

# Weaver Lodge

## Quality Report

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

## Ratings

### Overall rating for this location

Good



### Are services safe?

Good



### 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.

## Overall summary

We undertook this unannounced focused inspection to review a requirement notice that was given at our last comprehensive inspection in April 2016. We published our inspection report in July 2016. The requirement notice related to the safe question breaches of regulation 17 – Good governance. The provider submitted an action

plan and this told us what they intended to do in order to make improvements. We inspected Weaver Lodge on 7 October 2016 to see if these improvements had been made.

# Summary of findings

We found that the provider had implemented all areas of the action plan. Following implementation of the plan there had been no further medication errors.

The action taken included:

- A copy of the medicine management policy had been given to staff and local protocols had been amended and updated.
- All registered nurses had undertaken a medicine management competency assessment. This will be repeated annually.
- A competency assessment and training plan was devised for support worker staff. Some staff had completed this and others were booked to complete this training.
- The senior nurse practitioner reviewed the weekly medicine audits and took immediate remedial action or undertook further checks where issues had been identified.
- Specialist pharmacy undertook additional monthly audits.
- The daily shift handover proforma was amended to require a daily signature. This was to confirm medication administration records had been checked, and were in order, that day.

The provider had made the required improvements within six months from the date of the last report being published. This means we are able to re-rate the safe domain of the report from requires improvement to good.

This did not affect the overall rating as this was already good.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
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Long stay/ rehabilitation mental health wards for working-age adults	Good	
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# Summary of findings

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### Summary of this inspection

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Good 

# Weaver Lodge

**Services we looked at**

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

# Summary of this inspection

## Background to Weaver Lodge

Weaver Lodge provides mental health inpatient rehabilitation in a 20 bedded treatment and recovery centre for people aged 18 to 65 years. They admit both informal and formal patients who have been detained under the Mental Health Act (1983). Alternative Futures Group Limited, which is a registered charity, runs Weaver Lodge. They are a North West based organisation who provides a range of inpatient and community services for individuals with mental health and/or learning disability.

The team manager who had taken over the role since our last inspection was in the process of applying to become the registered manager. There was a nominated controlled drugs accountable officer within the Alternative Futures Group.

Weaver Lodge is registered to provide 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.

All patients had personal connections with Cheshire East or Cheshire West area and plans for the majority of patients were to be relocated back to their home areas. The service model had changed in the last 12 months

and since that time patients were on an intensive rehabilitation and recovery care pathway. This meant it is likely they will be discharged to more independent accommodation within two years of admission. Prior to this, the service was a longer term accommodation. There were therefore a small number of patients who had been there in excess of 10 years and who were remaining at Weaver Lodge as a long-term placement.

We have inspected Weaver Lodge five times since they registered with CQC in December 2010. At the last inspection in April 2016, we rated Weaver Lodge as good in four of the key questions: effective, caring, responsive and well led. We rated safe as requires improvement because:

- although regular medication audits were being undertaken, similar errors were being repeated and it was unclear what action the managers were taking.

We issued a requirement notice against Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, good governance. Following the inspection in April 2016, the provider submitted an action plan telling us how they would improve.

On this inspection, we found that the improvements had been made.

## Our inspection team

Team leader: Paula Cunningham, CQC Inspector

The team that inspected the service comprised two CQC inspectors.

## Why we carried out this inspection

We undertook this inspection to find out whether Weaver Lodge had made improvements since our last comprehensive inspection on 12 April 2016.

When we last inspected we rated Weaver Lodge as good overall. We rated as requires improvement for Safe, good for Effective, good for Caring, good for Responsive and good for Well-led.

Following this inspection we told the provider that it must take the following actions to improve the service:

- the provider must review incidents of medications errors to understand what additional action must be taken to reduce these.

We issued the provider with a requirement notice. This related to Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

# Summary of this inspection

We also told the provider that it should take the following actions to improve:

- The provider should notify the Care Quality Commission in a timely manner of any completed applications of Deprivation of Liberty Safeguards in line with Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

## How we carried out this inspection

On this inspection, we assessed whether the provider had made improvements to the specific concerns we identified during our last inspection.

Before the inspection visit, we reviewed information that we held about this service. During the inspection visit, the inspection team:

- we reviewed the quality of the hospital environment and observed how staff were caring for patients
- spoke with the team manager
- spoke with six other staff members; including nurses, housekeepers and the senior administrator
- observed a medication round and reviewed medicine management arrangements
- looked at four care and treatment records of patients
- reviewed four staff personal files
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We did not speak to any patients during the course of this inspection. This was because the inspection was focusing upon the safe domain and the priority was to review

systems, processes and incidents relating to medicine management. Patients were aware we could meet individually with anyone who wished to speak to us however no one requested to during this inspection.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- The provider had reviewed medicine management arrangements at Weaver Lodge. There were new systems in place, policies had been updated, and staff competency and training needs had been reviewed
- medicine related incidents had reduced as a result of the new systems and procedures the provider had out in place
- the quality of the environment was good. The building was clean and furniture and facilities were well kept and of good quality
- staff were conducting regular audits These included environmental checks, infection prevention checks, health and safety monitoring. There were good systems in place and evidence that action was taken where required
- the right number of staff were on duty and recruitment was ongoing to fill staffing vacancies
- all staff were up to date with mandatory training. They were receiving regular line management and clinical supervision
- all patients had effective risk assessments and risk management plans in place. These were personalised and comprehensive. They were regularly reviewed and updated
- staff understood what types of incidents required reporting and how to do so.

