

Sturdee Community Hospital

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

Sturdee Community Hospital is located in Leicester, the hospital provides rehabilitation for female patients with complex mental health disorder, some of whom were detained under the Mental Health Act 1983.

We rated Sturdee Community Hospital as good because:

- The hospital had enough nursing and support staff to keep patients safe and had low vacancy rates. Managers supported staff who needed time off for ill health. The sickness rate across the hospital at the time of the inspection was 1%. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Managers could adjust staffing levels according to the needs of the patients.
- 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. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- 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 patients' assessed needs, and were personalised, holistic and recovery-oriented. Staff followed National Institute for Health and Clinical Excellence guidelines for rehabilitation in adults with enduring mental health issues. Staff identified patients' physical health needs and recorded them in their care plans. Staff supported patients to access physical health care, including specialists as required. Staff met patients' dietary needs, and assessed those patients needing specialist care for nutrition and hydration. Staff helped patients live healthier lives by supporting them to take part in healthy eating programmes or giving advice.
- 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 were discreet, respectful, and responsive when caring for patients and gave them help, emotional support and advice when they needed it.
- The hospital met the needs of all patients, including those with a protected characteristic. Protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Staff helped patients with communication, advocacy and cultural and spiritual support. Patients were supported to access spiritual support in the community and at the hospital, however the multi faith room was located on the first floor. This meant that patients with mobility issues would have difficulty accessing this facility.
- Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care. They understood the service they managed, and it followed a recognised model for rehabilitation care. Patients and staff knew senior managers, said they were very visible and could approach them with any concerns. Leadership opportunities were available for staff below manager level for example senior nurse roles and rehabilitation assistants.

However:

- Cleaning records were incomplete. Managers did not have oversight of the cleaning audits for the hospital. We found areas that were visibly dirty and out of date, unlabelled food in a therapy kitchen.
- Patients had access to spiritual, religious and cultural support, however the multi faith room was on the first floor and not easily accessible for patients with mobility issues.

Summary of findings

Our judgements about each of the main services

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

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Good



Sturdee Community Hospital

Services we looked at:

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

Summary of this inspection

Background to Sturdee Community Hospital

Sturdee Community Hospital is part of the Inmind Healthcare Group. Located in Leicester, the hospital provides both locked and open rehabilitation for female patients with complex mental health disorder, some of whom were detained under the Mental Health Act 1983.

There is a registered manager a nominated accountable officer for controlled drugs.

Since September 2016, the hospital had operated as an all-female hospital. It had a 16-bedded ward known as Rutland ward, nine supported self-contained flats known as Aylestone unit and four beds on Knighton ward. We inspected all wards and the flats on this basis.

At the time of the inspection, there were a total of 19 female patients over the three wards. Sixteen of these patients were detained under the Mental Health Act.

Sturdee Community Hospital 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

Sturdee Community Hospital first registered with the CQC in April 2011. The last comprehensive inspection of the hospital was in December 2017. The CQC carried out a focussed inspection in April 2018, in response to concerns flagged up by intelligence monitoring and issued a warning notice where the following issues had been identified:

- The provider had not ensured the proper and safe management of medicines.
- Clinics were overstocked with medication.
- Medication was not stored in line with policy or securely.
- Medication was not administered as prescribed by a doctor.
- Controlled drug registers did not tally and entries in the register were duplicated.

- Controlled drug stock checks were not completed in line with policy and the stock checks did not reconcile with medication in the clinic.
- Two staff had not regularly signed the controlled drugs book when administering controlled drugs.
- Medication was administered without a valid prescription in place
- To take out medication was not disposed of or stored in line policy.
- Staff did not complete daily checks of the clinic rooms.
- Staff did not keep up to date Medicines and Healthcare Regulatory Agency alerts in files in the clinic.
- Staff had failed to complete an accurate stock tally of drugs liable to misuse.
- Staff had retrospectively recorded a medicines administration for a patient.

This was in breach of Regulation 12

There was a follow up inspection in August 2018. We found the provider had addressed most of the issues identified in that warning notice including:

Safe and proper prescribing, administration and storage of medications. Managers had adequate oversight and governance structures to monitor the management of medicines within the service, including regular audits and action plans. Managers had increased their community pharmacist visits from quarterly to weekly, starting 09 August 2018. The pharmacist carried out external audits and scrutiny of the providers medication and prescribing practice, and provided advice, focussed staff training and consultation.

