

Vision MH - Cornerstone 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

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

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.

Summary of findings

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

Overall summary

We rated Vision MH – Cornerstone House as Outstanding because:

- The service had robust, detailed and comprehensive environmental and ligature risk assessments in place. Managers updated these regularly.
- The service had a range of rooms and equipment to support treatment and care. This included a clinic, treatment room, therapy kitchen, gym, art room and a group therapy room. The service had achieved a five star food hygiene rating. Patients could make hot and cold drinks when they wanted. Snacks were available throughout the day.
- All staff assessed risks to patients who used the service on a daily basis. This included physical health, mental health and behaviours that challenged.
- There was good medications management, which included regular audits of equipment and records.
- Staff reported all incidents in line with policy. The senior management team reviewed every incident. Openness and transparency in relation to safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns. Senior staff discussed lessons learnt with the staff and patients in different forums, to minimise a re-occurrence.
- All staff had a holistic approach to assessing, planning and delivering care and treatment to patients. Every patient had a comprehensive assessment upon admission to the service. Staff placed real emphasis upon the physical healthcare of patients. Nursing and medical staff monitored the physical health of all patients from the point of admission.
- All staff undertook a comprehensive induction to the service. Staff received annual appraisals. Staff received supervision in line with policy. Senior managers encouraged the continuing development of staff skills, competence and knowledge. Managers recognised that this was integral to ensuring high quality care.
- All staff had a good working knowledge of the Mental Health Act. Where patients were subject to Mental Health Act detention, their rights were protected. Staff complied with the Mental Health Act Code of Practice.

All staff had a good working knowledge of the Mental Capacity Act and the Deprivation of Liberty Safeguards. Senior staff regularly monitored consent practices and records. Staff completed capacity assessments for patients who might have had impaired capacity in relation to specific decisions.

- Staff who were exceptionally caring, extremely compassionate and very kind supported patients. Staff demonstrated considerable pride in their work and supported patients in the most appropriate manner to meet their needs. Patients and families shared with us their positive experiences of the care they received at the service. Staff consistently empowered patients to have a voice and realise their potential through different forums.
- Information on treatments, local services, advocacy and patients' rights were visible in communal areas. Interpreters and signers were accessible as and when required.
- The service was led well by the senior management team. Staff, patients and carers told us that they were visible and accessible.
- A sufficient number of staff of the right grades and experience covered shifts.
- There was an open and transparent culture across the service. Staff were honest with patients when things went wrong.
- The service was proactive in capturing and responding to patients concerns and complaints. Patients and families knew how to make a complaint. Managers investigated all complaints fully in line with their policy and responded in a timely way.

However:

- We observed one ligature risk in the new building, which had not been identified. The manager took immediate action when we highlighted this.
- Some portable electrical equipment testing was just outside of the time frame for expected annual checks. These had been booked to be undertaken.

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	Outstanding	
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Summary of findings

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Summary of this inspection

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Outstanding

Vision MH - Cornerstone House

Services we looked at

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

Summary of this inspection

Our inspection team

The inspection team consisted of one inspection manager, four inspectors and one nurse specialist advisor. The team leader was Joanne Weston.

The team would like to thank all those who met and spoke to inspectors during the inspection.

Why we carried out this inspection

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

The service has been inspected on four occasions. The last inspection took place in May 2016. The service was

rated as good overall, and good in each of the five key questions we ask. There were no identified breaches in the Health and Social Care Act.2008 (Regulated Activities) Regulations 2014.

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?

During the inspection visit, the inspection team:

- Looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 10 patients who were using the service
- spoke with the registered manager and the managing director

- spoke with 18 other staff members; including the director of nursing, consultant, nurses, support workers, therapists (psychologists, occupational therapist and art therapist); mental health act administrator, mental health manager, and training co-ordinator
- attended and observed six patient reviews
- examined 13 care records of patients
- carried out a specific check of medication management
- spoke with five relatives of people who were using the service
- collected four comment cards
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about Vision MH - Cornerstone House

Vision Mental Health Limited is registered to provide inpatient treatment for up to 30 people with a mental health diagnosis who may also be detained under the Mental Health Act 1983. It is a high dependency inpatient rehabilitation unit. The location inspected is called Cornerstone House. The service accepts males and females. The service provides assessment, treatment and a recovery based approach, which is delivered from a multidisciplinary team.

Vision Mental Health Limited is also able to continue to support patients following their discharge if required. Attendance as a day patient enables work already undertaken as an inpatient to be consolidated. The day service is also available to people living locally that have not had a prior admission to Cornerstone House.

At the time of inspection, there were 25 patients. Of these, two were informal and 23 were detained under the Mental Health Act.

Summary of this inspection

The service had two individuals who attended the service as day patients, attending for therapy sessions only.

The service was registered in January 2011. Regulated activities at this location are:

- Treatment of disease, disorder or injury.

- Assessment of medical treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.

The hospital has a registered manager in place.

What people who use the service say

We spoke with ten patients who were currently receiving treatment:

- Patients told us that they felt safe at Cornerstone House.
- Patients said that staff had regularly explained their rights to them.
- Patients said that they could receive visitors, as long as they were pre-planned where possible.
- Most patients felt that the staff were really kind, caring and respectful.
- Patients told us they had sat with their main nurse and discussed care plans. Staff gave patients a copy if they wanted one.
- Two patients spoke very highly of the activities they were able to undertake.

We spoke with five relatives of patients who used the service:

- All five relatives told us the staff were caring and respectful.
- All relatives told us that they visited regularly, and could easily get hold of staff to discuss issues of concern.
- All relatives felt that there was always enough staff on duty.
- All relatives told us that they had been involved in care and treatment, where applicable. We were told staff listened to them and welcomed contribution.
- All relatives spoke about the service being well maintained and clean.
- Four out of five relatives knew how to make a complaint if unsatisfied with care and treatment provided.

