

**Outstanding**

# Partnerships in Care Limited Hazelwood House

## Quality Report

Heath Road  
Chesterfield  
S44 5QS  
Tel: 01246856565  
Website: [www.priorygroup.com](http://www.priorygroup.com)

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-129389178	Hazelwood House	Hazelwood House	S44 5QS

This report describes our judgement of the quality of care provided within this core service by Priory Healthcare Group. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Hazelwood House and these are brought together to inform our overall judgement of Hazelwood House.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated Hazelwood House as outstanding because:

- The service provided safe care. The environment was safe and clean. There were sufficient nurses and doctors. Staff assessed and managed risk well, managed medicines safely, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with patients who displayed behaviour that staff found challenging.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment of each patient. They provided a range of treatments suitable to the needs of the patients cared for in a ward for people with a learning disability (and/or autism) and in line with national guidance and best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff communicated with patients and presented information to them in a way they could understand.
- The staff team included or had access to the full range of specialists required to meet the needs of patients. Managers ensured that staff received training, supervision and appraisal. Staff worked well together as a multi-disciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients and families and carers in care decisions. Patients and carers spoke positively about the staff and one carer said the care for their relative had been exceptional.
- Staff used innovative ideas to help support patients and improve their experience.
- Staff were responsive to the needs of the patients and supported them to access educational, training and work opportunities.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. They did this by completing an effective handover with referring and receiving hospitals and external services to ensure an effective care pathway.
- The service worked to the transforming care model. The hospital was well led, and the governance processes ensured that hospital procedures ran smoothly.
- The service was part of the Royal College of Psychiatrists' peer review quality network.
- The hospital director and the clinical director had successfully implemented a number of changes in a short space of time in order to reduce restrictive practice and improve patient experience. They did this by communicating well with staff and considered their wellbeing throughout the process,
- The hospital director and clinical director had been selected as one of five finalists for the award in the Care Team category of the Great British Care awards.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

Our rating of safe stayed the same. We rated safe as **good** because:

- The service was safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received training to keep people safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery in a low secure environment.
- Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme, which was an improvement since the last inspection.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health. They were aware of and were starting to work towards achieving the aims of the STOMP programme (stop over-medicating people with a learning disability).
- The service had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Good



# Summary of findings

## Are services effective?

Our rating of effective stayed the same. We rated effective as **good** because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The staff team included the full range of specialists required to meet the needs of patients in the hospital. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The staff team had effective working relationships with staff from services that would provide aftercare following the patient's discharge. Staff engaged with these services early on in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

**Good**



## Are services caring?

Our rating of caring improved. We rated caring as **outstanding** because:

**Outstanding**



# Summary of findings

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. Staff had a very good understanding of the individual needs of patients and supported patients to understand and manage their care, treatment or condition, in both a practical and emotional way.
- Staff empowered patients to be actively involved in their care planning and risk assessment and continuously sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately. All the carers we spoke with said that staff went the extra mile and one carer said their relatives care and treatment had been exceptional.
- The service had used innovative ways to improve the patients' experience, for example 'staff in the role of patient for a day' initiative.

## Are services responsive to people's needs?

Our rating of responsive improved. We rated responsive as **outstanding** because:

- Staff planned and managed patient discharges well. They liaised well with services that would provide a continuity of aftercare and were assertive in managing the discharge care pathway. Staff supported patients during referrals and transfers between services by working with the patient to prepare and support them during the whole process, at a pace appropriate for them. Patients' went on visits to their discharge placement and carers from other units spent time at the hospital to allow the patient to become familiar with where they were going.
- The design, layout, and furnishings of the hospital supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- Staff worked hard to ensure the needs of all patients who use the service were met, including those with a protected characteristic. Peoples individual needs and preferences were central to the planning and delivery of therapeutic activities. Staff had developed an equality and diversity group to support patients in understanding peoples' differences.

**Outstanding**



# Summary of findings

- There was an active review of complaints and improvements were made as a result.

## Are services well-led?

We rated well led as **outstanding** because:

- The hospital director and the clinical director had successfully implemented several changes in a short space of time in order to reduce restrictive practice and improve patient experience. They did this by communicating well with staff and considered their wellbeing throughout the process,
- Leaders had a good understanding of the service they managed and how it supported the aims of the transforming care programme. Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- There was a high level of staff satisfaction, staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Staff felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance and performance arrangements and processes operated effectively at ward level and that performance and risk were managed well. These were proactively reviewed and reflected best practice.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities. Numerous approaches existed to gather feedback from people who use services, carers and other stakeholders.
- The hospital director and clinical director had been nominated for an award in the Care Team category of the Great British Care awards.

**Outstanding**





# Summary of findings

## Information about the service

In December 2016 Partnerships in Care merged with the Priory Healthcare Group.

Priory Healthcare Group is now the provider of care to this hospital.

The CQC registers Hazelwood House to carry out the following regulated activities:

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

Hazelwood House is a low secure unit for males with a Learning Disability, including those with co-morbid personality disorders, mental illnesses and autistic spectrum disorders.

The hospital aims to reduce patient risks and promote relapse and prevention strategies. The hospital helps patients develop skills for supported or independent living.

Hazelwood House is registered to provide services for up to 14 patients. There were 13 patients at the time of inspection.

CQC's last inspection was in April 2016 and the service was rated good in all key questions.

