

Forest 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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

Overall summary

We rated Forest Hospital as requires improvement because:

- Most staff said they were not informed of incidents; learning reflected in practice and not involved in debriefing sessions outcomes.
- We noticed staff did not use psychological and therapeutic interventions for patients.
- We noticed Forest Hospital used various care planning documentation, which could be confusing for patients and staff to use.
- Care plans did not focus on patient recovery.
- Patients did not have access to recovery kitchens and laundry facilities.
- There had been no recent discharges from Forest Hospital.
- We noticed patients did not have access to services that tended to their spiritual needs.
- We observed rehabilitation assistants, who provided the majority of patient care were not part of the multidisciplinary team and not invited to multidisciplinary team meetings.
- Staff did not give patients feedback on issues raised at community meetings.
- Forest Hospital had not decided on a service delivery model, which could cause confusion for commissioners to make appropriate referrals and placements.

- Forest Hospital was not involved in any external benchmarking accreditation schemes.

However:

- The ward layout allowed staff to observe all parts of the ward.
- The clinic rooms were clean, tidy and organised with a range of equipment available for staff to carry out physical health assessments for patients.
- From January 2016 to March 2016, every shift was fully staffed. Forest Hospital used the same agency staff when required.
- Medication was stored securely in a dedicated room. Controlled drugs and other medicines liable to misuse were stored in a locked cupboard.
- There were no incidents of long-term segregation.
- Specialist training was available for staff to support them in their role.
- We found evidence of patients, carers and families involved in the assessment and care planning process.
- Patients gave feedback on the service Forest Hospital provides.
- There was a governance framework and a wide range of clinical audits.

Summary of findings

Our judgements about each of the main services

Service

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

Rating

Requires improvement



Summary of each main service

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- We noticed staff did not use psychological and therapeutic interventions for patients.
- We noticed Forest Hospital used various care planning documentation, which could be confusing for patients and staff to use.
- Care plans did not focus on patient recovery.
- Patients did not have access to recovery kitchens and laundry facilities.
- There had been no recent discharges from Forest Hospital.
- We noticed patients did not have access to services that tended to their spiritual needs.
- We observed rehabilitation assistants, who provided the majority of patient care were not part of the multidisciplinary team and not invited to multidisciplinary team meetings.
- Staff did not give patients feedback on issues raised at community meetings.
- Forest Hospital had not decided on a service delivery model, which could cause confusion for commissioners to make appropriate referrals and placements.
- Forest Hospital was not involved in any external benchmarking accreditation schemes.

However:

- The ward layout allowed staff to observe all parts of the ward.
- The clinic rooms were clean, tidy and organised with a range of equipment available for staff to carry out physical health assessments for patients.
- From January 2016 to March 2016, every shift was fully staffed. Forest Hospital used the same agency staff when required.

Summary of findings

- Medication was stored securely in a dedicated room. Controlled drugs and other medicines liable to misuse were stored in a locked cupboard.
 - There were no incidents of long-term segregation.
 - Specialist training was available for staff to support them in their role.
 - We found evidence of patients, carers and families involved in the assessment and care planning process.
 - Patients gave feedback on the service Forest Hospital provides.
 - There was a governance framework and a wide range of clinical audits.
-

Summary of findings

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Summary of this inspection

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Requires improvement 

Forest Hospital

Services we looked at

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

Summary of this inspection

Background to Forest Hospital

Forest Hospital, owned by Barchester Healthcare, is a 30 bed mental health hospital designed to provide accommodation, personalised care and support for men and women. There are two single sex wards, Horsefall (female) and Maltby (male).

Regulated activities that Forest Hospital is registered with the CQC to provide are:

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

Patients cared for at Forest Hospital:

- May be detained under the Mental Health Act (1983), 2,3,37, and 41 or informal.

- May be detained under Deprivation of Liberty (DoLS) Mental Capacity Act (2005).
- Have a primary diagnosis of mental illness with complex needs.
- Typical diagnoses include dementia, Parkinsons, Huntington's Disease, Korsakoffs and depression.
- May have a history of substance, drug and alcohol misuse.
- Have a history of sexual abuse or domestic violence.
- May be treatment resistant.

At the time of our inspection, the registered manager had been in post since December 2015. There had been three previous inspections at Forest Hospital.

Our inspection team

Team leader: Judy Davies, CQC Inspector (Mental Health) Central West region

The team that inspected the service comprised of two CQC inspectors, an assistant inspector, a specialist nurse advisor and a mental health act reviewer.

Why we carried out this inspection

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

What people who use the service say

We spoke to three patients who said that staff was supportive and understood their needs. Patients said they were involved in their care planning and their views listened to.

