

# Ballington House

## Quality Report

Ballington Gardens

Leek

Staffordshire

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

### Ratings

#### Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## Overall summary

### We rated Ballington House as outstanding because:

- During this inspection, we found that the hospital had addressed all the issues that had caused us to make recommendations for improvement following the inspection in May 2016.
- The hospital had a safe and exceptionally clean environment. The hospital had a vigilant approach to risk assessment and monitoring to ensure patient safety. Staff carried out frequent checks of the whole hospital throughout the day. Staff adhered to infection control principles such as handwashing. Staff involved patients in infection control audits to help them understand why it was important.
- Staff were suitably qualified and experienced for their roles. All staff received supervision regularly and annual appraisals. The hospital had good staffing levels and a stable staff team. All the patients we spoke with said there were always enough staff around, which helped them feel safe. Staff spoke highly of the hospital manager. Staff reported good morale, team working and mutual support.
- The hospital had good medicines management practices. The hospital had a well-equipped clinic room and the appropriate emergency equipment, which staff checked regularly. Staff demonstrated good knowledge of what constituted rapid tranquillisation and carried out the required physical observations.
- All patients received timely and comprehensive assessments of their mental and physical health needs. Staff completed holistic care plans that fully captured their patients' needs. Patients had good, timely and responsive access to physical healthcare.
- The hospital had access to a wide range of mental health disciplines that helped it provide appropriate care for patients. The hospital had regular, effective and well-coordinated multidisciplinary team meetings and handovers.
- Staff showed a strong commitment to person-centred care. Patients and their relatives praised the staff and complimented the care and the environment. Staff had built up therapeutic relationships with patients based on trust and respect that helped promote recovery. Staff asked patients about their wishes for their care during a crisis or relapse and this helped them plan the most appropriate and least restrictive intervention for each patient.
- Staff were extremely caring and encouraged patients to develop and maintain independence. There was a strong culture to encourage feedback and empower patients in a positive, innovative and inclusive manner. Patients had rehabilitation-focused activity plans that promoted self-care and helped them develop their daily living skills. Discharge planning commenced on admission and patients had clear goals of what they needed to achieve during their rehabilitation.
- The hospital had a full range of facilities to support a structured rehabilitation programme and meet patients' needs. The accommodation comprised self-contained apartments and studios that mirrored real life settings and prepared patients for discharge into the community. Staff drew up with patients' weekly therapy programmes that took into account their personal interests as well as their needs. Patients spoke positively about the activities they did and felt that they prepared them for life outside the hospital.
- The hospital provided a specialist service for women with enduring or complex mental health needs. Some patients had a history of trauma or serious self-harm. The hospital offered patients a tailored rehabilitation programme. Staff encouraged patients to develop and maintain appropriate relationships that incorporated clear boundary setting between the patients, their peers and staff. Staff were fully committed to supporting patients with their individual needs associated with their gender, ethnicity, sexuality, religion or disability.
- Staff knew and understood the vision and values of the hospital. Their team objectives reflected the

# Summary of findings

hospital's person-centred, recovery-based vision. Staff worked collaboratively with patients, and promoted their independence and self-determination.

- The hospital had effective governance systems and processes for monitoring all aspects of care. The hospital manager demonstrated high level of

experience, capacity and capability needed to deliver sufficient authority and to manage the hospital effectively, suggest improvements and implement changes to the service.

However:

- Most staff had limited access to specialist training that would further improve practice.

# Summary of findings

## Our judgements about each of the main services

### Service

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

### Rating Summary of each main service

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- During this inspection, we found that the hospital had addressed all the issues that had caused us to make recommendations for improvement following the inspection in May 2016.
- The hospital had a safe and exceptionally clean environment. The hospital had a vigilant approach to risk assessment and monitoring to ensure patient safety. Staff carried out frequent checks of the whole hospital throughout the day. Staff adhered to infection control principles such as handwashing. Staff involved patients in infection control audits to help them understand why it was important.
- Staff were suitably qualified and experienced for their roles. All staff received supervision regularly and annual appraisals. The hospital had good staffing levels and a stable staff team. All the patients we spoke with said there were always enough staff around, which helped them feel safe. Staff spoke highly of the hospital manager. Staff reported good morale, team working and mutual support.
- The hospital had good medicines management practices. The hospital had a well-equipped clinic room and the appropriate emergency equipment, which staff checked regularly. Staff demonstrated good knowledge of what constituted rapid tranquillisation and carried out the required physical observations.
- All patients received timely and comprehensive assessments of their mental and physical health needs. Staff completed holistic care plans that fully captured their patients' needs. Patients had good, timely and responsive access to physical healthcare.

**Outstanding**



# Summary of findings

- The hospital had access to a wide range of mental health disciplines that helped it provide appropriate care for patients. The hospital had regular, effective and well-coordinated multidisciplinary team meetings and handovers.
- Staff showed a strong commitment to person-centred care. Patients and their relatives praised the staff and complimented the care and the environment. Staff had built up therapeutic relationships with patients based on trust and respect that helped promote recovery. Staff asked patients about their wishes for their care during a crisis or relapse and this helped them plan the most appropriate and least restrictive intervention for each patient.
- Staff were extremely caring and encouraged patients to develop and maintain independence. There was a strong culture to encourage feedback and empower patients in a positive, innovative and inclusive manner. Patients had rehabilitation-focused activity plans that promoted self-care and helped them develop their daily living skills. Discharge planning commenced on admission and patients had clear goals of what they needed to achieve during their rehabilitation.
- The hospital had a full range of facilities to support a structured rehabilitation programme and meet patients' needs. The accommodation comprised self-contained apartments and studios that mirrored real life settings and prepared patients for discharge into the community. Staff drew up with patients' weekly therapy programmes that took into account their personal interests as well as their needs. Patients spoke positively about the activities they did and felt that they prepared them for life outside the hospital.
- The hospital provided a specialist service for women with enduring or complex mental health needs. Some patients had a history of trauma or serious self-harm. The hospital offered patients a tailored rehabilitation programme. Staff encouraged patients to develop and maintain appropriate relationships that incorporated clear boundary setting between the patients, their peers

# Summary of findings

and staff. Staff were fully committed to supporting patients with their individual needs associated with their gender, ethnicity, sexuality, religion or disability.

- Staff knew and understood the vision and values of the hospital. Their team objectives reflected the hospital's person-centred, recovery-based vision. Staff worked collaboratively with patients, and promoted their independence and self-determination.
- The hospital had effective governance systems and processes for monitoring all aspects of care. The hospital manager demonstrated high level of experience, capacity and capability needed to deliver sufficient authority and to manage the hospital effectively, suggest improvements and implement changes to the service.

However:

- Most staff had limited access to specialist training that would further improve practice.

# Summary of findings

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Ballington House

**Outstanding**



**Services we looked at**

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



# Summary of this inspection

## Background to Ballington House

Ballington House is located in Leek, Staffordshire. It is an independent hospital providing ten mental health rehabilitation beds for women aged 18 and over with complex mental health needs. The hospital, previously run by Lighthouse Healthcare, is now part of Elysium Healthcare (Acorn Care) Limited.

Patients admitted to this service have a primary diagnosis of mental illness or co-morbid conditions including learning disability, personality disorder and substance misuse and may be detained under the Mental Health Act 1983.

The service benefits from a multidisciplinary team of support workers, mental health and learning disabilities nurses, psychologists, occupational therapists and a psychiatrist. The team supports women who require

intensive locked rehabilitation in a hospital environment. The unit has a combination of self-contained apartments and studio apartments. Patients have their own kitchen, lounge, and ensuite bedrooms.