## Our inspection team

The team that inspected the service comprised two CQC inspectors, one specialist advisor, who was a learning disability nurse and an expert by experience and their support worker.

## 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 that we held about the location and asked a range of external stakeholders for information about this service.

During the inspection visit, the inspection team:

- 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 and five carers;
- spoke with the Hospital Director and Director of Clinical Services;
- spoke with seven other staff members; including doctors, nurses, occupational therapist, psychologist and social worker;
- attended and observed a multi-disciplinary meeting;
- looked at seven care and treatment records of patients;

# Summary of findings

- looked at six medication charts and carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We spoke with five patients and five carers. All the patients spoke highly of the staff, they felt safe and cared for in the hospital. They said there were lots of things to

do and they could tell the staff enjoyed taking them to activities. The carers felt involved in their relative's care and thought the staff were exceptional and went the extra mile to meet the needs of the patients.

## Good practice

The creation of the 'Celebrating Differences' group. This weekly group aims to increase patients' awareness and understanding of other people's differences. Each week a film is shown, for example, Slum Dog Millionaire, and staff facilitate discussion afterwards by asking questions about how the film made them feel? What did they notice?

'Staff in the role of patient for a day' initiative. This involved a staff member being a patient and experiencing the restrictions that patients were subject to.

The hospital director and clinical director had been nominated for an award in the Care Team category and had been selected as one of five finalists in the Great British Care awards.

## Areas for improvement

**Action the provider MUST take to improve**

**Action the provider SHOULD take to improve**

# Partnerships in Care Limited Hazelwood House

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Hazelwood House	

### 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.

Staff understood their roles and responsibilities under the Mental Health Act and the Code of Practice and discharged these well. At the time of inspection, 96% of staff were trained in the Mental Health Act and its Code of Practice.

Staff knew where to get administrative support and legal advice around the Act and knew who the hospital administrators were. The administrators were not based at the hospital but were easy to contact via phone or email.

We saw the hospital had up to date policies and procedures that reflected the most recent guidance and staff had easy access to these.

We saw information about independent mental health advocacy services were displayed on patient noticeboards.

We looked at seven Mental Health Act records and they all showed staff explained patients' rights, but it was not clear from the electronic records whether this was completed in way patients could understand. We raised this at the time

of inspection and the Mental Health Act manager said the hospital produced leaflets in easy read and they were looking at ways to record capacity in regard to understanding of the rights.

Staff ensured that patients who were detained under the Mental Health Act could take Section 17 leave (permission for patients to leave hospital) when this had been granted. It was not clear whether patients or carers had been offered copies of their Section 17 leave forms. We raised this as an issue at the time of inspection and the director immediately put in place a process to ensure patients and carers are offered a copy of their forms.

Staff were aware they could request an opinion from a second opinion appointed doctor when necessary. The hospital had made three requests for a second opinion in the six months prior to the inspection for patients who lacked capacity and the doctor was considering a change to medication. These requests had been responded to promptly.

Mental Health Act paperwork was stored correctly and available to all staff.

# Detailed findings

The Mental Health Act administration team completed regular audits of the Mental Health Act paperwork to ensure it was being applied correctly and shared any learning. There was a central audit completed in August 2017, with no action points highlighted. Monthly quality walk rounds monitor any issues with documentation.

The service does not admit informal patients.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make decisions about their care for themselves. Staff had a good understanding of the Mental Capacity Act and its guiding principles and could give examples of when they had to consider the Act. We observed discussions around capacity in the multi-disciplinary meeting. At the time of inspection, 96% of staff were trained in the Mental Capacity Act.

We saw an up to date policy on the Mental Capacity Act and staff knew how to access it. Staff could get advice from the Mental Health Act administrators regarding the Mental Capacity Act.

Records showed staff supported patients to make a specific decision for themselves before they assumed that the

patient lacked the mental capacity. For patients who did lack the mental capacity to make a specific decision, we saw staff discussed the best interests of the patient with carers and other professionals, when required.

Capacity assessments were completed and stored correctly with the medication charts. We looked at five medication charts and capacity forms and the doctor had not signed the forms. This was because the form had been completed electronically and printed out. We raised this at the time of inspection and the director immediately put in place a process to ensure the doctor signs each form.

Staff audited the application of the Mental Capacity Act and took any action required. There was a central audit completed in August 2017, with no action points highlighted.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

#### Safety of the ward layout

The hospital was safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Records showed staff completed regular risk assessments of the care environment and were aware of the risks of slips, trips and falls. We saw records that showed that staff complete monthly quality environmental walk rounds. These included ligature points, (ligature points are places to which patients' intent on self-harm might tie something to strangle themselves), broken items and any furniture that needed repairing. There were some potential ligature anchor points identified on the ligature risk assessment, but staff were aware of these and any risk was mitigated by staff observation and individual risk assessment.

One staff member on each shift was responsible for the security of the hospital as it was a low secure environment. This included checking; the grounds; cutlery was present and alarms.

Staff were able to observe patients in the main day room. Depending on the assessed level of risk, patients had free access to their bedrooms throughout the day.

Activity rooms, visitor rooms and the front door were locked so patients could only gain access with a member of staff. This was in line with restrictions of a low secure environment.

Staff had easy access to alarms, which were tested regularly, and patients had access to nurse call systems in their bedrooms.