Carers we spoke to were very positive about the service and the care it 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 good because:

- There were no instances of segregation. Staff managed responses to disturbed behaviour through appropriate care plans.
- Most staff had personal alarms to ensure their safety. Both wards had an internal alarm system.
- The provider had assessed the number and grade of nurses required at the service. The service had sufficient numbers of staff on duty to meet patient's needs.
- The unit had access to occupational therapy (OT), psychology and consultant psychiatry sessions.
- The OT visited weekly and drew up activity schedules for the week in conjunction with nursing staff and patients.
- Staff we spoke with said there was enough staff to deal with physical interventions.
- We saw various risk assessment tools used to evaluate the risk of each patient. Risk assessments were completed before a patient was admitted and within the first 72 hours of admission.
- The multidisciplinary team reviewed risk assessments monthly. These documents were signed and up to date.

However:

- The clinic rooms were small with no treatment couch, making storage difficult and examinations had to take place in patient's rooms.
- A minority of staff said there are no formal debriefing sessions after incidents, but managers made sure staff members were "ok" after an incident happened. Patients we spoke to said they did not receive feedback after an incident.
- Domestic staff did not have access to personal alarms.

Good



Are services effective?

We rated effective as requires improvement because:

- Not all care plans we reviewed focused on patient recovery.
- Staff did not use psychological therapies to help patients to work towards recovery or rehabilitation.
- Rehabilitation assistants, who provided the majority of personal care to patients, were not part of the multidisciplinary team and not invited to multidisciplinary meetings.

However

Requires improvement



Summary of this inspection

- Records showed patients had a physical health examination on admission to Forest Hospital.
- Supervision records included training requirements and identified learning opportunities.

Are services caring?

We rated caring as good because:

- We observed three patients who were unable to express their experiences for themselves. Staff supported these patients to express their views.
- We observed staff had developed a good relationship with patients.
- Staff were seen to empower and enable patients. We saw staff treated patients with dignity and respect.
- There was evidence that carers and families were involved in the care planning and review process.
- We saw the views of carers and family members written in the care records and in care programme approach meetings.

Good



Are services responsive?

We rated responsive as requires improvement because:

- Patients did not have access to recovery kitchens and laundry facilities.
- There had been no recent patient discharges from Forest Hospital. In the patient files, we saw, the average length of patient stay at Forest Hospital was 68 weeks.
- Forest Hospital did not provide access to spiritual services for patients.
- There were no welcome packs for patients and carers to read.

However :

- Doctors followed National Institute for Health and Care Excellence Guidance for the use and medicine dosage.
- Posters were on display promoting access to Advocacy Services (Independent Mental Health Advocacy and Independent Mental Capacity Advocate), whistleblowing and complaints procedure.
- The multidisciplinary team contributed to the care planning process for patients.

Requires improvement



Are services well-led?

We rated well led as requires improvement because:

- Forest Hospital did not use key performance indicators or other indicators to gauge the performance of staff.

Requires improvement



Summary of this inspection

- Most staff said they were not informed of incidents; learning reflected in practice and not involved in debriefing sessions outcomes.
- Within 90 days prior to this inspection, 75 percent of staff completed legislative and mandatory training as compared to the organisation's benchmark of 85 percent.
- Forest Hospital was not involved in any external benchmarking accreditation schemes.
- Staff did not give patients feedback on issues raised in community meetings.
- Forest Hospital had not decided on a service delivery model, which could cause confusion for commissioners to make appropriate referrals and placements.
- There was a wide range of clinical audits and monitoring systems.
- The Duty of Candour intranet policy had not been reviewed since May 2015.

However

- All staff we spoke to knew and agreed with the organisations values.
- Team objectives reflected the organisation's values and objectives.
- All reviewed employee files had evidence of satisfactory references obtained prior to staff starting employment.
- Feedback from commissioners was positive. They had no concerns about the care staff provided to patients and that staff were responsive.
- Forest Hospital had a governance framework to improve the quality of patient care. Clinical governance is a way a service provider can ensure that patients are safe and risks were managed.
- Staff we spoke to were open and transparent with patients.

Detailed findings from this inspection

Mental Health Act responsibilities

At the time of the inspection, 100% of staff had received training in the Mental Health Act (MHA) and MHA Code of Practice. Policies and procedures we saw reflected the updated Code of Practice. The registered manager and staff were aware of the guiding principles. Most treatment was given under an appropriate legal framework. Staff made requests for second opinion appointed doctors (SOAD) in a timely way.

Certificate to consent to treatment (T2 certificates) were in place for detained patients, these were timely and legible. We noted a number of detained patients had section 61 reports in their files. This meant patient care and treatment were made in a timely fashion. Section 17 authorisation documents were in place for all detained

patients. This paperwork was up to date and recorded in a standard format. There were conditions attached to these. However, recording of shared information was not completed on any of the forms.

There was good administration arrangements in place to ensure patients received information on their rights and thereafter. We saw the tools used in the MHA audit, completed by the mental health act administrator. This aimed to ensure documentation was correct and preserved patient rights.