Managers ensured staff recorded all incidents including medication errors, in line with their incident reporting policy.

However, in August 2018 we found the following areas the provider still needed to improve:

Whilst staff had improved the monitoring of controlled drugs we found occasional gaps in the controlled drugs record where staff had not recorded the previous or carried forward page numbers. The standard operating procedures for medicines management was not easily

Summary of this inspection

accessible, this was in electronic format only, and there was no computer access in the clinic. When we made the manager aware of this she told us she would arrange to have a paper copy made available in the clinic.

Some emergency equipment was out of date and had not been removed or replaced. Staff had not identified that the fridge in the clinic room was too small for the stock

stored in it, airflow was restricted. The providers instructions for recording the fridge temperature range were not clear. Staff were not recording the actions they had taken to rectify inaccuracies in the daily clinic checklists.

We found the provider had addressed these issues at the inspection on 26 and 27 November 2019.

Our inspection team

The team that inspected the service comprised three CQC inspectors and a Pharmacist Specialist.

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 received feedback from commissioners and the local authority safeguarding team.

During the inspection visit, the inspection team:

- visited three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with ten patients who were using the service
- spoke with four carers of patients using the service
- spoke with the registered manager and operations director
- spoke with 18 other staff members; including doctors, nurses, compliance lead, psychologist, dietician and, pharmacist
- received patient feedback from eight comment cards
- reviewed six staff files
- attended and observed one risk meeting and one multi-disciplinary meeting
- looked at eight care and treatment records of patients
- carried out a specific check of the medication management and reviewed ten prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with ten patients and four carers during the inspection.

Patients were very complimentary about the hospital and the staff.

Summary of this inspection

Patients told us the staff were very good and that they were friendly, informative, caring and helped them with cooking and cleaning.

Patients said their cultural preferences were understood and had been respected, the food was brilliant, and they liked that staff sat down to eat with them at mealtimes.

Patients in the semi supported apartments said they felt staff were available should they need them and were very happy that they could own pets whilst being in hospital.

Carers told us staff were generally very approachable and could give them answers to their questions. One carer

told us they had not been very happy with a previous doctor in the service, who they described as dismissive of theirs and their daughters' requests. Another carer told us staff did not always return their telephone calls, and the private visiting room was not always available if it was being used for therapy sessions.

However, another carer explained how staff had been very flexible and accommodating to help arrange home visits at times that suited their family who lived some distance away. All carers we spoke with had seen improvements at the hospital in the last six months or so.

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 hospital had enough nursing and support staff to keep patients safe and had low vacancy rates. Managers supported staff who needed time off for ill health. The sickness rate across the hospital at the time of the inspection was low. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.
- Managers could adjust staffing levels according to the needs of the patients.
- 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. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- The hospital used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.
- Managers investigated incidents thoroughly. Patients and their families were involved in these investigations where appropriate.
- Staff received feedback from investigation of incidents and, met to discuss the feedback and look at improvements to patient care.
- There was evidence that changes had been made as a result of feedback, for example increasing the amount of training for the Mental Health Act administrator following a historical issue with documentation.

However:

- Cleaning records were incomplete, and we were not assured ward areas had been cleaned regularly and we found out of date raw meat in the therapy kitchen.

Good



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- 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 patients' assessed needs, and were personalised, holistic and recovery-oriented.
- Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. In addition, they helped patients live healthier lives by supporting them to take part in healthy eating programmes or giving advice.
- 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. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early on in the patient's admission to plan discharge.
- Patients had easy access to information about independent mental health advocacy. This information was displayed on walls at the hospital. Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it.

Are services caring?

We rated caring as good because:

- 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 were discreet, respectful, and responsive when caring for patients and gave them help, emotional support and advice when they needed it.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff introduced patients to the ward and the services as part of their admission and involved patients and gave them access to their care planning and risk assessments.
- Staff made sure patients understood their care and treatment and recorded this in the care record.
- Staff involved patients in decisions about the service, when appropriate and actively encouraged patients to give feedback on the service and their treatment and staff supported them to do this.
- Staff made sure patients could access advocacy services.

Good



Summary of this inspection

- Staff informed and involved families and carers appropriately and encouraged them to attend care reviews where appropriate.
- All carers we spoke with had seen improvements at the hospital in the last six months or so.