#### Maintenance, cleanliness and infection control

The hospital was visibly clean, and furniture was in good repair. Records showed housekeepers cleaned all areas regularly. Patients were able to clean their own rooms if they wished. One patient said he enjoyed cleaning his bedroom and keeping it tidy.

Staff complied with infection control principles and there were posters up demonstrating good hand washing techniques.

The hospital had onsite maintenance staff who were able to complete minor repairs in a timely manner. The hospital had identified that it needed a new closed-circuit television (CCTV) system to cover all communal areas, this had been agreed and ordered at the time of inspection. This was to support patient and staff safety.

#### Seclusion room

The seclusion room allowed clear observation and two-way communication. It had toilet facilities and a clock in line with the Mental Health Code of Practice. The clock was a digital one, so it was easier for patients to understand. To access the seclusion room, staff and patients had to walk through a de-escalation room. Staff and patients told us this was used more often than full seclusion. This meant that staff were using least restrictive practices.

#### Clinic room and equipment

The clinic room was fully equipped with accessible resuscitation equipment and emergency drugs. Records showed staff checked these regularly.

All the medication we checked was stored correctly and in date.

We saw height and weight scales and a blood pressure machine. Staff maintained equipment well and kept it clean. We saw clean stickers were in place and all in date.

#### Safe staffing

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

The hospital had a staffing ladder that was reviewed during morning meetings and staffing levels were adjusted dependent on patient need. Each shift consisted of two nurses and four healthcare assistants during the day and one nurse and three healthcare assistants during the night. There was one bank shift from 7pm until midnight to support bedtime and evening activities. The director said they were hoping to have a permanent shift from midday to midnight once they had recruited fully.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

At the time of inspection, the establishment for nurses was 7.6 whole time equivalent (WTE) and there were 2.6 whole time equivalent (WTE) vacancies for nurses. The service had a preceptor nurse in pre-employment that was due to start in January 2018, which would reduce the vacancy rate for nurse to 1.6 whole time equivalent (WTE).

The establishment for healthcare assistants was 14.5 whole time equivalent (WTE) posts and there were no vacancies.

There was a vacant recovery worker post. That post will be Sunday to Thursday, as the occupational therapy assistant works Tuesday to Saturday. This post was advertised as covering alternate shifts so there would always be one member of staff on duty whose primary responsibility was leading activities for the patients. The recovery worker role was to arrange leisure activities, while the occupational therapy assistant role was about providing psychoeducation and therapeutic activities. While the recovery worker post was vacant, a healthcare assistant was identified as having the recovery worker role per shift. There was also a full time occupational therapist who had oversight of the activities offered.

At the time of inspection, the service had 0.5 WTE psychologist and an assistant psychologist in post. The service had a social worker, who worked four days a week.

When necessary, managers deployed agency and bank nursing staff to maintain safe staffing levels. When agency and bank nursing staff were used, those staff received an induction and were familiar with the ward. In August 2018, there were 83 shifts filled by bank or agency staff and no shifts were not able to be filled.

Staff and patients told us a member of staff was always present in communal areas of the ward and we observed this during inspection.

Patients told us, and records showed staffing levels allowed patients to have regular one-to-one time with their named nurse.

There were enough staff to carry out physical interventions safely.

In October 2018, the sickness rate was 6.2%. There were two members of staff on long term sickness leave and they were being supported in their return to work.

The turnover rate at the time of inspection was 6.7%. The most recent staff had left due to gaining promotions at other hospitals.

Patients and staff told us that leave, and activities were rarely cancelled due to staffing issues.

## Medical staff

At the time of inspection there was a locum consultant psychiatrist, but a substantive psychiatrist was due to start in November 2018 for one day per week. The psychiatrist worked in the service two days per week and in another hospital with the same provider three days a week. There was also a full-time speciality doctor that worked Monday to Friday.

There was adequate medical cover and staff could access a doctor day or night in an emergency. For mental health emergencies, the on-call psychiatrist would respond and would visit the hospital if required.

For physical health concerns and emergencies, staff contacted the GP or 999. A GP surgery held a fortnightly clinic in the hospital. Staff could also contact them outside this time if they had concerns. Patients and staff confirmed that accessing a doctor for physical or mental health needs was easy to do and they responded in a timely manner.

## Mandatory Training

The hospital's mandatory training included; management of violence and aggression, safeguarding adults and children level three, immediate life support, infection control, Mental Health Act and Mental Capacity Act. All staff, except four who were on induction and in the process of completing their training, were up to date with all mandatory training. This included bank staff. Staff were also trained in Autism, Positive Behaviour Support and RAID, which stands for Reinforce Appropriate (behaviour), Implode Disruptive (behaviour). This approach is based on commenting on positive behaviours and ignoring challenging behaviours.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

All patients had an 'All About Me' booklet which included a Positive Behaviour Support Plan. These were completed with the patients and used easy read sentences and pictures that reflected the patient voice. All seven care and treatment records we looked at contained an up to date risk assessment that was completed on admission and updated regularly and following incidents. The service used a recognised risk assessment tool.

## Management of patient risk

Staff were aware of and dealt with any specific risk issues, such as falls or pressure ulcers. Physical health was monitored weekly by a trained healthcare assistant, who could complete baseline observations and take bloods. They also assisted the GP in their clinics. Each patient was supported to have an annual health check.

Records showed that staff followed good policies and procedures for use of observation and only searched patients or bedrooms if there was a risk identified.