We spoke to three patients detained under the MHA 1983. They said they understood how the MHA applied to them and knew about their right to appeal. Patients said they were aware of how to speak to advocacy services.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of our inspection, 79 % of staff had received training in the Mental Capacity Act (MCA). New staff completed MCA training as part of their induction. There had been seven applications for Deprivation of Liberty Safeguard (DOLs) assessment on Maltby ward over the past six months. Seven patients were detained under the MCA Deprivation of Liberty Safeguards at the time of the inspection.

Staff we spoke to had a good understanding of the MCA and the five statutory principles. Staff said they were aware of the MCA policy and procedures. Capacity and consent was assessed on admission. However, this approach did not follow the guidance within the Mental Capacity Act 2005, as a person must be assumed to have

capacity unless it is established that he lacked capacity. We saw specific decisions mental capacity assessments, stored in patient's files. There was an annual routine reassessment of mental capacity found in patient's files. We saw evidence of re-assessment of capacity, this was documented either in the legal section of the files, or in the appropriate care plan.

We saw issues such as restraint were management within an appropriate legal framework, as the relevant care plans quoted relevant definitions. There were good administration arrangements in place to ensure patients received information on their rights and thereafter. We saw the tools used in the MCA audit, completed by the mental health act administrator.

Overview of ratings






Our ratings for this location are:

Detailed findings from this inspection

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

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

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

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

Good 

Safe and clean environment

- The ward layout allowed staff to observe all parts of the ward. To help improve observation, we saw staff members present in the communal areas. The nurses' station was based in the centre of both wards, which helped nursing staff easily access all areas of the wards.
- The hospital had single sex accommodation, comprising of one male ward, Maltby and one female ward, Horsefall. Maltby ward was based on the ground floor and Horsefall ward was based on the first floor. Staff used a lift and stairs to access Horsefall ward and a keypad to enter and exit both wards.
- Both Horsefall and Maltby wards had ligature anchor points. A ligature anchor point is a place to which patients' intent on self-harm might tie something to strangle themselves. Staff completed an annual ligature risk audit on internal and external aspects of the building. The most recent audit was in March 2016. This audit contained detailed information identifying potential ligature risks and mitigating action plans. There was a current policy on ligature audits.
- All staff we spoke to understood assessment, planning and observation procedures for patients with any identified risks.
- Forest Hospital did not have a seclusion room. We found no evidence of patients secluded or segregated from other patients and staff.

- We saw the clinic room was clean, tidy and organised with a range of equipment (for example, blood pressure monitor and scales) available for staff to carry out patient physical health assessments. The emergency bag was accessible. The fridge in the clinic room, used for the storage of medication was clean and ordered. Staff checked and logged the fridge temperature daily.
- The clinic rooms were small with no treatment couch, which made storage difficult and examinations had to take place in patient's rooms.
- Infection control posters, policies and procedures were in clear view in the clinic room.
- We saw staff following good infection control principles, such as handwashing. Antibacterial hand gel was available in the reception area and on both wards.
- All areas of the ward were clean, maintained and appropriately furnished. However, on Maltby Ward we smelt a strong smell of urine. Forest Hospital had a housekeeping team who cleaned the ward seven days a week. We reviewed the cleaning rotas, which covered all areas of the ward. The cleaning audit was detailed, signed and up to date.
- All staff, apart from domestic staff, had personal alarms. Both wards had an internal alarm system in place.

