The Huntercombe Centre - Birmingham

Quality Report

The Huntercombe Centre Birmingham
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Date of inspection visit: 7th - 8th June 2017
Date of publication: 28/07/2017

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.

Summary of findings

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.

Overall summary

We rated The Huntercombe Centre - Birmingham as good because:

- Feedback we received about the service from patients, families and carers and stakeholders was excellent. The service was described as open, transparent and responsive to patients needs and we saw a clear focus on patient rehabilitation and discharge planning.
- We found a wide range of risk assessments and care plans that had been completed by the multidisciplinary team which evidenced the voice of patients using the service. Care and treatment records were comprehensive, holistic and recovery focussed, were in date and showed evidence of frequent reviews which reflected patient progress.
- Morale amongst staff at the service was excellent. The leadership culture was described as open and accessible and staff felt valued and listened to by the registered manager. All staff that we spoke with reported an environment that promoted mutual support and teamwork.
- Patients were able to provide feedback on the service, be involved in the running of the service and were supported to undertake voluntary jobs. Initiatives were in place to recognise and celebrate patient contribution and we saw this was promoted through regular community meetings between patients and staff.
- Attendance at mandatory training was high and was monitored by the registered manager. All staff eligible for an annual appraisal had received one and clinical and managerial supervision arrangements were in place for all staff. All staff were suitably skilled and qualified to perform their role and disclosure barring service and professional registration checks were complete.
- Safeguarding referrals had been made to the local authority where appropriate and statutory notifications completed by senior staff and the registered manager. Mental Health Act and Mental Capacity Act requirements were being met and paperwork relating to the detention of patients was complete and showed evidence of patient consultation and documentation of their views.
- A range of audits and key indicators were in place to monitor the service's performance. Outcome measures and rating scales were used to check on the effectiveness of clinical intervention and patients were able to access psychology and occupational therapy based interventions.
- All incidents that should be reported had been. We saw that investigations had been commenced immediately following an incident, learning had been identified and changes made to mitigate against future occurrences.
- Environmental and health and safety checks were routinely completed including bi annual ligature risk audits, fire safety checks and portable appliance testing. All staff had access to a personal alarm and the system was serviced annually and checked monthly by the service's maintenance department.

Summary of findings

Contents

Good

The Huntercombe Centre-Birmingham

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

Summary of this inspection

Background to The Huntercombe Centre - Birmingham

The Huntercombe Centre - Birmingham is a 15 bed specialist inpatient step-down service for men aged 18 and upwards, who have mental health issues.
Some patients may be detained under the Mental Health Act and some may have complex needs that are not being met in their current placement, for example in lower-security units or community-based placements.

At the time of our inspection, a registered manager was in place and had been since 2015. The registered manager was also the controlled drugs accountable officer.

The Huntercombe Centre - Birmingham has been registered with the CQC since 27 June 2011.

The Huntercombe Centre - Birmingham is registered with the CQC to carry out the following regulated activities:

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

There have been four inspections carried out by the CQC of The Huntercombe Centre - Birmingham.

The Huntercombe Centre - Birmingham was previously inspected by the CQC in January 2016 (inspection report published 18 May 2016). Following this inspection, the service received a rating of good for safe, good for effective, good for caring, good for responsive and good for well-led. The service received an overall rating of good,and there were no compliance actions required.

Our inspection team

Lead inspector: Jon Petty, Mental Health Hospitals Inspector, Care Quality Commission.

The inspection team comprised one CQC inspector, one registered mental health nurse, two pharmacists 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 our inspections.

Why we carried out this inspection

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

How we carried out this inspection

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

• is it safe?

• is it effective?

• is it caring?

• is it responsive to people's needs?

• is it well-led?

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

During the inspection visit, the inspection team;

- visited the service, looked at the quality of the environment and observed how staff were caring for patients

Summary of this inspection

- spoke with five patients who were using the service
- spoke with three families or carers of patients using the service
- spoke with the registered manager and regional operations director
- spoke with five staff nurses and a consultant psychiatrist
- spoke with seven senior support workers
- spoke with a psychologist and an occupational therapist
- spoke with three other staff including maintenance, a chef and a cleaner
- reviewed five staff personnel files
- attended and observed one multi-disciplinary meeting
- attended and observed one occupational therapy session
- looked at five care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Feedback we received from patients using the service was excellent and they described the service and staff as brilliant. Patients described staff as helpful and polite, stating that activities provided by the service were therapeutic and meaningful.

Families and carers told us they were kept informed and updated about patients wellbeing. We also spoke with stakeholders who described the service as open, transparent and responsive with a focus on patient rehabilitation.

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 multidisciplinary approach to risk assessment and formulation was in place at the service. We found that comprehensive risk assessments had been completed in all records reviewed, were in date and had been updated following incidents.
- Staffing at the service was reviewed daily and could be changed to meet patient need. Sickness levels were low and the registered manager ensured that sufficient staff were available to facilitate therapeutic activities and community outings with patients.
- Staff that worked at the service were able to access a range of mandatory training opportunities including equality and diversity, risk assessment and risk management and Prevent training. The average attendance rate at mandatory training by staff was 92% and this was monitored by the registered manager and audited monthly.
- Environmental safety checks had been completed and included a ligature risk assessment audit, fire risk assessment and monthly checks of the staff personal alarm system. All areas of the service appeared clean, were well maintained and had sufficient furnishings.
- All staff that we spoke with were aware of their responsibilities to report incidents. We found that investigations following incidents had been completed promptly and that recommendations made had been completed, including reviews of the services policies and procedures.
- Safeguarding referrals had been made to the local authority where appropriate and statutory notifications completed by senior staff and the registered manager. Safeguarding policies were in place to provide guidance to staff and the provider had developed a three year safeguarding strategy.

However:

- Staff at the service had not sought advice from the local pharmacy on two occasions when medication storage fridges had exceeded recommended temperatures.

Summary of this inspection

Are services effective?

