patients to staff members.
- Other incidents we saw reported included falls, trips, medicine errors, restraints and if a patient became absent without leave. We looked at one recent incident of a fall and saw that this was recorded appropriately and paperwork included a falls risk assessment, care plan and actions taken by staff included placing the patient on 1:1 observation and increasing their risk status.

Reporting incidents and learning from when things go wrong

- All incidents were reviewed by the clinical managers and forwarded automatically to the Priory group clinical governance department. Learning from incidents was fed back to staff during each shift handover, in the weekly team meeting, the monthly multi-disciplinary team meeting and in the clinical huddles. The clinical huddles were short meetings held twice a week and attended by the multi-disciplinary team to discuss clinical incidents, risks and any action to be taken. Any actions from the huddles were accessible to all staff on their shared computer drive and discussed during the

Long stay/rehabilitation mental health wards for working age adults

Good 

daily handover. It was clear what the actions were, who would carry them out and when by. We observed a clinical huddle and saw that this was recovery oriented and included discussions around positive risk taking.

- Medicines incidents were reported, however we did not see evidence that staff had reported medicines near misses.
- The Cloisters had a Duty of Candour policy that was in date and included the key principles of the requirement, openness, transparency and candour and the expectations of staff.

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

- All of the 13 care plans we looked at were thorough, detailed, personalised and holistic. The care plans included detailed information pertaining to physical health needs alongside mental health, engagement and recovery. Every patient had a key nurse who was responsible for updating his or her care plans. Care plans were updated every four weeks at the multi-disciplinary meeting and more frequently as required. Staff assessed patients' needs and delivered care in line with the patients' individual care plans.
- All patients received a thorough physical health assessment. Staff identified and managed risks to physical health. The general practitioner and clinical nurse specialist told us that all patients received a complete physical health check every year as well as thematic reviews more frequently for physical health conditions such as diabetes and chronic obstructive pulmonary disease. We saw in the patients' care records that these checks had taken place.
- In addition to a psychiatrist working as part of the multidisciplinary teams, general practitioners visited the unit regularly every week. A clinical nurse specialist was available on a full time basis and kept an overview of all patients' care plans with an identified risk associated with their physical health.

- All staff we spoke with were very confident in their ability to assess physical health care needs and provide robust care and treatment plans.

Best practice in treatment and care

- Staff at the unit were trained in physical health care interventions including phlebotomy and carrying out electro-cardiogram tests. The unit also had one clinical nurse specialist who was a non-medical prescriber and the provider had a current non-medical prescribing policy in place. Every patient at the Cloisters was registered as an NHS patient to the local general practitioner practice that was situated very close by. The general practitioner visited the service once a week to hold a ward round with the consultant but this was in the process of being increased to twice a week. The Cloisters and the general practitioner practice had fostered a collaborative relationship and the general practitioner was kept up to date with any changes.
- Staff assessed patients using the Health of the Nation Outcome Scales (HoNOS). These covered twelve health and social domains and enabled clinicians to build up a picture over time of their patients' responses to interventions. There was a weekly 'complex care notes monitoring report' sent out which enabled the service to monitor standards in areas that included the percentage of patients who had a physical health check or HoNOS completed in the previous six months. We saw that the service achieved 99% in all areas monitored.
- Staff participated in clinical audits to monitor the effectiveness of services provided. Audits carried out included the effectiveness of care and treatment for diabetes and chronic obstructive pulmonary disease and ensuring adherence to outcome measures through a review of care records. There was a weekly 'walk around' where two staff members looked at the environment in line with patient safety. There was an audit schedule for housekeeping, catering and kitchen equipment, which were carried out by the relevant leads in the team.
- A twice weekly meeting called the 'clinical huddle' was held where discussions on clinical effectiveness, patient safety and patient experience were held. Representatives from all wards were at the meeting. The Cloisters also had regular non-clinical huddles that included staff from catering, housekeeping and maintenance.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The Cloisters employed a psychologist who used different models of psychological intervention including schema-focussed, cognitive behaviour therapy and dialectical behaviour therapy. The psychologist offered three therapy sessions a week to patients on an individual basis. The service also ran a drama therapy group and individual drama therapy sessions for two patients. The psychologist took referrals via the multi-disciplinary team and the service was planning to set up cognitive behavioural therapy groups.