However:

- One carer told us staff did not always return their telephone calls, and the private visiting room was not always available if it was being used for therapy sessions.

Are services responsive?

We rated responsive as good because:

- The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Each patient had their own bedroom, which they could personalise with an en-suite 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. When clinically appropriate, staff supported patients to self-cater.
- The hospital met the needs of all patients, including those with a protected characteristic. Protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Staff helped patients with communication, advocacy and cultural and spiritual support. Patients were supported to access spiritual support in the community and at the hospital, however the multi faith room was located on the first floor. This meant that patients with mobility issues would have difficulty accessing this facility.
- There were effective working relationships with staff from services providing care following a patient's discharge and staff engaged with them early on in the patient's admission to plan discharge.
- The hospital treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.
- Patients, relatives and carers knew how to complain or raise concerns.
- The hospital clearly displayed information about how to raise a concern in patient areas.
- Staff understood the policy on complaints and knew how to handle them.

However:

Good



Summary of this inspection

- Patients had access to spiritual, religious and cultural support, however the multi faith room was on the first floor and not easily accessible for patients with mobility issues.

Are services well-led?

We rated well-led as good because:

- Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care. They understood the service they managed, and it followed a recognised model for rehabilitation care. Patients and staff knew senior managers, said they were very visible and could approach them with any concerns. Leadership opportunities were available for staff below manager level for example senior nurse roles and rehabilitation assistants.
- Staff knew and understood the hospital vision and values and how they were applied in the work of their team. The hospital's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. Senior staff could explain how they were working to deliver high quality care within the budgets available.
- Managers told us they recognised staff were their most valuable resource. Managers took time to engage with staff to give them the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.
- Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs.

However:

- Managers did not have oversight of the cleaning audits for the hospital. We found areas that were visibly dirty and out of date, unlabelled food in a therapy kitchen.

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 relevant staff had completed training in Mental Health Act and had good understanding of the Act and the code of practice guiding principles. The hospital had a Mental Health Act administrator who could support staff with questions or concerns they had around understanding or applying the Mental Health Act. Managers did monthly audits to check their compliance with Mental Health Act legislation and escalated any concerns arising from the audits through the clinical governance systems.

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

Patients had easy access to information about independent mental health advocacy. This information was displayed on walls at the hospital. Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it.

Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Informal patients were aware of their rights.

Staff requested an opinion from a second opinion appointed doctor when necessary. Staff stored copies of patients' detention papers and associated records correctly and so that they were available to all staff that needed access to them.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with, training and had a good understanding of the Mental Capacity Act.

We saw that 78% of the workforce in this service had received training in the Mental Capacity Act.

There were no Deprivation of Liberty Safeguards applications made by the hospital in the six months prior to the inspection.

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
Overall	Good	Good	Good	Good	Good	Good

Notes

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 and well equipped. The hospital was undergoing an extensive decorating and refurbishment programme and new furnishings had been ordered. We found some parts of the hospital were visibly dirty and out of date raw meat in the therapy kitchen, we brought this to the attention of the hospital director who ensured this was rectified immediately.

Staff completed and regularly updated thorough environmental risk assessments of all wards areas and removed or reduced any risks they identified. Staff identified blind spots and had ordered mirrors to mitigate this. The wards complied with same sex guidance.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Cleaning records were incomplete, and we were not assured ward areas had been cleaned regularly.

Staff followed infection control policy, including handwashing. The hospital did not have seclusion rooms.

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained and cleaned equipment.

Safe staffing

The hospital had enough nursing and support staff to keep patients safe and had low vacancy rates. The establishment for registered nurses was 8 wte (whole time equivalent). At the time of the inspection there were no vacancies.

The establishment for healthcare support workers was 21 wte (whole time equivalent). At the time of the inspection there were two vacancies.

The hospital had low rates of bank and agency nursing assistants and managers requested staff familiar with the service to maintain continuity of care for patients. The hospital had low turnover rates.

Managers supported staff who needed time off for ill health. The sickness rate across the hospital at the time of the inspection was low. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

Managers could adjust staffing levels according to the needs of the patients.

Patients had regular one to one sessions with their named nurse. Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The hospital had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

The hospital had enough daytime and night time medical cover and a doctor available to go to the hospital quickly in an emergency. Managers informed us that the consultant psychiatrist was just about to leave the service however, managers had ensured locum medical cover and an active recruitment programme was underway.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff had completed and kept up-to-date with their mandatory training. Eighty two percent of staff had completed mandatory and statutory training required. 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.