Safe staffing

- At the time of inspection, Forest Hospital had 15 patients. Nine male patients on Maltby ward and six female patients on Horsefall ward.
- The provider had assessed the number and grade of nurses required at the service. We looked at the rotas, which showed the unit ran with six staff on the day shifts (including one qualified nurse). This was the staffing level at the time of our visit, albeit with two qualified nurses and four rehabilitation assistants.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- We found agency qualified staff were used on the night shift. Night shift staffing comprised of two qualified nurses and two rehabilitation assistants. The registered manager said rehabilitation assistants who knew the patients were always on duty with qualified agency staff.
- Forest Hospital employed six registered mental health nurses and 25 rehabilitation assistants. The clinical lead provided ward management for two wards.
- At the time of inspection, there were one vacancy for a ward manager, one clinical lead, two registered mental health nurses and four rehabilitation assistant vacancies.
- From the 25 January 2015 to 25 January 2016, the total number of substantive staff leavers was 12. The registered manager said all leavers had an exit interview. Forest Hospital's risk register acknowledged the issues of staff turnover, use of agency staff and difficulties in recruitment.
- The unit had access to occupational therapy (OT), psychology and consultant psychiatry sessions. Psychology and occupational therapy provided one day a week. The OT drew up activity schedules for the week in conjunction with staff and patients. The OT assistant was full-time at Forest Hospital and worked across both wards. The psychologist used the consultancy model, which provided specialised assistance to staff on psychological aspects of their work.
- From 25 January 2015 to 25 January 2016, the total percentage of permanent staff sickness was nine percent. The registered manager said this period of sickness related to one member of staff who no longer employed at Forest Hospital.
- We reviewed rotas and staffing returns. From January 2016 to March 2016, every shift was fully staffed. The registered manager said agency staff who worked at the service did so regularly and knew the patients and their needs.
- Agency staff received limited face-to-face induction. Barchester Healthcare in-house trainers provided this induction. Agency staff worked alongside permanent rehabilitation assistants who provided personal care.
- There was enough staff to deal with physical interventions. However, staff said Forest Hospital did not train agency staff on physical interventions.
- Patients told us there was sufficient staff to meet their needs. One patient said Mental Health Act Section 17 leave was rarely cancelled. Section 17 leave had been cancelled due to last minute patients visits. Care records showed patients had regular one to one time with their named nurse or with another member of staff when their named nurse was not on duty.
- The registered manager was able to quickly arrange extra staff resources if a patient's needs increased or to cover staff sickness.
- A consultant psychiatrist visited patients at Forest Hospital twice each week. Out of hours, contact with the consultant psychiatrist was available via his mobile phone. Nottinghamshire Healthcare NHS Foundation Trust organised emergency psychiatric cover via an on-call system for Forest Hospital.
- Staff was trained to safely meet the needs of patients. Forest Hospital delivered a wide range of mandatory training courses (for example, moving and handling) that staff should complete for meet patient needs. Barchester Healthcare in-house trainers delivered this training to staff. Their data showed on the 4 April 2016, Forest Hospital had achieved a 76% completion rate for mandatory and legislative training.

Assessing and managing risk to patients and staff

- From July 2015 to December 2015, there had been 56 incidents of restraint relating to five patients. Thirty-three of the reported incidents related to one patient. No restraints were in the prone position and none of these incidents involved rapid tranquilisation. Staff recorded information on these incidents on the relevant paperwork. Staff had carried out these incidents of restraint appropriately and had reduced the risk of harm to the patient and staff.
- Ninety-three percent of staff were trained in Management of Actual or Potential Aggression (MAPA) and used de-escalation techniques where possible.
- We checked six care and treatment records. Various risk assessment tools were used to evaluate the risk of each patient. Staff used risk assessment tools such as Self Harm Risk Assessment, Waterlow Risk Assessment, Tissue Viability, Mi Skin (an assessment tool for the prevention of pressure sores) and Falls.
- Risk assessments were completed before a patient was admitted and within the first 72 hours of admission. The multidisciplinary team reviewed risk assessment tools on a monthly basis. These documents were signed and up to date.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- We saw policies and procedures on the risk of falls and associated fractures, prevention and management of pressure ulcers and management of nutrition and hydration.
- There were no blanket restrictions used in the service. We saw no restrictive aspects of care such as internet access, bedtimes, or access to rooms. No patients were subject to restrictive practices such as mail monitoring, or searches.
- There were no instances of long-term segregation. Management of disturbed behaviour was directed through appropriate care plans.
- We observed there was a keypad entry and exit system to and from both wards. All of the patients at Forest Hospital were detained under a legal restriction (Mental Health Act 1983/Mental Capacity Act 2005), which restricted their rights to leave the ward. Due to legal restrictions, none of the patients had the keypad security code.
- Staff had raised eight safeguarding alerts in the year prior to the inspection. None of these had resulted in a finding of abuse or neglect by any staff at the service. Staff we spoke with knew about the signs and symptoms of different types of abuse. They knew how to take action to promote patient safety through use of the provider's adult safeguarding procedures. At the time of this inspection, all safeguarding referrals were closed.
- Medicines were stored securely in dedicated room. The fridge temperatures were within the recommended range. A locked cupboard contained controlled drugs and other medicines liable to misuse (such as diazepam) were in order.
- Staff checked controlled drugs daily as per policy however, in the seven days prior to the inspection; staff signed the document only on three occasions. We checked four boxes of medicines and they were all in date.
- We reviewed 15 medicines administration record charts. The charts were completed and showed staff supported patients to receive their medicines as prescribed. An external pharmacist audited medicines administration arrangements in March 2016.
- However, we saw one drug from the controlled drug cabinet to be incorrectly marked on the prescription chart and its stock was incorrect. The clinical lead was informed of this and rectified the problem and notified the Care Quality Commission of this error.

- During the inspection, an adult visitor and child came to the ward. We saw staff follow the procedure to protect the child. Staff supported the patient to see the child in a room off the ward.

Track record on safety

- There was one serious incident reported in the 12 months before this inspection. This incident involved staff conduct towards a patient. We looked at records, which showed an investigation completed in a timely manner.