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 Outstanding because:

- The service had robust, detailed and thorough environmental and ligature risk assessments in place. Staff updated these regularly.
- There was good medications management, which included detailed regular audits of equipment and records.
- Staffing levels and skill mix were well planned, implemented and reviewed to keep patients safe. Staffing shortages rarely happened.
- All staff received and were up to date with mandatory training.
- All staff proactively assessed risks to patients who used the service, regularly monitored these and managed them effectively. This included physical health, mental health and behaviours that challenged. The whole team took responsibility for monitoring risks and recognised their responsibility to do so.
- Staff consistently reported all incidents in line with policy. The senior management team reviewed every incident within the service. Openness and transparency in relation to safety was encouraged. Staff fully understood and fulfilled their responsibilities to raise concerns.
- Senior staff communicated lessons learnt from incidents with the staff and patients at every opportunity in different forums, to minimise a re-occurrence. Staff genuinely wanted to improve after incidents and learning from events was integral to team meetings and patient forums.
- When something went wrong, patients received a sincere apology from the manager. Staff shared actions and learning points through different forums, to improve processes to prevent the same happening again.

However:

- We observed one ligature risk in the new building, which had not been identified. The manager took immediate action when informed of this.
- Some portable electrical equipment testing was just outside of the time frame for expected annual checks. These had been booked to be undertaken.

Outstanding



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- All staff had a holistic approach to assessing, planning and delivering care and treatment to patients. Every patient had a comprehensive assessment upon admission to the service.
- Staff placed real emphasis upon the physical healthcare of patients. Nursing and medical staff monitored the physical health of all patients from the point of admission. The service employed a consultant in emergency medicine who attended the service regularly. Advice was offered to staff concerning patients' physical health. The consultant had carried out minor procedures on site. This had prevented patients being transferred to the local general hospital for treatment on several occasions.
- Staff carried out regular comprehensive audits, which had identified actions and time-scales to improve practice and outcomes for patients.
- The service offered a range of psychological therapies as recommended by the National Institute for Health and Care Excellence. Patients were admitted from various different units, including acute units, for further assessment of need and rehabilitation. Some patients who had been discharged from the service attended as day patients, which enabled the continuation of therapy.
- All staff undertook a comprehensive induction to the service. Staff received annual appraisals. All staff received regular supervision in line with policy. Senior managers encouraged the continuing development of staff skills, competence and knowledge. Managers recognised this as being integral to ensuring high quality care. All staff were proactively supported to acquire new skills and share best practice.
- All staff had a good working knowledge and understanding of the Mental Health Act. Where patients were subject to detention under the Mental Health Act, their rights were protected. Staff complied with the Mental Health Act Code of Practice.
- All staff had a good working knowledge and understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards. Senior staff regularly monitored consent practices and records. Staff completed capacity assessments for patients who might have had impaired capacity in relation to specific decisions.

Are services caring?

We rated caring as outstanding because:

- Patients were supported by staff who were highly motivated, caring, very compassionate and kind. Staff demonstrated

Outstanding



Summary of this inspection

considerable pride in their work and supported patients in the most appropriate manner to meet their needs. Staff were committed to their roles and were determined to deliver the best care for patients, carers and families.

- Patients and families shared with us their positive experiences of the care they received at the service.
- There was a strong, visible person centred culture, which staff had embedded into practice. Care plans were consistently holistic, individual and recovery focused. Managers promoted and demonstrated person centred care and this was reflected throughout the service.
- Patients were active partners in their care and were respected and valued as individuals to be involved in care planning and treatment reviews. Staff invited families to be involved in care and treatment, if the patient had consented. Patients' individual preferences and needs were consistently reflected in how staff delivered care.
- Staff empowered patients to have a voice and realise their potential through different forums, to include daily community meetings, monthly patient forum meetings, and lessons learnt meetings. Co-production work between patients and staff was evident. Patients told us that they were really listened too, and their ideas and contribution valued.
- Patients and staff held regular discussions around advance decisions and how the staff could help them should their health deteriorate.
- Patients had the opportunity to be involved with the recruitment of staff.

Are services responsive?

We rated responsive as good because:

- Bed occupancy was well managed across the service by the senior management team.
- Discharge from the service was not delayed for non - clinical reasons.
- The service communicated regularly with referring NHS services and invited these to review meetings. Attendance from external professionals proved difficult on occasions. In these instances the staff provided an update verbally and in writing. Commissioners told us that they were happy with the care and treatment the service provided for patients.
- The service had a range of rooms and equipment to support treatment and care. This included a clinic, treatment room, therapy kitchen, gym, art room and a group therapy room.

Good



Summary of this inspection

- The service had achieved a five star food hygiene rating. Patients could make hot and cold drinks when they wanted. Snacks were available throughout the day.
- Information on treatments, local services, advocacy and patient's rights were visible in communal areas. Interpreters and signers were accessible as and when required.
- Patients and families knew how to make a complaint. Managers investigated all complaints fully in line with their policy and responded in a timely way.

However:

- The service did not provide full access to people requiring disabled access, as there was no lift within the building. If a patient could not access upper floors, a bedroom was allocated on the ground floor. This bedroom had access to the garden via a ramp. The provider told us the ramp met building regulations for gradient, but it did not have a non-slip surface.

Are services well-led?