The hospital has a nominated individual and a registered manager. It also has an accountable controlled drugs officer. Ballington House is registered for the following regulated activities:

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

Ballington House was last inspected on 16 May 2016. On our last inspection, we rated the hospital as good overall and for each of the five domains – safe, effective, caring, responsive and well-led.

## Our inspection team

Team leader: Lydia Marimo

The team that inspected the service comprised two CQC inspectors, a Mental Health Act reviewer and a specialist advisor who was a psychologist.

## Why we carried out this inspection

We undertook this inspection to find out whether Ballington House had made improvements since our last comprehensive inspection of the hospital in May 2016.

When we last inspected, we rated Ballington House as good overall, and we rated it as good for safe, effective, caring, responsive and well-led.

Following the May 2016 inspection, we recommended that the hospital should take the following actions to improve:

- display patient-friendly information about safeguarding in patient and visitor areas as well as details of how to contact the safeguarding team.

- review blanket restrictions on the unit including access to the garden and the conservatory.
- record the use of 'pro re nata' (as required) medication used for the purposes of rapid tranquillisation, in line with the Mental Health Act Code of Practice and National Institute of Health and Care Excellence guidance.
- ensure that there is a copy of the approved mental health professional report in patients' records.

On this inspection, we found that the hospital had addressed all these issues.

# Summary of this inspection

## 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 a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the environment and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke to five carers of patients using the service

- spoke with the registered manager
- spoke with 13 other staff members including doctors, nurses, healthcare support workers, an occupational therapist, an assistant psychologist, a pharmacist, and a housekeeper
- received feedback about the service from four care co-ordinator and commissioners, and an independent advocate
- attended and observed two therapeutic groups
- collected feedback from one comment card
- looked at the care and treatment records of five patients
- reviewed the medication charts of six patients
- carried out a specific check of the medication management on the ward
- looked at a range of policies, procedures and other documents relating to the running of the hospital.

## What people who use the service say

We spoke with six patients and five carers.

Patients were overwhelmingly positive about how caring, kind and approachable the staff were. Patients said they felt safe, valued and respected. Patients described staff as effective, patient centred and highly motivated. Staff helped patients feel positive about their treatment and recovery. All the carers we spoke with remarked on the progress their relatives had made at Ballington House compared to other placements.

Patients and their relatives told us the hospital truly provided rehabilitation. Patients found that the design and layout of the hospital (self-contained apartments and studios) replicated life in the community and helped prepare them for discharge. Patients said that staff encouraged independence and positive risk-taking.

# 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:

Good



- The hospital had a safe environment. Since our last inspection, the provider had refurbished part of the reception area and staircase, which had removed some ligature risks. Staff mitigated any additional risks presented by blind spots in the building through individual patient risk assessments, close observations and closed-circuit television cameras.
- All areas of the hospital were exceptionally clean, tidy and well-maintained. Staff adhered to infection control principles such as hand washing. Staff involved patients in infection control audits to help them understand why it was important. The hospital employed a maintenance worker who dealt with maintenance issues promptly.
- The hospital had good medicines management practices that included safe administration, secure storage, good recording keeping, and access to a pharmacist for advice. The hospital had a well-equipped clinic room and the appropriate emergency equipment such as an oxygen cylinder and a defibrillator, which staff checked regularly.
- Staff demonstrated good knowledge of what constituted rapid tranquillisation and carried out the required physical observations.
- Staff received a comprehensive programme of mandatory training. The hospital had good staffing levels and a stable staff team. All the patients we spoke with said there were always enough staff around, which helped them feel safe. Patients received regular one-to-one time with their allocated nurse or keyworker, and their activities were never cancelled.
- The hospital had a strong and vigilant approach to risk assessment and monitoring to ensure patient safety. Staff carried out frequent checks of the whole hospital and garden, and checks in apartments and therapy rooms throughout the day. Staff assessed, recorded and reviewed the potential risks from a wide range of objects in the environment, for example, cutlery, and beanbags and parasols.
- Staff had a good understanding of safeguarding and knew how to recognise and report any concerns. Since our last inspection, the hospital had patient-friendly posters displayed that provided information on safeguarding and showed the contact details of the local safeguarding team.

# Summary of this inspection

## Are services effective?

We rated effective as **good** because:

- All patients received timely and comprehensive assessments of their mental and physical health needs. Staff completed holistic care plans that fully captured their patients' needs.
- Patients had good, timely and responsive access to physical healthcare. Staff promoted healthy living, and patients helped develop their own health action plans.
- The hospital had access to a wide range of mental health disciplines who worked together, constructively and with mutual respect to achieve the best possible outcomes for patients. Staff were suitably qualified and experienced for their roles. All staff received supervision regularly and annual appraisals.
- The hospital had regular, effective and well-coordinated multidisciplinary team meetings and handovers. In addition, staff held a brief multidisciplinary meeting each morning to share information on patients' progress and risks.
- Staff had access to a range of recognised, evidence-based tools to help them assess patients' needs, deliver recovery-based care and monitor patients' progress and outcomes.
- Staff completed a range of clinical audits regularly to help ensure good practice, and addressed any issues identified.
- Mental Health Act (MHA) documentation was up-to-date and completed accurately. Staff had a good understanding of the principles underpinning the Mental Capacity Act (MCA). There were effective systems and processes in place to ensure compliance and good practice with MHA and MCA requirements.

However:

- Most staff had limited access to specialist training that would further improve practice.

**Good**



## Are services caring?

We rated caring as **outstanding** because:

- Staff showed a strong commitment to their roles and were determined to deliver the best patient centred care. Staff talked about valuing patients, respecting their rights to make decisions, being inclusive and respecting their diverse needs.
- Patients and their relatives praised the staff and complimented the care and the environment. Patients described the staff approachable, supportive and non-judgemental. Relatives described the staff as kind, polite and professional, they shared with us their positive experiences of the care they received.

**Outstanding**



# Summary of this inspection

- All patients received an initial assessment to determine if the hospital could meet their needs safely and effectively. Staff offered patients and relatives the opportunity to visit the hospital before admission. On admission, patients received a tour of the hospital and an information pack.
- Staff knew their patients well and responded to them appropriately and sensitively. Staff had built up therapeutic relationships with patients based on trust and respect that helped promote recovery.
- Staff were exceptional in encouraging patients to develop and maintain independence. There was a strong culture to encourage feedback and empower patients in a positive, innovative and inclusive manner. Patients took part in patient led audits and were made active partners in their care. Staff were innovative and went the extra mile providing and delivering care and support for patients, for example a nurse used a crossword to make a clozapine awareness session interactive and informative.
- Patients had rehabilitation-focused activity plans that promoted self-care and helped them develop their daily living skills. The design and layout of the hospital in the form of self-contained apartments and studios helped promote independent living and responsibility.
- Staff involved patients and their relatives, where appropriate, in assessment, care planning, risk management and discharge processes and decisions. Patients received copies of their care plans.
- Patients had access to a number of forums through which they gave feedback about their care and had the opportunity to contribute to service developments. Patients had access to weekly reflection groups and monthly patient-led community meetings. Relatives had access to the carers' forum.
- Staff asked patients about their wishes for their care during a crisis or relapse. This helped staff plan the appropriate interventions for each patient.

## Are services responsive?

We rated responsive as **outstanding** because:

- The hospital had robust referral, admission and discharge processes. The hospital estimated the expected duration of each patient's recovery journey and actively planned their discharge. Patients had clear goals of what they needed to achieve during their rehabilitation.

