

## Alternative Futures Group Limited

# Weaver Lodge

### Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Overall summary

Our rating of this location improved. We rated it as good because:

- The service provided safe care. The ward environment was safe and clean. There were some nurse and support work staff vacancies, but managers were trying to fill these posts and deployed agency and bank staff to cover the shortfalls. Staff assessed and managed risk well. They minimised the use of restrictive practices, stored medicines safely and followed good practice with respect to safeguarding. Staff now made sure that women patients had access to a room which was designated as women only.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice.
- The ward team included or had access to a range of specialists required to meet the needs of patients. Staff now screened patients for any psychological needs and, when patients needed psychological input, this was provided. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led, and the governance processes ensured that ward procedures ran smoothly.

However:

- Although staff engaged in clinical audit and most audits were completed to a good standard, a small number of audits had not been fully completed and did not always clearly record what action had been taken to show that shortfalls had been fully addressed. Managers had recently introduced a new system to better record evidence that actions had been completed following audits, but this was not fully embedded.
- Although staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005, there were a small number of shortfalls relating to the Mental Health Act. Mental Health Act administration was provided by a nearby NHS Trust who had picked up these errors and shared responsibility for these shortfalls.
- While there were good mental capacity assessments, best interest considerations for certain decisions about patients who lacked capacity were not always fully recorded on the provider's own recording systems. It was clear that these decisions were in patient's best interests through looking at other records.
- Some staff felt that a recently introduced rota system did not fully work to enable a good work/life balance.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good 	Our rating of this service improved. We rated it as good. See the summary above for details

# Summary of findings

## Contents

### Summary of this inspection

Background to Weaver Lodge	5
Information about Weaver Lodge	6

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### Our findings from this inspection

Overview of ratings	8
Our findings by main service	9

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# Summary of this inspection

## Background to Weaver Lodge

Weaver Lodge provides services for male and female patients with mental health needs who required rehabilitation. It is managed by the Alternative Futures Group which is a registered charity who have a number of other mental health hospital and community services within the north west of England.

Weaver Lodge is a 20-bed ward and provides rehabilitation to both patients detained under the Mental Health Act and informal patients.

There is a registered manager, accountable officer and nominated individual for this location.

The service is registered to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983,
- treatment of disease, disorder and injury, and
- diagnostic and screening procedures.

The local clinical commissioning group block purchases 14 of the 20 beds. Any referrals from outside the local area would be funded by the patient's local clinical commissioning group.

Weaver Lodge has been registered with CQC since December 2010.

There have been seven previous inspections at Weaver Lodge, the most recent being March 2019.

On that inspection, we rated Weaver Lodge requires improvement overall and across two of the five key questions we asked (whether services are safe and effective); the other key question were rated as good (caring, responsive and well-led). We issued two requirement notices breaches

- regulation 10 – Dignity and Privacy due to the lack of a female only lounge
- regulation 9 – Person-Centred care due to the lack of appropriate clinical psychology input.

The provider submitted an action plan which told us what they intended to do in order to make improvements. On this inspection, we also checked to see if these improvements had been made. We found that the provider had met these.

Staff were ensuring that ratings were displayed in a prominent place as required. The provider has a duty to ensure the ratings we give are displayed appropriately so patients, visitors and the public can easily see the hospital's ratings. On this inspection, we found that the current ratings were displayed on the provider's website. The current ratings were also displayed near the hospital's reception area.

## What people who use the service say

We spoke with five patients who used the service and two relatives. Most patients were complimentary about the standards of care and about staff that provided the care and treatment. Patients told us that staff were always available to talk to. Patients reported that staff were very nice, kind, helpful and friendly. Where patients reported less positive feedback, it was often in the context of not wanting to be detained or in a rehabilitation hospital.

# Summary of this inspection

We spoke with two relatives. Family members were positive about the quality of care their loved ones received at Weaver Lodge. Family members told us that staff were caring, approachable and polite. They told us they received regular updates and staff were happy to talk to them. The only exception was where patients had refused permission to pass on information about their progress to relatives.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information. This included asking representatives of the local clinical commissioning groups who commission beds at the service.

During the announced inspection visit, the inspection team:

- visited the hospital and looked at the quality of the ward environment
- observed how staff were caring for patients
- spoke with five patients and two relatives
- spoke with the registered manager
- spoke with nine other staff members: including one of the consultant psychiatrists, nurses, support workers and an occupational therapist
- attended and observed one patient morning meeting
- looked at seven care and treatment records of patients
- carried out a specific check of the medication management on the unit
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action the service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service SHOULD take to improve:

- The service should ensure that senior leaders check the audits for completeness and embed the new system to better record evidence that audit actions had been completed.
- The service should ensure that its own audits fully anticipate key dates relating to the Mental Health Act to prevent a reoccurrence of the shortfalls.
- The service should ensure that best interest considerations for certain decisions about patients who lacked capacity were clearly recorded to ensure that any decision can be benchmarked against the best interest checklist.