We rated well-led as outstanding because :

- The service was led well by the senior management team. Staff, patients and families told us that they were visible and accessible. Managers inspired staff to do their best to support patients, work collaboratively, and strived to deliver the best possible care.
- All staff received regular supervision and had annual appraisals.
- Staff of the right grades and experience covered shifts and rarely were shifts under staffed.
- There was a great commitment towards continual improvement and innovation. The senior managers worked with a local provider to innovate and improve, took examples of outstanding practice, and applied them to this service.
- Staff were proud to work at the service.
- There was clear and thorough learning from incidents and investigations, which was embedded into forums and meetings.
- The staff were very responsive to feedback from patients.
- Staff were given the opportunity and encouragement to develop further.
- There was an open and transparent culture across the service. Staff were honest with patients when things went wrong.
- Governance systems were robust and effective. Managers actively reviewed every area of service provision and shared visions with staff. Leadership was strong and had emphasis on high quality service delivery.
- The service was proactive in capturing and responding to patients' concerns and complaints.

Outstanding



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.

- Of the 25 patients using the service, two were informal at the time of inspection.
- Mental Health Act training was mandatory for staff, 93% had completed this. Staff interviewed had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.
- Staff had completed Mental Health Act paperwork correctly and all detention paperwork was up to date.
- Medical staff completed consent to treatment and capacity assessments. Staff attached copies to medication charts to ensure they administered medication in accordance with the Act.
- Staff regularly explained patients' rights to them under the Act.
- Patients had access to advocacy services through a referral system, which staff assisted them with if required.
- Patients had access to section 17 leave, which was granted by the consultant on either an escorted or an unescorted basis. Documentation was clear in respect of the frequency and length of leave granted.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed Mental Capacity Act and Deprivation of Liberty and Safeguards training which was mandatory. A total of 94% of staff had completed training in the Mental Capacity Act; 92% had completed Deprivation of Liberty and Safeguards training. Staff interviewed had a broad understanding of the Mental Capacity Act. Staff were able to explain the main principles of the Act, and talked about how this may be applied in practice.
- Staff knew how to access the Mental Capacity Act policy, and approached more senior staff or the mental health act administrator for advice, if required.
- The multidisciplinary team discussed patients' mental capacity in clinical reviews and captured this in care and treatment records.
- The manager had appropriately made a referral to the local authority regarding a Deprivation of Liberty Safeguards assessment, and had informed the care quality commission of this.

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	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
Overall	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding

Long stay/rehabilitation mental health wards for working age adults

Outstanding



Safe	Outstanding	☆
Effective	Good	●
Caring	Outstanding	☆
Responsive	Good	●
Well-led	Outstanding	☆

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

Outstanding



Safe and clean environment

- The layout of the building meant that staff were unable to effectively observe all parts of the service. Staff mitigated this risk by using closed circuit television (effectively a live monitor), in a designated area where they had identified a significant blind spot. The managers had purchased some mirrors, which they had found ineffective. At least two staff were always present in communal areas.
- Managers had completed a thorough and detailed ligature risk assessment of the internal and external areas. A ligature point is anything, which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. The assessment identified potential risks and detailed the actions in detail staff took to reduce these risks. Examples of actions were to ensure areas were kept locked when not in use or for staff to accompany patients. The review of these risk assessments was embedded into practice and we saw evidence of previous risk assessments that were just as robust and detailed. Patients assisted staff to contribute to the ligature risk assessment.
- The induction of new staff included a walk around the building to highlight environmental risks. We did identify one ligature risk, which staff had not recognised. This was in the new part of the building. We bought this to

the attention of the registered manager who took immediate action. The risk was added to the ligature risk assessment instantly. The director of nursing took appropriate steps to lower the risk, which involved some minor maintenance work.

- The service complied with guidance on eliminating mixed sex accommodation. There were distinct separate areas for males and females.
- The clinic room was fully equipped. Resuscitation equipment and emergency drugs were available and staff checked these regularly.
- The service did not have seclusion facilities. However, the service did have a seclusion and long term segregation policy in place.
- The service was clean, had appropriate furnishings and was well maintained. The environment was regularly cleaned by housekeeping staff, who were available over the seven day period.
- The patient led assessment of the care environment (PLACE) scored between 94% and 100% for cleanliness in September 2016. PLACE assessments are self-assessments undertaken by at least 50% of members of the public. Two individuals who had previously been patients at Cornerstone house undertook this assessment.
- Staff adhered to infection control principles. We saw that protective aprons and gloves were available. There was adequate hand washing facilities and hand gel available to staff.
- Equipment across the service was clean and well maintained. We saw that the routine annual portable appliance testing of some electrical equipment was slightly over- due (a few weeks). The manager had scheduled this work to be done and contractors were due to test equipment within 2 weeks.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



- Cleaning records were maintained and up to date. We saw a dedicated team of housekeepers working throughout the inspection.
- Staff completed numerous environmental risk assessments regularly. These included a nightly check of the environment in relation to health and safety. Staff on a weekly basis carried out and documented checks of the external perimeter fence and outside potential hazards. Staff completed the safety and security checks without fail, within the agreed frequencies. Staff were clearly dedicated to ensuring the environment was as safe as possible for patients.
- Patients had call bells in their bedrooms and so could summon assistance from staff. All staff were issued with personal alarms, which were used to call for help in the event of an emergency, or if further assistance was required. Staff tested all alarms regularly to ensure that they were in working order.

Safe staffing

- The service had an establishment of 11 qualified nurses, of which two were vacant. The service had an establishment of 19 support workers, of which one was vacant.
- The provider had estimated the number of staff required. This was reflected within the staffing levels policy, which gave staff clear direction if staffing levels were compromised. During the day, optimum staffing consisted of two registered nurses and five support workers. During the night, the service ran on a minimum number of four staff. This consisted of either one registered nurse and three support workers, or two registered nurses and two support workers. If patients were on enhanced observations, managers arranged additional staff. There was a proactive approach to staffing and planning. Senior nurse managers reviewed the previous weeks staffing and the following weeks staffing on a weekly basis. This enabled the managers to source additional staff, if for example, a patient required enhanced observation, or to facilitate Section 17 leave. This process was in addition to pre-planning rotas for a three month period.
- We examined the rotas and found that the number of staff frequently exceeded optimum numbers on each shift between February and October. Only four shifts out of 224 fell one below the optimum number of staff during the day. A total of 17 shifts out of the 224 shifts

throughout the night fell one below the optimum staffing levels. The manager was actively recruiting night staff. There was always a senior manager on call who was contacted by staff, and who attended in the event of a significant incident.