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.

All staff had received training in the Mental Health Act. Detention documentation was in order in the files that we

reviewed. The required legal authorities for treatment were in place. These were attached to medication administration records. Nurses checked these when administering medicine.

## Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of this inspection one patient had been deprived of their liberty subject to Deprivation of Liberty safeguards. We reviewed four care and treatment records. These showed that patients' capacity to make decisions about their care was being considered and recorded appropriately. There was evidence of this in each of the clinical records.

Staff demonstrated a good understanding of the core principles of the Mental Capacity Act.

All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

## Overview of ratings

Our ratings for this location are:

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

### Notes

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

Good 

Safe

Good 

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

Good 

### Safe and clean environment

The hospital was single storey and purpose built, in a horseshoe shape. Male and female bedrooms and bathrooms were located on opposite corridors. There were 18 ensuite bedrooms. In addition, there were two self-contained flats. Patients testing out their independent living skills prior to discharge could use these. There were male and female lounges and bathrooms as well as communal areas where groups, activities, and dining took place. There was an adapted bathroom with wheelchair access and hoist. Bedrooms had nurse call systems and additional alarms were located along the main corridors. The environment and the bedrooms and bedsits had been completed to a high standard.

The garden areas were well designed and pleasant and there was outdoor gym equipment. There was a dedicated outdoor smoking area. Patients had access to the gardens, lounges and their rooms at all times. There was a designated low stimulus room located directly opposite the staff office. This room was a place for patients to go if they wished to be in a quiet area but not necessarily in their own room.

There was an up to date ligature risk assessment completed. A ligature point is somewhere patients who are intent on self-harm could tie something to strangle themselves. Staff were aware of the risk areas within the building. Where the ligature risks were high these rooms would be made available to patients under staff supervision. This included the adapted bathroom and the laundry room. Staff assessed individual patient's levels of risk and all patients had a comprehensive and detailed risk assessment and risk management plan in place. In the event a patient was felt to be at an increased risk of self-harm, the level of observations that they were placed

on would be increased. Two bedrooms had additional anti-ligature measures and patients would be allocated these rooms if their levels of risk of deliberate self-harm increased.

The clinic room had been reviewed and a plan was in place to extend its size to incorporate an examination area. The plan was complete this in the three months post this inspection. The clinic was fully equipped and had blood pressure monitor, weighing scales and individual blood monitoring kits. It had an automated external defibrillator and oxygen. All staff were trained in the use of these. A sign indicated the location of ligature cutters and the emergency resuscitation equipment. All staff knew where this equipment was located. There were regular checks to ensure the equipment was in place and fully working. There were regular checks of the fridge to ensure medication was being stored safely. Medication stored in the fridge or the cupboards were in order. These included the controlled drugs.

There was an infection control lead within the nursing team. Staff completed regular hand washing assessments.

Since the last inspection, there had been changes to how meals were being prepared and served. This had resulted in extended responsibilities for housekeeping staff who were now responsible for the preparation and serving of the food. Staff had received required food preparation and food safety training and felt competent in undertaking these additional roles and responsibilities. Daily, weekly, and monthly cleaning schedules were being followed. The staff maintained up to date fridge temperatures, food storage, and temperature of food before serving logs. Housekeepers received a daily handover form the nurse in charge to ensure any risk issues were communicated where required.

### Safe staffing

Personal files showed that staff were receiving regular supervision and all had an up to date appraisal. Where required, the manager was taking appropriate actions such as providing return to work interviews after periods of sickness and referring staff for occupational health support if needed. Patients were receiving regular one to one time with their named nurses. There was a white board in the

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

Good 

corridor near reception. This provided detail of which staff were on duty. Patients knew who was in charge and who to go to if they need help and assistance. Rotas were planned so that named nurses would be attending multi-disciplinary team meetings where the patients they were allocated to were being reviewed. All staff were up to date with mandatory training. This included automated external defibrillator training, and management of violence and aggression. There were effective systems in place for monitoring compliance and ensuring staff were booked in for required refresher training in a timely manner.

During the day, there were two qualified and four support workers on shift. At night, there was one qualified and two unqualified staff on duty. At weekends there were two qualified and four support workers on each shift during the day and one qualified and two support workers at night. As well as the core nursing staff, the clinical lead, two senior nurse practitioners, an occupational therapist and team manager were supernumerary and supplemented the daily staff levels. The two senior practitioners covered seven days a week providing senior clinical leadership.