Good

We rated effective as good because:

- We found detailed and comprehensive assessments of patient needs in all records. Care planning was holistic, took into account patient strengths and needs and was recovery focussed.
- Physical health monitoring was evident in all care records reviewed. Patients were supported to book annual physical health checks at their local general practice surgery and outcomes of this were shared with the Huntercombe Centre and updated in care and treatment records.
- A range of outcome measures and rating scales were in use at the service and were completed by nursing staff, psychologists and the occupational therapists.
- Patients were able to access a psychologist at the service and were offered a range of psychological interventions including cognitive behavioural therapy, coping skills, anger management and relapse prevention.
- Staff were experienced and qualified to undertake their roles. Professional registration checks were made for qualified staff and disclosure barring checks were in place for all staff. Management and clinical supervision was provided for staff and all staff eligible to have an annual appraisal had received one.
- Regular and effective multidisciplinary team meetings and handovers between staff took place daily. Stakeholders reported that the service worked well with them and was highly regarded in its approach to providing a rehabilitation setting with a focus on patient recovery and discharge.

Are services caring?

Good

We rated caring as good because:

- Throughout our inspection, we observed care and support provided by staff that promoted kindness, respect and dignity.
- All patients that we spoke with provided positive feedback on their experiences of being cared for at the service. Patients described staff as helpful and polite, and activities provided by the service were described as therapeutic and meaningful.
- The feedback provided by the carers and family members of patients using the service was excellent. The service and staff were described as brilliant and we were told that families and carers were kept informed and updated about patient wellbeing.
- Detailed individualised care plans were in place for all patients that included practical and emotional support.

Summary of this inspection

- Patients were involved in service development and were able to attend regular community meetings. Initiatives were in place to recognise patients contributions to the service via a "Huntercombe hero" scheme and we saw that patients achievements were recognised and celebrated by staff.
- Patients were able to become involved in the recruitment of staff at the service and had been encouraged to develop their own interview questions with support from staff.

Are services responsive?

Good

We rated responsive as good because:

- All referrals to the service were assessed within the service target of 72 hours and there were no delays in providing treatment for patients assessed as suitable for the service.
- We found that discharge planning was evident in all care and treatment records reviewed and the service retained a rehabilitation focus.
- There had been no delayed discharges reported in the year prior to our inspection and no readmissions to the service within 90 days during the same period.
- There were a range of facilities available for patient use including kitchens for practicing activities of daily living skills and meal preparation. A weekly activity timetable was in place and included daily breakfast groups, community trips, arts and crafts sessions and disco's and movie nights at weekends.
- All patients had individual care plans that had been completed and identified their spiritual and cultural beliefs and how they could be supported by the service to access support in these areas.
- Guidance for patients on the process of making a complaint was available in an easy read format and displayed on a notice board within the communal area of the service. All patients received a letter in easy read format detailing the outcome of their complaint following investigation by the service.

Are services well-led?

Good

We rate well-led as good because:

- Morale amongst staff at the service was excellent. All staff that we spoke with provided positive feedback about the registered manager. The leadership culture at the hospital was described as open and accessible and staff reported feeling valued and listened to.

Summary of this inspection

- All staff that we spoke with described a culture of mutual support and teamwork at the service. Staff that we spoke with reported that they were given the opportunity to give feedback on the service, what worked well and to identify areas for future service development.
- Leadership development opportunities were available for qualified staff and support workers. Annual appraisals were completed and staff could access profession specific supervision.
- The staff sickness rate for the period March 2016 to March 2017 was low at 3.5%, and at the time of our inspection there were no grievance procedures being pursued by staff and there were no allegations of bullying or harassment.
- The registered manager for the service reported that they had sufficient autonomy and authority to make changes to the service to improve the effectiveness and quality of care provided and were well supported by senior managers in the organisation to do so.
- Robust governance systems were in place to measure the effectiveness of the service using key performance indicators. Regular governance meetings were held locally at the service and outcomes were communicated at regional and national governance meetings.

Detailed findings from this inspection

Mental Health Act responsibilities

- A Mental Health Act administrator was employed by the service and provided oversight and guidance for staff on the application and use of the Mental Health Act.
- Detention paperwork had been completed accurately and was up to date in all records reviewed. Copies of the most recent section 17 leave forms were available in care records. They included reviews by staff and patients on their return from leave to evidence whether it had gone well, signed by both staff and patients.
- At the time of our inspection, 98% of staff had received training on the Mental Health Act and the 2015 Mental Health Act Code of Practice.
- Staff we spoke with were aware of the main principles of the Mental Health Act and the Code of Practice guiding principles, including least restrictive practice and the implications of blanket restrictions on patients' rights.
- We found evidence in all care and treatment records that staff explained patients' rights to them on admission and routinely thereafter. Records showed that staff documented this and included the patients signature where possible.
- The Mental Health Act administrator and the service completed routine audits on the Mental Health Act paperwork.
- Patients were able to access independent mental health advocacy services. 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 2005 Mental Capacity Act. Staff had a good understanding of the Mental Capacity Act, it's five statutory principles and the definition of restraint including the restriction of a patient's freedom of movement.
- At the time of our inspection, all patients admitted to the service were detained under the Mental Health Act. There had been no Deprivation of Liberty Safeguards referrals made by the service in the twelve months prior to inspection.
- The service had policies in place to provide guidance for staff on the use of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- We saw that capacity assessments had been completed where required, were time and decision specific and had been reviewed regularly. Patients were given assistance to maximise their understanding and make a decision for themselves before a decision was reached that they lacked the capacity to do so.
- Staff that we spoke with felt able to gain support and advice on the Mental Capacity Act from the Mental Health Act administrator or the consultant psychiatrist.
- The service carried out audits of the application of the Mental Capacity Act. These included the use of best interest decision checklists for patients lacking capacity and a rolling programme of checking that staff were able to articulate their roles and responsibilities relating to the use of the Act.