- The service did use bank and agency staff. The manager was working to recruit more bank staff. The service had contracts with two different agencies, who could supply staff at short notice if required. Between January 2017 up until the date of inspection, we saw that 131 shifts had used agency staff. The majority of these were to cover night vacancies. Agency use had been high on occasions, but this ensured that the service was safety staffed. Where possible, the agency staff used would be familiar with the service.
- Staff sickness rate was just 1% over the past 12 months. There was no staff off on long term sickness at the time of inspection.
- The service reported that the staff turnover had been 27% over the last 12 months. The manager told us that just under half of this figure was attributed to psychology graduates who had been employed, and had left for career development. Despite this challenge, the service had managed to maintain overall staffing numbers over the last twelve months.
- We saw that there was a good staff presence in communal areas interacting with patients throughout the inspection. Two staff members as a minimum would be present in the lounge area. Qualified nurses, if not in communal areas were easily accessible.
- There was enough staff on duty each shift to enable the staff to have one to one time with patients. This was evident in patients' clinical notes.
- The service monitored patient's use of section 17 leave. There had not been any cancelled or postponed leave due to staffing difficulties in almost two years.
- There were enough staff to carry out physical interventions if required. Staff were suitably trained. A total of 89% of staff had undertaken training in restraint.
- There was sufficient medical cover across the service. Medical cover was provided by three consultants throughout the day. Doctors were able to attend the service quickly in the event of an emergency. An effective on call rota system was in place for out of hours.
- All staff had received and were up to date with their mandatory training. The target compliance rate was 80%, which the service had achieved. The target

Long stay/rehabilitation mental health wards for working age adults

Outstanding



compliance rate for safeguarding training was higher at 90%, which had also been achieved. As part of induction, staff completed mandatory training. This included fire awareness; infection control; safeguarding of vulnerable adults; Mental Health Act; Mental Capacity Act; Deprivation of Liberty Safeguards; breakaway and restraint training.

Assessing and managing risk to patients and staff

- The service reported that they had not used seclusion or long term segregation over the past 12 months. However there was a policy and procedure in place for seclusion and segregation should this be required. This policy was in line with the Mental Health Act Code of Practice guidelines.
- There had been 94 reported incidents of restraint between January and July 2017. These involved six different patients. Of these, 66% involved one particular patient, who had since been transferred to a higher dependency unit. Of the 94 restraints, one had resulted in prone (chest down) position. This was to enable staff to administer medication safely. The staff changed the position of the patient after one minute.
- We examined 13 care records. Staff undertook a thorough risk assessment of every patient upon admission. The risk assessments consisted of numerous areas to include individual risk factors, environmental risk factors and protective factors. The whole team took responsibility for monitoring risks and recognised their responsibility to do so. Risk management was embedded within the service.
- The service ensured that any restrictions upon patients were risk assessed. There were no blanket restrictions in place at the time of inspection. The service did have “house rules” which had been discussed and agreed with patients.
- The service had two informal patients, who were aware of their rights to leave the service. We saw notices on display that reiterated this. Staff issued informal patients with swipe cards that enabled them to leave the unit.
- The staff followed policies and procedures for observing patients. Enhanced observations were used if there was a significant increased risk in a patient’s health. Staff undertook observations of patients routinely every hour as a minimum. Staff did not carry out the searching of patients or property routinely. Any searches deemed necessary were based on risks.

- Staff used restraint as a last resort. Staff verbally de-escalated the patients and engaged with them on a one to one basis. When staff did use restraint, this was in line with taught techniques and documented.
- Staff rarely used rapid tranquillisation. Nursing staff were aware of how to monitor patients who had received this, in accordance with the National Institute of Health and Clinical Excellence guidelines. Specific forms to record observations were available from the pharmacy service.
- Safeguarding training was mandatory. A total of 96% of staff had completed this. Staff interviewed were aware of what constituted a safeguarding referral and could explain the process of reporting. Senior staff took appropriate actions when concerns were raised. The manager kept a comprehensive safeguarding log. There was excellent oversight from managers of safeguarding incidents. This enabled monitoring of referrals made, actions taken, investigations pending, and investigations completed. The manager submitted details of safeguarding referrals made to the Care Quality Commission as expected. Over the last twelve months, the service had reported seven concerns. The manager appropriately addressed all of these.
- There was good medications management in place. Medicines were stored securely. Staff monitored the temperature of the clinic and the fridge to ensure the temperature did not affect the efficacy of medications. The service had a contractual agreement with a pharmaceutical service, who visited weekly. The pharmacist undertook weekly auditing of prescription charts and the clinic room. In addition to this, the manager held monthly meetings with the pharmacist to examine results of audits. The service had an agreement with a local pharmacy, as a contingency, in the event that there could be a delay in receiving patient medications from their usual pharmacy service.
- The service had clear and safe procedures in place for any children who visited. Staff undertook appropriate risk assessments. Visits would be facilitated in the therapy room, garden, or in the community where possible.

Track record on safety

- There had been five significant incidents reported over the last twelve months. Three involved concerns voiced around allegations of abuse; one was in relation to a patient injury (accident), and one was around the

Long stay/rehabilitation mental health wards for working age adults

Outstanding



practice of restraint. The manager had investigated these thoroughly and had taken all actions as appropriate. Staff who undertook investigations had received training in root cause analysis. The registered manager reviewed and approved all investigation reports.