Skilled staff to deliver care

- The staff on all of the wards came from various professional backgrounds, including medical, nursing, psychology and occupational therapy.
- There were weekly team meetings, a monthly multi-disciplinary meeting, and staff attended a clinical huddle twice a week. We saw minutes of these meetings and actions were clear and carried forward to the next meeting where necessary, with named individuals responsible for carrying out the actions.
- Over 95% of staff had received an annual appraisal. The provider's supervision target was at least eight supervision sessions over a 12-month period. However, over the previous six months, staff supervision rates that achieved the target varied from 46% in January 2017 to 80% in April 2017. The supervision rates improved in the three months prior to our inspection and staff could attend weekly group supervision and monthly reflective practice sessions. A monthly report was sent to the manager to indicate how they were meeting the supervision targets. The service carried out an annual clinical supervision audit to monitor whether supervision was provided to all staff. There were two supervision leads on site who checked in with staff and delivered training as required.
- Staff received additional training such as courses on depression, personality disorder, privacy and dignity, sexual exploitation and understanding self-harm. The occupational therapist was rolling out a risk assessment and management course that included in-depth learning on suicide and aggression. Three senior staff members had completed leadership training. The Cloisters provided weekly training sessions for staff in line with the care certificate programme.
- The Cloisters had access to local crisis and mental health services. They had good lines of communication with care co-ordinators which meant that the service was able to move several patients on to accommodation and offered bridging visits until the full transfer of care.
- The patient, the consultant, a staff nurse, a clinical nurse specialist and an occupational therapist, attended the weekly ward rounds. Carers were able to attend the ward rounds and there was a teleconference option if the carer was unable to attend in person. Patients' care co-ordinators from adult mental health teams were invited if there was a change in a patient's behaviour or if they were close to being discharged from the unit. We observed a ward round in which we saw that current risks, physical health, recovery and discharge were all considered in detail and staff engaged with the patients about their care.
- The Cloisters had developed an effective and long-standing relationship with the local general practitioner practice. We were given examples of the successes of the collaborative relationship between the Cloisters, the general practitioner and patients. One example included the additional involvement of a local personal trainer following the readmission of a patient from an acute hospital who was unable to get up from their bed. Following intensive work in which all parties contributed, the patient started to walk independently again and engaged with the programme.
- The Cloisters had developed links with the community, including a local gym, college, church, shops and the community police service. The Cloisters also worked closely with MAPPAs. MAPPAs stands for Multi-Agency Public Protection Arrangements. It is the process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public.

Adherence to the MHA and the MHA Code of Practice

- Over 75% of staff had received training in the Mental Health Act (MHA) and knew where to find a copy of the Code of Practice. There were documented formal discussions with patients about their rights at least every six months in accordance with their policy. Mental

Multi-disciplinary and inter-agency team work

Long stay/rehabilitation mental health wards for working age adults

Good 

Health Act administration was provided in-house. The MHA administrator reminded staff of when it was time to remind patients of their rights. Staff carried out MHA audits.

- Staff adhered to consent to treatment and copies of consent to treatment forms were attached to medicines charts in line with the provider's policy, where applicable.
- The unit supported patient access to an independent mental health advocate who visited the unit twice a week to support patients who were detained under the MHA. We saw the Cloister's advocacy policy, which included sections on patients' rights and the rights of independent advocates. Information about the independent mental health advocacy service and contact numbers were advertised in the front lobby of the unit and on each of the wards.
- Staff told us there could be delays when trying to access a second opinion appointed doctor (SOAD) via the Care Quality Commission. The SOAD service safeguards the rights of patients detained under the Mental Health Act who either refuse the treatment prescribed to them or are deemed incapable of consenting.
- We saw that patients were encouraged to contact the Care Quality Commission if they wished to about issues relating to the MHA. This was contained in the information folders of all patients detained under the MHA.

Good practice in applying the MCA

- There were no patients subject to the Deprivation of Liberty Safeguards (DoLs) at the time of our inspection. The patient care records we looked at showed that capacity had been considered and the need to consider best interest decisions had been discussed.
- Capacity to consent to treatment and finances were reviewed and minuted for each patient during the monthly multi-disciplinary review meeting. We observed a meeting and saw that this took place. However, the service recorded this information in the patient notes using a tick box system, which did not include details of the discussion. The service responded positively and planned to amend paperwork to accurately reflect the discussions.
- Patients had access to an independent mental capacity advocate and staff supported patients to make contact.

- Over 75% of staff had received regular training in the Mental Capacity Act as well as updates in the weekly training sessions. Staff were aware of the key principles of the act told us how they applied to their patients.