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 layout of the hospital did not allow all areas to be observed by staff or provide clear lines of sight. However, measures had been put in place to mitigate the risk to patients and staff. These included the use of two way mirrors, staff presence in communal areas and increased observations and support for patients who presented with risks of verbal or physical aggression.
- A ligature risk assessment had been completed by the registered manager for the service in March 2017. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. All patient bedroom areas were fitted with anti-ligature door handles, door closing arms and curtain rails. Individual risk assessments for patients were reviewed either monthly by the multi-disciplinary team, or sooner if required. This was to ensure that risk was mitigated and appropriate risk management strategies were in place, including increased observations and monitoring of patients wellbeing on a one to one basis. All staff also received training in the use of ligature rescue knives, which were stored on the ground and first floor of the service and were accessible by all staff.
- There were two clinic rooms used to store medicines and store medical devices. We found that clinic rooms were clean with adequate space available for the preparation of medication doses. Equipment for the monitoring of physical health was available and included a blood pressure monitoring machine, weighing scales and a machine for measuring patients oxygen levels in their blood stream. All qualified staff were required to demonstrate their competence prior to using physical health monitoring equipment and this was assessed by senior clinical staff. All equipment had been purchased within the 12 months prior to our inspection and had not yet required an annual maintenance check or calibration.
- Resuscitation equipment and emergency drugs were stored in the clinic room and were checked daily. A grab bag was available for staff in case of emergency and contained an oxygen cylinder which we checked and found to be full and in date. A defibrillator was also available for emergency use and signage around the building alerted staff and visitors to its location.
- All areas of the service appeared clean, were well maintained and had sufficient furnishings. A daily cleaning schedule was completed by domestic staff and included communal areas, kitchens and laundry areas. We reviewed cleaning records for the six weeks prior to our inspection and found them to be complete and in date.
- The service was supplied with gas for the use of catering for patients and this had been inspected and rated as safe for use in April 2017. Portable appliance testing was carried out annually and a health and safety inspection and audit had been completed in April 2017.
- The Huntercombe Centre - Birmingham was awarded a food hygiene rating of 5 (Very Good) by Sandwell Metropolitan Borough Council on 13 May 2015.

Long stay/rehabilitation mental health wards for working age adults

Good

- A fire detection system inspection and service had been completed in March 2017. Fire extinguishers had been serviced and fire blankets inspected in May 2017.
- Staff adhered to infection control principles and alcohol hand gel was available at the entrance to the service and in communal and bathroom areas.
- All staff carried personal alarms linked to an integrated alarm system throughout the building, with call points located in communal areas. Staff could use alarms to summon help in the event of an emergency. Staff were required to sign in on entry to the building to comply with fire regulations. Arrangements were in place for the alarm system to be serviced annually via an external contractor and the last service was recorded as May 2017.

Safe staffing:

- As of March 2017, there were a total of 46 substantive staff working at the Huntercombe Centre - Birmingham. Staffing establishment levels for whole time equivalent qualified nurses was 5.5, and there were no vacancies. Staffing establishment levels for whole time equivalent nursing assistants were 29, and there were two staffing vacancies.
- During the period 1st December 2016 to 1st March 2017, a total of 20 shifts were filled by bank or agency staff to cover staff sickness, absence or vacancies. There were no shifts left unfilled during this time period. The registered manager reported they were able to access bank and agency staff when required to meet the needs of the service and ensure patient safety.
- The registered manager reported that staffing levels could be altered to meet the bed occupancy rates, the needs of patients, and to ensure that risk was managed safely. The registered manager reviewed staffing levels daily with the senior management team during each morning handover meeting. They reported no difficulties in the recruitment of nurses or support workers when longer term staffing was required. During periods of staff sickness or absence, the registered manager sought to use bank and agency staff who were familiar with the service and the needs of the patients.
- The staff turnover rate between the twelve month period March 2016 to March 2017 was 34%, equivalent to 11 members of staff. The registered manager provided details for the high rate of staff turnover, including three qualified nurses reducing contracted hours and three support work staff reducing contracted hours to return to education. The staff sickness rate for the period March 2016 to March 2017 was low at 3.5%.
- We observed staff engaging well with patients in communal areas of the building where patients were present. There were sufficient numbers of staff on shift to allow patients to have regular one to one time with their named nurse as well as with a support worker. Staff and patients that we spoke with reported good access to one to one time with staff.
- Patients reported leave and planned activities were rarely cancelled due to a lack of staff. Activities including shopping for therapy groups and community social outings were planned in advance and staff were allocated to ensure that the activity took place.
- A psychiatrist was in post at the service and provided medical input for three days per week. Medical cover for the service on remaining days was available from the provider's neighbouring hospital. On call medical cover was provided through a rota system and also shared with the neighbouring hospital. Staff and patients reported no concerns about accessing a doctor and stated that the system worked well. At the time of our inspection, a new consultant psychiatrist had been recruited to join the service on a part time basis and to offer specialist input working with patients with learning disability needs.
- Staff that worked at the service were able to access a range of mandatory training opportunities including equality and diversity, risk assessment and risk management and Prevent training. Prevent is part of the Government's counter-terrorism strategy and aims to stop people becoming terrorists or supporting terrorism. The average attendance rate at mandatory training by staff was 97% and this was monitored by the registered manager through the electronic e-learning system and monthly audits. There were no areas of training with attendance below 75%.

Assessing and managing risk to patients and staff:

- A seclusion and long term segregation policy was in place at the Huntercombe Centre with a planned review date of November 2018. The policy set out specific requirements and duties for staff caring for patients within long term segregation, this included joint working

with the clinical commissioning group, local safeguarding reviews and regular reviews of the clinical appropriateness of continuing with the long term segregation care plan.

- Seclusion facilities were not in use at the service and there were no recorded incidents of the use of seclusion.
- There was one recorded use of long term segregation. This had been jointly agreed between the service and the clinical commissioning group responsible for the patient's funding. Weekly reviews of the long term segregation arrangement were held and a policy was in place to ensure the safety of the patient.
- There were no recorded incidents of the use of restraint or rapid tranquilisation in the six months prior to our inspection. The service had a policy in place to provide guidance for staff on the prevention of violence and aggression and this had been reviewed and updated in February 2017.
- A multidisciplinary approach to risk assessment and formulation was in place at the service. We spoke with allied health professionals who reported that their clinical expertise was sought by other disciplines and they felt an integral part of the risk assessment process.
- As part of our inspection activity we reviewed five of the eleven records relating to the care and treatment of patients. We found that comprehensive risk assessments had been completed in all records reviewed, which were in date and had been updated following incidents.
- Staff at the service completed the short term assessment of risk and treatability for all patients. Staff also completed additional risk assessments for patients using the activity of daily living kitchen and road safety assessments for patients accessing the community independently.
- A physical interventions risk consideration assessment had been completed in all care records. This included the consideration of an increased risk of postural asphyxiation for patients diagnosed as obese, who may restrained in a sitting position.
- Specialist risk assessments, including the historical clinical risk management-20 and sexual violence risk-20 had been completed by the forensic psychologist where specific patient risk had been identified. We found that staff reviewed and regularly updated risk assessments following changes in risk presentation.
- There were no blanket restrictions in place at the service at the time of our inspection. Where restrictions were in place, we saw that they were individually care planned and reviewed regularly by the multidisciplinary team and the patient the restriction applied to. Staff that we spoke with could discuss the definition of blanket restrictions as set out by the Mental Health Act Code of Practice 2015 and identify actions they would take to ensure they were not in place at the service.
- At the time of our inspection, there were no patients receiving care that had an informal status under the Mental Health Act. All staff that we spoke with were able to discuss the rights of an informal patient to leave the service at their own will and stated that they would not be prevented from doing so unless there were concerns for their wellbeing and safety. If this was the case, either the doctor or nurse holding powers as part of the Mental Health Act would be used to ensure they were detained lawfully.
- A supportive engagement and observation policy was in place and had been reviewed and updated in June 2017. The policy defined the four levels of observation recognised by the provider and the steps needed to either increase or decrease observation levels and to ensure patient safety.
- A search policy was in place with a planned review date in 2019 and made reference to the Mental Health Act Code of Practice 2015. The policy identified that searches of patients, their belongings and personal spaces should be proportionate and should not form a routine occurrence unless as part of an agreed care plan. The search policy also provided guidance for staff that any searches required should be undertaken with due regard to the person's dignity, and respect issues of gender, culture and faith. At the time of our inspection, there were no routine searches undertaken of patients entering or leaving the premises.
- Staff were able to access conflict management training. This incorporated theories of positive behavioural support which identified strategies to support patients, reduce the risk of incidents occurring and the management of verbal and physical aggression if needed. At the time of our inspection, 100% of staff had received training in conflict management.
- All staff were trained to use restraint with patients in a seated position as part of conflict management training. All staff that we spoke with were able to discuss the principles of safe conflict management and identified