- One example of learning in relation to significant incidents, involved the service re-visiting their admission policy. If patients had a high propensity of violence at the point of admission, staff would not recommend admission at that point.

Reporting incidents and learning from when things go wrong

- All staff interviewed knew what constituted an incident and could explain the reporting process in place. Staff reported incidents appropriately, both internally and externally where required.
- Staff were genuinely and routinely open and transparent with patients if things went wrong. One example we saw of this, was a letter of apology that had been sent by a senior manager to a patient following an incident.
- Managers ensured that staff received feedback and learning from both incidents and investigations. Staff discussed these during hand overs, in the senior team management meetings, in the weekly clinical governance meetings, monthly staff led forums and during supervision. All staff received a monthly email, which captured learning points from incidents. Staff genuinely wanted to improve after incidents and learning from events was integral to team meetings and patient forums. Learning from incidents and events was embedded into the service.
- There had been changes within the service because of feedback from incidents. For example, a more robust care plan was implemented after a patient managed to hoard medicines. Another example was that staff provided additional support to a patient following visits from family. A third example was the clinic door had recently been replaced following an incident, which highlighted that this door did not automatically close correctly.
- Staff were given appropriate support following a serious incident. Managers ensured that de-briefs occurred. Managers offered additional support if appropriate, for example a referral to occupational health.

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

(for example, treatment is effective)

Good



Assessment of needs and planning of care

- We examined 13 care records. Staff completed a full and comprehensive assessment for each patient upon admission within 72 hours. This included a physical examination by a doctor. A contracted medical consultant psychiatrist, who attended the service weekly, undertook this.
- Patients who had physical healthcare needs had appropriate care plans in place. Examples of these seen included care plans around epilepsy; incontinence; wound care and exercise. Care records examined were up to date, comprehensive, personalised, holistic and recovery orientated. Staff were in the process of changing the format of care plans to better reflect a multidisciplinary approach.
- The majority of patient information was stored electronically. All staff used this system and information about patients was readily available.

Best practice in treatment and care

- Staff followed the National Institute for Health and Care excellence (NICE) guidance when prescribing medications. Doctors prescribed antipsychotic medication in line with recommended limits and routine monitoring of patients was in place.
- The service employed two psychologists and psychology assistants who provided both individual and group therapy. Examples of therapies offered included cognitive behavioural therapy, mentalisation based treatment, psycho-education and mindfulness. Psychologists used a variety of specialist assessment tools as required, which depended upon patient's needs. Some staff were trained in mentalisation based treatment. In addition to this, the service employed an art therapist. The service was supporting one staff member to train as a music therapist.
- Staff followed best practice in formulating treatment plans and activity timetables based on patient interests.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



The timetable was created with patient involvement and every Monday, a week ahead group was held to review the weekly plan. The effectiveness of the therapy timetable was reviewed every 12 weeks and changed if necessary.

- Patients had individual therapy timetables. These provided occupational, therapy and recreational activities over the seven-day period. Patients attended time-table planning weekly to look ahead to the following week. Some examples of activities included mindfulness; baking; talking therapies and trips out to the theatre.
- We saw that the physical healthcare and monitoring of patients was a priority. Each patient had a separate physical health folder. Staff recorded weekly physical observations to include blood pressure, temperature, pulse and where appropriate, weight. All patients were registered with a local GP service. Staff referred patients to the GP as and when needed through a standard referral form. The GP attended, saw the patients and completed the initial referral form to add any treatment so that staff had a clear record. Patients were registered with a local dentist and staff encouraged patients to attend. Staff made specialist referrals on an individual basis, as and when required. We saw that one patient had received input from a physiotherapist. In addition to this, the service employed a consultant in emergency medicine. This consultant attended the service weekly and provided advice to staff around wound management. The consultant undertook minor procedures, such as the suturing of wounds, on site. This was particularly useful, as we saw that this consultant had treated patients, who may have otherwise required medical attendance at the local general hospital. This was a real benefit to the patients.
- The service used nationally recognised rating scales to assess and record severity and outcomes. One example was the health of the nation outcome scale. Staff used this tool to measure the health and social functioning of patients. Occupational therapists completed the model of human occupation screening tool with each patient. This gave an overview of the patients occupational functioning.
- A clinical co-ordinator took a lead on clinical audits and reported to the senior management team. One area closely monitored was physical healthcare. Audits were undertaken to ensure patients had recordings of

physical observations regularly; had appropriate monitoring if prescribed certain medications; and had received three monthly physical health screening in line with policy.

Skilled staff to deliver care

- The service had a full range of mental health disciplines and workers who provided input to patient care. This included doctors, nurses, psychologists, psychology assistants, occupational therapists and support workers.
- A full time gardener provided horticulture sessions and fitness instructors visited regularly to provide physical activity sessions.
- Staff and managers within the service had a variety of skills, knowledge and training. The service offered in house training for staff as and when specific training needs were identified. Examples of this were training in personality disorder; diabetes awareness, wound management and learning disabilities. Patients had a variety of severe and complex mental health needs. The provider ensured that specific training was delivered to enable staff to manage patients with very different needs.
- All staff received an induction to the service, which consisted of a twelve week period. Managers allocated a senior staff member to each new starter, who acted as their mentor. All staff received an induction book to work through. This included the vision, values and principles of the service. Staff were also expected to gain knowledge of different models of care, including person centred care. Staff completed the reading of essential policies and procedures. The booklet outlined the expected staff standards of conduct. All staff were expected to complete mandatory on-line training within the first two weeks. Support workers undertook the care certificate. All new staff worked alongside more experienced staff members for at least a two week period before they were included within staffing numbers.
- There was a clear supervision structure in place for staff. All staff received regular supervision, both management and clinical. The overall supervision rate across the staff team was 84%. However, this was for staff who had received one to one supervision, and did not reflect additional group supervision which was offered weekly. All staff received an annual appraisal. All staff who were eligible for an appraisal had received one. Regular staff meetings took place and staff recorded these.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



- Staff received the necessary specialist training for their roles. Subjects had included deliberate self-harm and management of, suicide; physical healthcare; management of observations, Section 17 leave and rapid tranquilisation.
- Managers addressed poor staff performance promptly and efficiently. We saw that disciplinary action had been taken by senior staff pending investigations when justified. The service had a human resources administrator, who met regularly with a human resource consultant. The senior management team had access to appropriate support in this area.