Reporting incidents and learning from when things go wrong

- All staff we spoke to knew how to report incidents. Nursing staff wrote the incident on a paper form. The clinical lead inputted this data onto the computer system within 72 hours. A trend analysis was created from information obtained from these incidents, which was sent to senior management. The Risk Management Meeting reviewed information received from incidents.
- Information from incidents was feedback to staff by the registered manager. Feedback from incidents was given within staff meetings and the morning handover meeting.
- Staff were given feedback from incidents the following day. However, a minority of staff said there were no formal debriefing sessions after incidents, but managers made sure staff members were "ok" after an incident happened.
- The registered manager said patients are told about the outcome of an incident, however patients we spoke to said they are not debriefed about an incident.

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

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

- We looked at six patient files and observed there were a wide range of patient assessments and care plans. We saw a range of care plans focused on the patient's individual needs. For example, care plans covered

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

patient's relationships with their family, friends and significant others. Staff completed monthly care plan reviews. All the care plans were up to date and signed by staff.

- However, a commissioner said care plans were not easy to follow. The commissioner recommended using one detailed care plan instead of lots of smaller care plans.
- The care plans we saw did not focus on recovery or discharge.
- The six files we looked at included an up to date risk assessment. Patients' files had a risk assessment completed before admission. A further risk assessment took place within 72 hours following admission.
- All patients were registered with two local GP practices. Staff said GP's had made monthly visits to Forest Hospital. However, staff said recently patients were having difficulties making additional appointments with one GP practice.
- All of the care records we looked at included a document called "This is Me" (produced by the Alzheimer's Society). This document was completed and updated with the patient and carer. Staff included information such as family, hobbies, activities and food preferences.
- We saw Do Not Attempt to Resuscitate Forms (DNAR) at the front of patient files. A DNAR form is a document issued and signed by a doctor, which told the medical team not to attempt cardiopulmonary resuscitation. These forms were updated.
- Four out of the six care plans we saw indicated the patient had read and signed the care plan. In two of the patients' notes seen, reasons given for the patient not signing their care plan were given, for example "unable to sign due to involuntary movements".
- In one patient file, we did not find any psychological assessment.
- All patient files were paper-based. We saw patient files were safely stored and available to all staff when required.
- Patient's files contained updated Functional Capacity Assessments and Best Interest Decision meetings notes.

Best practice in treatment and care

- We reviewed 15 patient medicines charts. We saw doctors had followed National Institute for Health and

Care Excellence (NICE) Guidance for the use and medicine dosage. Forest Hospital had a contract with an external pharmacist who made regular medicines checks and looked at prescribing regimes.

- Records showed patients had a physical health examination on admission to Forest Hospital. There was further evidence of physical healthcare examination managed through a number of assessments and related care plans. For example, the National Early Warning Score provided an overarching care plan to measure blood pressure, temperature and level of consciousness.
- Patients at Forest Hospital were under the care of two GP practices. Staff said GP's frequently visit Forest Hospital and weekday GP cover was good. However, a minority of staff said recently there had been difficulties getting an appointment at one of the GP practices.
- We saw evidence of patient's nutrition and hydration needs assessed and met. For example, staff used the Malnutrition Universal Screening Tool (MUST), a five step-screening tool used to identify adults who are malnourished, at risk of malnutrition (undernutrition) or obesity. We saw staff complete, sign and update this assessment.
- Forest Hospital did not employ nurse prescribers. A nurse prescriber from another Barchester Healthcare unit completed monthly audits of medication cards and consent to treatment charts. Staff said this was effective.
- Other staff members were involved in clinical audits. For example, the Mental Health Act administrator completed Mental Health Act and Mental Capacity Act audits.

Skilled staff to deliver care

- The multidisciplinary team included a doctor who worked at the hospital two days a week, an occupational therapist and a clinical psychologist who both worked one day a week and nursing staff. These disciplines contributed to the care planning process for patients.
- There was evidence in all care records we looked at of working in partnership between staff and patients. However, rehabilitation assistants who provided the majority of patient's personal care were not part of the multidisciplinary team. They said decisions made by the multidisciplinary team meeting resulted in a change in care planning without notice.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- A staff induction checklist was in place and completed in the six personnel files we saw. Training staff employed by Barchester Healthcare delivered induction training. Supervision records included training requirements and identified learning opportunities. Qualified nursing staff had access to a preceptorship development programme. At the time of the inspection, 100 percent of non-medical staff had an appraisal.
- Specialist training was available for staff to support them in their role. For example, all nursing staff and rehabilitation assistants received catheterisation training from district nurses.
- Staff said that the skill set of staff was sometimes not appropriate to manage a wide range of different mental health presentations. Nursing staff did not provide therapeutic and psychological based interventions. However, the psychologist used a consulting model, which provided specialised technical assistance to staff on the psychological aspects of their work.