**Outstanding**



# Summary of this inspection

- The hospital were proactive in contacting commissioners and care coordinators to ensure the needs of patients were adequately met particularly patients with multiple and complex needs. The hospital worked closely with the commissioners to identify any placements closer to their homes.
- The hospital had a full range of facilities to support a structured rehabilitation programme and meet patients' needs and preferences. The layout and design of the hospital was state-of-the-art, it helped provide a pleasant, homely environment that helped promote recovery, health and wellbeing. The accommodation comprised self-contained apartments and studios that mirrored real life and as such prepared patients for discharge into the community.
- The hospital provided a specialist service for women with enduring or complex mental health needs. Some patients had a history of trauma or serious self-harm. The hospital offered patients a tailored rehabilitation programme that took account of their preferences, incorporated clear routine and promoted self-reliance and responsibility.
- The hospital had the facilities to meet the needs of people with physical disabilities. Staff had a proactive approach in supporting patients with their individual needs associated with their gender, ethnicity, sexuality, religion or disability. Staff produced care plans to address and record patients' specific needs and preferences.
- Staff were exceptional in helping patients plan meals, shop for, and cook food that met their specific needs and preferences at the same time enabling them to remain independent. This included special diets such as vegetarian or halal and consideration of health issues such as nut allergies or diabetes.
- Patients had access to a wide range of accessible, patient-friendly information. Staff used easy-read and pictorial information to communicate with patients with intellectual disabilities. When required, the psychology team developed accessible information tailored to a patient's specific communication needs.
- Staff encouraged patients to participate in recovery-based meaningful activity. Staff drew up weekly therapy programmes with patients that took into account their personal interests as well as their needs. Patients spoke positively about the activities they did and felt that they prepared them for life outside the hospital.
- Patients knew how to make complaints and felt confident to do so. They said that staff took their complaints seriously, and they received outcomes to their complaints. Staff dealt with complaints openly and transparently.

# Summary of this inspection

## Are services well-led?

We rated well-led as **good** because:

- Staff knew and understood the vision and values of the hospital. Their team objectives reflected the hospital's person-centred, recovery-based vision. Staff worked collaboratively with patients, and promoted their independence and self-determination.
- The hospital had effective governance systems and processes for monitoring all aspects of care. The hospital held a range of meetings at which it shared issues and concerns, identified actions and monitored progress.
- The hospital manager had sufficient authority and support to manage the hospital effectively, suggest improvements and implement changes to the service. The manager had access to a range of performance information that helped her assess service delivery and quality.
- Staff spoke highly of the hospital manager, who had clear oversight of the hospital and the capability needed to deliver excellent sustainable care. Staff described an open and honest culture at the hospital. Staff reported good morale, team working and mutual support. The hospital had a stable staff team who were passionate, innovative on continuous improvement and on improving the quality of care provided to patients. Staff received mandatory training, regular supervision and their annual appraisals.

**Good**



# Detailed findings from this inspection

## Mental Health Act responsibilities

**We do not rate responsibilities under the Mental Health Act 1983. We use our findings to help us reach an overall judgement about the provider.**

During this inspection, we carried out a specific Mental Health Act (MHA) monitoring visit. We reviewed policies around how staff should apply the MHA in practice. The administration of the MHA was consistently good across the hospital.

The hospital had nine patients. Eight were detained under the Mental Health Act (MHA) and one patient was informal.

At the time of our inspection, 92% of staff had received training in the MHA and the MHA Code of Practice. Staff showed a good understanding of the MHA and the Code of Practice.

The documentation we reviewed in detained patients' files was up-to-date, stored appropriately and compliant

with the MHA and its Code of Practice. Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.

The hospital had displayed information on the rights of detained patients and independent mental health advocacy services. Staff and patients knew how to access an advocate.

We reviewed four sets of care records and found that staff explained patients' rights to them regularly. They helped patients understand their legal position and rights in respect of the MHA. The patients we spoke with confirmed that staff had explained their rights to them.

Staff knew how to contact the MHA administrator for advice when needed. Staff carried out audits twice a year to check that the MHA was applied correctly.

## Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of our inspection, there were no patients subject to the Deprivation of Liberty Safeguards (DoLS) in the hospital.

At the time of our inspection, 92% of staff had received training in Mental Capacity Act (MCA). Staff showed an excellent understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff supported patients to make decisions wherever possible, and applied the best interests process where patients lacked the capacity to make specific decisions.

The provider had an up-to-date policy on MCA and DoLS that set out how it met its legal obligations. The provider had arrangements in place for monitoring adherence to the MCA.

Patients had access to an independent mental capacity advocate from a local advocacy service, Asist Advocacy.

## 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	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	Good	<div>☆</div> Outstanding
Overall	Good	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	Good	<div>☆</div> Outstanding

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

Outstanding



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

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

Good



### Safe and clean environment

- The hospital was situated in a large, old building that had four floors. The basement floor held management offices, meeting rooms and a staff kitchen, and was accessible by staff only. The ground, first and second floors had self-contained shared apartments and studio apartments. The design and layout of the hospital did not allow staff to observe all areas. However, the hospital allocated staff to patients and apartments, which helped ensure close observations. In addition, staff carried out hourly checks throughout the building to check that patients were safe. Staff placed patients with a high level of risk in the ground floor apartment to observe them more closely. Since the last inspection, the provider had installed closed-circuit television cameras (CCTV) in the communal areas of the building (corridors, stairwells, car park and garden) to allow additional monitoring.
- At our last inspection, we found that the bannisters of the main staircase in the hospital presented ligature risks. On this inspection, we found that the provider had refurbished part of the reception area and staircase, which had removed most of the ligature risks. The hospital had an up-to-date ligature risk assessment, last reviewed in October 2017. This identified some low risk ligature points within the environment and noted actions to address them. The staff we spoke with knew

of the risks identified in the ligature risk assessment and the measures adopted to address them. Staff mitigated any risks through individual patient risk assessments and close observations. All patients had individual ligature risk assessments. Staff knew where the ligature cutters were kept and how to use them. Staff had a very good understanding of relational security enhanced by an in-depth knowledge of the patient group and each patient's specific needs and risks.

- The hospital had access to a well-equipped clinic room with equipment such as weighing scales, thermometers and a blood pressure machine. Staff checked the equipment regularly, and replaced the equipment yearly. The hospital had clear up-to-date records of the last replacement. The hospital kept emergency medicines for severe allergic reactions and emergency equipment such as automated external defibrillators and oxygen cylinders in a room next to the clinic room. Staff monitored these weekly to ensure they were safe for use. All staff had access to the room and emergency equipment. All electrical equipment had stickers to show completed safety checks.
- The hospital did not practise seclusion and had no seclusion facilities.
- The hospital was very clean and had a good standard of decor and well-maintained furnishings. Each apartment had a cleaning rota. Staff supported patients to clean their apartments regularly to promote independent living skills, and recorded this on the cleaning rotas. The hospital employed domestic staff to clean communal areas, offices, toilets and kitchens. The domestic staff also helped with deep cleans in the apartments and

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

Outstanding



studios, as required. The hospital employed a maintenance worker. Staff reported maintenance issues promptly and maintenance staff dealt with them in a timely manner.