Multi-disciplinary and inter-agency team work

- The service held weekly multidisciplinary meetings. The consultant saw each patient every two weeks as a minimum. We observed six patient reviews. Different members of the multidisciplinary team attended. All engaged in a comprehensive discussion about care and treatment. Patients who attended had many opportunities to speak and express their views.
- Staff reported effective handovers between shifts. Information relayed during handovers included a discussion of any incidents that had occurred. These were recorded on an incident log to ensure all staff were aware. Handovers included an overview of patient's wellbeing; activities; appointments and planned leave.
- The service had effective working relationships with care co-ordinators and teams who commissioned services.
- There were effective working relationships with teams external to the organisation, including the local authority and general practitioners. The local safeguarding team had been to the service and completed training in the past for staff.

Adherence to the MHA and the MHA Code of Practice

- Mental health papers were examined by the mental health act administrator or manager upon admission to ensure they were correct.
- Staff knew who their mental health act administrators were and knew how to contact for advice. The administrators ensured that the Mental Health Act was followed in relation to renewals of detention; consent to treatment and appeals against detention. Administrative support and legal advice on implementation of the Mental Health Act and the code of Practice was available to staff.

- The service kept clear records of leave granted to patients. These included number and gender of escorts; any restrictions; the date and duration of leave, and the parameters of leave.
- At the time of inspection, 93% of staff had completed training in the Mental Health Act. This training was mandatory. Staff interviewed had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles.
- Staff adhered to consent to treatment and capacity requirements. Copies of consent to treatment forms were with the patient's medication charts. Staff undertook regular auditing in this area.
- Staff explained and discussed rights under the Mental Health Act with patients upon admission to hospital and routinely thereafter. The service monitored the frequency of this effectively through auditing.
- Detention paperwork was correct, up to date and stored appropriately.
- All patients had access to advocacy. They were able to contact directly. Contact numbers were visible in communal areas. The service had also commissioned an additional five hours each month, consisting of a drop in service, to ensure patients could seek advice.

Good practice in applying the MCA

- Training in the Mental Capacity Act was mandatory. At the time of inspection, staff compliance with this training was 94%.
- The service had made one deprivation of liberty safeguarding application in the last six months. The patient had been assessed by the local authority, and was not deemed eligible at the time of assessment.
- Staff interviewed had a good understanding of the Mental Capacity Act. Staff were able to explain the main principles of the act, and talked about how this had been applied to patients within the service.
- The service had a policy around the Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could refer too.
- Staff assumed patients had the capacity to make decisions for themselves, and encouraged this. If staff felt that a patient lacked capacity around a particular issue, staff completed a capacity assessment and recorded this. One example we saw of this was a capacity assessment around a patient managing their cigarettes and the frequency of smoking. The patient

Long stay/rehabilitation mental health wards for working age adults

Outstanding



had a care plan in place and support from staff around this. Staff supported patients to make decisions where appropriate. Any decisions made around care and treatment on behalf of someone who lacked capacity was completed in their best interests. The importance of patient's wishes, feelings, culture and history were considered in line with the Mental Capacity Act.

- Staff knew they could approach the mental health act administrators or senior managers for advice around the Mental Capacity Act.

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

Outstanding



Kindness, dignity, respect and support

- Highly motivated, caring, kind and compassionate staff supported patients. We observed staff of all levels interacting with patients regularly during the inspection. It was evident that staff had built up good rapports with patients. Interactions were respectful, responsive and more discreet when required. We saw one patient who was emotionally distressed and asked to talk with staff. A staff member facilitated this immediately. The patient later told us that this had really helped them.
- We spoke with 10 patients. Most of these were very positive about how staff treated them. There was a strong, visible person centred culture.
- All staff had a good understanding of patient's individual needs. This was apparent during staff interviews, observations, in clinical notes and during patient interviews.

The involvement of people in the care they receive

- The service had a good admission process for new patients. Visiting the hospital prior to a transfer was strongly encouraged. Patients and staff introduced themselves. Some patients had been happy to show new patients around the service upon arrival (if they had not previously visited). Every new admission to the service received a patient admission booklet. The booklet provided useful information around the structure of the days, care and treatment available, as well as expectations around behaviour and house rules.

