

# Draper House

## Quality Report

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

### Ratings

<b>Overall rating for this location</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

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

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

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

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

# Summary of findings

## Overall summary

We rated Draper House as good because:

- All wards were 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 basic training to keep people safe from avoidable harm. Staff assessed and managed risks to patients and themselves well. The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.
- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multi-disciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented. The service had a full range of specialists to meet the needs of the patients on the ward. 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.
- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Staff involved patients in decisions about the service, when appropriate. Staff supported, informed and involved families or carers. Staff helped families to give feedback on the service.
- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Each patient had their own bedroom, which they could personalise. Staff used a full range of rooms and equipment to support treatment and care. Staff made sure patients had access to opportunities for education and work, and supported patients. Staff helped patients to stay in contact with families and carers.
- The registered manager had completed leadership training. The service followed the vision and values of the provider and had created their own objectives from the vision and values. The service used a self-audit tool that allowed for key performance indicators to gauge performance. The service used its service development meetings to continue to improve the service.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working-age adults	Good 	See main report

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# Summary of findings

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Good 

# Draper House

**Services we looked at:**

Long stay or rehabilitation mental health wards for working-age adults

# Summary of this inspection

## Background to Draper House

Draper House is a 14-bed locked rehabilitation service located in St Helens, a longer-term high dependency rehabilitation unit. The service provides patient focused and evidence-based care which is personalised to each individual and their needs. The service promotes and enables the rehabilitation pathway within a locked environment. The service is part of a larger group.

Draper House is a psychologically informed and planned service which focusses on the provision of a clinical model developed to meet the needs of the patient group. The service therapeutic approach incorporates a focus on effective interpersonal relationships, structure, clear boundaries and consistency, safety, progression, encouragement and clinical direction.

The service is for female patients over the age of 18 years, with the facility for both detained and informal patients, covering complex mental health disorders including personality disorders. The service has one ward covering two floors at the location. At the time of the inspection, the service had three patients admitted. The number of admissions is a reflection of the admission criteria adherence at the service.

The service is registered to provide assessment or medical treatment for persons detained under the Mental Health Act 1983, and treatment of disease, disorder and injury. There is a registered manager at the service. This is the first inspection of the service, which opened in March 2019 but accepted patients from May 2019. There is a controlled drug accountable officer.

## Our inspection team

The team that inspected the service comprised two CQC inspectors and a specialist adviser with a nursing background.

## 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.

During the inspection visit, the inspection team:

- completed a tour of the service location, noting the environment and all aspects of the service building
- spoke with two patients who were using the service
- spoke with three carers
- spoke with the registered manager and manager, as well as the nominated individual
- spoke with three other staff members, including a pharmacist
- attended and observed a multi-disciplinary meeting
- looked at three care and treatment records of current patients, and one care record of a recently discharged patient

# Summary of this inspection

- 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 service say

Patients at the service told us that they felt they were getting the help and treatment they needed and felt that the staff gave them “hope”. Carers told us that they were generally happy with the service, with patients improving and receiving the best treatment from staff.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

we rated safe as good because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.
- Staff had completed and kept up-to-date with their mandatory training.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Good



### Are services effective?

We rated effective as good because:

- Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.
- All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.
- The service had a full range of specialists to meet the needs of the patients on the ward.
- Staff held regular multidisciplinary meetings to discuss patients and improve their care.
- Staff received and kept up-to-date with, training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.
- Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

Good



### Are services caring?

We rated caring as good because:

- Staff were discreet, respectful, and responsive when caring for patients.
- Staff supported patients to understand and manage their own care treatment or condition.
- Patients said staff treated them well and behaved kindly.

Good



# Summary of this inspection

- Staff involved patients and gave them access to their care planning and risk assessments.
- Staff involved patients in decisions about the service, when appropriate.
- Staff supported, informed and involved families or carers.

## Are services responsive?

We rated responsive as good because:

- Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.
- Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.
- Each patient had their own bedroom, which they could personalise.
- Staff used a full range of rooms and equipment to support treatment and care.
- Staff made sure patients had access to opportunities for education and work, and supported patients.
- The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Good



## Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and 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.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- The service had a restrictive practice programme in place: the service had taken steps to limit restrictive practices at the service.
- Staff attended development meetings to continue to improve the service.