- The hospital had effective systems to manage infection control to a high standard. The hospital had posters and reminders about handwashing and infection control displayed in patients' apartments, communal facilities and staff-only areas. Staff used hand sanitiser gel and practised good infection control procedures such as hand washing and food hygiene. Staff carried out monthly audits of infection control and prevention. The manager took action to address any improvements needed. Staff involved patients in infection control audits to help them understand why it was important.
- Staff carried out a range of environmental risk assessments throughout the day. These included checks of the whole hospital and garden, and checks in apartments and therapy rooms. For example, staff checked the cutlery in apartments and studios up to four times a day, and the cutlery in the occupational therapy kitchen twice a day. Staff stored potentially risky items such as hair straighteners and lighters securely for patients. They kept a register of these items and checked it at least twice a day. The hospital had an exceptionally strong and vigilant approach to risk assessment and monitoring to ensure patient safety. This took into account the particular risks presented by the patient group, for example, most patients had a high risk of self-harm. Staff considered the potential risks from a wide range of objects and completed thorough risk assessments that they reviewed and updated at least six-monthly. We saw risk assessments on health and safety, fire safety, workplace equipment, and control of substances hazardous to health (COSHH). We also saw risk assessments of items such as Christmas crackers, beanbags, plastic bags, sewing machines and parasols.
- All staff had personal radios with alarms and the hospital had nurse call systems fitted throughout. The hospital had identified the low volume of alarms as a concern, and included it in the risk register. To address this, the hospital had installed boosters to increase the volume of the alarms so that the staff heard them throughout the hospital.

- At the time of our inspection, the hospital was at their full establishment of 5.5 whole time equivalent (WTE) nurses and 22 WTE healthcare support workers (HCSW).
- The manager used the provider's safe staffing tool based on a ratio of one staff member to two patients to estimate the number and grade of nurses and HCSWs needed on each shift. In addition to the staff on shifts, the hospital manager, clinical nurse manager and therapy assistants were onsite from 9am to 5pm. The managers helped cover shifts at times of staff shortages caused by sickness absence, where necessary. The sickness rate for the hospital in the 12 months period to 26 November 2017 was 1.5%.
- The hospital used bank and agency staff to fill shifts and cover observation levels when needed. In the three months to 26 November 2017, 71 shifts filled by bank (36) and agency (35) staff. The hospital only used agency staff who were familiar with the hospital to help ensure that patients received consistent care.
- The hospital had enough staff to maintain the safety of patients. We looked at the staffing data from 4 September 2017 to 26 November 2017 and found that all shifts were fully staffed. The rotas matched the number of nurses and HCSWs on duty. Both patients and staff told us that there were always enough staff on duty.
- The staff turnover rate for the year to 26 November 2017 was 55% (16 staff). We asked the hospital manager about this. The manager advised that high turnover rate was associated with healthcare support workers who had left to go into further education; this was evident in their exit interviews. Some leavers remained on the provider's bank system. The hospital had employed 16 new staff during the same period and had no vacancies for nurses or HCSWs at the time of our inspection.
- We reviewed the human resources files for 10 staff. The files were in good order, up-to-date and contained the appropriate documentation. We saw that the hospital had robust recruitment processes that included enhanced Disclosure and Barring Service (DBS) checks. The hospital completed new DBS checks for staff every three years to help ensure the safety of patients.
- We observed that clinical staff were present in patient areas at all times. The manager allocated staff to apartments and patients, which helped ensure that

## Safe staffing

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

Outstanding



patients received the support and observations they required safely and effectively. Staff and patients confirmed that staff were present to deliver care and support to meet patients' needs.

- Patients received regular one-to-one time with their allocated nurse or keyworker at least weekly. The patients we spoke with knew who their named nurses and keyworkers were. Staffing rotas clearly recorded which staff were allocated to which patients. Patients never had their activities or leave postponed because of staffing issues.
- All staff received training in physical interventions, and there were enough of them to carry out physical interventions promptly and safely, if required.
- There was adequate medical cover during the day and night, and staff could contact a doctor quickly in an emergency. The consultant psychiatrist was on site twice a week from 9am to 5pm. The hospital had an out-of-hours on-call system that ensured a doctor could get on site within an hour, if needed. The hospital contracted a GP, who could, if needed, visit weekly. Staff used local health services in emergencies, including A&E and GPs.
- Staff received mandatory training that included safeguarding adults and children, food hygiene, infection control, fire safety, Mental Health Act, Mental Capacity Act, resuscitation, basic life support, information governance, record keeping, health and safety, physical intervention, and manual handling. At the time of our inspection, the average compliance rate for mandatory training was 95%.

## Assessing and managing risk to patients and staff

- In the six months to October 2017, the hospital reported 26 episodes of restraint that involved six patients. Staff reported restraints appropriately. Staff reported any minor holds as restraints. None of the restraints were in prone position. Reports showed when the restraint took place, how long it lasted, who was involved, the position used and the reasons for the restraint. Staff reported restraints on the provider's incident reporting system. Managers and the multidisciplinary team collated and reviewed data on restraints regularly to identify trends and patterns. Staff only used restraint as a last resort

when de-escalation techniques had failed. Staff recorded the methods of de-escalation they used prior to restraint. Staff received training in physical intervention and used the correct techniques.

- Staff carried out risk assessments on every patient on admission, and reviewed and updated them after incidents. We reviewed five care records and found that each contained a detailed risk assessment with a positive behaviour support plan that was part of the risk management plan. The hospital used the functional analysis of care environments (FACE) risk assessment tool. Staff completed additional risk assessments for section 17 leave, kitchen access and environmental hazards such as ladders and steps.
- At our last inspection, we found that the hospital had in place blanket restrictions that prevented patients from using the conservatory, which limited access to the garden. On this inspection, we found that the hospital had reviewed these restrictions and made changes. For example, all patients had access to the garden using the main entrance. The provider had changed the conservatory to a therapy room, and gave patients access to the room at designated times outside of therapy sessions.
- At the time of our inspection, the hospital had one informal patient. There was a sign on the main exit door that advised informal patients that they could leave at will. We spoke to an informal patient who told us she could leave the ward. Care records showed that staff explained what informal admission meant to patients and explained their rights.
- The provider had an up-to-date observation policy that staff applied appropriately to manage environmental risks and patient safety. Staff completed a range of checks throughout the day and night, which they recorded clearly. These included routine and enhanced observations as well as checks on items that presented risks to patients such as cutlery. Staff did not undertake routine searches of patients. Staff searched patients and their bags on admission for restricted items for safety reasons. Staff searched patients when they returned from leave only if indicated in their risk and care plans.
- The hospital had a secure entrance that displayed a list of restricted items that visitors and patients could not take into the hospital. The list included drugs,

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

Outstanding



medication, alcohol, lighters, razors, scissors and sharp objects, chewing gum, aerosols and mobile phones. The entrance area held lockers that visitors used to store their personal and/or any restricted items. Staff explained the hospital's restrictions to patients during their orientation to the hospital. Staff and patients discussed the restrictions in community meetings.

- At our last inspection, we found that staff did not always record the use of 'pro re nata' (PRN – as required) medication as rapid tranquillisation, when used for this purpose. On this inspection, we found that staff demonstrated good knowledge of what constituted rapid tranquillisation. The hospital had a detailed policy on rapid tranquillisation that complied with National Institute for Health and Care Excellence (NICE) guidance and the Mental Health Act Code of Practice. We reviewed a rapid tranquillisation protocol that showed clear guidelines for staff to follow when they administered rapid tranquillisation. This described when the patient might need it and the physical observations required after administration. Records showed that staff carried out the required physical observations and the hospital had reduced the use of the rapid tranquilisation since the last inspection.
- At the time of our inspection, 95% of staff had received training in safeguarding. Staff had a good understanding of safeguarding and knew how to recognise and report any concerns. The staff we spoke with gave us examples of safeguarding concerns they had dealt with. Staff knew their designated safeguarding lead and contacted them when they needed advice. Since our last inspection, the hospital had patient-friendly posters displayed that provided information on safeguarding and showed the contact details of the local safeguarding team.
- The hospital had good medicines management practices. Staff stored medicines securely in a locked clinic room. Staff completed regular fridge and room temperature checks to ensure the safe storage of medicines. Staff disposed of unwanted medication appropriately in designated pharmaceutical waste bins. We reviewed six prescription charts and found that staff had completed them fully and accurately. Staff recorded any advice from the pharmacist. The clinic room contained a copy of the British National Formulary and

a folder of relevant policies and guidelines for reference. Staff reported any medicine errors on the incident reporting system and managers shared findings from investigations with staff.