# Our findings

## Overview of ratings

Our ratings for this location are:

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



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

Good 

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

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

Good 

Our rating of safe improved. We rated it as good.

### Safe and clean care environments

**All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.**

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff were aware of the location of ligature anchor points and used individual risk assessments to mitigate any risks. The service only admitted patients who had been assessed as low risk of self-harm.

Staff could observe patients in the main parts of the wards. Weaver Lodge was a single-storey building providing community based inpatient rehabilitation care and treatment. There was eighteen en-suite bedrooms and two self-contained bedsits.

The ward complied with guidance and there were no mixed sex accommodation breaches. All rooms were individual en-suite, so patients had their own washing and toilet facilities. There were two separate areas for male and female bedrooms which included a bathroom with a bath and a kitchen in each area. Patients did not have to walk through an area occupied by another sex to reach a toilet or bathroom. There was a separate women only lounge. Staff now made sure that there was appropriate signage and women patients had access to a room which was designated as women only.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Weaver Lodge had two bedrooms modified for patients who were at higher risk of ligature with anti-ligature bathroom fittings, piano hinges on the wardrobes and other adaptations. This enabled staff to manage patients in an appropriate environment if their risk of self-harm increased following admission. Across the other bedrooms, risks were mitigated by patient admissions, staffing levels alongside a positive risk-taking approach as a community rehabilitation unit and staff carrying out observations, where necessary.

Staff had easy access to alarms and patients had easy access to nurse call systems. Nurse call systems were available for patients in all bedrooms and communal areas.

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

Good 

## Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. The service was undergoing redecoration at the time of the inspection. The dining room had recently been redecorated and was awaiting new soft furnishings.

Managers ensured that they carried out the necessary statutory health and safety checks and assessments by external contractors. These included annual environmental risk assessments such as gas and electric safety assessments, fire risk assessments and appliance testing.

Staff made sure cleaning records were up-to-date and the premises were clean.

Staff followed infection control policy, including handwashing. During the COVID-19 pandemic, Weaver Lodge continued to admit and care for patients. Managers had put in control measures to prevent and control infection, including regular testing of staff, checking that visitors had a negative lateral flow test, cleaning procedures, and additional staff training.

Weaver Lodge as part of its model of care, did not have a seclusion facility. Staff would not admit patients if seclusion was likely as part of an individual management plan. The current patients did not present with significant, ongoing management problems.

## Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. The clinic room included a large room for medicines storage, and a

private area for patients to wait and for the administering and dispensing of medication. The clinic room was in good order and clean.

Staff checked, maintained, and cleaned equipment. Staff completed appropriate checks to ensure that equipment was clean and ready for use.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

## Nursing staff

The service had enough nursing and support staff to keep patients safe. On each day shift there were two qualified nursing staff and three or four nursing assistants. On each nightshift there was one qualified nursing staff and two nursing assistants. These staffing levels were maintained. The provider had very recently introduced a new rota system which changed most staff's working patterns quite a lot. Its aim was to ensure fairness and consistency. Some staff felt that the new rota system did not fully work to enable them to have a good work/life balance.

The service had low vacancy rates with plans in place to reduce any empty posts. There were two nurse vacancies (one of which was maternity leave cover) and four health care assistants. There were four health care assistant vacancies (one of which was maternity leave cover). Most of these vacancies were covered up until December 2021 by staff redeployed from a sister hospital which had closed temporarily. There were well advanced plans to recruit to these posts.

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

Good 

The service had low rates of bank and agency nurses and nursing assistants. Managers limited their use of bank and agency staff and requested staff familiar with the service. The hospital regularly used two bank nurses who knew the hospital well and provided consistent nursing care.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Alternative Futures Group had an electronic staff rota system. The system ensured that bank staff deployed to work at Weaver Lodge were up to date with mandatory training.

The service had relatively low turnover rates. When staff left Weaver Lodge, it had usually been for progression in their careers to go to university or promotion internally or externally. There had been some staff movement recently as support work staff had recently returned to working at the hospital after working elsewhere. Also, the service had gained a number of staff redeployed from a sister hospital which was closed temporarily, they had recently returned.

Managers supported staff who needed time off for ill health.

Levels of sickness were low. The sickness rates for February 2022 were 4.4%.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The ward manager could adjust staffing levels according to the needs of the patients. Staffing levels were increased in line with patient's needs, such as escorted leave, attendance at other hospitals or increased observational levels.

Patients had regular one- to-one sessions with their named nurse. These regular sessions were well recorded in patients' notes.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Nursing staff were visible on the ward providing care and treatment to patients. Staff and patients told us leave or activities were never cancelled. The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. There were appropriate handovers between the different shifts so relevant information was passed over fully.

## Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency. Patients were registered with local GPs who provided medical input for physical health conditions. Three consultant psychiatrists working for a nearby mental health NHS trust provided consultant psychiatrist input through a service level agreement contract. The psychiatrists attended weekly and ensured that each patient was reviewed at these meetings.

Managers could call locums when they needed additional medical cover. During out of hours and when the psychiatrists were on leave or away, psychiatric input came from the doctor on call from the trust. This arrangement was reported to work well.