Good



# Detailed findings from this inspection

## Mental Health Act responsibilities

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

Staff were trained in the Mental Health Act as part of mandatory training. Patients detained at the service under the Mental Health Act were noted to be having their rights explained to them regularly. The Mental

Health Act administrator at the service ensured that all documents pertaining to the Act were held securely, with copies attached to relevant documents such as medication files. We found no problems with Mental Health Act responsibilities. Adherence to the Mental Health Act was audited by the Mental Health Act administrator.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Study of the Mental Capacity Act and Deprivation of Liberty Safeguards were included in mandatory training

at the service. A review of care records showed that staff considered capacity and consent during treatment. At the time of the inspection there were no patients for which the Deprivation of Liberty Safeguards applied.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

# Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Good 

### Safe and clean environment

All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Ward cleaning rotas were checked and noted to be up to date. Cleaning of the unused part of the ward had been taking place, and records showed that twice daily flushing of toilets and sinks throughout the service was taking place, ensuring fresh water flow. Legionella checks were carried out and recorded, as were fire drills and evacuation drills, with personal evacuation plans for each patient. Furniture was in good condition and appropriate for the service.

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. The service was comprised of one ward, situated over two floors. Doors were in place that separated corridors, the doors having glass in them allowing staff and patients to see into the next part of the corridor. The layout of the building allows for blind spots, however curved mirrors were used to maximise viewing, such as in bedrooms where the bathroom door was out of sight. At the time of the inspection, there were only three patients admitted to the service, meaning the second floor of the ward was not in use.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The service conducted environmental risk assessments. All rooms

contained anti-ligature fixtures and fittings and an anti-ligature audit was carried out on a monthly basis. The environmental ligature point audit for the service, conducted on 28 February 2020, showed where risks were identified, with recommended actions, time scales and who was delegated to deal with the risk. Staff were aware of ligature risks at the service.

Staff had easy access to alarms and patients had easy access to nurse call systems. All staff were carrying personal alarms and each bedroom had nurse call/alarm buttons on the wall.

Staff followed infection control policy, including handwashing. During the tour of the service staff were seen to be using hand gels and soap and water to clean hands on several occasions.

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. There were two clinics at the service, one on the first and one on the second floor (the ward layout mirrored itself across the two floors). The clinic on the second floor was not in use at the time of the inspection, due to the small number of patients admitted to the service. Staff checked, maintained, and cleaned equipment. Resuscitation equipment was kept on a custom-made wall in nursing office, which included a defibrillator, emergency grab-bag, and oxygen. All equipment was within date and had been checked.

### Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.** At the time of inspection, the registered manager stated there was only one qualified nurse vacancy and no vacancies for

# Long stay or rehabilitation mental health wards for working age adults

Good 

healthcare assistants. There were five qualified staff and 12 healthcare assistants in total. In view of there being only three patients admitted to the service at the time of inspection, staffing levels were still maintained at a high level. The service had enough nursing and support staff to keep patients safe. At the time of the inspection, the service had one qualified member of staff and two healthcare assistants on each 12-hour shift. This was supplemented by a full-time psychologist and occupational therapist, as well as the manager of the service, during office hours. Core numbers were established based upon patient numbers and presentation. The ward manager could adjust staffing levels according to the needs of the patients.

The service reviewed the rotas against core numbers and effective skills mix during safer staffing review meetings each Monday, where staff reviewed the following two weeks. This meeting was attended by the charge nurse and hospital director. Any deficits were given to the charge nurse and gaps filled appropriately using overtime, bank or agency staff where required.

The service had low rates of bank and agency nurses. Bank staff were used to support increased levels of observation for patients when needed. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. The service kept a copy of the profile of the worker as supplied by the agency. The service tried to ensure that only staff who were familiar with the service would cover shifts.

Prior to inspection, the service reported that in the 12-month period they had a turnover rate of 10% of staff. However, the service had only been open since May 2019. Recently, the staff turnover rate had settled, with staff choosing to stay at the location. The service did not provide us with a sickness rate prior to inspection nor at inspection. Staff did not raise sickness as a concern at the service.

Patients had regular one to one sessions with their named nurse. This was reflected in case notes. There was always one experienced nurse in the ward area. Patients never had their escorted leave or activities cancelled. The service had enough staff on each shift to carry out any physical interventions safely.