- The hospital commissioned pharmacy support from an external company. The pharmacist completed quarterly audits at the hospital that covered the safe management of medicines, stock control and administration. The pharmacist had a visit scheduled during our inspection. The pharmacist reported improvements in the hospital's medicines management practices in the past year. The pharmacy provided clinical staff with in-house training, information on NICE updates and alerts related to medicines.
- The hospital promoted self-medication as part of their patients' rehabilitation, and had an associated policy and procedure. Staff assessed the appropriateness of self-medication for each patient. Patients worked through a pathway based on risk that ranged from closely monitored compliance to full independence. Patients who self-medicated had locked medicines cabinets in their apartments (or bedrooms) to store their medicines safely.
- The provider had safe procedures for children and families who visited the hospital. The multidisciplinary team assessed the risks of visits from children that took into account any child protection issues. Where required, staff supervised visits from children. Visitors went to the patients' apartments, if appropriate, or used the conservatory. There were plans in place to create a visitors room once the hospital's extensions plans were complete.

## Track record on safety

- The hospital reported no serious incidents in the year prior to our visit.
- Following an incident in which a staff member was hurt by a patient, the hospital had made structural improvements to the ground floor nurses' office, reception and staircase areas that significantly improved staff safety, and also reduced the ligature risks presented by the bannisters. The hospital had installed closed-circuit television cameras to help improve the observation and monitoring of communal areas and blind spots.

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

Outstanding



## Reporting incidents and learning from when things go wrong

- The hospital used an electronic system for reporting incidents. Staff knew how to use this and gave examples of reportable incidents. Incidents sampled during our inspection showed that staff reported incidents appropriately. Most incidents related to self-harm and therefore the hospital adopted a vigilant approach to risk assessment and management. The hospital showed a strong commitment to learning from incidents and making improvements. Staff discussed all incidents at their daily professionals' team meetings.
- The manager investigated incidents and discussed the outcomes at clinical governance meetings. Minutes of the clinical governance meeting showed that the review of significant events was a standard agenda item. Managers discussed lessons learned and shared them with staff at team meetings, during one-to-one supervision and by email.
- The hospital had an up-to-date policy on the duty of candour. Staff had a good understanding of the duty of candour and gave us examples of their openness and honesty with patients when they made mistakes. Staff recorded all such discussions with patients. The manager explained the outcomes of incidents to patients, their families and commissioners.
- Staff received informal or formal debriefs following incidents that depended on the type and seriousness of the incident. Patients also received debriefs following incidents.

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

(for example, treatment is effective)

Good



## Assessment of needs and planning of care

- We looked at five care records and saw that staff completed comprehensive assessments for all patients on admission. The multidisciplinary team reassessed a patient's diagnosis, if required. Patients with unclear

diagnoses and/or complex presentations received ongoing assessments from the care team. Staff used specialist assessments to assess specific needs, for example, the Wechsler adult intelligence scale adult intelligence scale (WAIS-IV) to measure cognitive ability.

- Care records showed that patients received a physical examination on admission and robust ongoing monitoring of their physical health thereafter. All patients received annual physical health checks and any additional monitoring of their weight, blood pressure and temperature that they required. The hospital worked closely with a local general practitioner (GP) to support patients with their ongoing physical health needs. Staff encouraged patients to book and attend medical appointments at the practice.
- Care records contained up-to-date, detailed and recovery-oriented care plans based on 'my shared pathway'. All patients had care plans that showed their involvement and reflected their individual needs. Each patient's care plan contained the patient's goals and aspirations, and focused on their recovery journey towards discharge. The care plans included crisis and contingency plans. Patients had care plans for specific health conditions such as diabetes. Patients also had care plans that addressed their lifestyle choices such as smoking cessation, healthy eating, physical exercise, and weight management.
- The hospital used an electronic records system. All records were in good order, well-coordinated and set out clearly. Staff had easy access to the records when required.

## Best practice in treatment and care

- The hospital followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medication, and complied with the recommended prescribing limits set out in the British National Formulary (BNF). Staff also monitored the effectiveness of the medicines prescribed. Staff monitored drug interactions, dosages, contra-indications, and side effects, and completed the required health checks. For example, patients prescribed clozapine received regular blood tests.
- The hospital offered patients a range of psychological interventions and evidence-based practice recommended by NICE and other professional bodies.



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

Outstanding



The hospital had access to the provider's psychology team and could access therapies such as dialectical behaviour therapy (known as DBT). In addition, the hospital had recently employed a full-time assistant psychologist who was based onsite. Staff offered patients therapies that addressed their individual needs. Patients had a structured therapy programme that aimed to improve their level of functioning. For example, patients had access to group therapies such as mindfulness, coping skills and cognitive behavioural therapy.

- The hospital had adopted the positive behaviour support framework. All members of the multidisciplinary team contributed to the positive behaviour support plan. The plans we viewed were person-centred and took into account each patient's strengths and their emotional and physical needs. They included a range of proactive strategies to de-escalate or prevent challenging behaviour.
- The psychiatrist, alongside the multidisciplinary team, re-assessed patients' diagnoses in cases of uncertainty or complexity. This had resulted in changes to patients' conditions and treatment that had improved outcomes.
- Patients had good, timely and responsive access to physical healthcare. Staff supported patients with their general and specific healthcare needs. The provider had contracted a local GP practice to provide physical healthcare services. Patients received routine dental and eye checks, and annual physical health checks. Access to specialist secondary care services was through a GP referral. Where appropriate, staff involved specialists to assess specific needs, for example, a speech and language therapist.
- The hospital promoted healthy living, and staff supported patients to live healthier lives. Patients helped develop their own health action plans. The occupational therapy team ran groups that promoted healthy eating. Staff supported each patient with their weekly food shop and menu planning. Therapeutic activities included individual exercise plans and access to fitness activities such as the walking group. Plans we viewed contained information on healthy eating, weight management and the management of individual health conditions.

- The hospital used recognised tools to help assess patients' needs and deliver recovery-based care. For example, the provider had adopted 'my shared pathway' to help provide individualised, person-centred care that focused upon patient's strengths, habits, preferences and areas of independence. The hospital used the health of the nation outcome scales (HONOS) to measure clinical outcomes. Occupational therapists used the Vona du Toit model of creative ability to monitor progress and recovery. This measure focused on improving function, motivation and independence. Staff monitored progress towards agreed meaningful outcomes such as employment, self-care and leisure.
- The hospital carried out extensive audits both clinical and non-clinical to monitor the effectiveness of the service provided. These included audits on care plans, risk assessments, security checks, medicines, infection control and prevention, health and safety and physical health. Staff drew up action plans to address any areas that needed improvement. From time to time, the hospital invited patients to complete audits alongside staff. This helped improve patients' understanding of issues such as infection control.