## Mandatory training

Staff had completed and kept up to date with their mandatory training. All staff at Weaver Lodge had completed training as part of their induction and ongoing refresher training. Some of the main topics included in this training course were: -

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

Good 

- intensive life support
- personal safety
- safeguarding
- health and safety
- moving and handling
- recovery star
- management of violence and aggression
- positive behaviour support
- slavery and human trafficking.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

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

**Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.**

## **Assessment of patient risk**

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. We looked at seven patient's care records. These contained an up-to-date and detailed risk assessment.

Staff used a recognised risk assessment tool. Patient risk assessments were completed using a recognised risk assessment tool on admission and reviewed regularly to monitor any changes in patients' risk.

## **Management of patient risk**

Staff knew about any risks to each patient and acted to prevent or reduce risks. Patient risk assessments included risk management plans which detailed the action staff needed to take to minimise the risk to and from individual patients.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff provided appropriate support to monitor and manage risk using positive risk-taking approaches.

Staff did not routinely search patients. Staff had guidance to follow if they needed to search patients or their bedrooms to keep them safe from harm.

## **Use of restrictive interventions**

Levels of restrictive interventions were low and were being reduced. Most patients were detained under the Mental Health Act, but many had unescorted leave. The front door was locked but all the patients had ready access to the grounds and gardens with the back door open throughout the day. There were notices by the front door informing informal patients and patients with unlimited unescorted leave of their right to leave and that they just needed to ask staff to open the door.

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

Good 

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. There were no blanket restrictions in place; patients had access to fresh air, mobile phones and their possessions. Each patient had a detailed assessment plan in place to ensure that any restrictions were kept to a minimum. These were individualised, and regularly reviewed. These assessment plans included assessing restrictions related to medication, equipment, the environment and any other restrictions in place.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Restraint was not regularly used at Weaver lodge as a mental health rehabilitation ward. In the last 12 months, there had been three recorded incidents of restraint on three different patients; none of these were prone (face down) restraints. Staff told us that most incidents on the wards involved verbal aggression. Staff knew patients well and were skilled at de-escalating patients when they became agitated or distressed.

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

Staff followed NICE guidance when using rapid tranquilisation. There had been no recent episodes of rapid tranquilisation. If it was required, staff would consider whether the patient was suitable for rehabilitation.

## **Safeguarding**

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

Staff received training on how to recognise and report abuse, appropriate for their role. Staff could describe the safeguarding reporting process in the hospital. Staff described that they reported any incidents to the clinical lead nurse or registered manager. Alternative Futures had its own safeguarding policy and procedure. The policy guided staff to follow the local safeguarding procedures.

Staff kept up to date with their safeguarding training. The compliance rate was 100%.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We saw a protection plan and agreement for one patient to ensure that their relatives kept to rules laid out by professionals.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. We had not received any safeguarding notifications relating to allegations which had been made between March 2021 and February 2022. Managers of the hospital were aware of their responsibilities to notify us appropriately of any safeguarding allegations.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were posters displayed for patients to inform them of safeguarding, their right not to be subject to abuse and how to raise a safeguarding alert.

Managers took part in serious case reviews and made changes based on the outcomes. There were no ongoing safeguarding investigations at the time of the inspection. Managers and staff reported active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations. Managers carried out an annual safeguarding adult's self-assessment audit and no shortfalls were identified in the last audit in November 2021.

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

Good 

## Staff access to essential information

**Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.**

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

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Patient records were mostly held electronically with some paper records.

Records were stored securely. Staff kept records securely in the locked staff office. Staff were aware of their responsibilities to keep patients' information confidential.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. As part of rehabilitation, staff spoke with patients about medicines to help them gain insight into medicines they were taking and their importance in recovery.

Staff completed medicines records accurately and kept them up to date. Medicine charts were

up-to-date and clearly presented to show the treatment people had received. Where treatment for mental disorder was given to detained patients, the relevant legal authority for treatment (T2 or T3 form) was in place.

Staff stored and managed all medicines and prescribing documents safely. Staff had processes for the management of medication, which included prescribing, ordering, storage, administration and disposal. Staff accounted for the type and number of controlled drugs properly in a controlled drug register. Controlled drugs are medicines that require extra checks and special storage because of their potential for misuse.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff had assessments and procedures for the staged process for patients self-administering their own medication, with decreasing levels of supervision from nursing staff. This was risk assessed based on patients' level of insight and responsibility around taking medication. Seven patients were on self-medicating regimes to varying degrees.

Staff learned from safety alerts and incidents to improve practice. Staff were aware of alerts such as the need for caution when prescribing sodium valproate to women.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. A small number of patients were on high-dose anti-psychotics, which was where anti-psychotic medicines are given above British national formulary (BNF) recommended levels either in a single or a combined dose. Clinicians reviewed patients on high dose anti-psychotics to check that the regime was still needed.

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

Good 

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Patients received regular physical health monitoring checks to make sure they were not experiencing significant adverse effects of long term and high dose anti-psychotic use.