The service had enough daytime and night time medical cover and a doctor available to go to the service quickly in

an emergency. The service had an on-call system with a responsible clinician available after office hours. Staff were also aware how to contact emergency services should the need arise.

Staff had completed and kept up-to-date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training. At the time of the inspection, mandatory training stood at 100% across the service. Mandatory training included intermediate life support, safeguarding adults and children, conflict resolution, rapid tranquilisation, equality and diversity, and introduction to emotionally unstable personality disorder.

## **Assessing and managing risk to patients and staff**

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff from the service completed a 'risk matrix' for every patient prior to admission, this included multi-disciplinary team input at referral and pre-admission. The risk assessment was updated at each multi-disciplinary team meeting, or if any incident involving the patient required update to the assessment. The short-term assessment of risk and treatability tool (START) was used at the service.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. This service had 44 incidences of restraint (4 different service users) between 01 June 2019 and 30 November 2019. There had been one incident of prone restraint, where the patient led staff to the floor in that position, but the patient was taken out of the prone position quickly. Most of the incidents related to one patient, and that patient had been transferred to a psychiatric intensive care unit prior to inspection. A patient told us that they had been restrained shortly after

# Long stay or rehabilitation mental health wards for working age adults

Good 

admission, discussing the circumstances that led to the restraint, but they felt the restraint had been 'handled sensitively', and that they had a chance to discuss the restraint with staff after the occurrence.

Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation. The service policy followed best practice, and records of rapid tranquilisation use (one incident) showed that staff followed policy. There had been no staff injured in the three months prior to inspection.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. They ensured that any restrictions in place were individually care planned and clinically justified through the multi-disciplinary team review process. An example of this was around access to pens: if a patient was opening wounds with pens, then it was less restrictive to remove pens from the patient's bed space and place them on supervised use of pens, rather than place the individual on enhanced observations.

Crisis plans were in place, using 'My Safety' plans and positive behavioural support plans. These were used to react to trigger situations with patients: staff carried hand-held electronic devices that were linked into the electronic records system, allowing staff to immediately access plans for de-escalation of any situation involving the patient. Staff followed procedures to minimise risks where they could not easily observe patients.

Staff followed service policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. We were told that it was very unusual to search a patient's bedroom or conduct pat-down searches, as each patient was individually risk assessed and a care plan in place. The service had a list of prohibited items, all items prohibited were generally accepted unacceptable in a hospital, such as illicit drugs, weapons and alcohol.

The service had recently had a safety pod briefing: safety pods are designed to reduce the risk of positional asphyxiation and reduce time and injury to patients should restraint be required. Safety pods were being introduced into the service.

The service was a locked rehabilitation service, due to the service admitting both patients detained under the Mental Health Act and informally admitted. There were signs in the service informing informal patients that they could leave the service at will.

## Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff kept up-to-date with their safeguarding training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. The service had a safeguarding policy that was up to date. Discussion about the policy with the registered manager showed that they knew the policy and how to apply it. Staff used their training to identify types and incidents of abuse at the service.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw evidence of liaison with the local authority safeguarding team. The registered manager stated the relationship with the local authority safeguarding team was good.

There was a child visitor policy in place at the service, the policy was up to date, and staff were aware of it.

## Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic. Patient notes were stored electronically, staff used laptops and electronic hand-held devices to record notes. Patient notes were secure and available to staff when required. Paperwork was stored securely and regularly scanned into the system.

## Medicines management

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The service kept a stack of bound booklets with the most recent guidance from the National Institute for Health and Care Excellence, including guidance regarding medicine management. We spoke with a pharmacist from the external pharmaceutical provider. The pharmacist confirmed that national guidance was followed by the service, and that they felt the service provision for medicine

# Long stay or rehabilitation mental health wards for working age adults

Good 

management was good. The external pharmacy service also provided access to a registered nurse medication administration competency (which all nurses had completed) and other online modules such as clozapine, rapid tranquilisation and medication administration.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. We saw evidence that the external pharmacy was involved on a weekly basis, undertaking audits and ensuring that staff adhered to the provider's policies for medicine management and administration.