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

Good 

Kindness, dignity, respect and support

- All of the patients we spoke with complimented staff who provided services throughout the Cloisters. Professional, responsive and respectful staff supported patients consistently. All of the patients said the staff could not do anymore to meet their needs and they worked hard and had patients' best interests and welfare always as their priority.
- Staff showed patience and gave encouragement when supporting patients. We observed this consistently throughout the inspection despite the unsettled nature of one of the wards.
- All staff we spoke with had an in-depth knowledge about their patients including their likes, dislikes and preferences. They were able to describe these to us confidently. For example, patients' preferred routines and food choices.

The involvement of people in the care they receive

- Staff were confident about their approach to patients and the model of care practiced in the Cloisters. Staff spoke about enabling patients to be as independent as possible in order to work towards living in the community in a less restrictive and non-clinical environment. The Cloister's focus was on recovery and discharge which involved the patient and their carer, where appropriate, at all stages of the process. We saw that staff were non-judgemental towards their patients and empowered them and encouraged their involvement.
- Patients received a comprehensive handbook on admission to the wards to help orientate them to the service. The handbook welcomed patients and gave detailed information. This included information about

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Good 

health needs, the multidisciplinary team, care and treatment options, medicines and physical health needs, arrangements for health records and care plans. There was evidence of patient involvement in the care records we looked at and all patients had a copy of their care plans in a folder in their bedrooms. However, though there was a space on the care plans for patients to sign to say they had received a copy, the signed versions were not uploaded onto the electronic patient care notes system.

- There were regular patient community meetings, which were often attended by housekeeping and maintenance staff. The chef attended to take ideas for menus and discuss patients' choices. We observed a community meeting during which staff sought all of the patient's views and any requests were listened to and acted on. Staff asked patients how they felt about the ward being unsettled at that time and gave them time to describe their feelings. Following the meeting staff put up the actions from the meeting on a notice board in the lounge for all patients to view. The service held carers meetings and open days.
- The Cloisters had access to two advocacy providers. One provided independent mental health and mental capacity advocates on a referral basis and staff supported patients with the application or patients could self-refer. The other provided general advocacy support and attended The Cloisters four hours a week. Advocates were invited to attend Care Programme Approach and other team meetings if required and worked jointly with The Cloisters as part of their outreach service. The outreach service was in place to minimise the impact of patients leaving the Cloisters and advocates arranged visits to patients in their new placements.

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

Good 

Access and discharge

- Between January 2016 and January 2017 the Cloisters accepted eight admissions and discharged nine patients

over the same period. Despite a shortage of appropriate accommodation for patients to move on to the service had successfully facilitated the discharge of the patients to less restrictive settings or into independent accommodation. Patients were discharged to mental health hospitals, care homes, private accommodation or their 'usual residence'.

- The Cloisters had worked actively with a voluntary supported housing organisation to ensure patients were able to move into community living when assessed as clinically appropriate. This project was commissioned by Berkshire Healthcare NHS Foundation Trust to address the lack of step down opportunities for patients to move on to. The organisation had compiled a directory of housing for people with mental health needs for the Cloisters, which included the placement facilities and number of beds available.
- Managers told us that patients stayed at the Cloisters for between two to three years; however, six of the 24 patients had been with the Cloisters for close to five years. There was no formal arrangement regarding the maximum length of time of patient stay or where the service fitted into the rehabilitation pathway.
- The Cloisters offered an outreach service, which supported patients after their discharge to minimise the impact of the change of environment. Examples of this included the opportunity for discharged patients to visit the Cloisters for several weeks following discharge. The Cloisters took a collaborative approach to engaging with care co-ordinators and advocates, as well as staff at the new placements at an early stage prior to patients' discharge.
- Berkshire Healthcare NHS Foundation Trust brokered all referrals into the Cloisters and admissions came from adult community mental health teams, local acute or low secure wards. In June 2012, the unit opened with 17 patients, all who had come from Prospect Park Hospital where they had lived for many years, most over 30 years and one or two patients for over 50 years.
- Patients who had been assessed for admission to the unit were invited for an initial trial period to give them the opportunity to see how it felt to stay there prior to admission.

The facilities promote recovery, comfort, dignity and confidentiality

- The unit had a variety of rooms for patients to use including quiet lounges and a designated womens'

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Good 

lounge on Orchid ward. Women had sole use of this lounge but were also invited to use the lounge in the male area of the ward. Patients had asked for this arrangement, which was agreed by staff. There were rooms for therapies and activities to take place however due to the size of the building, space was sometimes a problem. The provider planned to build a quiet room on to one of the wards and was planning to extend the ground floor to maximise space.