## **Track record on safety**

**The service had a good track record on safety.**

## **Reporting incidents and learning from when things go wrong**

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. All independent hospitals were required to submit notifications of incidents to the CQC. The hospital had notified us of appropriate relevant events including safeguarding incidents and incidents which involved the police where, for example, detained patients had failed to return from authorised leave. In the period March 2021 to February 2022, there was 13 notifiable incidents. These related to 10 police incidents and 3 events about the service, including a temporary gas boiler breakdown, temporary staffing shortages over one shift and a COVID outbreak when local prevalence was high.

Staff reported serious incidents clearly and in line with company policy. The hospital had a standard system of incident monitoring. Staff we spoke with understood the types of incidents to report.

The service had no never events. A 'never event' is a wholly preventable serious incident that should not happen if preventative measures are in place. In mental health services, the relevant never event within hospital settings was actual or attempted suicide of a person due to the failure to install functional collapsible shower or curtain rails and falling from an unrestricted window.

Staff understood the duty of candour. There had been no notifiable events which met the threshold of moderate or severe harm under duty of candour in the last 12 months. Managers and staff were aware of their responsibilities in relation to duty of candour which required staff to be open and offer an apology when an incident occurred resulting in serious harm.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers had taken appropriate action to ensure any incidents were looked at fully.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. Staff completed safety drills which included a scenario and staff were assessed on how they responded.

There was evidence that changes had been made as a result of feedback. We saw that improvements had been made following incidents. These included managers holding individual discussions in supervision with staff and assessments of staff competence and improvements following medicines errors.

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

Good 

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

Good 

Our rating of effective improved. We rated it as good.

### Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.**

Staff completed a comprehensive mental health assessment for most patients either on admission or soon after. On most patients' files we saw a detailed mental health assessment and associated care plan. However, for one recently admitted patient (who was on trial leave to the hospital), we saw that they did not have an initial care plan. They did have a comprehensive assessment which identified their needs fully. This was rectified and the initial care plan was in place on the second day of our inspection. The manager understood why this had not been completed and put measures in place to prevent a reoccurrence.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Each patient received regular and routine on-going monitoring of health conditions. Care plans were in place to support people's physical healthcare needs such as asthma and diabetes.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff and patients worked together to produce overarching care plans using a recognised recovery-based assessment tool (the mental health recovery star). This tool assessed and provided guidance on recovery-based support to people with mental health needs. The mental health recovery star was a collaborative tool and allowed patients to set goals and map their own progress against these goals. We saw evidence that this assessment tool was being used by staff to plan care with patients.

Staff regularly reviewed and updated care plans when patients' needs changed. Care plans and risk assessments were updated on an electronic records system while a paper patient file was also kept and available to all staff.

Care plans were personalised, holistic and recovery orientated. Care plans contained up to date,

recovery focused information to support the treatment pathway. Care plans provided good information for patients and staff (including new staff) to fully understand what patients' strengths and needs were and how their needs were being met.

### Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.**



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

Good 

Staff provided a range of care and treatment suitable for the patients in the service. Patients received individualised treatment, interventions and practical support to aid their recovery. For example, group work on relapse prevention and insight, access to appropriate help with budgeting, and assistance with activities of daily living, such as shopping, cooking and cleaning. Patients were supported to access social, cultural and leisure activities, education and vocational resources to help aid their recovery.

Staff delivered care in line with best practice and national guidance. (from relevant bodies e.g., NICE). For example, guidance on the treatment of schizophrenia. Patients received medical and clinical interventions to minimise symptoms of their mental health through both medication and psychosocial interventions.

Staff identified patients' physical health needs and recorded them in their care plans. Patients were supported to use formal side-effect rating tools for reporting and monitoring side effects of medication so these could be managed. This meant that staff could prescribe medication at a level that relieved patients' symptoms of mental ill health while ensuring that side effects were minimised.

Staff made sure patients had access to physical health care, including specialists as required. When patients were prescribed high dose anti-psychotics this was monitored to ensure they did not experience strong side effects.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff completed diabetes management training and patients with diabetes were given appropriate meals to meet their dietary needs.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. There were a variety of methods staff used to encourage healthy lifestyles. For example, staff held group meetings for healthy eating and one patient had a pedometer and had agreed targets to increase their walking steps each day.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff commonly used a self-rating scale for measuring the side-effect of antipsychotic medication and a rating scale for the positive and negative, symptoms and severity of hallucinations and delusions. The occupational therapist routinely used a recognised tool to gain an understanding of a patient's functioning.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Staff regularly monitored and updated patients' progress using the recovery star. Managers routinely monitored the overall effectiveness of patient rehabilitation and recovery progress such as formally reviewing the progress across all patients' recovery outcomes.

Managers used results from audits to make improvements.