The pharmacy completed high dose antipsychotic therapy and rapid tranquilisation audits throughout the year and were invited to attend service medicine management meetings which fed into local and regional governance. The pharmacy provided quarterly summary reports for reporting into medicine management and governance meetings. Minutes from the October 2019 medicines management meeting showed consideration of all aspects of medicine management, with fixed agenda items such as incident reporting, incidents involving controlled drugs, Clozapine incidents, medication alerts, audits and policy procedures. The minutes also had an attached action plan that was rated as red, amber or green depending on seriousness of action, and outlined who was responsible for dealing with each action.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Care records showed that explanations regarding medicines were included in multi-disciplinary team meetings. If a patient asked for further information regarding medicines, a leaflet could be printed off the computer system with relevant information. Patients confirmed this during interviews.

New patients to the service were asked to provide two weeks supply of medicines on admission, allowing time for medicine requests to be processed and arranged. The referring service was asked to arrange for the initial medicine supply for the patient. There were no non-medical prescribers employed at the service.

Staff followed current national practice to check patients had the correct medicines. Staff at the service ensured that

patient behaviour was not controlled by excessive or inappropriate use of medicine. This was done through regular multi-disciplinary team meetings and the monitoring of medicines by the pharmacy service.

Staff reviewed the effects of each patient's medicine on their physical health according to National Institute for Health and Clinical Excellence guidance. Patients prescribed medicine that could have effects on physical health were monitored by staff, with regular checking of physical observations.

## Track record on safety

The service used a system of 'Lessons Learned' incidents and bulletins to keep staff informed of findings and learning from incidents across the provider. We saw evidence of a problem with stock medicine running out on one occasion in the past, prior to the inspection, and how the service adapted stock checks with the assistance of the pharmacy to ensure that this could not happen again.

## Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. Between opening and the time of inspection there was one serious incident reported by this service. Incidents at the service were reported using the electronic record service. Any member of staff could make a report. The service had no never events.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. Staff explained how their approach to incidents was to follow policy, especially with duty of candour. They would verbally inform a patient or carer in the first instance, followed by a written explanation if required. Managers debriefed and supported staff after any serious incident. The service used their psychologist to assist in de-briefing after incidents, both with staff and patients. Reflective sessions were undertaken for both patients and staff.

Staff received feedback from investigation of incidents, both internal and external to the service. The service used 'lessons learned' information from both other services run by the provider and external sources. These 'lessons learned' bulletins were seen attached to notice boards in the staff room, and we were told that the lessons learned were also discussed in team meetings. Entitled "Positive

# Long stay or rehabilitation mental health wards for working age adults

Good 

Learning”, the bulletin from November-December 2019 included learning from ligature incidents, how to use distraction techniques properly, and the use of social media.

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

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed four care and treatment records of patients currently and previously admitted to the service and found that a comprehensive mental health assessment had been carried out prior to admission and updated after admission. The assessment considered various aspects of the patient history, including psychiatric history, personal history, physical health, forensic history, circumstances leading to current admission, a risk assessment, incident history, and medication. It also included a proposed multi-disciplinary team management plan for the first 12 weeks following admission that considered psychological and occupational therapy input.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Care records showed full physical health examinations had taken place prior to admission, as requested by the service as part of its admission criteria, with ongoing health examinations after admission.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff regularly reviewed and updated care plans when patients' needs changed. This was evident from a review of care records.

### Best practice in treatment and care

Staff provided a range of care and treatment suitable for the patients in the service. The service had a full-time psychologist as well as an occupational therapist. Different

therapies were available, as well as signposting to external treatments. Staff delivered care in line with best practice and national guidance. Care records were reviewed and found to be following best practice.

Staff made sure patients had access to physical health care, including specialists as required. Care records indicated that patients had regular physical health checks, with some patients accessing specialist treatment external to the service. Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service had a range of programmes and therapies designed to promote healthier living, including walking groups, art therapy, yoga, and a wellbeing group.

Staff used technology to support patients. Staff used hand-held devices that were linked to the electronic care record system, allowing immediate access to patient records. If a patient required de-escalation, staff could access the positive behavioural support plan or the 'My Support' plan records in order to ensure the best technique could be used. The electronic system allowed for monitoring and assessing outcomes.