Multi-disciplinary and inter-agency team work

- Daily handovers took place between all care staff twice daily at shift changes. This meeting gave incoming staff information about any changes in patient care needs. Handover staff clearly recorded tasks to be completed by incoming staff. Qualified nursing staff held a further meeting, which took place after the morning handover meeting.
- Staff told us handover meetings between shifts were informative and well run. The clinical lead had devised a handover form. This meant incoming staff had written information about each patient in terms of their mental health and progress on the previous shift. We saw staff recorded tasks for the incoming shift to ensure the patient received appropriately coordinated and effective support.
- There were weekly multidisciplinary team meetings. We attended one meeting and observed it was organised and effectively involved patients in reviewing in planning their care.
- All patients' needs were discussed at the weekly multidisciplinary team meeting.
- Forest Hospital attempted to work effectively with community mental health teams. For example, staff invited community mental health care co-ordinators to

multidisciplinary meetings to discuss the patient's progress and to agree discharge plans. However, a minority of staff said care co-ordinators rarely attend multidisciplinary meetings due to distance.

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

- At the inspection, 100 percent of staff had received training in the Mental Health Act (MHA) and MHA Code of Practice. The registered manager and staff were aware of the guiding principles of the MHA. Policies and procedures we saw reflected the up to date Code of Practice.
- The registered manager said a new training system had been implemented based on the MHA and updated Code of Practice.
- The multidisciplinary team requested second opinion appointed doctors (SOAD) in a timely way. Consent to Treatment Forms (T2) and Second Opinion Doctor (T3) certificates were in place for detained patients and these were timely and legible. We noted a number of detained patients had Section 61 reports in their files. We concluded the multidisciplinary team reviewed their care and treatment in a timely fashion.
- However, on one T3 certificate, an anti-epileptic medication was authorised for 'intermittent' use, but prescribed regularly on the medicine chart. Another T3 certificate authorised one anti-depressant medication, however, two anti-depressant medications were prescribed. We were told one anti-depressant medication was prescribed for pain management.
- Section 17 authorisation documents were in place for all detained patients. This paperwork was up to date, and recorded in a standard format. There were conditions attached to these. However, the section for the recording of shared information was not completed.
- There were good administration arrangements in place to ensure patients received information on their rights. We saw the tools used in the MHA audit, completed by the Mental Health Act administrator. This aimed to ensure documentation was correct and preserved patient rights.
- We spoke to three patients who were detained under the MHA 1983. They said they understood how the MHA applied to them and knew about their right to appeal. Patients said they were aware of how to speak to advocacy services.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

Good practice in applying the Mental Capacity Act

- At the time of our inspection, 79 percent of staff received training in the Mental Capacity Act (MCA) as part of their induction.
- There were seven applications for Deprivation of Liberty Safeguards (DoLS) assessment on Maltby ward over the past six months. At the time of our inspection, seven patients were detained under the MCA.
- Staff we spoke to had a good understanding of the MCA and the five statutory principles. They were aware of the MCA policy and procedures.
- Capacity and consent was assessed on admission. However, this approach did not follow the guidance within the Mental Capacity Act 2005, as a person must be assumed to have capacity unless it is established that he lacked capacity.
- In patient files, we saw evidence of capacity specific assessments and routine annual re-assessment of capacity. These assessments were documented either in the legal section of the files, or in the appropriate care plan.
- We saw issues such as restraint managed within an appropriate legal framework, as the relevant care plans quoted relevant legal definitions found within the MCA Code of Practice.
- There were good administration arrangements in place to ensure patients received information on their rights and thereafter. We saw the tools used in the MCA audit, completed by the Mental Health Act administrator.

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

Good 

Kindness, dignity, respect and support

- As part of our inspection process, we attended a complimentary therapy session. We observed some good interaction and communication between staff and patients. We saw staff treat patients with dignity, respect and provided practical support and emotional support.

- We observed three patients who were unable to express their experiences for themselves. There were two staff and three patients observed during an activity session. We observed staff had developed a good relationship with patients.

The involvement of people in the care they receive

- All care records we looked at had detailed and individualised care plans. The care plans were specific to the patient's assessed needs and wishes. A risk assessment underpinned detailed care plans. These plans were largely personalised and written with the individual patient in mind.
- Staff made some attempts made to involve patients in the development and review of these plans. However, staff said not all care plans were signed by the patient or had an explanation as to why this had not happened. There were frequent reviews of these plans.
- All of the care records we looked at had a document called "This is Me" (produced by the Alzheimer's Society). This document was completed and updated with the patient and carer.
- There was evidence that carers and families were involved in the care planning and review process. We saw carers and family views written in the care records and in care programme approach meeting minutes.
- There were no welcome packs for patients and carers to read.
- Patients could give feedback on the service through weekly community meetings. We reviewed the minutes from seven meetings and saw that on average four patients attended each week. Staff would attend this meeting. Examples of the issues discussed were menus, weekend activities and complaints.
- In the community meeting minutes, we noticed patients gave their opinion on aspects of their care; however, staff did not give patients feedback about their concerns.
- The registered manager said patients were not involved in the recruitment process.