that if a patient were in restraint and became in a prone position, they were trained to disengage from the restraint, reassess the need for restraint and the immediate risk, and continue to use restraint only when safe to do so.

- There had been no incidents of the use of rapid tranquilisation at the service in the twelve months prior to our inspection.
- Staff that we spoke with demonstrated a good understanding of how to identify and act on safeguarding concerns and information was available for staff in communal areas of the service, including contact details for local safeguarding teams.
- The provider had a safeguarding of vulnerable adults policy which had been updated and ratified in June 2017. The policy provided guidance for staff on dealing with incidents of abuse and reporting them, types of abuse and serious case reviews and learning lessons.
- The provider had a three year safeguarding strategy (2015-2018) in place aligned to the six key concepts of safeguarding; empowerment, protection, prevention, proportionate responses, partnership and accountability. The strategy identified the need to work in partnership with the police and local safeguarding boards to help protect adults at risk of abuse and neglect.
- All staff were able to access safeguarding training to level two for adults and level one for children. At the time of our inspection, the training compliance rate for both courses was 95%.
- The clinical room where medicines were stored had an air conditioning unit, which maintained the temperature at 18°c. Ambient temperatures were recorded every day and provided reassurance that medicines were being stored at the correct temperatures to remain stable (below 25°centigrade). Fridge temperatures used for the storage of medication were monitored and we found these to be up to date and complete. However, we found two occasions where fridge temperatures had exceeded the required range of 8°centigrade. Staff sought advice at the time regarding the high temperatures but we did not find evidence that they had consulted the pharmacist service about the stability of stored medication and the impact that the raised temperature may have had. We brought this to the attention of the service manager at the time of our inspection.
- Clinic rooms were locked, alarmed, and medicines keys held by nursing staff and there were appropriate facilities for the disposal of medicines available at the service, including sharps bins.
- Medicines for physical health were prescribed by the local general practitioner and supplied with dispensing labels by the local pharmacy. Medicines for psychiatric use were prescribed by the consultant psychiatrist based at the Huntercombe Centre. A Pharmacist attended the location once a week and reviewed all the prescription charts and staff reported a good relationship with the pharmacy service provider.
- Staff received medicines training as part of their induction. They also shadowed other members of nursing staff and underwent a competency assessment before they were allowed to administer medicines. Prescription charts were stored in individual patient folders and were accompanied by a photograph of the patient allowing them to be easily identified to staff that were new to the service or were bank and agency staff providing cover for shifts.
- All medication charts had an allergy status recorded and patients status under the Mental Health Act was also documented on the front of prescription charts. We found that protocols were available for staff use to explain when to give medication that was only used when required and routinely administered. Patient information leaflets for relevant medicines were stored in the prescription chart folder, including easy read versions where available.
- There were no controlled drugs stored at the service during our inspection; however, there was an appropriate controlled drug cupboard and register available when they were needed. Medicine errors were reported using the incident reporting system and information was cascaded to the team including actions to be taken to mitigate against future occurrences.
- A protocol was in place to ensure the safety of children visiting the service. Arrangements had been made for the meeting room to be used to facilitate visits, due to having a separate entrance and removing the need for children to pass through clinical areas. All children visiting the service were required to be chaperoned by a responsible adult at all times and were required to use staff bathroom facilities.

Long stay/rehabilitation mental health wards for working age adults

Good

- All visitors to the service were issued with a personal alarm following staff guidance on its correct use. Patients were able to see visitors in their bedroom subject to risk assessments being completed by the multidisciplinary team.

Track record on safety:

- During the period 1st March 2016 to 1st March 2017, there were two incidents which met the requirements and definition of a serious incident.
- We reviewed the service's root cause analysis and investigation into both of the reported serious incidents. We found that investigations had been completed promptly and that recommendations made had been completed. These included reviews of the hospital's policies and procedures and changes made to the environmental security of the service to reduce the likelihood of patients going absent without leave

Reporting incidents and learning from when things go wrong:

- All staff at the service were able to use the provider's electronic incident reporting system. The registered manger for the service, consultant psychiatrist and regional operations manager received alerts of all incidents reported electronically and were able to ensure they were investigated as required.
- The provider had developed a corporate "being open" policy in 2015. The policy provided guidance to staff on the need for openness, transparency and accountability when mistakes were made and care provided fell below identified standards. All staff that we spoke with able to access this through the intranet system.
- All staff that we spoke with were aware of their responsibilities to report incidents. The provider had introduced duty of candour training for all staff which provided guidance and advice to staff working with patients and their families when incidents had occurred. At the time of our inspection, 98% of staff had completed duty of candour training.
- All incidents were reviewed by the senior management team on a daily basis at the service's business meeting and allocated for investigation accordingly. Where an incident was identified as requiring a statutory notification to the Care Quality Commission, this was facilitated by the lead nurse on duty. Statutory CQC notifications were also completed and sent by the registered manager or designated deputy through a secure email.
- We found that de-briefs had taken place following incidents and learning was shared with the staff team. Learning lessons from incidents was an agenda item which formed part of monthly team meetings and was shared across the organisation through staff news letters published on the intranet.