## **Skilled staff to deliver care**

- The hospital had a wide range of staff to support effective treatment and care. The staff group included psychiatrists, nurses (mental health and learning disabilities nurses), psychologists, occupational therapists and healthcare support workers. The hospital had access to a pharmacist for advice.
- Staff were suitably qualified and experienced for their roles. All qualified staff had the relevant professional qualifications. Healthcare support workers completed the care certificate. New staff completed a two-week induction programme. New bank and agency staff also received a formal induction.
- Staff had access to some additional training related to their roles. For example, three staff had completed training in phlebotomy, and three staff had completed nurse mentorship training. Multidisciplinary team members gave sessions on physical health and different types of mental health problems such as schizophrenia. However, access to specialist training to further improve practice was limited and ad hoc. For example, only two senior staff had completed formal training in personality

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

Outstanding



disorders. We found that the hospital had a number of patients with personality disorder and most staff would be in direct contact with the patients. We did not see any evidence of training needs analysis to inform further training.

- The hospital offered placements to student nurses from two local universities. The hospital were developing the associate nurse role with local universities and their learning and development team.
- All staff received regular supervision and appraisals in line with the provider's policies. As of 30 November 2017, the hospital had a supervision rate of 97% and all eligible staff had received their appraisals. We looked at 10 supervision records. They showed detailed discussions and actions. The hospital followed a supervision structure that covered a range of topics such as a review of individual cases, reflection, emotional wellbeing and training and development.
- Staff had access to regular team meetings that gave them the opportunity to reflect on their practice and discuss any issues. We reviewed the notes from four team meetings. These showed that the meetings covered a range of topics that included clients' progress, safeguarding issues, complaints and compliments, health and safety issues, and incidents and lessons learnt.
- Managers addressed issues of staff performance in a timely manner and received support from the human resources team for any disciplinary issues. There were no staff performance issues identified at the time of the inspection.

## Multidisciplinary and inter-agency team work

- The hospital had regular and effective multidisciplinary team meetings on a weekly basis. These meetings involved psychiatry, psychology, nursing (qualified nurses and healthcare support workers), and occupational therapy staff. They also included other professionals from external organisations, and relatives, where appropriate. The advocate attended the meetings on a patient's request. We reviewed the notes of a multidisciplinary team that showed in-depth discussions of patients' needs, risks and discharge plans. Staff took into account patients' wishes in any decisions made.

- The hospital had effective handovers in which staff shared important information about patients' needs and risks, and any other issues in the hospital. In addition to the handovers between shifts, daily professionals meetings took place each morning. These focused on clinical issues, environment and security. All disciplines attended and contributed as equal participants to these meetings.
- The hospital had effective working relationships with other health and social care professionals. Commissioners routinely attended care programme approach meetings. Staff worked closely with patients' care coordinators to plan discharge planning and follow-up care. Staff had good links with the local safeguarding team.
- Staff worked closely with other healthcare professionals such as GPs, dentists, and speech and language therapists to help ensure that patients received appropriate, effective and timely care. Staff shared information with other healthcare professionals, as appropriate.

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

- During this inspection, we carried out a specific Mental Health Act monitoring visit. There were eight patients detained under the MHA, and one informal patient.
- We reviewed four records of detained patients. These were stored appropriately, in order, easy to navigate, up-to-date and compliant with the MHA and the Code of Practice. The legal documentation met the requirements for detention under the MHA. At our last inspection, we were unable to locate approved mental health professional (AMHP) reports in patients' files. The hospital manager had addressed this issue by increasing the checks on MHA paperwork on admission.
- Staff knew how to contact the MHA administrator for advice when needed on the implementation of MHA and the Code of Practice.
- At the time of our inspection, 92% of staff had received training in the Mental Health Act (MHA). Staff showed a good understanding of the MHA and the MHA Code of Practice.
- The hospital had the appropriate treatment certificates for patients detained under the Mental Health Act. Staff



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

Outstanding



kept these with the prescription charts so they could check that the medicines they needed to administer were legally authorised. The treatment certificates had supporting capacity to consent to treatment assessments.

- The hospital kept clear records of section 17 leave granted to patients. Staff made patients and their carers aware of the conditions of leave and any risks, and advised them on what to do in the event of emergency.
- Staff informed patients of their rights under the MHA on admission and routinely thereafter. Staff repeated the rights at more regular intervals if patients had difficulty understanding the information they gave. Staff used easy-read information to help ensure that patients understood their legal position and rights.
- The hospital carried out audits every three months on the MHA to help ensure continued compliance.
- Patients had access to an independent mental health advocate from Asist Advocacy. We saw posters and leaflets that promoted the advocacy service displayed in the staff and patient areas. The patients we spoke with knew about the advocacy service. Staff supported patients to access advocates or patients referred themselves.

## Good practice in applying the Mental Capacity Act

- Training records showed that 92% of staff had received training in Mental Capacity Act (MCA). Staff spoken with demonstrated a good understanding of MCA and the five principles that underpinned it.
- The hospital had no patients subject to the Deprivation of Liberty Safeguards (DoLS) and the hospital had not made any DoLS applications in the 12 months to December 2017.
- The provider had an up-to-date policy and procedure on MCA and DoLS and arrangements in place to monitor adherence. Staff knew how to contact the Mental Health Act administrator for advice when needed.
- Staff supported patients to make their own decisions, whenever possible. When a patient lacked capacity for a specific decision, staff discussed the issue and made a

decision in the patient's best interests that took into account the importance of the patient's wishes. Staff noted capacity issues and discussions in patients' care records.

- Staff understood, and where appropriate, worked within the MCA definition of restraint. Staff showed awareness of what practices constituted restraint. The hospital promoted least restrictive interventions and positive behavioural support strategies that reduced the need for restraint.

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

Outstanding



### Kindness, dignity, respect and support

- Staff showed a strong commitment to person-centred care. This showed in their interactions with patients and the way they spoke about their work. Throughout our inspection, we saw positive interactions between staff and patients at all times. Staff treated patients with compassion, kindness and respect. For example, we saw staff engaging positively talking with patients during close observations, engaging positively considering their privacy and dignity. Staff were discreet when they undertook general observations and minimised the disruption to patients. We saw that staff knocked on the patients' apartment doors before they entered.
- There was a strong caring ethos throughout the hospital. Staff talked about valuing patients, respecting their rights to make decisions, being inclusive and respecting their diverse needs. Patients received high quality care and support from a highly motivated staff team that worked within a strong person-centred culture.
- We spoke with six patients and five carers. All praised the staff and complimented the care and the environment. Patients told us they found staff approachable, supportive and non-judgemental. Patients felt staff listened to them and provided them with appropriate emotional and practical support. Patients said there were always enough staff around to

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

Outstanding



keep them safe and support their activities. The relatives we spoke with described the staff as kind, polite and professional. They liked the hospital environment, staff and care and commented on the progress their relatives had made since they came to Ballington House.

- Staff knew their patients well and responded to them appropriately and sensitively. They responded to each patient in a different way tailored to their individual needs. Patients had allocated keyworkers, which helped them build relationships and trust with staff. Our interviews with staff showed they had built up good rapport with patients that helped with their rehabilitation.
- We received positive feedback from external stakeholders such as care coordinators and commissioners. Stakeholders said that the environment was clean and safe. They described good communication and responsive staff.