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 to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident.

Staff knew about any risks to each patient and acted to prevent or reduce risks and identified and responded to any changes in risks to, or posed by, patients.

Staff developed care plans to minimise risks where they could not easily observe patients and followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

There were no incidences of prone restraint in the six months prior to this inspection. There were six incidences resulting in restraint over the six months prior to this inspection, involving three patients. There were no incidences of rapid tranquilisation.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

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 and were up to date with their safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them and followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Patient notes were in paper form, comprehensive and all staff could access them easily.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely in the locked ward office.

Medicines management

The hospital used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health. Staff stored and managed medicines and prescribing documents in line with the provider's policy

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence (NICE) guidance.

Track record on safety

The service had a good track record on safety.

In the six months leading up to this inspection there was one serious incident reported by the hospital. This had been fully investigated and lessons learned were on display in the ward office.

Safe and clean environment

Long stay or rehabilitation mental health wards for working age adults

Good 

All wards were safe and well equipped. The hospital was undergoing an extensive decorating and refurbishment programme and new furnishings had been ordered. We found some parts of the hospital were visibly dirty and out of date raw meat in the therapy kitchen, we brought this to the attention of the hospital director who ensured this was rectified immediately.

Staff completed and regularly updated thorough environmental risk assessments of all wards areas and removed or reduced any risks they identified. Staff identified blind spots and had ordered mirrors to mitigate this. The wards complied with same sex guidance.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Cleaning records were incomplete, and we were not assured ward areas had been cleaned regularly.

Staff followed infection control policy, including handwashing. The hospital did not have seclusion rooms.

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained and cleaned equipment.

Safe staffing

The hospital had enough nursing and support staff to keep patients safe and had low vacancy rates. The establishment for registered nurses was 8 wte (whole time equivalent). At the time of the inspection there were no vacancies.

The establishment for healthcare support workers was 21 wte (whole time equivalent). At the time of the inspection there were two vacancies.

The hospital had low rates of bank and agency nursing assistants and managers requested staff familiar with the service to maintain continuity of care for patients. The hospital had low turnover rates.

Managers supported staff who needed time off for ill health. The sickness rate across the hospital at the time of the inspection was low. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift.

Managers could adjust staffing levels according to the needs of the patients.

Patients had regular one to one sessions with their named nurse. Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The hospital had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

The hospital had enough daytime and night time medical cover and a doctor available to go to the hospital quickly in an emergency. Managers informed us that the consultant psychiatrist was just about to leave the service however, managers had ensured locum medical cover and an active recruitment programme was underway.

Staff had completed and kept up-to-date with their mandatory training. Eighty two percent of staff had completed mandatory and statutory training required. 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.

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 to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident.

Staff knew about any risks to each patient and acted to prevent or reduce risks and identified and responded to any changes in risks to, or posed by, patients.

Staff developed care plans to minimise risks where they could not easily observe patients and followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Long stay or rehabilitation mental health wards for working age adults

Good 

There were no incidences of prone restraint in the six months prior to this inspection. There were six incidences resulting in restraint over the six months prior to this inspection, involving three patients. There were no incidences of rapid tranquilisation.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

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 and were up to date with their safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them and followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Patient notes were in paper form, comprehensive and all staff could access them easily.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely in the locked ward office.

Medicines management

The hospital used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health. Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Care Excellence (NICE) guidance.

Track record on safety

The service had a good track record on safety.

In the six months leading up to this inspection there was one serious incident reported by the hospital. This had been fully investigated and lessons learned were on display in the ward office.

Reporting incidents and learning from when things go wrong

The hospital 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.

Staff knew what incidents to report and how to report them in line with the providers policy. The hospital had no never events in the six months prior to this inspection.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong.

Managers debriefed and supported staff after any serious incident. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations where appropriate.

Staff received feedback from investigation of incidents and met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback, for example increasing the amount of training for the Mental Health Act administrator following a historical issue with documentation.

Long stay or rehabilitation mental health wards for working age adults

Good 

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 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 patients' assessed needs, and were personalised, holistic and recovery-oriented.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies for example; Schema therapy, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit for example care plans, infection control and environmental risk assessments.

Staff provided a range of care and treatment suitable for the patients in the service.