Staff took part in clinical audits. These included physical health monitoring audits, high dose antipsychotic treatment audits, care plan audits and infection control audits. The service produced a 'primary nurse audit' that outlined a full review of patient records. This included patient involvement in care plans, care plan evaluation, patient rights, primary nurse sessions and evidence of family involvement, if agreed to by the patient. Managers used results from audits to make improvements. The electronic records system used a dashboard to record and show audit results, allowing managers to ensure that the service was working effectively.

### Skilled staff to deliver care

The service had (access to) a full range of specialists to meet the needs of the patients on the ward. This included a consultant psychiatrist, registered mental health nurses, an occupational therapist and occupational therapy assistant, a psychologist, and would include external professionals such as social workers and independent mental health advocates if requested by detained patients. Managers gave each new member of staff a full induction to the service before they started work. We saw evidence of inductions taking place at the service. Initially, new staff took part by 'shadowing' staff, an induction checklist was

# Long stay or rehabilitation mental health wards for working age adults

Good 

monitored, including mandatory training, use of the alarm system, and knowledge of the service location. Learning needs of staff were identified during supervision and appraisals.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff at the service were able to access specialised training. Charge nurses were trained in root cause analysis for serious incident investigation, as well as wound care training, whilst health care assistants received training in applying mindfulness on the ward. Two health care assistants were working closely with the psychologist, receiving psychological training. There was other training in self-harm treatment and infection control. Managers at the service had received leadership training.

Managers supported staff through regular, constructive appraisals of their work. Supervision of staff had a performance indicator of 85%. At the time of the inspection, the supervision rate of all staff at the service stood at 95%. Supervision was held every four to six weeks. Appraisals were taking place, however as the service had not yet been open a full year, appraisals were still ongoing. Managers recognised poor performance, could identify the reasons and dealt with any poor performance issues.

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Meetings were held each Tuesday afternoon. At the time of the inspection, we attended a multi-disciplinary team meeting. The meeting was supported by all relevant disciplines, the patient and their presentation was discussed prior to the patient attending. Active discussion took place regarding the way forward for the patient. Patient records showed evidence of patient input being recorded at multi-disciplinary meetings.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. The service had a formulated shift handover document that was kept for audit purposes. The service had effective working relationships with external teams and organisations. Patient records showed involvement of external organisations, such as various

clinical commissioning groups, workshops and clinics in the local area. The discharge plan for one patient showed close liaison that was leading to a successful discharge shortly after the inspection.

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

Staff received and kept up-to-date with, training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. At the time of the inspection, Mental Health Act training was mandatory at the service, and the service was 100% compliant. Staff we spoke to knew how to apply the Mental Health Act and were aware of the Code of Practice. An up to date copy of the Code of Practice was kept in the nursing office.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. The service had an experienced and knowledgeable Mental Health Act administrator who could assist and inform staff if required. The administrator ensured that all documents pertaining to detention under the Mental Health Act were processed and kept securely, and that rights under the Mental Health Act were adhered to within the service.

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

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Noticeboards at the service had posters with the number of the local advocacy service visible to all. Patients were aware they could access an advocate should they require one. We saw evidence in care records of advocates attending the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. The explanation of patient rights was audited at the service.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

# Long stay or rehabilitation mental health wards for working age adults

Good 

We saw evidence in care records and documents at the service that showed patients were using section 17 leave as granted by the consultant psychiatrist. Consent to treatment forms were attached to medication documents and were seen to be audited by both the service and pharmacy who supplied their medication.

## Good practice in applying the Mental Capacity Act

Staff received and kept up-to-date with, training in the Mental Capacity Act and had a good understanding of at least the five principles. At the time of the inspection, training in the Mental Capacity Act was mandatory, and the service was 100% compliant. Staff and management were able to discuss aspects of the Mental Capacity Act, including the five principles, in a knowledgeable manner.

There were no Deprivation of Liberty Safeguards applications made in the 12 months prior to inspection. There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We saw evidence of this in care records relating to each patient. The service monitored how well it followed the Mental Capacity Act acted when they needed to make changes to improve. Each patient at the service was deemed to have capacity, however consent was still sought before treatment was engaged. Consent was audited at the service.

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

Good 

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

Staff were discreet, respectful, and responsive when caring for patients. At the time of inspection, there were only three patients at the service. We saw staff interacting with patients, there was clearly a good relationship between staff and the patients. Patients told us that staff were always available when needed.