- Patients were active partners in their care and were respected and valued as individuals. Patients were able to have copies of care plans if they wished. Staff completed care plans with the patients as opposed to for the patients. Patients attended multidisciplinary meetings and were involved in their care reviews. Independence was strongly encouraged.
- All patients had access to advocacy and some had used this service. Patients were free to contact advocacy, contact details were on display in the lounge area. In addition to this, the service had an additional monthly drop in session (which they had commissioned) to encourage patients to utilise the service.
- Families and carers were involved in the reviewing of care where the patient had consented to this. We spoke with five family members. All of these were appropriately involved with the care of their relatives, and had attended meetings where appropriate. Staff were committed to their roles and were determined to deliver the best care for patients, carers and families.
- Patients were able to give feedback on the service in a variety of ways. There was a daily community meeting which was patient led. Twice a month the service held patient forum meetings. This gave patients the opportunity to give feedback about the service, and make suggestions around service development. We saw that the admission booklet for patients had been reviewed during these meetings. Patients and staff co-produced an updated version. Another suggestion that was acted upon, was a system whereby only one patient would attend the clinic for their medication at any one time. This provided more privacy. We observed this system working effectively during inspection. A further example of change following patient feedback, was the implementation of a staff photo board. Patients wanted to be clear who the staff were and what role they fulfilled. Feedback from these meetings was a regular agenda item at the weekly clinical governance meetings.
- The service undertook different surveys regularly, in order to gather feedback. Examples we saw of these included a patient survey regarding care and treatment; a catering survey and therapy feedback following sessions.
- The service had recently introduced a "lessons learnt" meeting which was held in the evening. Staff and

Long stay/rehabilitation mental health wards for working age adults

Outstanding



patients attended. This was to review the day and to talk about any issues, and identify any possible learning.

These meetings had been introduced in September and so were relatively new to the team and patient group.

- Patients had been involved with decisions about the service. One example of this was a review of the house rules. Patients and staff discussed these, and new expectations were added. These were on display in communal areas so that all staff and patients were aware of these. Patients were given the opportunity to assist with staff recruitment. Some patients were happy to show candidates around the service who had attended for an interview.
- Patients were given the opportunity to express wishes about advance decisions. We saw that patients had discussed with staff how they would like to be cared for during times of distress. This included the use of physical interventions. The patients explained what helped them, and what did not. This was a real benefit for the patients and the staff team caring for them.

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

Good



Access and discharge

- The average bed occupancy over the last six months was 99%.
- The service accepted patients from all over the country. The service ensured that patients had access to their beds upon return from any extended leave.
- The service had referred patients to a higher dependency service when there had been a rapid deterioration in mental health. In these circumstances, staff cared for these patients until a suitable bed was available.
- Staff planned all admissions and discharges to ensure that these occurred at an appropriate time of the day. Managers took decision to admit patients based on safety, and existing patient mix.
- The service reported three delayed discharges over the past six months. All of these occurred due to external

factors, such as locating a suitable placement and delays in funding for appropriate services. The provider was proactive about engaging with local care teams to try to minimise delayed discharges.

The facilities promote recovery, comfort, dignity and confidentiality

- The service had a full range of rooms and equipment to support treatment and care. This included a separate treatment room where doctors physically examined patients, a therapy kitchen, group therapy room, a small gym and an art room.
- There was a quiet room where patients could receive visitors. Staff and patients told us that outside of therapy times, patients were able to utilise the group therapy room and the garden if desired during planned visits.
- Patients were able to make telephone calls in private and had access to mobile telephones, which they could use in their bedrooms. The patients had access to a fixed pay phone in the lounge area. In addition to this, the office held a cordless phone, which patients used to make calls to healthcare professionals, such as care co-ordinators, solicitors or advocacy.
- Patients had access to vast outside space. The lounge and dining area led straight out to the garden, which was well proportioned. Within the garden, there was an allotment, which was used to grow fresh produce, and an area where the pet rabbit was kept.
- Cornerstone House had achieved a food hygiene rating of five (very good) by Hertsmere borough council in April 2016.
- Patients could make hot and cold drinks when they wanted. Fresh snacks, such as fruit were available throughout the day.
- Patients personalised their bedrooms. We saw that posters, art work and photos were on display to make their rooms more comfortable.
- Patients had swipe card access to their bedroom areas. Each bedroom had somewhere secure where they could store personal belongings. In addition to this, each patient had a separate locker located in communal areas.
- Patients had individual therapy timetables. These provided occupational, therapy and recreational activities over the seven-day period. Patients attended

Long stay/rehabilitation mental health wards for working age adults

Outstanding



time-table planning weekly to look ahead to the following week. Some examples of activities included mindfulness; baking; talking therapies and trips out to the theatre.

Meeting the needs of all people who use the service

- The service did not have any patients who required disabled access. We noted that there was no lift in the building. However, there was one allocated bedroom on the ground floor, which did have wheelchair access if required. The ramp was wide enough, although was steep in gradient. Managers told us this complied with building regulations. We noted it did not have a non-slip surface, which could become slippery in wet weather.
- The service had access to translators and different materials in different languages as and when patients needed. This need formed part of the pre-admission assessment, so that appropriate support could be organised prior to a patient transferring into the service.
- Information for patients was visible in communal areas. Such information included details of local services such as advocacy; patients' rights; a list of solicitors, and how to make a complaint.
- We saw a good range of foods on the menu. The chef met specific dietary requirements of patients upon request, such as vegetarian options and halal meat.
- Staff ensured that patients had access to appropriate spiritual support. Patients were supported by staff to visit the local church or alternative places of worship.

Listening to and learning from concerns and complaints

- There had been a total number of 14 complaints over the last 12 months. Of these, three were upheld. No complaints had been referred to the Ombudsman. Themes of complaints included a lack of communication between staff, and issues, which had arisen between patients.
- Patients were aware of how to make a complaint and knew the process of this. Patients received a letter with investigation outcomes. Senior staff offered patients the opportunity to discuss these with managers.
- All staff were familiar with the complaints process and were encouraged to log all complaints in line with policy. The manager kept an up to date log of all complaints.

- Staff received feedback on the outcome of investigation of complaints during supervision, and these were discussed at the weekly clinical governance meetings.
- We saw that all complaints had been responded to appropriately by staff, and within expected time-scales. We saw a recent example of when a patient had received an apology, in writing from the service. This demonstrated openness and transparency in line with duty of candour.
- There had been numerous changes because of complaints. One example of this was the senior staff had reviewed hand-overs, and these were changed to ensure they were more comprehensive. This enhanced communication between the shifts. Another example was that staff implemented communication books specifically for the consultant. This ensured patient requests or queries were promptly relayed.