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:

- As part of our inspection activity, we reviewed five of eleven records relating to the care and treatment of patients admitted to the service. We found that comprehensive and timely assessments had been completed for all patients following admission to the service and were reviewed routinely thereafter.
- Physical health monitoring was evident in all care records reviewed. We saw that the staff had completed the Malnutrition Universal Screening Tool for all patients and this included recording of body mass index and weight. Patients were supported to book annual physical health checks at their local general practice surgery and outcomes of this were shared with the Huntercombe Centre - Birmingham and updated in care and treatment records.
- We found staff completed detailed and comprehensive assessments of patients' needs in all records reviewed. Care planning was holistic, took into account patient strengths and needs and was recovery focussed. We found individualised care plans relating to personal hygiene, physical health, spiritual needs and rehabilitation based goals. All care plans were in date, had been reviewed frequently during the patients admission to the service and had been completed in the patients voice and signed by them on completion.
- All care plans promoted independence and recovery for patients using the service. We saw individualised care plans that had been completed with the patient and focussed on enabling them to independently manage their own medication administration. We also saw that

care plans had been completed with patients working in voluntary roles at the service including assisting the maintenance department and relevant training had been completed including moving and handling.

- Easy read guides had been provided as part of the care planning process. We found that information was provided to assist patients in managing their care programme approach meetings, ensuring they could express their views and wishes and ensuring they felt that their voice was listened to.
- Life star assessments had been completed where appropriate and were reviewed every six months by staff and patients. The life star is a holistic tool which measures progress towards independence, choice and well-being for patients diagnosed with a learning disability.
- Communication passports had been completed in all care records reviewed. The passport contained guidance for staff working with patients on communication strategies that were helpful and ones to avoid. Passports had been completed by an assistant speech and language therapist in collaboration with patients.
- Positive Behavioural Support plans had been completed and were in date in all care and treatment records reviewed. Positive Behaviour Support is: a multi-component framework for delivering a range of evidence-based supports to increase quality of life and reduce the occurrence, severity or impact of behaviours that challenge. Staff use the framework to understand the meaning of behaviour for an individual and the context in which the behaviours occur. This understanding assists staff to design more supportive environments and to better support individuals in developing skills that will improve their quality of life. We found that care records contained behavioural management strategies that were detailed and individualised to patient need.
- Eating and drinking passports had been completed with specialist input from speech and language therapists for patients diagnosed with dysphagia. Dysphagia is the medical term for the symptom of difficulty in swallowing. Passports contained details of foods that patients could eat safely and identified food textures, sizes and possible problems that patients may have when eating. Passports also contained information for staff identifying longer term problems for them to be aware of.
- All patients had a completed personal emergency evacuation plan. This recorded an individualised plan for patients needing to evacuate the building in an emergency such as fire or requiring medical treatment. Detailed instructions were available for each situation and took into account the quickest routes and alternative routes and where the patients would prefer to sit in a vehicle if transport was required.
- All information relating to the care and treatment of patients was stored securely and was available to staff and patients when required. Care records were completed using both an electronic system and a paper format for easy read versions of information. All changes to care plans were reconciled between each system at the point of change and staff reported that both systems worked well.

Best practice in treatment and care:

- Medication at the service was prescribed in line with guidance from the National Institute for Health and Care Excellence; cg178 Psychosis and Schizophrenia in adults, prevention and management. Care and treatment records contained detailed physical health monitoring for the side effects of medication and we saw that psychological therapies were promoted in combination with medication regimes.
- Patients were able to access a psychologist at the service and were offered a range of psychological interventions including cognitive behavioural therapy, coping skills, anger management and relapse prevention. Group psychological therapies were also available and we attended a coping and thinking group run by staff. The group encouraged patients and their peers to work together, identifying thoughts and behaviours and the effects they had on their wellbeing.
- Care plans were in place for patients diagnosed with physical health needs, for example diabetes. Diabetic care plans included consideration of increased physical health monitoring and collaborative working with physical health specialists including podiatry, ophthalmology and diabetic nurses.
- A range of outcome measures and rating scales were in use at the service and were completed by nursing staff, psychologists and the occupational therapists. The Model Of Human Occupation Screening Tool was being

reviewed for all patients following the recent appointment of an occupational therapist to assess patient functioning in cognitive and motor skills domains.

- The Health of The Nation Outcome Scale was completed for all patients at the point of admission to the service and reviewed routinely by staff thereafter. This is a measure of the health and social functioning of people with severe mental illness and contains 12 items measuring behaviour, impairment, symptoms and social functioning.
- A range of audits were completed by staff at the service. Audits included physical health and early detection warning signs, family and service user engagement, service user activity, hydration and nutritional standards and consent and medication management. All audits were reviewed monthly and the service was scored according to the performance in each area. Action plans had been completed where performance had been identified as less than good or outstanding and staff were identified with responsibility to ensure actions were completed.
- Staff at the home completed a medicines stock audit every week and regular meetings held with the doctor, nurses and the pharmacist. to review audit outcomes. We found evidence of service improvement following audit results including an improvement in communication by staff in response to queries from the local pharmacy service.

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 an occupational therapist.
- Staff were experienced and qualified to undertake their roles. We reviewed five staff personnel files as part of our inspection activity. All files contained suitable references and pre-employment checks and disclosure and barring service checks had been completed.
- 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 found that confirmation of current professional registration was complete in all qualified staff's personal files that we reviewed during our inspection of the service and the registered manager reported that this was audited and monitored by administration staff annually.
- Induction checklists were in place for all staff and included first aid and incident reporting, security procedures, observation policies and procedures and the location of emergency medication and life saving equipment. All staff commencing employment at the service were required to complete a probationary period and a subsequent review of their performance after three months. We found these had been completed in all personnel files reviewed.
- At the time of our inspection, all staff eligible to have an appraisal had completed one with the registered manager.
- At the time of our inspection, 86% of staff had received supervision from the registered manager or a senior member of the nursing team. Allied health professionals working for the service were able to access profession specific supervision and peer support groups.
- We found that poor staff performance had been addressed promptly and effectively. The registered manager had made use of the provider's sickness and absence policy to support staff who were repeatedly absent form work. Referrals to the organisation's occupational health department and return to work interviews had been completed and were included in personnel files.