The hospital only applied blanket restrictions when justified. The hospital had worked hard at minimising blanket restrictions and records showed that staff and patients had discussed previous blanket restrictions and how these would be eliminated. For example, prior to the current management, there was a restriction that no flip flops should be worn in the garden, and it was agreed that this restriction could be lifted. There had also been restrictions around mobile phone use, shaving times, bed times and number of snacks allowed. These restrictions had also been discussed with staff and patients and everyone agreed that the restrictions could be individually risk assessed. There was a folder that contained easy read information, explaining what blanket restrictions were, what was in place before and what the practice was now.

Each patients' 'All About Me' folder contained information about what observation level they were on, whether they had access to their phone and their room and any other restrictions.

## Use of restrictive interventions

Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, staff used restraint and seclusion only after attempts at de-escalation had failed.

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

There was a revised reducing restrictive interventions practice strategy in place from January 2018 and 'Safewards' initiative was introduced into the hospital's Prevention of Management of Violence and Aggression training. 'Safewards' is a recognised model used to support staff and patients create a calmer ward environment. One of the approaches of 'Safewards' focuses on using soft words and positive words, which means staff remain calm, polite, respectful towards patients.

Records showed, and staff told us they only used restraint as a last resort. Staff had a good understanding of the Mental Capacity Act and worked within the Act's definition of restraint. Each patient had a positive behaviour support plan that explained what they would like staff to do when they become agitated or aggressive. Staff said they felt much better skilled at de-escalation since the change of prevention and management of violence and aggression training in January 2018.

There were 77 incidents of restraint on 10 different patients between February and July 2018. Out of these, six were recorded as prone (face down) restraint due to descending to the floor prone but then patients were turned to supine (face up). None of those restraints resulted in rapid tranquilisation.

There was one recent incident of rapid tranquilisation in October 2018 and staff followed national guidance.

There had been six incidents of seclusion between February 2018 and July 2018 and staff had recorded these correctly.

The social worker was currently working with patients to encourage them to have their own bank accounts rather than keeping their money in hospital accounts.

## Safeguarding

Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it. Records showed all staff were trained in safeguarding adults and children level three and the staff we spoke with knew when and how to raise an alert.



# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

The hospital tried to ensure that either the social worker or other two safeguarding leads were on shift to help support staff if they had a safeguarding concern. There were posters displayed in the hospital reminding staff what to do if they were worried about a patient.

The hospital had notified CQC of 86 safeguarding incidents between September 2017 and September 2018 and they had dealt with these appropriately.

Records showed staff worked in partnerships with other organisations to identify and protect adults and children at risk of suffering significant harm. The social worker had good links with the local authority and police and met with them regularly.

The staff told us and we saw the hospital had safe procedures in place for children visiting the hospital.

## Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records. The hospital used an electronic record system. All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it.

Staff printed out and made information accessible for patients and carers as required.

## Medicines management

Staff followed best practice in medicines management. We looked at six medication charts and prescribing and administering medication was in line with national guidance. There were no gaps in the medication charts and all showed any allergies the patients had. One patient was supported to self-administer his medication.

The service had recently started to consider how the STOMP project related to their practice but had not taken any specific action at the time of the inspection. STOMP is a national initiative that aims to stop the overuse of psychotropic medication. It stands for Stopping Over Medication of People with a learning disability.

Records showed staff regularly reviewed the effects of medication on patients' physical health in line with national guidance.

## Track record on safety

The hospital had a good track record on safety. The hospital had reported two serious incidents since January 2018 and these had been dealt with appropriately.

## Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and wider service. This was done via team meetings, emails, reflective practice sessions and clinical governance group. Staff gave an example of learning from an incident and changes that were made as a result. For example, there had been an incident where a patient who was at risk of choking, ordered a baguette for lunch. This patient had swallowing difficulties which the new member of staff he was working with and the new chef, were not aware of. Any information around swallowing was now included as part of the handover and in morning meeting. Each morning meeting reviewed incidents from the day before.

The senior management team analysed the reviewed the incidents monthly and noticed an increase in incidents around meal times and handover. As a result, they changed how meal times were organised and had introduced an extra member of staff in the evening. This had led to a decrease in incidents and demonstrated learning from incidents. There were 38 incidents reported in October 2018, which was 12 less than September 2018.

Staff understood Duty of Candour and could give examples of when they had been open and transparent with patients when things went wrong. We observed this during the inspection, there had been some confusion over the format of the multidisciplinary meeting and in what order the patients would be discussed. When staff realised the patient had been given incorrect information, the staff member went to find the patient and explained their mistake.

Staff were debriefed and received support after a serious incident. Staff also debriefed patients following an incident where appropriate. There were also weekly reflective practice sessions held where staff could discuss their thoughts and feelings around an incident.



# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

Staff assessed the physical and mental health needs of all patients on admission. We looked at seven care records and they all contained a comprehensive assessment of the patients' mental and physical health needs. In the patients' 'All About Me' booklets there were descriptions of the functions of their behaviours and any environmental factors or triggers that may impact the behaviour.

