

Making Space

Ashwood Court Nursing Unit

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 environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- 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. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured 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 understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- 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 ward procedures ran smoothly.
- Due to the improvements noted at this inspection the service is no longer in special measures.

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 	

Summary of findings

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Summary of this inspection

Background to Ashwood Court Nursing Unit

Ashwood Court Nursing Unit is an independent mental health hospital for people aged from 18 to 65 years. It is a community rehabilitation unit for people who require rehabilitation and support with a severe and enduring mental illness. It has 10 beds and can admit up to five men and five women. Patients may be admitted informally or detained under the Mental Health Act.

Ashwood Court Nursing Unit is provided by Making Space. Making Space is a registered charity that provides services across the country. Ashwood Court Nursing Unit is adjacent to Ashwood Court – Unit 1 which is a residential home. The registered manager for the independent mental health hospital is only registered for that service and not the residential unit. Both services share facilities such as catering and cleaning.

All 10 beds in the unit are commissioned on behalf of the NHS Wigan Integrated Care Board. 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, or injury.

Ashwood Court Nursing Unit has been registered with the Care Quality Commission since 23 November 2010. There is a registered manager in post.

The service was inspected in May 2022 where the service was rated as inadequate overall. The key questions safe and well-led were rated as inadequate. The key questions effective, caring, and responsive were rated as requires improvement. Following the May 2022 inspection, we took enforcement action and issued two Section 29 warning notices. These were issued in relation to a lack of adequate risk management and systems and processes for effective audit. The warning notices were served for a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 17 HSCA (RA) Regulations 2014 Good governance.

We also took urgent enforcement action and issued a notice of decision imposing conditions on the provider's registration. This meant the provider was unable to admit any new patients and was subject to additional oversight by the Care Quality Commission. We also issued three requirement notices relating to breaches of the following regulations:

- Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

In September 2022, a focused inspection of the service took place of the safe and well-led domains. The service was not rated at the September 2022 inspection. We found policies, processes, and other documents were not considered robust enough to provide safe and consistent care, as well as poor mandatory training compliance, restraint training did not include all required areas. It was also noted admission criteria and pre-assessment documents were not screening possible violent or aggressive patients to ensure they were not admitted to the service. However, there had been improvements made regarding risk assessments, care plans, audits, new policies, incident reporting, a physical intervention policy, incident response, and a risk assessment and care plan policy.

Summary of this inspection

This inspection and report focused on checking whether improvements had been made in relation to the Section 29 warning notices only. We found the Section 29 warning notices had been complied with. The removal of the notice of decision conditions is a separate process outside of this report. It was noted the requirement notices regarding policies and procedures had been successfully acted upon, and the physical intervention process had been improved upon.

What people who use the service say

We spoke with 3 patients during the inspection. All patients told us staff were respectful and there for them. We were told all requested support was given, and staff were always available. Patients told us they were involved in their treatment and took an active role in care plan preparation. One patient spoke of how staff would talk with them about medicine issues if raised during medicine rounds.

Each patient we spoke with, felt they were in the right place and were receiving the right treatment. During the inspection, we saw evidence of patients being involved in developing their care plans and good interaction between patients and staff.

How we carried out this inspection

The inspection team comprised two CQC inspectors and a specialist advisor.

Prior to and following the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information including commissioners.

During the inspection visit, the inspection team;

- visited the service, looked at the quality of the environment and observed how staff were caring for people,
- reviewed the medicines management and prescribing arrangements,
- observed a group session, visited the needle exchange and observed interactions between staff and clients,
- spoke with 11 clients and one carer,
- observed a risk pod meeting,
- spoke with the deputy service manager and the nominated individual,
- spoke with nine other staff members including recovery coordinators, pharmacist, nurse, support worker, counsellor and administration staff,
- received feedback about the service from seven stakeholders,
- reviewed six care and treatment records of clients including care plans, risk assessments and documentation,
- reviewed five staff files,
- looked at a range of policies, procedures and other documents relating to the running of the service.

This inspection was unannounced and covered all key questions.

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>.