## **Skilled staff to deliver care**

**The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.**

The service had access to a full range of specialists to meet the needs of the patients on the ward. Patients received multi-disciplinary input from medical staff, nurses, healthcare assistants and an occupational therapist. Patients were

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

Good 

now screened for psychological input and were referred for cognitive behavioural therapies, other therapies and clinical psychology input as required. This meant that patients now had access to talking therapy and other treatments to aid their recovery in line with best practice. Patients were also registered with a GP for physical health assessment and ongoing checks.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Staff we spoke with had a good understanding about supporting patients' recovery and address patients' individualised needs including promoting mental health insight, supervising patient medication regimes (including assessing and overseeing patient self-management), psychosocial approaches, everyday living skills and support with meaningful activities and occupation.

Managers gave each new member of staff a full induction to the service before they started work. This included corporate and mandatory training and time shadowing shifts.

Managers supported staff through regular, constructive appraisals of their work. All staff had received a 'my performance' appraisal in the last year.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. Every member of staff had regular supervision every three months as well as coaching and mentoring. Staff had access to clinical supervision. The occupational therapist accessed regular external supervision which the company paid for.

Managers supported medical staff through regular, constructive clinical supervision of their work. Medical staff received their ongoing medical supervision, appraisal and revalidation through their employment at the nearby NHS mental health trust.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff confirmed that they had received additional training, and this was confirmed by training records seen. This included training on falls risk assessment, smoking cessation, diabetes management and naloxone training.

Managers recognised poor performance, could identify the reasons and dealt with these. Where staff had identified competency or capability issues, managers took action to ensure staff were supported and/or their performance was addressed.

## **Multidisciplinary and interagency teamwork**

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.**

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Multidisciplinary team meetings occurred every week with each patient usually being discussed monthly. Support workers had routinely started attending weekly multidisciplinary meetings which helped to ensure that all the team received updates from staff who spent the most time with patients.

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

Good 

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Patient care, treatment and risk assessments were reviewed regularly to monitor any changes in patients

Ward teams had effective working relationships with other teams in the organisation. Staff could access other professionals for patients via referral through the GP, for example dietitian or speech and language therapy

Ward teams had effective working relationships with external teams and organisations. Patients received support from a care coordinator from the local mental health trust's community mental health teams. The records showed they were routinely invited and attended multidisciplinary and care programme approach meetings.

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. All staff had received training in the Mental Health Act. Staff we spoke to had a good understanding of the Mental Health Act.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support. Staff from a nearby mental health NHS trust provided ongoing Mental Health Act administrative support through a service level agreement. The administrator's own systems identified an incident where one patient's detention was not renewed due to an oversight. This was addressed by the time of the inspection. Staff at Weaver Lodge had introduced a further monthly check to ensure that key dates relating to the Mental Health Act were not missed.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. The provider had relevant policies and procedures that had been developed in line with the most recent guidance and staff knew how to access them.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Patients had access to an independent mental health advocacy service as a representative from the local advocacy visited regularly.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Detained patients were informed of their rights on admission and frequently through their detention.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Most patients had significant section 17 leave. Staff ensured that section 17 leave was well recorded and included the outcome of leave.

Staff usually requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. When consent was discussed with patients, responsible clinicians completed an assessment of capacity and consent for treatment for mental disorder. There had been a recent incident where one patient's prescribed treatment was changed and then not all the treatment for mental disorder fell within the parameters of the legal certificate for a short period. These were addressed by the time of the inspection.

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

Good 

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Managers ensured that copies of patients' detention papers and associated records (such as section 17 leave forms) were available for all staff in paper versions. These were stored systematically.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. There were two informal patients at the time of the inspection. Information was displayed to tell informal patients that they could leave the ward freely.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and most audits were completed to a good standard and discussed the findings. In addition to the systems and checks carried out by the Mental Health Act administrators working for the nearby NHS mental health trust, staff undertook monthly audits of adherence to the Mental Health Act. The themes covered within the audits included section 17 leave, consent to treatment, second opinion processes, detention renewals, and information provided to detained. The main findings within recent audits showed good adherence. Most audits were completed to a good standard. However, one recent monthly audit of Mental Health Act paperwork was not completed fully as it did not check detention renewal dates fully even though there had been an incident of a lapsed detention.

## **Good practice in applying the Mental Capacity Act**

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

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Patients in the service were detained under the Mental Health Act. Any treatment decisions for mental disorder for these patients were therefore made under the legal framework of the Mental Health Act. We saw that patients' mental capacity to consent to their care and treatment had been assessed as required.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. We saw examples of good capacity assessments made in line with the principles of the Mental Capacity Act.

When staff assessed patients as not having capacity, they did not always record those decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. The hospital had a best interest checklist form which covered the legal requirements when looking at best interests, but we found that this was not used in all

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

Good 

cases. This meant that where patients lacked capacity to consent to treatment for physical disorder, records were inconsistent in recording those specific decisions were in the patients' best interests. Best interests' considerations for this were clearly recorded within the capacity assessment or elsewhere within patients notes but the best interests decision-making process did not fully follow the best interest checklist.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. There were no Deprivation of Liberty Safeguards applications made in the last 12 months. There were no patients subject to the Deprivation of Liberty Safeguards at the time of our inspection. Staff were able to describe when the safeguards may be used.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

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

Good 

Our rating of caring stayed the same. We rated it as good.