## The involvement of people in the care they receive

- All patients referred received an initial assessment to determine if the hospital could meet their needs. Staff offered patients and relatives the opportunity to visit the hospital before admission. On admission, patients received a tour of the hospital and met the staff. Staff gave patients an information pack that explained how the hospital worked and the services it provided.
- The patients we spoke with said they felt involved in their assessments and care plans. Care records showed patients' involvement in determining their risks and needs, and planning appropriate care. Staff empowered, encouraged and helped patients express their views, which they recorded in patients' records. All staff we spoke with were aware of the information contained in individual care plans. Patients attended their multidisciplinary team meetings and reviews if they wished to, and staff supported and encouraged their participation. Staff involved patients in making decisions about their care and offered them choices. Patients said that staff considered their views and explained if they could not agree to them. Staff would offer a copy of the care plan to the patients.
- Staff encouraged patients to develop and maintain independence. The hospital had a strong rehabilitative model of care that underpinned all treatment. The

design and layout of the hospital in the form of self-contained apartments and studio flats further promoted self-reliance and responsibility. For example, there was no catering service at the hospital. Staff helped patients plan meals and do a weekly food shop. Patients cooked their own meals daily with help from staff. Patients cleaned their apartments and did their own laundry. Staff encouraged patients to administer their own medicines. Patients decided where they wanted to go during their community leave. Staff encouraged patients to take up work opportunities in the local community as part of their journey towards discharge. At the time of our inspection, two patients worked at a local charity shop and one at a community café centre.

- Patients had access to advocacy services. The hospital had information about advocacy services displayed in communal areas, and patients and staff knew the local advocate. The advocate supported patients with their individual concerns and attended their review meetings, where requested.
- Staff involved relatives and carers in assessment, care planning, risk management and discharge processes and decisions, with the consent of patients. Staff considered their views on their relative's care and treatment plans. The hospital had developed a family and friends engagement strategy that looked at ways to increase family and friends' engagement in patients' care given that most relatives lived some distance away from the local area and found it difficult to visit the hospital. The provider conducted a carers' survey annually and drew up action plans to address any issues. This gave families the opportunity to give feedback about the service, and make suggestions on service development.
- Patients had access to a number of forums through which they gave feedback about their care and had the opportunity to contribute to service developments. Patients attended weekly reflection groups where they had the opportunity to reflect on their week, and suggest activities for the following week. The hospital held monthly community meetings chaired by patients. Patients raised any issues, which staff noted and shared

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

Outstanding



with the hospital manager. The manager identified actions to address the issues and gave feedback to patients at the next meeting. Patients helped recruit staff.

- The hospital staff were exceptional in empowering and encouraging patients to be active partners in their care for example patients took part in patient-led audits, patients carried infection control audits alongside staff to help them understand why it was important. Staff were innovative and went the extra mile providing and delivering care and support for patients, for example a nurse used a crossword to make a clozapine awareness session interactive and informative.
- Staff asked patients about their wishes for their care during a crisis or relapse. Patients expressed how they wished to be cared for, and they explained what helped them and what did not work. This helped staff plan the appropriate and least restrictive interventions for each patient. Staff included the patients' wishes in their care plans.

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

Outstanding



referrals. Staff discussed all admissions and discharges in the multidisciplinary team meeting and managed them in a planned and co-ordinated way. Discharge planning was an active part of care and treatment. The hospital estimated a patient's discharge prior to admission, and discharge planning commenced soon after admission and involved the patients and their relatives, as appropriate. Patients had clear goals of what they needed to achieve during their rehabilitation. Patients received a structured rehabilitation programme tailored to their needs and preferences, and geared towards their recovery. Discharge planning included the patients' commissioners and care coordinators to help ensure consideration of section 117 aftercare services, and minimise delays.

- The multidisciplinary team re-assessed patients' diagnoses in cases of uncertainty or complexity. This had resulted in changes to patients' conditions and treatment that had proved more effective and improved outcomes.
- The hospital reported one delayed discharge between January 2016 and October 2017. The delay was due to difficulties in identifying a suitable community-based placement for a patient. The hospital worked closely with the commissioners to identify any placements closer to their homes.

## The facilities promote recovery, comfort, dignity and confidentiality

- The hospital was based in a large, old building set in spacious grounds, in a pleasant residential area. The building was fully modernised internally. The hospital had a full range of facilities to support a structured rehabilitation programme and meet patients' needs. These included a fully equipped clinic room, an occupational therapy kitchen, and a large conservatory. There were two staff offices located on the ground floor, and a range of offices and meeting rooms located on the basement floor.
- The hospital had a single studio flat and a shared apartment on the ground floor, two double apartments and a single studio flat on the first floor and a shared apartment on the second floor. The layout and design of the hospital helped provide a pleasant, homely

## Access and discharge

- The hospital had an average bed occupancy rate of 100% for the six months to December 2017. The average length of stay for patients discharged in the 12 months to December 2017 was 806 days (2.2 years). The majority of patients were from outside of the local area.
- The hospital were proactive in contacting commissioners and care coordinators to ensure the needs of patients were adequately met. For example, commissioners were immediately contacted when patients' mental state deteriorated to a point where the team could not manage them safely.
- The hospital had robust referral, admission and discharge processes. The hospital had a strong focus on rehabilitation and requested comprehensive information about the patient prior to accepting any

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

Outstanding



environment that helped promote recovery, health and wellbeing. Patients liked their accommodation and felt it mirrored real life and as such prepared them for discharge into the community.

- Patients had a high standard of accommodation in comfortable and spacious studio flats or apartments. The studio flats and apartments felt comfortable and homely. They had a good standard of décor and the furniture was in good condition. The apartments had a lounge, dining room, full kitchen and shower rooms. The studio flats had a lounge area, a shower room, and a small kitchen area that contained a fridge, microwave, cupboards and sink. Patients personalised their accommodation if they wished. For example, patients had their own televisions and music systems, and decorated their rooms to their own preferences. Patients held their own bedroom keys and had access to secure lockable cabinets for their personal items.
- Staff used the large conservatory for therapies and activities, and made it available as a lounge at set times throughout the day. The room had a range of equipment to support art, music, or other activities. Patients had the opportunity to socialise in each other's apartments subject to their individual risk assessments.
- The hospital had a large garden that patients had access to when they wished, subject to individual risk assessments. The garden was well maintained and contained garden furniture. The garden had a secure smoking area.
- Patients had access to a number of quiet areas within the hospital, and access to privacy in their own bedrooms and apartments. Patients met visitors in their apartments or in the conservatory. Patients had the opportunity to use their own mobile phones in their own apartments, or staff supported them to use the hospital phone in private. Patients had access to the internet. The hospital had a laptop that patients could use.
- The hospital fully promoted independent living skills. Staff helped patients plan meals and shop for food. Staff helped patients to make their own food either in their apartments or in the occupational therapy kitchen. Staff promoted good nutrition and hydration. Patients had 24-hour access to drinks and snacks.

- The hospital offered a wide range of activities to patients. The occupational therapist assessed patients' functioning and encouraged them to engage in meaningful activities that addressed their social, educational, vocational and independent living needs. Each patient had a structured rehabilitation programme tailored to their individual needs. This comprised a weekly schedule of activities that staff drew up with each patient. We saw a weekly schedule that showed activities such as smoothie-making, mindful colouring, group walks, clozapine awareness and swimming. On the day of our inspection, one patient started voluntary work in a local charity shop. We observed the smoothie-making session and found that staff encouraged participation from patients and took the opportunity to promote healthy eating habits. We observed the clozapine awareness session and found that staff used a simple crossword to help educate patients about their medication. Patients spoke positively about the activities they did and felt that they prepared them for life outside the hospital.
- Staff promoted community access. The hospital was located in a town centre close to a wide range of community amenities, which helped patients access the community regularly. The hospital had its own car, and there was at least one member of staff qualified to drive the car on each shift. Staff also used taxis to support community access and section 17 leave.