Staff gave patients help, emotional support and advice when they needed it. During the inspection, patients informed us that the service gave them 'hope'.

Staff supported patients to understand and manage their own care treatment or condition. Patients told us that they had lots of information regarding treatment and medication during multi-disciplinary team meetings and from staff, if they asked. We saw evidence from care notes that patients were given relevant information during these meetings.

Patients said staff treated them well and behaved kindly. Patients told us that staff always knocked before entering their bedroom, were polite, and regular meetings with their primary nurses took place. We were told that family and carer needs were considered by staff.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff told us that they had no concern about raising issues with patients but could not think of a time when they had to do so.

## Involvement in care

Staff introduced patients to the ward and the services as part of their admission. On being admitted, patients were given a tour of the location, meeting staff including their primary nurse, as well as the other patients at the service. We saw a welcome pack in an empty bedroom, the pack outlined the service, what a patient could expect, and had useful information for the patient to make their admission as easy and comfortable as possible.

Staff involved patients and gave them access to their care planning and risk assessments. Care records indicated that copies of care plans were offered to patients, and patients also confirmed that they received a copy by signing for it. Patients told us that these were reviewed regularly, and they were involved in the completion and content of the plans.

Staff made sure patients understood their care and treatment. Patients told us that they were kept fully informed regarding their care and treatment, and this was verified by patient care records. Staff made sure patients could access advocacy services. A patient told us they regularly used an advocate during their multi-disciplinary team meeting.

# Long stay or rehabilitation mental health wards for working age adults

Good 

Staff involved patients in decisions about the service, when appropriate. Patient community meeting minutes showed involvement in the choosing of the colours of walls at the service, as well as being involved in monthly newsletters about the service. Patients had also been involved in the interviewing and recruitment of new staff.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients had community meetings at the service every two weeks and were encouraged to actively take part. Patient surveys were carried out, and the result used to give the service direction.

## Involvement of families and carers

Staff supported, informed and involved families or carers. Patients told us that their families and carers were involved in their care at the service. We were told that carers attended multi-disciplinary team meetings regularly. The service encouraged regular visiting of carers to the service to see patients, as it was part of the therapeutic goal. The service invited carers to functions at the service, such as barbecues and religious holiday celebrations. Carers we spoke to said they were pleased with the treatment of their family at the service, stating the staff were 'very professional' and how they felt supported by staff.

Staff helped families to give feedback on the service. The service had a carer's survey that was completed in October 2019. The survey consisted of 10 questions, including consideration of safety, progress, involvement of care, and interaction with staff. Due to the limited number of patients, the respondent numbers were relative to the patient number, however, there were no negative comments from the survey. The survey was to be held every six months.

Staff gave carers information on how to find the carer's assessment. We were told that the service psychologist was helping to assist carers in this matter.

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

Good 

## Access and discharge

Managers made sure bed occupancy did not go above 85%. The service had 14-beds, with plans to lower total occupancy to 13 beds for the sensory room at the service to be expanded. At the time of the inspection, the service had been open less than a year and there were only three patients at the service.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Patients had 'My Future' care plans, developed with the patient, outlining the route to discharge. Discharges of previous patients, and the pending discharge of a current patient at the service showed the service was aware of considerations of length of stay and appropriate discharge actions. When patients went on leave there was always a bed available when they returned. The service was able to refuse a new admission when the case-mix warranted it. The admission criteria for the service was adhered to, we saw that the service had refused admissions as they felt they would not be able to offer the best placement for the patient.

Staff did not move or discharge patients at night or very early in the morning. The service had had two discharges since the service opened, both of which had taken place during office hours. Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We saw evidence of on-going planning for discharge in care plans and care records, with care coordinator input at multi-disciplinary team meetings.

The service used 'My Future' care plans to outline patient progression and a targeted discharge date. The service provider had houses to the rear of the service which were registered with the CQC for supported living. As part of the service consistency and support approach, it was intended to offer these locations to patients to further integrate safely into the community.

# Long stay or rehabilitation mental health wards for working age adults

Good 

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

Each patient had their own bedroom, which they could personalise. We saw that patients had used pictures and items to decorate their rooms, and patients told us they were encouraged to make their room as personal as they liked. Each patient had a key to their bedroom, allowing access at any time of day and ensuring security.