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

Outstanding



Vision and values

- The vision and the values of Cornerstone house, centred on the individual being a person first, and patient second. We saw a poster the patients had produced about the vision and values on display in the reception area. Staff demonstrated vision and values through interactions with patients and in documentation seen. There was a strong sense of joint working, the promotion of independence and self-determination.
- The vision and values of the service were included in the staff induction and incorporated in the patient induction booklet. Managers inspired staff to do their best, support patients, work collaboratively with them, and strived to offer the best possible care.
- Senior managers had a strong presence within the hospital, both during the week and on weekends where necessary. All staff knew the senior management team and confirmed that they were highly visible and accessible. Staff felt supported by senior managers.

Good governance

Long stay/rehabilitation mental health wards for working age adults

Outstanding



- All staff received mandatory training. Senior managers explained that staff compliance had been difficult in the past. They set up a system whereby staff were issued with a monetary fine if they failed to attend mandatory training as directed, without good reason. Managers reported that this had helped considerably with compliance, taking it from around 60% up to around 90%.
- All staff received an annual appraisal. There was an effective supervision structure in place. The service had introduced four support worker practitioner positions. Part of their roles and responsibilities was to ensure all support workers received regular supervision. In addition to one to one supervision, staff could attend weekly reflective practice groups. Staff had the opportunity to reflect upon their own emotions encountered when they worked with particular patient groups.
- Shifts were covered with a sufficient number of staff, of the right grades and experience. If staffing difficulties did arise, permanent staff had the opportunity to assist. If regular staff were unable to work, managers assisted, or agency staff were used. Shifts were rarely under staffed.
- The hospital had administrators in place, which enabled staff to spend time with patients. We saw lots of meaningful interaction with the patients throughout the inspection.
- Managers actively reviewed every area of service provision. Senior staff undertook regular comprehensive audits as part of their ongoing quality assurance programme. Audits captured if care plans were inclusive of patients' views and choices. Observational audits were undertaken to look at how staff interacted with patients. Results of audits were summarised and circulated to all staff regularly through emails.
- Staff recorded incidents appropriately. Senior managers then reviewed these to ensure that staff had captured all required details. The manager then categorised the severity of the incident, enabling appropriate actions to be undertaken. Senior staff communicated lessons learnt from incidents with staff and patients at every opportunity in different forums.
- Staff followed safeguarding procedures, Mental Health Act procedures and Mental Capacity Act procedures. Staff recorded these in the patients' clinical notes.

- Managers had set key performance indicators, which enabled them to gauge the performance of the staff team. These included the monitoring of training and sickness. When issues were highlighted, the manager implemented action plans and timescales to address.
- Staff spoke with senior managers if they felt something needed to be added to the hospital risk register.

Leadership, morale and staff engagement

- The service actively sought feedback from the staff via a staff survey. The last survey was completed in October 2016 and had a 35% response rate. Responding staff felt that the senior management team were visible and available.
- The sickness and absence rate was just one percent.
- There were no bullying or harassment cases ongoing at the time of inspection.
- All staff were aware of the whistle-blowing process. Staff felt confident to raise any concerns with senior staff without fear of victimisation.
- Morale among the staff was good. Staff were clearly committed to making the service the best it could be and were proud to work in the service. Staff felt that senior staff listened to their feedback and ideas. Senior staff were proud of the whole team.
- Senior staff had opportunities for leadership development. The senior management team were happy to discuss opportunities for staff development, providing that this would benefit the patients using the service.
- There was a strong sense of team working. Staff reported that they could rely upon one another for support.
- Staff were open and honest with patients if things went wrong. We saw a recent example of this, whereby the manager had sent a written letter of apology after looking into a complaint.
- Staff felt empowered and able to offer feedback about the service provided, and felt included with plans to develop the service.

Commitment to quality improvement and innovation

- The service was in the process of signing up to an evidence based website called the national elf service. This provides reviews of recent developments in research and guidance. All clinical staff will have access to this information.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



- The service was in the planning and development stage of establishing an additional service. An appropriate local external space was being sought with a view to offering a day service. The aim being to provide meaningful, educational and work based activities, for patients at Cornerstone house, and also to residents in local supported living services.
- One consultant at the service was participating in research into the outcomes in rehabilitation (in collaboration with the south London and Maudsley NHS foundation trust).

Outstanding practice and areas for improvement

Outstanding practice

- The service had robust and detailed monitoring of patients' physical healthcare. This included having an accident and emergency consultant employed who supported the service. This consultant provided cover via telephone when required and visited the service weekly. Training for staff was provided on wound care, for patients who had engaged in deliberate self-harm. The consultant had undertaken minor medical procedures at the service, such as suturing of wounds and removing foreign objects under local anaesthetic. These interventions had prevented on several occasions, patients being admitted to a local hospital for treatment. Staff undertook thorough physical examinations of all patients every three months as a minimum standard. This was incorporated into policy and was regularly audited by staff.
- The service was highly dedicated to patient involvement, and had undertaken a lot of work in conjunction with patients. This included the co-production of the patient admission booklet; assisting staff with a ligature risk assessment of the newly built extension; and the commencement of holding lessons learnt meetings with patients and staff regularly. A board displayed all co-production work that had taken place and displayed examples of ongoing projects.
- The service worked with a local provider, who had been rated as outstanding. Managers told us they had used ideas and implemented them into this service in order to improve their own systems.

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should consider a non-slip surface of the ramp access to the ground floor bedroom.
- The service should ensure that portable electrical appliance testing is undertaken within expected time frames.