Multidisciplinary and inter-agency team work:

- There were regular and effective multidisciplinary meetings each morning at the service in the form of a dally business meeting. Staff of each profession were required to attend and a review of all patients progress and risk in the previous 24 hours was held. Representatives from the maintenance department and domestic departments also attended to ensure effective communication across all staff disciplines and grades. A review of all changes in observation levels for patients was completed and staff were allocated to ensure patients planned activities took place. Minutes were taken at each morning meeting and typed up by staff on its completion.
- Patients and carers that we spoke with fed back that they were given the opportunity to prepare and participate in care reviews and multidisciplinary meetings.

- Handovers took place twice daily as part of the staffing shift change. Key information was typed up as part of an handover sheet and included all changes to leave allocation, patient observation levels and risk. Staff that we spoke with reported that the handover system worked well and they were kept informed of changes to patients risk and wellbeing before commencing shifts.
- We found evidence within care records of effective communication with services outside of the organisation, including the ministry of justice, physical health specialists, commissioners and complex care nurses. We received feedback about the service from stakeholders who reported that the service was open, transparent and responsive. We were also told that the service was highly regarded in its approach to providing a rehabilitation setting with a focus on patient recovery and discharge.

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

- A Mental Health Act administrator was employed by the service and provided oversight and guidance for staff on the application and use of the Mental Health Act. The Mental Health Act administrator had responsibility for ensuring that all paperwork was complete and also ensured that Mental Health Act tribunals and managers meetings were arranged for patients detained under the Act and who wished to lodge an appeal.
- Detention paperwork was completed accurately and was up to date in all records reviewed. Historic copies of section 17 leave forms had been archived to prevent confusion and to enable an audit trail if required. Copies of the most recent section 17 leave forms were available in care records and included reviews by staff and patients on their return from leave to evidence whether it had gone well. Reviews were signed by both staff and patients.
- At the time of our inspection, 98% of staff had received training on the Mental Health Act and the 2015 Mental Health Act Code of Practice.
- Staff we spoke with were aware of the main principles of the Mental Health Act and the Code of Practice guiding principles, including least restrictive practice and the implications of blanket restrictions on patients' rights.
- We found evidence in all care and treatment records reviewed that patients had their rights under section 132 of Mental Health Act explained to them on admission and routinely thereafter. Evidence of this had been recorded and included the patients signature where possible.
- When people were detained under the Mental Health Act, the appropriate legal authorities for medicines to be administered were in place and were kept with the prescription charts. This meant that nurses were always able to check that medicines had been legally authorised before they administered any medicines.
- The Mental Health Act administrator and the service completed audits on the Mental Health Act paperwork routinely. Audits included the documentation of consent to treatment, the explaining of section 132 rights including reasons why it hadn't been completed and that patients with communication difficulties had been offered alternative forms of communication to assist with their understanding of the process.
- 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 Mental Capacity Act:

- At the time of our inspection, all staff had received training in the 2005 Mental Capacity Act. Staff that we spoke with during our inspection had a good understanding of the Mental Capacity Act, it's five statutory principles and the definition of restraint including the restriction of a patients freedom of movement.
- At the time of our inspection, all patients admitted to the service were detained under the Mental Health Act. There had been no Deprivation of Liberty Safeguards referrals made by the service in the twelve months prior to inspection.
- The service had a policy in place to provide guidance for staff on the use of the Mental Capacity Act with a planned review date of October 2017. A policy was also available for staff on the Deprivation of Liberty Safeguards, also with a review date of October 2017.
- We saw that capacity assessments had been completed where required, which were time and decision specific and had been reviewed regularly. Patients were given assistance to maximise their understanding and make a

Long stay/rehabilitation mental health wards for working age adults

Good

decision for themselves before a decision was reached that they lacked the capacity to do so. Records of mental capacity assessments were also stored with prescription charts where required.
- Staff that we spoke with felt able to gain support and advice on the Mental Capacity Act from the Mental Health Act administrator based at the service or the consultant psychiatrist.
- The service carried out audits of the application of the Mental Capacity Act, including the use of best interest decision checklists for patients lacking capacity and a rolling programme of checking that staff were able to articulate their roles and responsibilities relating to the use of the Act.

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

Good

Kindness, dignity, respect and support:

- Throughout our inspection, we observed care and support provided by staff that promoted kindness, respect and dignity.
- We observed care that provided patients with practical and emotional support. The acre provided at the service demonstrated an understanding of individual need which reflected the detailed plans of care we reviewed in patients' records.
- All patients that we spoke with provided positive feedback on their experiences of being cared for at the service. Patients described staff as helpful and polite, and activities provided by the service were described as therapeutic and meaningful.

Involvement of people in the care they receive:

- Patients were provided with a Huntercombe Centre - Birmingham service user guide following admission. This provided details about the service, the names and profession of senior staff and the availability of educational and leisure activities. We reviewed the service user guide during our inspection and found that information was also provided on the care planning process, the complaints and safeguarding process and patients' rights to be treated with dignity and respect.
- The Huntercombe Centre - Birmingham had made available a copy of their statement of purpose in an easy read format for patients. Under the Health and Social Care Act 2008, every registered provider must have a statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service and describes the provider's aims and objectives in providing the service, the kinds of service provided and the health or care needs the service sets out to meet.
- We saw evidence of the active involvement and participation of patients in all care and treatment records reviewed as part of our inspection activity. All care plans were in easy read format and were documented with patients' signatures, were up to date and contained patients' views and wishes. All patients that we spoke with confirmed that they had been involved in the care planning process and offered a copy of their care plan to store securely in their bedrooms.
- Independent advocacy services were available for patient use and were commissioned by the local authority in concordance with the 2015 Mental Health Act Code of Practice. Patients that we spoke with were able to describe the process for accessing advocacy services and told us that they visited the service frequently and were accessible if required.
- The feedback provided by the carers and family members of patients using the service was excellent. The service and staff were described as brilliant and we were told that visitors were made to feel at home and kept informed and updated about patients wellbeing, with the patients' consent. We were given examples of visitors being able to bring the family pet to visit their relative and one family member told us that they would highly recommend the service to anyone that needed it.
- Community meetings were held fortnightly and we reviewed the minutes of these as part of our inspection activity. Patients were encouraged to put forward ideas for planned activities and to provide feedback about what worked well at the service and what could be improved. Each community meeting identified a member of staff or patient who had been nominated as the "Huntercombe Hero" for that month and we saw that a patient who had a voluntary job role at the service had been recognised and acknowledged for their hard work and contribution. Patients were also

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Good

encouraged to use suggestion boxes located in communal areas to provide ideas for service development and minutes from community meetings were typed up by staff from the service and displayed in communal areas.