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

- The hospital had some facilities that met the needs of people with mobility difficulties such as ramp access to the hospital, wide corridors, and patient accommodation located on the ground floor. The hospital had a disabled access toilet for visitors. Staff assessed whether it could meet an individual patient's needs safely prior to admission. At the time of our inspection, the hospital had no patients with mobility issues.
- The hospital provided a specialist service for women with enduring or complex mental health needs. Some patients had a history of trauma or serious self-harm. The hospital tailored the recovery and rehabilitation programme to meet the specific needs of the client

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

Outstanding



group. This included clear routine meaningful interactions and social skills embodied in a structured therapy programme, and underpinned by principles of self-reliance and responsibility.

- Staff met the specific gender-related needs of their patients. For example, staff supported patients with gender identity issues. Staff helped patients understand and explore their gender identity. Staff asked patients for their preferences about gender such as their preferred names and for their views on the gender of staff supporting them, for example, at doctor's appointments. In one case, we found that staff developed a gender care plan to ensure they met the needs of a patient whose preferences changed from time to time. Staff made sure that all staff knew of the patient's preferences and complied with them. In one case where a patient had a learning disability, staff used easy-read and pictorial information to help a patient understand the biological differences between men and women, and gender roles.
- The hospital had a diverse ethnic patient group. The hospital promoted equality and diversity, and staff supported patients with their individual cultural needs.
- The hospital had a wide range of patient-friendly information displayed in communal areas. The information available included patients' rights, how to complain and details of the advocacy service. Patients had access to information about their treatment. The hospital had patient-friendly posters that informed patients about safeguarding. Where required, the psychology team developed accessible information tailored to a patient's specific communication needs.
- The hospital had readily available information leaflets in English, and requested information in other languages, as required. Staff used interpreters for support people who did not speak English.
- Staff helped patients plan meals, shop for, and cook food that met their specific needs and preferences. This included special diets such as vegetarian or halal and consideration of health issues such as nut allergies or diabetes. Staff ensured that patients had access to appropriate spiritual support. For example, staff accompanied patients to a local church or an alternative place of worship.

## Listening to and learning from concerns and complaints

- The hospital received 10 formal complaints and two compliments in the 12 months to October 2017. The complaints were about clinical issues such as patients feeling unhappy with the risk management decisions made by the team, and patients misinterpreting staff intentions. Two of the complaints were partially upheld, none of the complaints were referred to the Ombudsman.
- Patients knew how to make complaints and felt confident to do so. Information on how to make a complaint was widely available throughout the hospital. The patients we spoke with said they could raise concerns with staff anytime. They said that staff took their complaints seriously, and they received outcomes to their complaints.
- Staff knew how to handle complaints in line with the provider's complaints policies and procedures. Staff dealt with complaints openly and transparently. Staff tried to address patients' complaints informally, where appropriate. Managers reviewed all complaints at team meetings and clinical governance meetings to ensure that learning took place.
- Managers shared any learning from complaints at staff meetings, handovers and supervision sessions. Staff and managers acted on the findings by making changes where required. For example, the hospital introduced a daily professionals meeting involving all staff disciplines to collectively reflect on clinical issues and incidents as a way of improving communication amongst all disciplines.

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

Good



## Vision and values

- The hospital shared its vision and values with staff. Staff knew and agreed with the hospital's values of innovation, empowerment, collaboration, compassion and integrity. The hospital reflected these values in its



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

Outstanding



model of person-centred, recovery-based care. Staff reflected these values in their daily practice. Staff worked collaboratively with patients, and promoted their independence and self-determination.

- Staff told us that they knew who the most senior managers in the organisation were and had seen them visit and spend some time at the hospital.

## Good governance

- The hospital had robust governance processes to manage quality and safety. The hospital had an effective operational structure and governance arrangements. The hospital held a range of meetings at which it shared issues and concerns, identified actions and monitored progress. Managers held monthly clinical governance meetings and attended quarterly clinical governance committees.
- Managers and staff had access to a range of information that helped them assess service delivery and identify areas for improvement.
- The provider ensured that staff received mandatory training, regular supervision and their annual appraisals. The hospital had enough staff and staff spent much of their time on direct care activities. Staff identified and reported incidents appropriately. Managers shared any lessons learned from incidents and complaints with staff at team meetings, handovers and in supervision sessions. Staff understood and followed procedures associated with safeguarding, the Mental Capacity Act and the Mental Health Act. Staff participated in a range of clinical audits to help monitor the effectiveness of the service provided.
- Managers had sufficient authority to manage the hospital and had access to administration support. Managers could raise any concerns with senior management. The manager submitted items to the risk register, where appropriate. The hospital had a well-embedded and comprehensive risk management system that was the responsibility of all staff. All staff knew the key areas of risk for the hospital.

## Leadership, morale and staff engagement

- Staff knew how to use the whistle blowing process. Most staff we spoke with felt confident to raise concerns and complaints with their managers.
- The hospital had an experienced and knowledgeable manager who demonstrated strong leadership of the service. Staff spoke highly of the manager. Staff felt positive about their work and reported good staff morale. All staff showed passion and commitment to providing high quality patient care. Staff described a stable staff team that worked well together and supported each other. In particular, staff commented on the genuine multidisciplinary team working model at the hospital. Managers monitored staff sickness and absence rates and offered support to staff who returned to work after a period of absence. Staff had not raised any concerns about bullying or harassment in the hospital.
- Staff had access to the mandatory and essential training for their roles. Staff actively took advantage of available training opportunities, for example, one nurse had completed a diploma in leadership and management, two senior staff had completed a course in personality disorders. However, at the time of our inspection, access to specialist training and leadership development was limited and adhoc. We did not see evidence of any training needs analyses. The hospital expected access to specialist training to improve since it became part of a larger provider.
- Staff knew about the duty of candour and were familiar with the need for openness and transparency when things went wrong. Staff described an open and honest culture at the hospital. Most of the patients and relatives we spoke with said staff explained when something went wrong.
- Staff gave feedback on the service and contributed to service development through staff meetings. Staff felt listened to and received feedback from managers.

## Commitment to quality improvement and innovation

- The hospital had a programme of audits that informed improvements in service delivery and practice. The manager shared the outcomes of audits and associated action plans with the organisation's quality improvement lead.

# Outstanding practice and areas for improvement

## Outstanding practice

The hospital staff were exceptional in empowering and encouraging patients to be active partners in their care for example patients carried infection control audits alongside staff to help them understand why it was important.

The hospital staff had innovative ways to help patients understand their treatment in the form of accessible, patient-friendly sessions. For example, a nurse used a crossword to make a clozapine awareness session interactive and informative.

The hospital had a strong focus on rehabilitation and sustainable recovery underpinned by values of self-reliance and responsibility. Staff agreed each

patient's recovery pathway towards their discharge prior to the patient's admission. Patients then received a structured rehabilitation programme tailored to their needs and preferences, and geared towards their recovery.

The multidisciplinary team re-assessed patients' diagnoses in cases of uncertainty or complexity. This had resulted in changes to patients' conditions and treatment that had proved more effective and improved outcomes.

The hospital had a strong person-centred care culture. Staff genuinely valued each patient's identity and diversity, and actively sought to support patients' individual preferences.

## Areas for improvement

### Action the provider **SHOULD** take to improve

The provider should consider offering staff access to specialist training to further improve practice.