- The Cloisters offered a full occupational therapy assessment and programme that included a wide range of groups and activities five days a week. Patients took part in activities like fishing, photography, football, yoga, pat dog, drama, art and a life skills group. The service organised twice-weekly trips out for shopping, museum, cinema and zoo visits for which catering staff provided a picnic lunch for patients.
- We observed a karaoke singing group in which patients chose and sang songs and reminisced about their favourite films and associated memories. Staff facilitating the group gave patients the time and space to enjoy the session. The Cloisters invited tutors from a local college to teach maths and English within the unit. During our inspection staff told us about patients that attended college and the local gym. Where appropriate patients were encouraged to make their own external appointments. The majority of activity was planned during the week but the occupational therapy assistants worked occasional weekends.
- Patients had access to a communal ward telephone and if they required more privacy, they were able to use the ward office telephone. Most of the patients had their own mobile phones.
- There was good access to outdoor space with a garden and allotment attached to the unit for patients' use. Patients could receive payment for attending the weekly garden project, which involved tending to the vegetable plot.
- Patients were able to personalise their bedrooms if they chose to and we saw personal items and photographs on show. Patients had their own bedroom keys and they could access their bedrooms at any time. Patients were able to securely store all of their possessions in their bedrooms and had access throughout the day. The service had completed two audits regarding patients'

privacy and dignity in respect of the viewing panels on the bedroom doors. This identified a training need and training was provided to patients on how to open and close their viewing panels.

- The service employed two chefs and two catering assistants. The unit had an onsite kitchen with meals cooked daily. A good choice of fresh food was provided seven days a week with three choices, one of which was a healthy option.

Meeting the needs of all people who use the service

- The unit and garden was accessible to those with physical disabilities with adapted toilet accessibility and a lift for access to the first floor.
- The service had recently purchased a minibus that had access for wheelchairs to enable patients to engage with community activities. Staff had been trained to operate it.
- On each ward there was easily accessible information on mental health services, advocacy, local services and how to complain.
- Patients' individual dietary needs such as vegetarian, halal and kosher were catered for and the chef met with patients on these diets each day to discuss their preferred choices. The chef offered cooking assessments and also ran a six-session food, nutrition and cooking course with patients. Patients were given a folder of their personalised nutrition plan for them to take with them when they left the unit.
- Staff told us that information could be made available in different languages as required by patients using the services. Information was available on interpreters.

Listening to and learning from concerns and complaints

- There were six formal complaints made against the service in 2016, four of these were either partially or fully upheld. Two of those upheld concerned patients' perceptions of poor staff attitude towards them. Staff followed the complaints policy and the manager kept copies of statements, letters and reports around each complaint.
- The manager and consultant psychiatrist arranged meetings with concerned relatives of patients who made a complaint to try to understand the concerns and attempt to resolve them. The meetings were documented in the relevant patient's notes where

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Good 

applicable and then logged onto the service's complaints folder. Complaints were taken to the clinical governance meeting for discussion on what lessons could be learned.

- Staff were each given information 'flashcards' on what to do if a patient made a complaint with reminders of timelines to respond to the complaint and included references to the service's complaints policies. Staff confidently described the complaints process and how they would handle any complaints. Staff told us that they tried to deal informally with concerns and to do this promptly in an attempt to provide a timely resolution to concerns. Informal complaints were tracked as well as formal complaints using the provider's electronic reporting system and staff told us that they would advise the patient that they would be supported if they chose to make the complaint formal.

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

Good 

Vision and values

- The provider's vision, values and strategies for the service were evident and on display throughout the Cloisters. Staff on the wards understood the vision and direction of the organisation. The organisation sought staff feedback on its values at a listening group at the Cloisters. This included discussion on the organisation's values. Staff we observed and spoke to demonstrated the key values of putting people first, acting with integrity, being positive and striving for excellence.

Good governance

- Governance structures were clear, well documented, adhered to and reported accurately. These were controls put in place so that managers could assure themselves that the service delivered was effective and delivered to a good standard.
- Since our inspection in October 2015 the Cloisters had experienced several changes, including a change to their provider organisation and a midway review of their 10-year contract with their commissioners. The change of provider meant that the service's access to some local

resources for staff and patients was in the process of change. However, the Cloisters had started link working with other hospitals within the Priory group to minimise the impact of this change.