- A patient annual survey was completed in November 2016 and the results were available from the 1st February 2017. The outcomes of the patient survey were; all patients surveyed said staff listened to them carefully, they were involved in decisions about their care, information on advocacy was available to them and they knew who was in charge of their care. However, 47% of patients said drinks and snacks were available outside meal times and 33% said they were happy with the activities available. Action plans had been developed following the lower scores for activity and refreshment availability, and we saw this was a standing agenda item at weekly patient community meetings. A new occupational therapist had recently been recruited to the service and was in the process of redesigning the scheduled programme of therapeutic activity with input from patients about their choices.
- Patients were able to become involved in the recruitment of staff at the service and had been encouraged to develop their own interview questions with support from staff.
- Advance statements were documented in all care and treatment records and detailed patients wishes in relation to future treatment, wellbeing and preferences for care.

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

Good

Access and Discharge:

- During the period 1st September 2016 to 31st March 2017, the Huntercombe Centre - Birmingham received two referrals. The average wait time between a referral being received to a pre-admission assessment being scheduled was two days and within the services target of 72 hours. The average wait time from a pre-admission assessment being completed to the onset of treatment by the service was 8 days and within targets set by the service. Referrals to the service were made by a variety of sources including lower security units or community-based placements.
- At the time of our inspection, there were 11 patients receiving care and treatment at the Huntercombe Centre - Birmingham. The average bed occupancy during the period 1st September 2016 to 1st March 2017 was 73% and the average length of stay, in days, for patients discharged between 1st March 2016 and 1st March 2017 was 211 and within the two year length of stay guidance for patients receiving care in community rehabilitation settings.
- During the period 1st March 2016 to 1st March 2017, there were no reported delayed discharges from the Huntercombe Centre - Birmingham. There were no re-admissions to the service within 90 days during the same period.
- Care plans made reference to section 117 aftercare services for patients planning to be discharged from the Huntercombe Centre and we found that discharge planning was evident in all care records reviewed. Section 117 aftercare is the provision of free after-care for people who have been in hospital subject to certain sections of the Mental Health Act.

The facilities promote recovery, comfort, dignity and confidentiality:

- There were a range of facilities available for patient use including kitchens for practicing activities of daily living skills and meal preparation. A patient lounge was available on the ground and first floor of the building and there was also rooms available for group activities and one to one therapeutic interventions.
- Visitors were able to meet with patients in quiet areas, and the downstairs lounge was used due to ease of access. Patients were able to see visitors in their bedrooms following a risk assessment by the multidisciplinary team, in line with the Mental Health Act Code of Practice.
- A portable phone was in use and patients also had access to their own mobiles at the service, meaning that patients could make phone calls in a location of their choosing. Patients that we spoke with said that there were sufficient quiet spaces to afford them privacy and that staff respected their confidentiality whilst making calls.

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Good

- Patients were able to access a courtyard area in the centre of the building with seating and smoking facilities. Patients that we spoke with reported that activities were frequently provided in the courtyard area and monthly sports days were run by staff including table tennis and football.
- Patients reported that the food was of good quality and that they were able to be involved in the menu planning process and provide feedback during community meetings attended by the chef for the service. Alternative menu options were available for people with cultural or physical health requirements and patients were supported to prepare their own meals if they wished.
- Access was available for patients to make drinks and snacks 24 hours a day. Hot and cold drink making facilities were provided and patients were able to prepare food that they had purchased whilst using section 17 leave from the service.
- Bedrooms could be personalised. Patients were able to choose the colour scheme they preferred and this was purchased by the service and decorating was completed by the maintenance department. All patients that we spoke with said that they were able to securely store personal items in their bedrooms and we saw lockable drawers had been fitted for this purpose. We observed that some patients had chosen to decorate the doors of their bedrooms and easy read notices had been designed with the help of staff and listed the patients preferences for whether they wished other patients to enter their bedroom or meet them in communal areas.
- A weekly activity timetable had been created by the occupational therapist at the service. Planned activities included daily breakfast groups, community trips, arts and crafts sessions and disco's and movie nights at weekends. The occupational therapist had revised the activity timetable to ensure that community activities and service led activities were available to take into account the needs of patients who had restricted access to leave outside of the hospital grounds. Each patient also had an individualised plan of scheduled activities which reflected their rehabilitation goals and included practicing activities of daily living, community road safety assessments and budgeting work.

Meeting the needs of all people who use the service:

- Bedrooms were situated on the ground floor of the service and easy access doorways and bathrooms were available for patients with reduced mobility.
- A range of information leaflets were available for patients and covered topics including patients rights, local advocacy services, complaints leaflets and activity timetables. The service had displayed the ratings from their previous CQC inspection in January 2016 and details for location specific service improvement initiatives.
- Information boards with staff details were available and included a photo of the staff member and their designated role or profession.
- The registered manager reported that interpreting and signing services could be accessed via the local authority. All documentation relating to care planning and service provision was produced in an easy read format where possible and we saw multiple examples of this in practice during our inspection.
- All patients had individual care plans that had been completed and identified their spiritual and cultural beliefs and how they could be supported by the service to access support in these areas.

Listening to and learning from concerns and complaints:

- Guidance for patients on the process of making a complaint was in place and this was available in an easy read format and displayed on a notice board within the communal area of the service.
- All staff that we spoke with were able to discuss the systems in place for processing and responding to complaints. A complaints policy was available for staff to ensure that all patients had access to an effective complaints procedure. This provided guidance for staff in managing a complaint and gave details on third party organisations that patients could contact if they wished to pursue complaints further.
- During the period 1st March 2016 to 1st March 2017, the Huntercombe Centre - Birmingam received 21 complaints, of which 15 were not upheld and six were partially upheld. There were no complaints referred to the Parliamentary Health Service Ombudsman. The Huntercombe Centre - Birmingham had undertaken an analysis of the top three themes of complaints received which included patient complaints about fellow

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Good

patients, medication management concerns and a relative concerned about restrictions on patients at the service. In each case, staff at the service had documented the actions taken, including meeting with families and carers and improving effective working with the local general practitioners surgery.