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

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

We spoke with five patients who used the service and two relatives. Most patients were complimentary about the standards of care and about staff that provided the care and treatment. Patients told us that staff were always available to talk to.

Staff were discreet, respectful, and responsive when caring for patients. Patients reported that staff were very nice, kind, helpful and friendly.

Staff gave patients help, emotional support and advice when they needed it. Records showed that patients had regular one-to-one meetings with their named nurse.

Staff supported patients to understand and manage their own care treatment or condition. Patients received ongoing support and encouragement to help them reach their rehabilitation goals, for example, support to cook independently, to go into the community and staged support to self-manage medication.

Staff directed patients to other services and supported them to access those services if they needed help. Staff supported patients and ran groups to support patients with life outside Weaver Lodge including accessing benefits and assistance with finances.

Patients said staff treated them well and behaved kindly. We observed very positive and warm interactions between patients and staff.

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

Good 

Staff understood and respected the individual needs of each patient. Staff had a very good understanding of the needs of patients in their care. Staff could identify quickly if patients' mental health was relapsing.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential. There had been no information governance breach incidents at the service.

## Involvement in care

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

## Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Staff completed an admission checklist when patients first came which showed that patients had been shown around and given information about the hospital and its rules.

Staff involved patients and gave them access to their care planning and risk assessments. The recovery star showed patients had been involved in identifying their own needs and goals. The

recovery star work then was incorporated into a care plan which was individualised.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties. Patients had signed to say they understood and agreed with the content of their care plans.

Staff involved patients in decisions about the service, when appropriate. Care files showed that patients actively contributed and were offered as copy of their recovery star and care plans. An ex-patient ran a recovery group which was well-liked by patients and showed patients hope for their own recovery.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients had daily morning meetings where they could suggest activities for that day. There were monthly regular community meetings where they could comment on the running of the hospital.

Staff supported patients to make decisions on their care. Patients routinely attended multidisciplinary team meetings to discuss their care and treatment and records showed their views were considered.

Staff made sure patients could access advocacy services. Information on advocacy services was displayed around the service.

## Involvement of families and carers

**Staff informed and involved families and carers appropriately.**

We spoke with two relatives. Staff supported, informed and involved families or carers. Family members were positive about the quality of care their loved ones received at weaver Lodge. They told us it was well managed, and the staff were caring.

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

Good 

Staff helped families to give feedback on the service. Family members told us that staff were approachable and polite. They told us they received regular updates and staff were happy to talk to them. The only exception was where patients had refused permission to pass on information about their progress to relatives.

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

Good 

Our rating of responsive stayed the same. We rated it as good.

### Access and discharge

**Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.**

Weaver Lodge had 20 beds, and, at the time of the inspection, there were 19 patients. This gave a bed occupancy rate of 95% at the time of the inspection.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The median length of stay of patients at Weaver Lodge for the current patients was 454 days, which amounted to approximately 15 months. This was within lengths of stay we would expect for patients with mental health rehabilitation needs within a community rehabilitation unit. Many of the patients at Weaver Lodge had significant rehabilitation needs, habilitation needs (learning new skills for daily living) and some had stepped down from extended periods in forensic settings. One long-term patient had been at the service for 13 years at the time of inspection. They had been admitted to the service when it was a 'home for life' before the service model had changed to a 2-year pathway. Staff had worked to support the discharge of other 'home for life' patients.

The service had no out-of-area placements. Most of the beds at Weaver Lodge were block purchased and paid for by the local clinical commissioning group for patients who were resident in their area. All of the current patients came from the local area.

Managers and staff worked to make sure they did not discharge patients before they were ready. Records showed that the hospital had discharged six patients in the twelve months prior to the inspection. There were three patients likely to be discharged in the next three months (up to May 2022) with well advanced plans for discharge and aftercare for these patients.

When patients went on leave there was always a bed available when they returned. For example, one patient was currently on longer term leave and their bed was kept open so they could be returned if they deteriorated, or the placement did not work out for them.

Patients were moved during their stay only when there were clear clinical reasons, or it was in the best interest of the patient. On a small number of occasions, staff asked that patients were returned to acute wards if their mental health significantly deteriorated, and they presented with significant management issues.



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

Good 

Staff did not move or discharge patients at night or very early in the morning. When patients were moved or discharged this took place at an appropriate time of day. Moves and discharges were planned with the care co-ordinators and the patients.

The psychiatric intensive care unit had a bed available if a patient needed more intensive care and this was not far away from the patient's family and friends. If patients deteriorated and could not be de-escalated, staff would look to transfer the patient to the nearby local mental health acute wards or psychiatric intensive care unit run by the local NHS mental health trust.

Discharge and transfers of care were well co-ordinated. We saw that one patient had been on trial leave out of the hospital and staff had worked with the new provider to help them support the patient and respond to the patient's needs.