Staff developed care plans that reflected the needs identified in the assessment and were in line with the Transforming Care model of support. This model aims to improve the lives of people with learning disabilities and to support people to live in their local communities. Each patient had care plans under the following headings; keeping safe, keeping well, keeping connected, keeping healthy. Care plans were personalised, holistic and recovery focused. All the care plans were up to date and showed patient involvement. We observed staff updating the care plans with the patient in the multi-disciplinary meeting. Staff had created a folder for each patient and had printed off copies or versions of their care plans. Where appropriate, staff had used single words and pictures to help the patient to understand their plans. Patients with epilepsy had specific care plans around their seizures and how to manage them.

### Best practice in treatment and care

The hospital provided a range of treatment interventions recommended by National Institute for Health and Care Excellence for this patient group. These included; psychological therapies, medication, activities, training and work opportunities to help patients develop independent living skills. There were some paid roles available in the hospital, these were van valeting, caring for animals and domestic support.

Records showed staff ensured patients had good access to physical healthcare. A GP clinic was held fortnightly, but staff supported patients to access the GP in between if required. A healthcare assistant had been trained to monitor physical observations weekly and take bloods which were completed as required. They also assisted the GP in their clinics.

Staff assessed and met patients' needs for food and drink. There was a speech and language therapist who supported patients with speech, language, communication or swallowing difficulties.

Staff supported patients to live healthier lives. For example, the hospital was non-smoking and there was information around the importance of being active and eating a balanced diet in the patients' care plans and on notice boards in the communal areas. There was a notice board that had information on about men's health in a way the patients could understand.

Staff used recognised rating scales to monitor and assess severity of their symptoms and outcomes of interventions and altered them accordingly. These included; activities of daily living assessment, sensory assessment, emotional problem scale, criminality and the interpersonal circle scale.

Occupational therapy staff worked with patients around their likes and dislikes to ensure engagement in therapy. For example, using the subject of football to develop communication skills as that was a shared interest between patients.

Records showed a clinical audit programme that included Mental Health Act and Mental Capacity Act. The hospital director also completed monthly quality walk rounds that included a review of documentation.

### Skilled staff to deliver care

The hospital had a full range of specialists required to meet the needs of the patients, including; doctors, nurses, occupational therapists, occupational therapy assistants, recovery workers psychologists, assistant psychologists, speech and language therapist, social worker, support workers, chef, administration staff.

The hospital provided new staff with an induction which included a week of mandatory training, a week of prevention and management of violence and aggression training and then one week shadowing staff members in the hospital, before being put on shift.

Staff told us and records showed all staff had up to date appraisals and supervision. This included support for professional and personal development and appraisal of

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

their work performance. Staff told us there were lots of opportunities to develop their skills and knowledge and if they requested any specific training it was usually approved.

A nurse prescriber from the GP practice had recently delivered training on diabetes care and oedema. The pharmacy service had delivered a lecture on anaphylaxis and the psychologist had been supported to complete Compassion Focused Therapy.

The Hospital director told us they could deal with poor performance promptly and effectively when required. At the time of inspection there were no performance issues.

## **Multi-disciplinary and inter-agency team work**

There were weekly multidisciplinary meetings held where three patients were discussed on a rotational basis. We observed one meeting and found it was well run and effective. Staff from different disciplines were able to challenge each other in a helpful way. Staff focused on patients' strengths and what they could achieve.

Staff invited patients and their carers to the meeting and patients' community teams as required. Records showed and staff told us, the NHS England case manager often attended meetings and staff said they had a good relationship with commissioners.

One patient had had a recent Care and Treatment Review that had recommended a dementia assessment. Staff agreed and identified who would be responsible for asking the commissioners who had completed the review, and which would be the most appropriate assessment.

We looked at morning meeting minutes and saw, staff shared relevant information about patients at handovers and morning meetings. Staff who were unable to attend the morning meeting, due to being in the planning meeting with patients at the same time, told us, they spoke with the nurse in charge and looked at the notes before going onto the ward.

Staff told us and records showed the hospital had good working relationships with other organisations and professionals. For example, the local authority, community mental health teams, police and GPs. The social worker had quarterly meetings with the local authority.

The occupational therapist and speech and language therapist ran joint groups and regional technical instructors attended the hospital to support dog walking and gym activities.

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

Staff understood their roles and responsibilities under the Mental Health Act and the Code of Practice and discharged these well. At the time of inspection, 96% of staff were trained in the Mental Health Act and its Code of Practice.

Staff knew where to get administrative support and legal advice around the Act and knew who the hospital administrators were. The administrators were not based at the hospital but were easy to contact via phone or email.

The hospital had up to date policies and procedures that reflected the most recent guidance and staff had easy access to these.

Staff displayed information about independent mental health advocacy services on patient noticeboards.

We looked at seven Mental Health Act records and they all showed that staff had explained to patients what their rights were, but it was not clear from the electronic records whether this was completed in a way the patients could understand. We raised this at the time of inspection and the Mental Health Act manager said the hospital produced leaflets in easy read and they were looking at ways to record capacity in regard to understanding of the rights.

Staff ensured that patients could take section 17 leave (permission for patients to leave hospital) when this had been granted. It was not clear whether patients or carers had been offered copies of their section 17 leave forms. This was raised as a concern at the time of inspection and the director immediately implemented a process to ensure patients and carers would be offered a copy.

Staff were aware they could request an opinion form a second opinion appointed doctor when necessary. The hospital had recently requested a second opinion, and this had been actioned in a timely manner.

All treatment cards had the correct consent to treatment forms and capacity assessments stored with them.

Mental Health Act paperwork was stored correctly and available to all staff.