Staff delivered care in line with best practice and national guidance for example National Institute for Health and Care Excellence guidance for monitoring patients on high doses of anti-psychotic medication and for rehabilitation of adults with enduring mental health issues.

Staff identified patients' physical health needs and recorded them in their care plans and supported patients had access to physical health care, including specialists as required.

Assessment of needs and planning of care

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 patients' assessed needs, and were personalised, holistic and recovery-oriented.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies for example; Schema therapy, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them 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.

Staff provided a range of care and treatment suitable for the patients in the service.

Staff delivered care in line with best practice and national guidance for example National Institute for Health and Care Excellence guidance for monitoring patients on high doses of anti-psychotic medication and for rehabilitation of adults with enduring mental health issues.

Staff identified patients' physical health needs and recorded them in their care plans and supported patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration and helped patients live healthier lives by supporting them to take part in programmes or giving advice.

Skilled staff to deliver care

The hospital had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with 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.

The service had access to a full range of specialists to meet the needs of the patients on the ward, this included nurses, doctors, psychologist and dietician.

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work. Eighty two percent of staff had received an appraisal with the outstanding staff having a date booked for their appraisal.

Managers supported non-medical staff through regular, constructive clinical supervision of their work.

The hospital target of clinical supervision for non-medical staff was 85% of the sessions required. We found seventy five percent had received supervision with the outstanding staff having dates booked for their supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge and made sure staff received any specialist training for their role.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and inter-agency team work

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. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early on in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care and made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams within and external to the organisation.

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

All relevant staff had completed training in Mental Health Act and had good understanding of the Act and the code of practice guiding principles. The service had a Mental Health

Act administrator who could support staff with questions or concerns they had around understanding or applying the Mental Health Act. Managers told us they did monthly audits to check their compliance with Mental Health Act legislation and escalated any concerns arising from the audits through the clinical governance systems.

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

Patients had easy access to information about independent mental health advocacy. This information was displayed on walls at the hospital. Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it.

Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Informal patients were aware of their rights.

Staff requested an opinion from a second opinion appointed doctor when necessary. Staff stored copies of patients' detention papers and associated records correctly and so that they were available to all staff that needed access to them.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with, training and had a good understanding of the Mental Capacity Act.

We saw that 78% of the workforce in this service had received training in the Mental Capacity Act.

There were no Deprivation of Liberty Safeguards applications made by the hospital in the six months prior to the inspection.

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

Long stay or rehabilitation mental health wards for working age adults

Good 

Good 

Kindness, privacy, dignity, respect, compassion and support

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 were discreet, respectful, and responsive when caring for patients and gave them help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition and directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. Staff understood and respected the individual needs of each patient and told us they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Staff introduced patients to the ward and the services as part of their admission and involved patients and gave them access to their care planning and risk assessments.

Staff made sure patients understood their care and treatment and recorded this in the care record.

Staff involved patients in decisions about the service, when appropriate and actively encouraged patients to give feedback on the service and their treatment and staff supported them to do this.

Staff made sure patients could access advocacy services.

Staff informed and involved families and carers appropriately and encouraged them to attend care reviews where appropriate. Though one carer told us staff did not always return telephone calls.

Staff helped families to give feedback on the service and gave carers information on how to access a carer's assessment where appropriate.

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

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway and were rarely delayed for other than a clinical reason.

Managers made sure bed occupancy did not go above 85%. The hospital provided information regarding average bed occupancy which was 72% over the 12 months prior to the inspection.

The hospital provided information for average length of stay for the 12 months prior to this inspection was 555 days. Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The hospital had no out-of-area placements.

Managers and staff worked to make sure they did not discharge patients before they were ready and reported no readmissions within 28 days.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning.

Long stay or rehabilitation mental health wards for working age adults

Good 

The service had low numbers of delayed discharges in the past year and managers monitored the number of delayed discharges. The hospital reported one delayed discharge in the six months prior to this inspection. The only reasons for delaying discharge from the service were clinical.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services.

The service followed national standards for transfer.

The facilities promote recovery, comfort, dignity and confidentiality

The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Each patient had their own bedroom, which they could personalise with an en-suite 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. When clinically appropriate, staff supported patients to self-cater.

The hospital had nine self-contained studio apartments which patients decorated and furnished themselves.

Staff used a full range of rooms and equipment to support treatment and care.

The service had quiet areas and a room where patients could meet with visitors in private however one carer and two patients told us that the visiting room could not be used for visiting family when it was being used for therapy sessions.