- The new provider, Priory Rehabilitation Services Limited, was responsive and supported staff through the recent organisational changes. Senior directors within the Priory group held regular strategy meetings with the Cloisters. We saw minutes of the meetings and these demonstrated that the service received support from senior management during the process of change. The Cloisters also attended monthly quarterly business meetings with the commissioners and provided reports following these to update the commissioners.
- We spoke to Berkshire Healthcare NHS Foundation trust who commission the services provided by the Cloisters. The trust told us they had a good working relationship with the Cloisters and have been working collectively with a third sector organisation to review all of the patients' care needs and planned a number of discharges to more appropriate community provision. They had funded an extra staff member for three months as additional short-term support to staff at the Cloisters.
- The commissioner told us that although there was no comprehensive rehabilitation care pathway or strategy for the Cloisters at the time of our inspection, they would be developing terms of reference for the contract meetings. The commissioners hoped that the Cloisters would be a locked facility with maximum admission duration of two years. However they acknowledged that some admission lengths would be longer due to the needs of some of the older and more frail patients, as well as the lack of supported housing options.
- The Cloisters attended quarterly project board meetings with the commissioners and a voluntary supported housing organisation. We looked at minutes from the most recent meeting that included detailed discussion around patient's accommodation status and updates on the building work planned for the unit.
- The manager showed us a series of clinical audits and data on incidents and complaints. The information was summarised and presented monthly in a key performance indicator dashboard. This meant that the management team were able to apply clear controls to ensure the effective running of the service. Senior staff carried out four walk rounds a month where they assessed the environment, documentation, patient

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Good 

welfare and patient experience. We spoke to patients who told us that they were encouraged by staff to also participate in the quality walk about sessions to contribute towards improving many aspects of the service.

- The manager showed us the Cloister risk register. Staff told us that they were able to submit items of risk for inclusion on the risk register. We saw that the risk register had inclusions from all the heads of department that showed us risks were escalated appropriately from all areas of the service.

Leadership, morale and staff engagement

- The most recent staff engagement survey had a response rate of 68%. We saw examples of staff feedback. One of the comments was that the IT systems were slow and not responsive to the needs of the site and staff told us this during the inspection. Staff also commented via the engagement survey that that the unit worked well as a team and that they were looking forward to the introduction of nursing students.
- There had been no incidents of staff whistleblowing over the past 12 months. Staff were aware of the whistleblowing policy and procedure. Sickness and absence rates were 6% as of March 2017.
- Staff were able to confidently describe the importance of transparency and honesty and their duty of candour. Staff enjoyed working at the Cloisters and felt valued,

supported and able to raise their concerns with senior staff members who were accessible. They received emails thanking them for their work and there was a reward system in place for staff member of the month. Staff felt encouraged to develop their skills further.

Commitment to quality improvement and innovation

- The Cloisters had completed the self-assessment stage of an application for accreditation under the Royal College of Psychiatrists' Accreditation for Inpatient Mental Health Services Rehabilitation Units (AIMS-Rehab) programme. This is an initiative where a Quality Network for Mental Health Rehabilitation Services works with services to improve the quality of inpatient rehabilitation wards.
- Staff participated in clinical audits to monitor the effectiveness of services provided. They evaluated the effectiveness of their interventions. Audits carried out included the effectiveness of care and treatment for diabetes and chronic obstructive pulmonary disease and ensuring adherence to outcome measures through a review of care records.
- Patients who had a high level of physical health need had engaged in discussions and interventions about their physical health for the first time ever. For a number of patients this engagement had happened for the first time in decades.

Outstanding practice and areas for improvement

Outstanding practice

The Cloisters' relationship and engagement with the local general practitioner to address patients' physical health needs was excellent. Patients who had a high level of physical health need had engaged in discussions and interventions about their physical health. For a number of patients this engagement had happened for the first time in decades.

Staff participated in a number of audits, including clinical audits to monitor the effectiveness of services provided. They evaluated the effectiveness of their interventions.

Audits carried out included the effectiveness of care and treatment for diabetes and chronic obstructive pulmonary disease and ensuring adherence to outcome measures through a review of care records.

The food at The Cloisters was of a standard that offered very good quality and choice to patients. The chef and catering staff took an active role in engaging patients to understand their preferences and provided nutritional and cookery training.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that medicine near misses are reported alongside medicine incidents so that learning can be shared with other staff.
- The provider should ensure that staff receive regular supervision.
- The provider should ensure that health and safety requirements are adhered to.
- The provider should ensure that care plans signed by patients should be uploaded onto the patient electronic care record.
- The provider should ensure that discussions around patients' capacity to consent to treatment are documented.