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The Mental Health Act administration team completed regular audits of the Mental Health Act paperwork to ensure it was being applied correctly. There was a central audit completed in August 2017, with no action points highlighted.

The service did not admit informal patients.

## **Good practice in applying the Mental Capacity Act**

Staff supported patients to make decisions about their care for themselves. Staff had a good understanding of the Mental Capacity Act and its guiding principles and could give examples of when they had to consider the Act. We observed discussions around capacity in the multi-disciplinary meeting. At the time of inspection, 96% of staff were trained in the Mental Capacity Act.

We saw an up to date policy on the Mental Capacity Act and staff knew how to access it. Staff could get advice from the Mental Health Act administrators regarding the Mental Capacity Act.

Records showed staff supported patients to make a specific decision for themselves before they questioned whether the patient lacked the mental capacity. For patients who did lack the mental capacity to make a specific decision, staff discussed the best interests of the patient with carers and other professionals when required.

Capacity assessments were completed and stored with medication charts. We looked at five medication charts and capacity forms and the doctor had not signed the forms. This was because the forms had been completed electronically and printed out. This was raised as a concern at the time of inspection and the director immediately implemented a process to ensure the doctor signs each form.

Staff audited the application of the Mental Capacity Act and took any action required. There was a central audit completed in August 2017, with no action points highlighted.

# Are services caring?

Outstanding



By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### **Kindness, privacy, dignity, respect, compassion and support**

All staff showed warmth towards the patients when communicating with them. They spoke about the patients in a respectful manner and we observed staff giving patients emotional support.

We saw all staff, including housekeepers, responded to patients' needs, whether that was to help them make a drink or support them in reading a newspaper.

We spoke to five patients and they all said the staff were very kind and caring and they felt able to speak to them. One patient said that they can tell staff were happy to take them out for activities and do things with them. All patients said staff treated them well and behaved appropriately towards them. One patient had been referred to a befriending service due to the impact his family circumstances has had on him.

Staff clearly had a good understanding of the patients' personal, cultural, social and dietary needs. This was evident in their interactions with the patients.

Staff said they could raise concerns about disrespectful discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences. Some patients felt they had been bullied by other patients at times, but staff supported them if that happened and put things in place to reduce it.

Staff maintained patients' confidentiality at all times, by not leaving computers on or paperwork on desks when not in the nursing office.

### **Involvement in care**

#### **Involvement of patients**

Staff give patients a booklet upon admission that included information about the hospital in an easy to read and pictorial format. Staff supported patients in orientating them to the hospital environment.

Patients told us, and care plans showed that patients were involved in their care planning and risk assessments. Patients were able to attend their multi-disciplinary

meeting if they wished and could contribute to discussions about their care and treatment. Patients said they felt listened to by staff and that their needs were being considered.

Patients were involved in the service delivery and development. For example, discussions were held with patients about restrictive practices and other changes that were happening in the hospital. Patients told us they were also able to choose what activities they would like to do and what outings they would like to participate in. Patients views were also sought when changing the menu. We observed a discussion around section 17 leave, the patient was able to choose where they wanted to go, whether they wanted to go out as a group or on by themselves, which staff member they would like and which day of the week they would like to go on.

There were fortnightly community meetings held where patients could raise any concerns or ask questions about the service. We looked at the minutes of the meetings held since August 2018 and they showed the meetings were well attended and any actions were resolved quickly. There were also daily planning meetings held so the patients could identify what they were going to do that day. Patients were also invited to the hospital's clinical governance group.

Staff supported patients to access advocacy and all details of the advocate were on noticeboards in the hospital and in the patient booklet.

The provider had recently completed a patient survey and at the time of inspection the results were still being analysed.

### **Involvement of families and carers**

Staff said that involving carers could often be difficult as some families lived far away. The social worker took the lead in communicating with families and updating the patients 'keeping connected' care plan. The hospital invited all carers to multi-disciplinary meetings and Care Programme Approach meetings, as well as holding events like open days. The hospital had arranged a Christmas meal for carers and patients in December 2018.

The service was looking at using technology to help support families keep in touch. For example, skype and Facetime.

# Are services caring?

Outstanding



By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

There was a carers booklet that included information about the hospital, roles of staff, visiting information and how to complain.

# Are services responsive to people's needs?

Outstanding



By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

The hospital had 14 beds and there were 13 patients admitted at the time of inspection. The hospital was a national service, so patients came from all over the country. The hospital supported the patients to maintain links with their local teams. Each patient kept the same bedroom throughout their stay until discharge to encourage patients to feel settled.

The hospital was discharge orientated and all activities and care plans were recovery focused. Staff planned and managed discharge well and all care plans were recovery focused and discharge planning was done with the patient. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. The average length of stay was 26 months. There was one delayed discharge at the time of inspection due to there not being a suitable community placement. The hospital had informed the Ministry of Justice. Patients were mostly discharged to supported living accommodation or step-down units.

Staff supported patients during referrals and transfers between services by working with the patient to prepare and support them during the whole process, at a pace appropriate for them. Patients went on visits to the services they were due to be discharged to and carers from other units spent time at the hospital to allow the patient to become familiar with where they were going. One patient, who required regular blood tests, had been transferred from a medium secure unit within the same provider and the hospital ensured that the patient kept their regular phlebotomist to reduce the patient's anxiety.