Summary of this inspection

Areas for improvement

Action the provider **MUST** take is necessary to comply with its legal obligations. Action a 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 provider **SHOULD take to improve:**

- The provider should ensure females have access to a female only lounge at all times.
- The provider should continue to review policies and procedures and ensure they are current and reflect national guidance.
- The provider should continue to re-work the admission, discharge and transfer procedures used at the service.

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 

Is the service 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 ward areas and removed or reduced any risks they identified. Twice daily walk arounds were completed by staff to review safety and standards on the ward. Risk assessments of the environment were updated regularly.

Staff could not observe patients in all parts of the ward due to the layout. Staff carried out hourly observations of each patient, however, patient bedroom doors did not have vision panels on the door which meant staff needed to enter patients' rooms every hour.

The ward had female and male patients and complied with guidance on mixed-sex accommodation. The ward had 10 bedrooms. There were designated female and male bedroom corridors, with their own shared bathrooms and toilets. There was a female-only lounge, however, this was also used for meetings including multidisciplinary meetings and contained the wards computer for all patients to access. Guidance given to patients on admission identified this room as the female only lounge and can be available for female patients upon request (This room is used for periodic meetings, but this will always be available 100% of the time on your request. Or where identified as a need.) This meant the lounge was not always available for only females to access.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Ligature risk assessments were updated each time a patient was discharged or admitted. The ward had twice daily staff walk arounds where ligature points were reviewed. This was an improvement since the last inspection.

Staff did not carry personal alarms, there were nurse call alarms located in each bedroom corridor and the dining room/ living room. All patients' rooms had nurse call alarms.

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 ward was clean and appropriately furnished.

Staff made sure cleaning records were up-to-date and the premises were clean, all cleaning records were updated on the ward electronic system.

Staff followed infection control policy, including handwashing.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

Staff recorded and audited records for cleaning, medicines, temperature monitoring, waste and medicines disposal. There was clinical equipment necessary for care and treatment available and maintained.

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. The staffing levels each day were one qualified nurse and two healthcare support workers during the day and one qualified nurse and one healthcare support worker at night.

The service had low vacancy rates, with one qualified nurse vacancy for the night shift. This was a long-standing vacancy at the service, the manager has been actively working with the recruitment agency to fill this post. This vacancy has been covered by using agency staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. They were provided with information about the building and ward as well as key information about each patient.

Sickness rates were low at 2% for the last 12 months and a turnover rate of 24%.

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. Extra staff were brought in when patients required additional observations and they needed to attend external appointments.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients told us they believed there was enough staff on the ward for them and leave was not cancelled due to staffing.

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

Long stay or rehabilitation mental health wards for working age adults

Good 

Medical staff

The consultant was contracted from a local NHS trust, from which the service received all its referrals. They were on site one day a week, which included the multidisciplinary team meeting, and by telephone/email outside these times. Out of hours support was available through the local NHS trust.

The service was considered a low-risk environment, with no seclusion or rapid tranquilisation used. In a physical health emergency, staff would call 999 or take the patient to hospital.

All patients were registered with a local GP, who provided for their physical healthcare needs.

Mandatory training

Staff had completed and kept up to date with their mandatory training. At the time of the inspection the service had a compliance rate of 97%. This was an improvement since the last inspection.

The mandatory training programme was comprehensive and met the needs of patients and staff. Staff now had training on conflict management and physical intervention training, as well as breakaway training and de-escalation techniques. All staff had now received basic life support training and compliance was at 100%. This was an improvement since the last inspection. However, from the evidence reviewed, we did not see they routinely trained staff in rehabilitation/recovery orientated practice.

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

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patient recovery. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. 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, using a recognised tool, and reviewed this regularly, including after any incident. All patients had a comprehensive risk assessment in place which clearly identified all risks and had a clear risk management plan to mitigate any risks. Risk assessments were written in plain language that could be understood by staff and patients.