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

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

Requires improvement 

Access and discharge

- We observed bed occupancy during the inspection was 50% at the time of inspection. Forest Hospital planned an open day to inform commissioners and external agencies of their service. Forest Hospital's bed occupancy target was 100%. The registered manager said Forest Hospital had a goal of admitting one patient per month to increase bed occupancy.
- The registered manager said referrals to Forest Hospital were from out of area commissioners. Forest Hospital had planned an open day to inform local commissioners and external agencies of their service.
- There had been no recent discharges from Forest Hospital. In the patient files, we saw, the average length of patient stay was 68 weeks. Four out of six patients were admitted to Forest Hospital in 2014. The registered manager said patient discharges were part of the multi-disciplinary process.
- We saw evidence of the multi-disciplinary team informing commissioners that Forest Hospital were unable to provide a placement for patients with specific needs.

The facilities promote recovery, comfort, dignity and confidentiality

- Detailed programmes of meaningful activities were available for patients. Occupational therapy and nursing teams provided these activities.
- The occupational therapy team developed links with the local college and community groups. Patients we spoke to had developed meaningful activities within the community.
- The occupational therapy team arranged weekly activities and nursing staff arranged weekend activities. We saw staffing levels did not affect weekend activities.
- There were no facilities for patients to wash their clothes. Domestic staff washed patients' clothes. Forest Hospital had no recovery kitchens and laundry facilities available to patients. The registered manager said in the future, Forest Hospital would provide recovery kitchens and patient's laundry facilities.
- Patients had access to mobile telephones and received support from staff to use them.

- There was a visiting policy and visitor's room in place for families and children. We saw seated quiet areas on and outside of the ward where patients could speak to staff and family members.
- At the rear of the building, there was a fenced patio area for patients to sit. However, access to this area was partly restricted. Patients received support from staff to use the patio area.
- Bedrooms were clean, tidy and personalised by patients with their personal belongings. Patients had free access to their bedrooms; however, staff had access to keys if patients wanted their rooms locked. Safes were available in patient's rooms to secure personal possessions. Patients were encouraged and enabled by staff to tidy their rooms.
- Forest Hospital had a food rating of five out of five by the Foods Standards Agency. Forest Hospital displayed the rating at the entrance of the building and on the communal notice board. All staff showed patients all food choices to help them choose a meal.
- Drinks and snacks were available to patients. Staff provided hot drinks and snacks, as patients did not have access to kitchens. Cold drinks were freely available at the ward kitchenettes.

Meeting the needs of all people who use the service

- Posters were on display promoting access to advocacy services (Independent Mental Health Advocacy and Independent Mental Capacity Advocate), whistleblowing and complaints procedures. Information on the notice boards were in easy read language. We saw staff referred all patients to advocacy services. However, staff were unsure if generic advocacy was available for patients not detained under the Mental Health Act or Mental Capacity Act.
- All staff on duty attended a daily meeting to discuss any concerns. Qualified nursing staff and the occupational health team attended an additional daily meeting to discuss any concerns.
- Facilities for disabled patients were available, such as a lift, wide corridors, bathrooms and access parking.
- Information boards were in the communal areas on both wards. Information on patients' rights under the Mental Health Act and Mental Capacity Act, access to advocacy services, complaints, whistle blowing process and support services were on the display boards.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- Staff demonstrated how they would meet specific cultural and dietary needs. For example, staff demonstrated how they would access interpreting services. However, Forest Hospital did not provide access to spiritual services for patients.

Listening to and learning from concerns and complaints

- All patients told us they knew how to complain and if they had to, would complain. There was a complaints policy. The complaints folder was up to date.
- Forest Hospital received one complaint in the past 12 months. The complaint was not upheld. The registered manager completed the investigation within 28 days and the patient given the outcome verbally and in writing.
- All staff said they were aware of the complaints policy and would encourage patients and carers to make a complaint about the service.
- Investigations and learning from complaints was an agenda item in the team meeting minutes.
- We reviewed seven patient community meeting minutes. Patients talked about issues that are important to them, for example, activities and menus. Staff said patients had the opportunity to make verbal and written complaints at the community meeting. However, we saw staff did not give patients feedback on concerns they raised at the community meetings.

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

Requires improvement 

Vision and values

- All staff we spoke to knew and agreed with the organisations values, which were “what we do is important”. Staff described the beliefs of treating patients with respect and dignity and identified the importance of a personalised approach to patient care.
- Forest Hospital’s objectives reflected the organisation’s values and objectives. Most staff from all disciplines said they could contribute to the running of the service on a daily basis and that their views were valued.

- All staff members knew who the senior management team were. Staff members were happy with the frequency senior managers would visit the ward. Staff members said senior management were approachable and encouraged to raise any concerns and comments.