### The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the hospital supported patients' treatment, privacy and dignity. Each patient had keys to their own bedroom unless their risk assessment identified a reason why they could not. Each bedroom had an ensuite shower and toilet. There were lockers to keep their personal belongings safe. Patients could personalise and decorate their bedrooms.

There were quiet areas for privacy as well as communal areas with a variety of activities; magazines, TV, board games, pool table, garden and some guinea pigs.

Some patients had their own phones but there was a hospital phone for patient use. This was cordless to allow patients to take the calls in their bedrooms and have privacy.

Patients and staff said the food was of a good quality and patients could make hot drinks and snacks at any time. We saw there was a variety of choices on the menu and any dietary, or religious preferences were catered for. The chef worked with the speech and language therapist and ward staff so they were aware of patients' needs and any swallowing difficulties and ensured that the choices were accessible for all. The hospital director and the clinical director often ate lunch with the patients.

The wards met the needs of all people who use the service, including those with a protected characteristic. For example, there were notice boards with information promoting equality and diversity. Staff helped patients with communication, advocacy and cultural and spiritual support. There were religious materials in an easy read format.

The hospital was aware of the importance of sexual safety in the hospital; there was one recent incident of inappropriate sexual touching which staff raised with the safeguarding lead. When the team looked into this, it was evident it was born out of horse play and the patient not understanding the nature of his actions. The social worker spent some time talking through with the individual what 'is & isn't appropriate behaviour' and what it means when you touch people in certain parts of their body.

### Patients' engagement with the wider community

Ward staff worked with occupational therapy staff to support patients in being able to have Section 17 leave (permission to leave the hospital) to be able to participate in activities outside of the hospital. Staff ensured patients had access to education and work opportunities. The East Midlands recovery college runs courses at the hospital. These courses range from anxiety management, walking group and African drumming.

At the time of the inspection, there was a vacancy for a recovery worker so each shift a healthcare assistant was assigned the role of recovery worker to facilitate outings



# Are services responsive to people's needs?

Outstanding



By responsive, we mean that services are organised so that they meet people's needs.

and activities. Staff and patients said there were a lot of outings and day trips organised. These included visits to theme parks, the local garden centre, walks, shopping, cinema. In the summer nine patients went to the beach for the day.

Staff supported patients to maintain contact with their families and carers. Each patient had a 'keeping connected' care plan which the social worker supported the patients to keep updated. We spoke with five carers and four of them said the hospital was good at maintaining contact with regular calls and letters. The hospital had arranged a Christmas meal in December and each patient could invite up to four guests.

## Meeting the needs of all people who use the service

The hospital met the needs of all people who use the service, including those with a protected characteristic. There were downstairs bedrooms for patients with mobility difficulties and all information we saw was available in easy read or pictorial format to aid patients' understanding.

Staff had developed an equality and diversity group called 'Celebrating Differences' to help patients gain a better understanding and awareness of different cultures, gender, sexuality. This group used films to show people's differences and then staff discussed with the patients afterwards, what they noticed and how the film and characters made them feel. For example, the group had recently watched 'Slum Dog Millionaire' and 'Priscilla Queen of the Desert'.

There were notice boards in patient areas with easy read information on about Lesbian, Gay, Bisexual, Transgender, advocacy, patients' rights, healthy living, information about equality and how to make a complaint.

Patients' and carers' booklets also had that information in, as well as more specific information about the hospital and its values.

Staff said there was easy access to interpreters and signers when required. If English was not a patient's first language, this would be noted in their care plan booklet and interpreters could be used to support the patient where required.

There was a quiet room that patients could use as multi-faith room. The room had comfortable seating and copies of religious materials in easy read.

There was no wireless internet connection in the hospital and the patient network on the computers had restrictions on that were set by the provider to keep the patients safe. This included not being able to access YouTube. The hospital had plans to introduce a wireless network over the coming months to enable patients to access the internet, including social media and YouTube, which would be individually risk assessed. The hospital manager clarified that access to the internet was not restricted and was a current technical issue that was in the process of being resolved.

The hospital had recently completed a 'staff in the role of patient for a day' initiative to gain a better understanding of how it felt to be a patient. This initiative raised staff awareness of what it felt like for patients to have blanket restrictions, for example, around what time they could have hot drinks etc. This helped staff when considering least restrictive practice when supporting patients.

## Listening to and learning from concerns and complaints

The hospital had received eight complaints between January 2018 and the time of inspection. We reviewed the records and saw all had been investigated and fully resolved in a timely manner in line with hospital policy. Some of the complaints were about patients not feeling safe from other patients and staff behaving inappropriately. The hospital had since introduced the equality and diversity group to help patients gain a better understanding of their differences and included 'Safewards' initiative in the management of violence and aggression training to support staff in positive communication with patients. They had also introduced changes to meal times, patients no longer have to wait to hand in cutlery together, they can hand their cutlery in once they were finished and leave the dining area if they wished.

The hospital had received 66 compliments between January 2018 and the time of inspection. The themes of the compliments were kind, supportive staff, staff going the extra mile and external agencies expressing how pleased they were about the service.

All patients, carers and staff we spoke to knew how to raise a complaint or compliment if they needed to. Information was on notice boards and in the patient and carers booklet.

We saw staff received feedback from complaints, via supervision, staff meetings or reflective practice sessions.