- Staff that we spoke with were able to identify how information relating to complaints received was communicated by the registered manager at planned staff meetings. Learning points and actions required were identified to ensure that improvements to the service could be implemented where needed.
- During the period 1st March 2016 to 1st March 2017, the Huntercombe Centre - Birmingham received eight compliments relating to patient care and staff behaviours.
- All patients received a letter in easy read format detailing the outcome of their complaint and the outcome following investigation by the service. Advice on the complaints process, the appeal process and the availability of the Parliamentary Health Service Ombudsman and Care Quality Commission were provided for patients if they were unhappy with the outcome of the providers internal investigation process and outcome. Copies were also made available for patient use in an easy read format.

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

Good

Vision and values:

- The Huntercombe group of hospitals had developed a provider wide aspiration of "Nurturing the world, one person at a time, across the organisation". A set of values was also in place and comprised "we understand, we are innovative, we put the person first, we work towards excellence, we provide reliable and accessible services". Staff that we spoke with were aware of the aspirations and values and were able to discuss how they were demonstrated in their approach to providing care.
- Staff knew who senior leaders were within the organisation and told us they visited the service frequently and were accessible and approachable. During our inspection we were able to meet with the regional operations director and had also met with them prior to our inspection taking place, as part of our scheduled provider relationship meeting. There were strong links between the services registered manager and the regional operational manager who was described as responsive to the needs of the service.

Good governance:

- Attendance at mandatory training was high at 92%, and the registered manager reviewed staff training rates on a monthly basis through the electronic training system.
- All staff who were eligible for an annual appraisal had received one. Management supervision was provided for staff in line with the providers policy and guidance and 86% of staff had received supervision in the six weeks prior to our inspection. Clinical supervision was provided to staff and this included profession specific peer support.
- Shifts were covered by staff with suitable experience and qualifications. Use of bank and agency staff was low and there had been no shifts without adequate staffing during the period 1st December 2016 to 1st March 2017.
- There was evidence of a detailed plan for clinical audit activity across the service, taking into account completeness of care records, correct use of the Mental Capacity Act and Mental Health Act, hydration and nutrition standards and medicines management. Audits were carried out routinely and action plans had been developed in areas where the services performance was less than good or outstanding.
- Incidents were reported using an electronic risk reporting tool and investigations and root cause analyses had been completed. Changes had been made as a result of incidents and there was a culture of learning lessons and improvement in safety.
- Safeguarding referrals had been made to the local authority where appropriate and statutory notifications completed by senior staff and the registered manager. Mental Health Act and Mental Capacity Act requirements were being met and paperwork relating to the detention of patients was complete and showed evidence of patient consultation and documentation of their views.

Long stay/rehabilitation mental health wards for working age adults

Good

- The registered manager monitored the performance of the service using a range of key performance indicators including incident reporting and severity, safeguarding of vulnerable adults referrals, staff sickness and appraisal rates and staff training.
- The service held local governance meetings monthly which were attended by the registered manager for the service and the senior management team. Agenda items that formed part of the governance meeting included clinical effectiveness and research initiatives, audits, complaints and safeguarding referrals.
- The registered manager, consultant psychiatrist and regional operations manager attended a hospitals and social care clinical governance meeting each quarter with senior managers from the provider's other hospitals. This provided the opportunity for national oversight of emerging themes and trends within the organisation that related to risk and to share good practice with other hospitals. We saw that effective systems had been established for the sharing of information from a board level to a regional and local level, and vice versa.
- The registered manager for the service reported that they had sufficient autonomy and authority to make changes to the service to improve the effectiveness and quality of care provided. They were well supported by senior managers in the organisation to do so.
- The registered manager for the service was able to submit items to a location specific risk register including environmental and patient specific risks. All risks received a rating scale and a detailed plan of action to reduce the severity or impact on the service. Risk registers were fed back to the hospitals and social care clinical governance meeting each quarter with senior managers from the provider's other hospitals in attendance and with oversight from the Huntercombe groups quality improvement team.

Leadership, morale and staff engagement:

- The staff sickness rate for the period March 2016 to March 2017 was low at 3.5%. At the time of our inspection, there were no grievance procedures being pursued by staff and there were no allegations of bullying or harassment.
- A whistleblowing policy was in place and provided guidance for staff on reporting concerns without fear of victimisation, discrimination or disadvantage. All staff we spoke to said they would feel able to raise concerns if required and would be supported to do so by their colleagues.
- Morale amongst staff at the service was excellent. All staff that we spoke with provided positive feedback about the registered manager and the changes and improvements they had implemented since joining the service. The leadership culture at the hospital was described as open and accessible and staff reported feeling valued and listened to. We spoke with staff who had recently joined the service and who reported that they were made welcome as members of the multidisciplinary team and had been supported in their development by colleagues and management at the service.
- Leadership development opportunities were available for qualified nursing staff to undertake Bachelor of Science and Master of Science nursing courses in partnership with the open university with the financial fees being met by the provider.
- A "grow your own nurses" scheme was available for unqualified support workers who wished to undertake their Certificate of Higher Education in Healthcare Practice. The registered manager was able to give examples of where staff development and skills had been recognised and they had been supported to undertake the course with the goal of becoming an associate practitioner in nursing.
- All staff that we spoke with described a culture of mutual support and teamwork at the service. The service was described as a lovely place to work by one member of staff that we spoke with and we were told that training was available if needed. Staff reported that supervision happened frequently, was detailed and meaningful for staff.
- Staff were open and transparent with patients and provided explanations if and when something went wrong. Feedback forms following the investigation into complaints were provided for patients and had been produced in an easy read format.
- Team meetings were held monthly and the time had been changed following feedback from staff to enable

them to attend more easily. Staff that we spoke with reported that they were given the opportunity give feedback on the service, what worked well and to identify areas for future service development.

Commitment to quality improvement and innovation:

- The Huntercombe Centre - Birmingham had put itself forward to participate in the National Association of Intensive Psychiatric Care Units audit of psychiatric care units, low secure facilities and locked rehabilitation settings. This was due to commence shortly after our inspection of the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- Staff should ensure they notify and seek advice from the pharmacist service if medication storage fridge temperatures are outside of the target range of 2°Centigrade to 8°Centigrade,

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.