Patients had a secure place to store personal possessions. Patients also had individual mail boxes on the ground floor. Staff used a full range of rooms and equipment to support treatment and care. The service had activity rooms and a sensory room. The sensory room was small but well equipped: the registered manager told us that the provider was considering making the unit 13-beds, to give up one bedroom to make a larger sensory room. The service had introduced a virtual-reality headset system for patients, used as a distraction therapy solution to support anxiety or stress. The system was a closed system controlled by a computer that did not require internet access and could be used anywhere in the service. It allowed patients to experience travel to cities around the world, swim in the sea, and relax in a different part of the world.

The dining room at the service also allowed for activities to take place, and staff were encouraged to use the dining room at meal times with patients. The service noticeboards gave local information regarding bus timetables and locations of interest to visit, if a patient was informal or had relevant leave from the service. Activities at the service included yoga, art therapy, a walking group, and a wellbeing group.

The service had quiet areas and a room where patients could meet with visitors in private. There was a visiting room for families on the ground floor of the service near the reception office. Patients could make phone calls in private. Patients were allowed access to their own mobile telephones. The service had an outside space that patients could access easily. A well-maintained garden area was kept at the service that could be accessed by patients, although there was a risk assessment completed for each patient that included garden access as a consideration, and staff would accompany a patient if deemed necessary. Patients could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of good quality food. Feedback was frequently sought on food provision and utilised during menu reviews. Patients told us the variety of food available was good and included vegan dishes.

## **Patients' engagement with the wider community**

Staff made sure patients had access to opportunities for education and work, and supported patients. The occupational therapist and assistant had arranged voluntary work for one patient at the service. The service had links with a local recovery café. Patients at the service were registered for some of the e-learning available to staff, including basic life support.

Staff helped patients to stay in contact with families and carers. Patients were encouraged to keep and maintain relationships by staff at the service. Care records showed that families who had permission to attend and contribute to the care of a patient were invited to meetings and functions at the service.

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The service had a lift for use by those who could not adequately use the stairs. The door fittings throughout the service were wide enough to accept a wheelchair, and the showers in the service were all walk-in, allowing easy access.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Information regarding local service, treatment, rights and how to complain were on noticeboards across the service. The service had access to information leaflets available in languages spoken by the patients and local community. These could be accessed using the service intranet. The service also had access to translation services, should they be required.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. There was a varied menu with daily choices of food, the menus were reviewed with patient input. There was the option for patients to self-cater, after an assessment. Vegan dishes were available, and should they be required the service could cater for other specialist diets.

# Long stay or rehabilitation mental health wards for working age adults

Good 

Patients had access to spiritual, religious and cultural support. The service had a small multi-faith room that had religious texts available, should they be needed by patients, as well as a prayer mat. The service had a link with a local church, the priest was happy to visit the service.

## Listening to and learning from concerns and complaints

Patients, relatives and carers knew how to complain or raise concerns. The service had a complaint process. There was a complaint book on a wall at the service that was checked daily, patients could write any complaint they may wish to make. Patients could complain directly to staff.

Complaints were dealt with both formally and informally. The service clearly displayed information about how to raise a concern in patient areas. We saw clear advice on how to complain about the service on noticeboards around the service, in locations that patients would have access to or may congregate. Staff understood the policy on complaints and knew how to handle them. Staff we spoke to were aware of actions to take if a complaint was made directly to them by a patient.

There had been no formal complaints recorded at the service since it had opened, and no complaints referred to the Ombudsman. Minor complaints had been dealt with quickly by staff. Patients had complained of how warm the building was during the summer months, and the service arranged for electric fans and lighter blankets in bedrooms, with air conditioning fitted in the main lounge areas and the clinic room.

Complaints were discussed in team meetings and through the provider newsletter, as well as patient community meetings.

The service used compliments to learn, celebrate success and improve the quality of care. At the time of the inspection, the service had received 20 compliments from patients and carers. Staff were aware of compliments from patients and carers.

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

Good 

### Leadership

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

The registered manager at the service knew who the senior managers in the organisation were and stated that there had been visits by senior managers to the service, including the chief executive officer for the provider, the human resources director and the medical director.