At the time of this follow up inspection there were three qualified nursing vacancies and one nursing assistant vacancy. Five new staff had started since our last inspection. The provider was still actively recruiting. There was one staff member in the process of returning from long term sick. We reviewed the staffing rotas for the previous four weeks. We saw that each shift had the correct number of staff on duty. Additional bank staff from the Alternative Futures hub were supplementing some of the shifts. These staff had received an induction into the organisation and had access to the provider's mandatory training schemes. We saw a small number of staff was covering the additional shifts. This meant there was continuity for the patients.

A consultant psychiatrist was based at Weaver Lodge for three sessions a week. Outside of those times, they were available for contact and discussion at the other Alternative Futures site. There were effective on call arrangements outside of those times including evening and weekends. In the event of a psychiatric or physical health emergency staff would summon emergency services via 999.

Staff were up to date with mandatory training. Qualified staff had completed the competency assessment for all registered nurses around safe medicine. Medication awareness training for support worker had commenced

and was due to be completed by December 2016. These specific medicine related training initiatives had been introduced as a measure to reduce medicine related incidents.

## Assessing and managing risk to patients and staff

There were policies and procedures in place for safely managing risk. These included the observation policy, search policy, and lone working. There were restricted items that patients were not allowed on the unit such as alcohol, or knives. Patients were informed of these restrictions on admission and there were information leaflets detailing this on the unit.

We reviewed four risk assessments. These were detailed and comprehensive. Each had a formulation of risk completed and a risk management plan to reduce the risks identified. Risk assessments identified physical health risks and identified strategies for reducing those risks. We saw that risk assessments were reviewed in multidisciplinary meetings.

There had been no incidents of restraint, seclusion, or segregation. There had been one incident of an assault by a service user on another service user resulting in a superficial injury. This had been appropriately dealt with. All staff had received adult and child safeguarding training. Staff had received management of violence and aggression training. Where required de-escalation strategies were identified in risk management plans and care plans for individual patients. This demonstrated that staff could effectively use a range of strategies to support patients who may be becoming increasingly distressed or agitated.

We reviewed medication charts and saw medicines were administered as prescribed, and in accordance with the Mental Health Act. There had been a significant reduction in all medication errors since our previous inspection in April 2016. At that time the two incident types occurring the most were non signing of medicine cards and stock discrepancies. The provider had found these through their own audits.

We reviewed medication related incidents that had occurred between June 2016 and October 2016. There were three general stock discrepancies. These had all been one tablet in excess or below expected levels during stock take.

Following the inspection in April 2016 the provider sent us an action plan that they had developed. The main focus of

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

Good 

those actions were to review individual staff competency and refresh skills and knowledge of medicine management systems. The provider was also intending to review the systems in place for overseeing compliance with the medicine management policy. The last medication incident had occurred six weeks prior to this inspection. The initiatives detailed in the action plan had been implemented at the beginning of August 2016.

## Track record on safety

There had been no serious incidents requiring investigation since our last inspection in April 2016.

## Reporting incidents and learning when things go wrong

Staff recorded incidents on an electronic recording system. Staff could tell us what should be recorded and they knew how to do so. Incidents were reviewed and discussed at staff meetings. Senior clinical staff provided feedback and shared outcomes of investigations. These included feeding back about actions taken and lessons learned not only at Weaver Lodge but also from the providers' other locations.

During the comprehensive inspection in April 2016, there had been 42 medication errors in the six months to April 2016. These errors had been identified during the providers' weekly medicine audits. There were a number of reasons for the errors. The two incident types occurring the most were non signing of medicine cards and stock discrepancies of one or two tablets too many or few at the end of week.

During this inspection, we saw there were updated protocols in place to support qualified nurses and support workers in medicine administration. This was to ensure that all staff were fully aware of the requirements of the medicines management policy. We reviewed four staff personal records and saw completed staff competency assurance reviews were within those files. We observed a medicine round. We saw staff complying with the medicine management policies. We were told that when the team manager was satisfied that other medicine management strategies had been effectively implemented the audits were extended and were being undertaken monthly. However, a new daily check had been introduced in its place. The handover proforma completed daily and used in all handovers between staff on shift had been updated. It now included a section for the nurse in charge to confirm that medicine administration charts had all been completed correctly for that day. These daily handover sheets were being audited on a monthly basis by the team manager to ensure they were being fully completed. All qualified staff had completed a newly introduced medicines competency check.

Staff had good understanding about safeguarding and whistleblowing. They knew how to report these both using the electronic system as well as referring to the local safeguarding team, if this was needed. Staff described a recent incident where they had sought advice and guidance in line with the safeguarding policy. Staff understood the principles of Duty of Candour, in particular the need for openness and transparency in the event of an incident or a near miss incident.