Patients could make phone calls in private.

The hospital had outside spaces that patients could access easily.

Patients' engagement with the wider community

When appropriate, staff ensured that patients had opportunities to maintain links with any education or employment networks they had outside of the hospital environment. Staff supported patients to maintain contact

with their families and carers and encouraged patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.

Meeting the needs of all people who use the service

The hospital met the needs of all patients, including those with a protected characteristic. Protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Staff helped patients with communication, advocacy and cultural and spiritual support.

The hospital could support and adjust for disabled people.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

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The hospital had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The hospital provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support, however the multi faith room was on the first floor and not easily accessible for patients with mobility issues.

Listening to and learning from concerns and complaints

The hospital treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns.

The hospital clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The hospital received 14 complaints in the 12 months leading up to this inspection. Two of these were upheld, four were partially upheld and eight were not upheld. None were referred to the Ombudsman.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service, for example by displaying the number of staff on duty when one patient complained about perceived staff shortages.

The hospital used compliments to learn, celebrate success and improve the quality of care. They had received 22 compliments in the 12 months leading up to this inspection, mainly in relation to staff being supportive.

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

Good 

Leadership

The hospital director and operations director had been in post for ten weeks prior to this inspection. They told us they had identified several areas for improvement and were in the process of addressing these, for example introducing reflective practice sessions for staff and having a clear strategy for carer involvement.

Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care. They understood the service they managed, and it followed a recognised model for rehabilitation care. Patients and staff knew senior managers, said they were very visible and could approach them with any concerns. Leadership opportunities were available for staff below manager level for example senior nurse roles and rehabilitation assistants.

Vision and strategy

Staff described the hospital in terms of a model of care. Their aim was: to work closely with the women in our care to meet their recovery and rehabilitation needs, allowing

them to progress along a defined care pathway. This is achieved by our multi-disciplinary team working with all service users, to develop an individualised package of care according to their specific needs.

Staff knew and understood the hospital vision and values and how they were applied in the work of their team. The hospital's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. Senior staff could explain how they were working to deliver high quality care within the budgets available.

Culture

Staff we spoke with said they felt respected, supported and valued they confirmed that managers kept them informed of changes that would affect them through team briefings and notifications. Staff told us they felt very positive and proud about working for the provider and their team.

Staff felt able to raise concerns without fear of retribution. Staff knew how to use the whistle-blowing process if they needed to.

Managers dealt with poor staff performance when needed and where there were difficulties, managers dealt with them appropriately. Staff appraisals included conversations about career development and how it could be supported.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression.

The hospitals staff sickness and absence were low compared to similar organisations. Staff had access to support for their own physical and emotional health needs through an occupational health service. Managers explained that they wanted to introduce a range of measures that celebrated staff success in the hospital and that once finalised and agreed this would be introduced in the next year.

Governance

Leaders ensured there were structures, processes and systems of accountability for the performance of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Long stay or rehabilitation mental health wards for working age adults

Good 

There was a clear framework of what must be discussed at a ward and senior management team level meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. Staff had implemented recommendations from reviews of incidents, and complaints at service level.

Staff undertook or participated in local clinical audits for example; care plans, infection control and environmental risk assessments.

Managers did not have oversight of the cleaning audits for the hospital. We found areas that were visibly dirty and out of date food in a therapy kitchen.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

Staff maintained and had access to the risk register at ward or overall hospital level. Staff at ward level could escalate concerns when required. Staff concerns matched those on the risk register. The service had plans for emergencies – for example, adverse weather or a flu outbreak.

Information management

Managers told us the company used systems to collect data from wards that were not over-burdensome for frontline staff. Staff had access to the equipment and information technology needed to do their work.

Information governance systems included confidentiality of patient records.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed.

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used through bulletins, newsletters and briefings displayed on notice boards on the wards.

Managers told us they recognised staff were their most valuable resource. Managers took time to engage with staff to give them the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs.

Learning, continuous improvement and innovation

Managers had developed a comprehensive quality improvement plan to address issues they had identified since coming into post ten weeks prior to the inspection.

The hospital did not participate in any accreditation schemes at the time of the inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

The provider should ensure cleaning records are completed, have oversight of the cleaning audits and undertake regular checks of use by dates for food.

The provider should ensure all patients have access to a multi faith room.