The registered manager had completed leadership training. Staff told us that they could ask for leadership training if they wanted to progress. The provider told us that they were proud of the senior management team input into the service and considered it their priority regarding management and leadership at the service.

### 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 service followed the vision and values of the provider and had created their own objectives from the vision and values. The service used the acronym REACH, standing for respect, empowerment, achievement, collaborative working and hope. Discussion with staff and managers showed these had been embedded within the service, and the objectives could be found on walls at the service. We saw that staff at the service were following the vision and values in their dealings with patients.

The objectives had been created using a team approach, with team members collaborating after discussion of the subject with patients.

### Culture

The registered manager told us they felt respected and valued by their colleagues and senior managers. Staff also

# Long stay or rehabilitation mental health wards for working age adults

Good 

told us they felt respected. We were told that it was a happy staff team, and that the job could be stressful at times, but not too much. The registered manager felt supported by the senior management team.

We attended a multi-disciplinary team meeting, and the atmosphere and meeting style was noted to be friendly and inclusive. Staff told us that the relationships within the team were very good, and that they worked well together.

There had been no cases of bullying or harassment at the service. Staff knew how to use the whistleblowing policy and felt able to raise concerns without fear of victimisation.

Equality and diversity was included as a module in the probationary requirements for staff at the service. It was also included as part of mandatory training with an annual renewal requirement. All staff had completed the module.

## Governance

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

The service used a self-audit tool that allowed for key performance indicators to gauge performance. The tool, a spreadsheet, had different audits including patient records, employee files, complaints, visual check audit, health and safety, and hospital check audit. Governance showed that there were sufficient staff, training and supervision was taking place and being audited, with other key audits also taking place.

Each audit on the tool was broken down into aspects that were required to be checked. The patient file audit, for example, included whether the file noted the patient had a preferred name, next of kin details, physical health profile up to date, were all risk management and care plans completed and up to date, and whether privacy, dignity and gender consideration was given and noted for each patient with regard to enhanced observation plans.

The complaint audit included asking whether a letter of acknowledgement had been sent out within two days of receipt of the complaint, whether the complaint was fully dealt with within 28 days, whether there was root cause and learning appropriate to the complaint, and where applicable had the CQC been notified.

The measures were available on computer in the form of a spreadsheet, and the details were sent out to staff by electronic mail. The information helped staff to identify shortfalls in performance and to develop actions to improve performance.

The registered manager felt that they had enough authority to do their job at the service and had access to administrative support.

The service had a restrictive practice programme in place: Staff participated in the provider's restrictive interventions reduction programme. The service used positive behavioural support plans to good effect, reducing the requirement for restraint in some cases. These occasions were noted in care records. The service gave an example whereby if a patient was using a pen to self-harm, then rather than take all access to pens away and put the patient on advanced observations, use supervised access to pens and thus limit the need for stronger restrictions.

## Management of risk, issues and performance

Staff could submit items to the risk register for the service. These would be put to the registered manager then consideration would be given by the senior management team. The risk register for the service 2019-2020 showed 10 risks considered that could impact on performance for the service and the provider. These included quality of service, service innovation, and strategy and performance. The risks were mitigated.

Quality at the service was monitored by the hospital director, administrators, charge nurses, the multi-disciplinary team and ward staff. This took place at a daily morning meeting, as well as a review of incidents, monthly incident review, medicines management, governance meetings, health and safety meetings, and patient community meetings. Data from these meetings allowed service feedback and quality standards to be monitored by the provider head office.

## Information management

The service used a secure electronic care record system. This was accessible to staff on laptop computers, desktop computers, computer tablets, and hand-held computer devices. There was wireless internet access at the service, patients could use the 'guest' access to access the internet: this had various protections limiting access to unauthorised websites.

# Long stay or rehabilitation mental health wards for working age adults

Good 

The registered manager showed us the range of information that could be accessed in order to support them in their management role. This was reflected in the information used to gauge performance across the service.

## Engagement

The registered manager took part in service development meetings with the responsible clinician and the nominated individual for the service. These meetings took place every two weeks and included staff from the multi-disciplinary team.

## Learning, continuous improvement and innovation

The service used its service development meetings to continue to improve the service. The service was registered with the accreditation for inpatient mental health service scheme (AIMS) and was in a period of self-assessment. The service was looking for full accreditation in 12 to 18 months.