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. There were two patients considered as ready to move on and therefore deemed to be subject to a delayed discharge. The main reasons for delays included shortage of suitable accommodation to move patients on to and a lack of local specialist services for people who required more complex packages of care. All of these were beyond the full control of the hospital, but staff had taken action with local providers and commissioners to try and remove these delays.

Patients did not have to stay in hospital when they were well enough to leave.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Managers met with senior leaders of the local rehabilitation services as part of the rehabilitation pathway to discuss patients who needed admission and those who were ready to move on. Staff also reported to commissioners and discussed delayed transfers of care and looked at what could be done to reduce these delays.

Staff supported patients when they were referred or transferred between services. Staff recorded regular, ongoing contact and communication with community mental health team professionals, including invitations to attend regular six-monthly care programme approach meetings.

## **Facilities that promote comfort, dignity and privacy**

**The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.**

Each patient had their own bedroom, which they could personalise. Each patient had access to their own bedroom with an en-suite bathroom. Patients had access to their room 24 hours a day and could personalise their own rooms if they wished.

Patients had a secure place to store personal possessions. Each room had lockable storage for patients to store their possessions as well as a separate lockable medicines storage for patients who had been assessed for self-medicating.

Staff used a full range of rooms and equipment to support treatment and care. This included a clinic room, multiple lounges, dining room, kitchens and quiet rooms.



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

Good 

The service had quiet areas and a room where patients could meet with visitors in private. On each corridor, there was a large conservatory which was also used for visiting. These had separate access from outside so carers could still visit while maintaining social distancing.

Patients could make phone calls in private. There was a payphone in a private booth for patients to make private phone calls. Patients could also have mobile phones. The only exception was where this had been risk assessed for individual patients on clinical or security grounds.

The service had an outside space that patients could access easily. Patients had direct and unlimited access to a large garden area. The gardens were well maintained and provided seating as well as a smoking shelter for patients to use.

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients could use the drinks vending machine and were provided with tokens which gave four free drinks per day without paying. Patients could pay for further hot drinks from the vending machine. Patients in the self-contained studio apartments had a kitchenette where they could make meals and hot drinks.

The service offered a variety of good quality food. The provider had a centralised catering service and used a chill-cook system. There was always both a meat and vegetarian option available. In addition to the pre-prepared meals, kitchen staff were able to offer sandwiches, salads and light snacks on request. Many patients cooked meals as part of their rehabilitation through using the kitchens. We did not receive any significant concerns from patients about the current quality of the food.

## Patients' engagement with the wider community

**Staff supported patients with activities outside the service, such as work, education and family relationships.**

Staff made sure patients had access to opportunities for education and work, and supported patients. Patients had access to a detailed activities programme which was led by the occupational therapist. The activities available varied and were discussed at morning meetings to ensure patients maintained interest in the activities available; they included unit-based activities such as cooking, art groups, crafts, relaxation, bingo and games; and outdoor activities identified on an individual basis such as college, walking groups, cinema, swimming and shopping trips.

Staff helped patients to stay in contact with families and carers. Staff considered the timing and availability of local transport when discussing and agreeing patients going on leave to family members. Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

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

**The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.**

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Weaver Lodge was a single storey building with wide access at the front to enable people who use a wheelchair easy access. One bedroom had an adapted bathroom with walk in shower for those patients with limited mobility. If additional aids or support were required, staff would source these on an individual basis for patients.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There were numerous display boards across the unit providing information on a range of treatments, their rights as detained patients and local community facilities.

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

Good 

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients could get help from interpreters or signers when needed. We saw that one patient whose first language was not English was supported with an interpreter regularly and at key meetings.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. There was always both a meat and vegetarian option available for patients. If patients required halal, kosher or other food to meet their specific needs this was ordered as required.

Patients had access to spiritual, religious and cultural support. The ward had a noticeboard informing patients of local church and religious services. Patients with religious needs were supported to attend community religious facilities as part of their integration back into the community in line with recovery principles.

## **Listening to and learning from concerns and complaints**

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

Patients knew how to complain or raise concerns. Patients we spoke with understood their right to complain and felt confident that managers would look into complaints fully.

The service clearly displayed information about how to raise a concern in patient areas. Posters were displayed in the communal areas of the ward about the provider's complaints procedure and CQC's role in dealing with Mental Health Act complaints.

Staff understood the policy on complaints and knew how to handle them. Managers had a system to record informal concerns and complaints on an electronic database system and could track the progress of complaints.

Managers investigated complaints and identified themes. There had been one formal complaint made about this service in the previous 12 months up to the end of February 2022. We saw that staff had resolved this complaint and took action to address the patient's concern.

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

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff we spoke with understood their role in supporting patients' rights to complain.

Managers shared feedback from complaints with staff and learning was used to improve the service. We observed a morning meeting. Staff encouraged patients to speak about any general concerns they had at the community meeting. Staff could often then deal with a problem quickly and reduce the need to formally complain.

The service used compliments to learn, celebrate success and improve the quality of care. There had been 27 compliments made about this service in the previous 12 months up to the end of February 2022.