# Are services well-led?

**Outstanding**



By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Leadership

Leaders had a good understanding of the service they managed and how it supported the aims of the transforming care programme. The hospital director (who was also the registered manager) and clinical director worked well together and all the staff and patients we spoke with were very complimentary about the leadership of the hospital. Staff felt positive and well supported around the changes implemented in the reduction of blanket restrictions and they had more awareness of how to support patients in least restrictive practice. Staff said the changes had been communicated well and they had been challenged to think differently.

Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for patients and staff. The hospital director and clinical director were based in the same corridor as the rest of the staff and spent time on the wards every day.

Staff told us leadership development opportunities were available for staff through the providers leadership programme.

### Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The hospital director and the clinical director had successfully implemented a number of changes in a short space of time in order to reduce restrictive practice and improve patient experience. They did this by communicating well with staff and considered their wellbeing throughout the process,

Staff could contribute to discussions about the strategy of the service in team meetings and other meetings that had been held, particularly around reducing restrictive practice. We looked at minutes from staff meetings since August 2018 to the date of inspection and saw there was good attendance by all staff, including administrative staff. Service development meetings had also been held to communicate and discuss changes with staff. There was a staff representative from the hospital that attended the provider's regional 'Your Say' forum. Staff told us they felt involved in the changes and said the leadership team challenged them to think differently.

### Culture

Staff told us they felt respected, supported and valued by the hospital. The most recent staff survey in July 2018 showed high staff engagement at 81%. All staff said they cared about the future of the service, 69% said they would recommend it as a place to work, 83% said leaders make an effort to listen and 92% said there were opportunities for training and development.

Staff said the provider promoted equality and diversity in its day to day work and supported staff with their own physical and emotional health needs. We saw the managers had created staff 'self soothe' boxes in the staff toilets and kitchen, which contained body sprays, facial wipes, herbal tea bags and sweets. Staff also had access to occupational health and counselling services if required.

All staff worked well together and could discuss any issues or concerns in the weekly reflective meetings and team meetings. The reflective meetings were well attended, the hospital provided lunch and paid staff who came in off shift.

The hospital recognised staff success in several ways. There were monthly initiatives including, nominations for staff who went the extra mile, a quiz on a policy or procedure and a 100% attendance draw. The prizes ranged from meal vouchers or hampers.

The sickness rate at the hospital was low. The majority of sickness was down to long term physical health issues.

The turnover of staff was because the hospital had developed the staff in being able to successfully apply for promotions, internally and externally to the provider.

Staff were aware of the whistleblowing process and felt able to raise concerns without fear of retribution.

### Governance

The hospital had systems and procedures in place to ensure that the building was safe and clean. There was a clear framework of what must be included at different levels to ensure that essential information was shared and discussed with staff. There were high compliance rates of supervision, training and appraisals.

Managers ensured learning from incidents and complaints was implemented and staff had a good understanding of why changes had taken place.

The provider had a clinical audit programme. In addition, the hospital director completed monthly quality walk



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rounds that looked at the environment and documentation. This ensured the record keeping was to a good standard and the environment was safe and comfortable for staff and patients.

## Management of risk, issues and performance

The hospital director had access to the risk register and staff could raise issues in team meetings if they had concerns. The top two items on the risk register at the time of inspection were the proximity of the hospital to the motorway and the door to the nurses' office needed replacing. Staff ensured that any patients with unescorted leave had a care plan identifying the risks of the motorway and how these would be mitigated against to safeguard the patient. The door to the nurses's office had been ordered and the hospital was waiting for it to be fitted.

We saw the hospital had plans for emergencies, for example, in severe weather.

The provider monitored the hospital director's performance via a dashboard that was rated red, amber, green, under several headings, including financial, compliance, health and safety and safeguarding. This gave a clear picture of where the hospital director needed to improve on. There were no red ratings.

The hospital director had a recent change of line management due to restructuring but this had not impacted the service. Their line manager was accessible and visited the service regularly.

## Information management

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

The managers had easy access to information about staff training, sickness and turnover. They also had access to information relating to patients; number of complaints, restraints etc.

Patient records were all electronic and accessible for all staff as appropriate.

Staff were aware of what notifications they needed to make to external bodies, for example to CQC and the local authority, and did so as and when required.

The senior leadership team attended several meetings to ensure they were kept up to date with the most recent information. These included; quarterly North hospital directors meeting, bimonthly regional meeting, forensic service line meeting and the learning disability service line meeting.

## Engagement

Staff had access to up to date information about the work of the provider. There was a monthly hospital newsletter, that included information about recruitment updates, who won the staff awards, lessons learned and news from the wider provider.

The hospital said they had found engagement with carers difficult due to them living all over the country. The social worker regularly phoned carers to update them about any changes to the hospital procedures. For example, carers had been informed about the recent reduction of restrictive practices. The hospital had planned a Christmas meal in December and carers were invited.

Patients had access to information and could give feedback about the service in community meetings and one to ones with their named nurse.

The hospital engaged with external stakeholders, such as commissioners.

## Learning, continuous improvement and innovation

The hospital was part of the Royal College of Psychiatrists' peer review quality network and some of the hospital staff peer reviewed other hospital sites. The most recent review was in March 2018 and the hospital met 86% of the standards. One of the standards not met was because the hospital did not have a shop on site. This was because it was a small site and staff preferred supporting the patients to access shops in the local community.

The hospital director and clinical director had been selected as one of five finalists in the Care Team category in the Great British Care awards.