Upon referral to the service, staff reviewed the current risk assessment along with occupational therapy assessments and psychology assessments. These assessments were reviewed to determine if the service could meet the needs of the patient.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. The care records identified each patient's risks and staff we spoke with knew the patients well. Staff said they could easily keep up to date with any changes to risk by attending handover meetings or reading handover notes and reading risk assessments. However, the admission criteria was not shared with us. Staff in the nursing team had been issued with mobile devices where the electronic record system could be accessed. A physical copy of risk assessments were available for bank and agency staff.

All staff we spoke with told us how they would identify and respond to any changes in risks to, or posed by, patients.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff followed procedures to minimise risks where they could not easily observe patients.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Patients were made aware of the search policy at the service prior to admission, this information was provided in a leaflet about the service.

Use of restrictive interventions

Levels of restrictive interventions were low. Staff had not been required to use any physical interventions in the last 3 months.

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. Patients' care records demonstrated that staff clearly attempted de-escalation and distraction techniques with patients during incidents to good effect. Staff we spoke with understood patients triggers and were aware of personalised distraction and de-escalation techniques for each patient.

Safeguarding

Staff understood how to protect patients from abuse and the provider 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 kept up to date with their safeguarding training. Safeguarding training was at 100% at the time of the inspection, staff had also received additional face to face training provided by the local authority.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff had received training from the local authority around the tiers of safeguarding. This refers to a level of safeguarding referral, a tier 1 referral is noted and collated for themes and may lead to an escalation to a tier 2 referral. A tier 2 referral is reported to safeguarding for further investigation.

Staff followed clear procedures to keep children visiting the ward safe. There were safeguarding policies for adults and children in place and guidance that staff could access.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The provider had a key contact at the local authority who could assist if they had questions around a safeguarding referral.

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. The provider had an electronic patient record system that clearly documented each patients journey and any changes to risks and plans.

The electronic patient record system was password protected and could only be accessed by staff from the service.

Long stay or rehabilitation mental health wards for working age adults

Good 

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. The provider had an up-to-date medicines management policy in place, which was available for staff to refer to.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. All patients had access to regular multidisciplinary team meetings where their medicine could be reviewed.

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

Staff stored and managed all medicines and prescribing documents safely. The provider had a number of medicine checks and audits, these included daily checks, and weekly, monthly, and quarterly audits. There were regular external audits from an independent pharmacist and the commissioner's pharmacist. We checked the medicines stock during the site visit, and this matched the medicines record.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Regular physical health checks and observations of patients were completed, staff were able to provide an example of where these checks had led to a patient's medicine being reduced due to concerns around overmedication.

Some patients were on self-medication plans, these plans were risk reviewed and staged to give patients independence with their medicine.

Emergency resuscitation equipment was now in place and in date. There were regular checks of the emergency equipment that showed the equipment had been calibrated and maintained to the manufacturer's instructions.

Track record on safety

The provider had a good track record on safety.

Reporting incidents and learning from when things go wrong

The provider 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. Staff were aware to report any incident that appeared untoward and could give clear examples of issues they would report. Staff also knew how to use the incident reporting system and what information was relevant to include. Staff informed us all staff had the responsibility to report incidents and that the staff member involved or who witnessed the incident should complete the incident report.

The service had no never events.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff understood the duty of candour. They were open, transparent and gave patients and families a full explanation if and when things went wrong. The provider had a duty of candour policy in place that staff could access.

Managers would debrief and support staff after any serious incident. Serious incidents were reviewed by the service manager and management; support was available for staff after such an incident. The Physical Interventions policy outlined support was available to staff, patients, families, and carers.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The policy stated, 'The aim of any review will be to learn lessons and seek reconciliation of the therapeutic relationships between staff, individuals using the service and their carers'. Reports would be referred on to the Board of the provider.

There were evidence changes made as a result of feedback. Feedback about a fire that occurred next door to the service led to consideration over fire safety, with changes that were discussed and shared across all provider services.

Managers shared learning with their staff about never events that happened elsewhere. Feedback was shared with staff in team meetings or, if deemed urgent, during handover.