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

Good 

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

Good 

Our rating of well-led stayed the same. We rated it as good.

### Leadership

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

The registered manager was an experienced clinical nurse leader who had good managerial and clinical oversight of the hospital while also being approachable to patients. Staff were complementary about the registered manager in terms of their approachability and recovery focus.

The registered manager had a good understanding of the current issues about the running of the hospital as well as the legal frameworks such as the regulations we inspect against, the mental health and mental capacity legislation. The registered manager was supported by an experienced clinical lead nurse. Senior managers were well cited on issues within the hospital and were working to address these.

Most staff commented that they felt well supported by the senior leadership team and by the registered manager.

### Vision and strategy

**Staff knew and understood the provider's vision and values and how they applied to the work of their team.**

Alternative Futures had the following vision and mission:

'A world where people control their lives. Together with our people and partners we will unlock skills, gifts and talents to support everyone's right to choose and achieve their aspirations.'

They had the following values:

- We are one.
- We raise the bar.
- Every person matters.
- We make a positive difference.
- We take ownership.

The values were developed through a number of listening sessions for staff.

The team also had local objectives.

### Culture

**Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.**

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

Good 

Staff told us they felt well supported personally and professionally from the clinical lead nurses and registered manager. Staff told us that they received regular training and appraisal. Staff attended team meetings to ensure they were confident and competent in working with recovery based approaches with patients. We saw that changes had occurred following staff meetings.

Staff told us that they would recommend Weaver Lodge as a place of work. Morale was largely good. However, some staff felt that a recently introduced rota system did not fully work to enable a good work/life balance. This was introduced to try and improve fairness and consistency.

There was information displayed in the hospital about how staff could raise concerns about people's care. Staff told us that they knew how to raise any issues through this process or anonymously.

## Governance

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

Alternative Futures had a computerised management system which assisted managers to understand what each hospital did well, and the actions required by registered managers to ensure good quality care to patients. It included information on incidents, safeguarding concerns, complaints and compliments. There were quarterly quality assurance meetings internally to discuss the findings from each hospital and ensure quality improvement measures were in place and working well.

The provider had an audit calendar which showed which audits needed to be completed. There was identified oversight of the audits. Results of these were discussed through quarterly local quality assurance meetings systems to flag up any delays in completing the audits as identified on the audit cycle. Staff completed clinical audits in line with the calendar.

Most audits were completed to a good standard. However, a small number of the range of monthly audits had not been fully completed and had missing information in a small number of the required information in the audits. For example, one of the regular Mental Health Act monthly record checks over the last 12 months did not check detention renewal timescales. Following the incident, the provider had put in further systems to anticipate important dates that needed to be adhered to under the Mental Health Act.

Some monthly audits did not always clearly record what action had been taken to show that any identified shortfalls had been fully addressed. Each audit had a section to state what action was required and whether this had been completed. In a small number of cases this had not been completed fully to understand whether the action required had been addressed. However, managers had recently introduced a new computerised system to better record evidence that actions had been completed following audits. This was not yet fully embedded, but we saw more recent audits which identified actions much more clearly.

## Management of risk, issues and performance

**Teams had access to the information they needed to provide safe and effective care and used that information to good effect.**

Staff maintained and had access to the service's risk register. Staff were able to escalate concerns when required.

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

Good 

Managers kept a risk register which identified risks to people or staff which were managed locally by managers and staff within the hospital. Many of the risks identified on the most recent risk register had been resolved. The current outstanding risks identified were:

- Qualified nurse vacancy rates.

The risk register had details of how these risks could be mitigated and we saw that managers were making efforts to improve in this area.

The service had plans in place for emergencies such as adverse weather. They had recently reviewed this following learning from a major flooding incident at another hospital to ensure an appropriate response

## **Information management**

**Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.**

Managers monitored a range of performance indicators through the electronic management system which provided information for incidents, care planning and risk assessments, and other key performance and safety data for each ward.

Managers were providing detailed reports regularly with the local clinical commissioning group as part of their contract to provide NHS services.

## **Engagement**

**Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.**

Managers regularly attended the weekly gatekeeping meetings and rehabilitation pathway meetings with the local NHS mental health trust to look at which patients had been admitted and which were ready for rehabilitation. Staff regularly invited community mental health staff to ward rounds and care programme approach meetings and reported good working relationships.

Managers were now meeting regularly with the local clinical commissioning group who acted as host commissioner and oversaw the quality and safety of the service.

## **Learning, continuous improvement and innovation**

There were no immediate plans for the hospital to be accredited with the Royal College of Psychiatry quality Network for inpatient mental health rehabilitation services. Managers were looking to introduce the 'safe wards' initiative which was a way of looking at every aspect of the hospital to ensure it is a positive experience for patients and help make it safer by reducing conflict and containment.

The service set annual goals. This year's patient and staff goals included a focus on recovery, being positive and improved IT skills for staff. Managers were looking at whether these goals had been met and were looking to develop goals for the next year in consultation with staff.