Good governance

- There was a governance framework. Structures for clinical governance were in place at Forest Hospital. The registered manager and staff members met for monthly team meetings and local governance meetings. Local governance meetings fed into and received feedback from regional and national governance agenda’s.
- There were a wide range of clinical audits and monitoring systems. There was evidence found within team meeting minutes of learning and actions taken following organisational requirements and recommendations. However, we saw no actions taken to address mandatory and legislative training.
- All staff said they were confident to follow the safeguarding process and report concerns and alerts. The eight safeguarding referrals made to the local authority in the past six months were closed.
- Duty of Candour was clear as staff said they have acted on service user and carer feedback. Carers we spoke to said staff listened to their comments. However, Barchester Healthcare’s Duty of Candour’s intranet policy had not been reviewed since May 2015.
- As part of the inspection, we reviewed six personnel files. All reviewed files had evidence of satisfactory references obtained prior to staff starting employment. Disclosure and Barring Service (DBS) checks for all staff and probationary assessment records were completed. Forest Hospital used an electronic staff record, which displayed all staff members’ DBS checks and renewal dates.
- Staff of a suitable mix and discipline covered all shifts. The registered manager was able to adjust staffing to meet the needs of patients.
- Mandatory and legislative training was available for staff and 76% of staff had completed this. This is in comparison to the provider’s training benchmark of 85%.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- The records were organised and there were policies and procedures to hand and online. For example, the clinic had medicines management policy and audit information available. The staff handbook was available on the provider intranet website.
- Forest Hospital did not use key performance indicators or other indicators to gauge the performance of staff.
- Feedback we received from commissioners was positive. They had no concerns about the care staff provided to patients and said staff were responsive.

Leadership, morale and staff engagement

- There were no allegations made by staff of bullying and harassment. There were no grievance procedures pursued by staff.
- Staff we spoke to said they were able to use the whistle blowing procedures and would raise concerns without fear of victimisation.
- Staff had the opportunities to give feedback to management about the service and input into service development. We looked at team meeting minutes where service development was a frequent item on the agenda.
- The staff we spoke to said morale was good and job satisfaction was high. Staff said the team worked together and organised. A minority of staff said morale was previously low; morale had improved due to management changes and changes in the service.
- There were various opportunities for leadership development. For example, the nursing staff had the opportunity to complete training on leadership and management. The registered manager approached senior managers to request funding for two staff members to obtain a professional qualification (nursing/occupational therapy).

- The total percentage of permanent staff sickness from 25 January 2015 to 25 January 2016 was nine percent. The registered manager said this period of sickness related to one member of staff no longer employed at Forest Hospital.
- The registered manager had the autonomy to make decisions to make changes to improve the effectiveness of the service. All staff we spoke to said they were able to approach the registered manager if they had any comments or concerns. Staff members we spoke to said they had confidence in the leadership from senior management.
- The registered manager and clinical lead used supervision and appraisals to monitor staff sickness and performance. We noted supervision and appraisal documents filed in a separate file and not in staff personal files. The registered manager said this file was a temporary file, as they will file supervision and appraisals in personal files.
- Staff we spoke to were open and transparent with patients. Staff explained to patients when something went wrong. Weekly patient meetings took place to promote the views and feedback of patients of the service.

Commitment to quality improvement and innovation

- Forest Hospital had not decided on a service delivery model, which could cause confusion for commissioners to make appropriate referrals and placements. Barchester Healthcare completed a review to change the service delivery at Forest Hospital. The registered manager and divisional director had a proposed model; the aim was to change the identity of the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to improve

- The provider must inform staff of all incidents and learning reflected in practice.
- The provider must inform all staff and patients of debriefing sessions outcomes.
- The provider must encourage all staff to use psychological and therapeutic interventions for patients.
- The provider must review care-planning documentation, to make it easier for patients, carers and professionals to use.

- The provider must confirm the proposed model for Forest Hospital's service delivery in order for commissioners to make appropriate referrals and placements.
- The provider must enable patients to access services to tend to their spiritual needs.
- The provider must review including rehabilitation assistants to the multidisciplinary team and invite rehabilitation to the multidisciplinary team meetings
- The provider must provide feedback concerns patients have at the community meetings
- The provider must review the Duty of Candour policy.

Action the provider **SHOULD** take to improve

The provider should provide patients and carers with a welcome pack.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>Person Centred Care</p> <p>Patients did not have access to recovery kitchens and laundry facilities</p> <p>There had been no recent patient discharges from Forest Hospital. In the patient files, we saw, the average length of patient stay at Forest Hospital was 68 weeks.</p> <p>Care plans did not focus on patient recovery</p> <p>Nursing staff did not use psychological therapies to help patients to work towards recovery or rehabilitation</p> <p>This was a breach of regulation 9 (1)(3) (b) (h)</p>