Is the service 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 of each patient either on admission or soon after. All care records we reviewed had an initial assessment.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The patients would undergo a physical health check by a senior healthcare assistant within 48 hours of admission. This included a full blood count, testing for blood borne viruses, urinalysis, individual family history, lifestyle check for issues such as smoking and substance misuse as well as a review of medicines. Staff discussed the results in multi-disciplinary meetings and used them to inform care plans and make referrals to more specialist services if required.

The service had a lead physical health co-ordinator who carried out and co-ordinated the physical health checks. Patients were also referred for eye and hearing tests via their GP.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans we reviewed showed evidence of active patient involvement; they were personalised and holistic.

Staff regularly reviewed and updated care plans when patients' needs changed.

Long stay or rehabilitation mental health wards for working age adults

Good 

Care plans were personalised, holistic and recovery orientated. Care plans reviewed were recovery based and promoted independence. The identified activities and occupational interventions were tailored to meet the individual patient's needs.

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.

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 with their recovery. Patients were able to access Dialectical behaviour therapy (DBT) and Cognitive behavioural therapy (CBT).

Each patient had an occupational therapy assessment in place, this identified the needs of the patients as well as their interests. Patients were able to engage in life skills and education and supported to access social, cultural and leisure activities such as attending the local gym, swimming, and local groups.

Staff delivered care in line with best practice and national guidance. (from relevant bodies e.g., NICE). The occupational therapist used recognised assessments tools such as the Model of Human Occupation Screening Tool (MOHOST) and the recovery STAR.

Staff identified patients' physical health needs and recorded them in their care plans. All patients had a physical health care plan in place, the service had a senior support worker who took the lead on physical health for the service. The senior support worker carried out monthly observations and annual checks, and made sure patients had access to physical health care including any specialists required.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The provider had links to Healthy Routes (a programme of support for smoking cessation, a healthy diet, physical activity, weight loss, well-being, and alcohol support) provided by the local council.

Staff used recognised rating scales to assess and record the severity of patients' symptoms, and the outcomes of treatment. This included the Health of the Nation Outcome Scales. Other ratings scales and tools that were used to monitor patient's progress included the CORE-10 (a short screening tool used to quickly review a patient or to monitor progress between sessions), the Generalised Anxiety Disorder-7 scale, and the Patient Health Questionnaire-9 tool for monitoring the severity of depression and anxiety.

Staff used technology to support patients. The service was using electronic tablets to access and review patients records and observations.

Staff took part in clinical audits, benchmarking, and quality improvement initiatives.

Long stay or rehabilitation mental health wards for working age adults

Good 

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 a full range of specialists to meet the needs of the patients on the ward. The service had a consultant psychiatrist for one day a week, a psychologist for 6 hours per week, an occupational therapist for 30 hours a week, a senior healthcare support worker who was the physical health lead, an activity co-ordinator along with nursing and healthcare support workers as part of the multi-disciplinary team.

The provider shared administration staff and a general assistant with the provider's adjacent residential care unit.

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

Managers supported staff through regular, constructive appraisals of their work. At the time of the inspection four staff members were currently in their probation period at the service and 76% of staff had received an appraisal in the 12 months prior to inspection.

All staff received regular supervision on a three-monthly basis, the clinical psychiatrist, the psychologist, and occupational therapist received regular supervision external to the organisation.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge along with access to any specialist training for their role. Staff had received specialist training in autism and could request additional training they believed to be appropriate for their role.

Multi-disciplinary 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. Meetings were held monthly for patients, all staff relevant to the patient's care would attend. Other specialists would be invited to the meeting when required such as social workers, care co-ordinators and family would also be invited.

Staff made sure they shared clear information about patients and any changes in their care, including during handover 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. Training compliance for the Mental Health act was at 100% at the time of our inspection.

Long stay or rehabilitation mental health wards for working age adults

Good 

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. The registered manager for the service was the Mental Health Act administrator, they had additional support and guidance from the local NHS trust.

The provider had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Staff had access to this policy through the intranet.

Information about how to access an independent mental health advocate was available to all patients on the patient information board.

Staff explained to each patient their rights under the Mental Health Act in a way they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. All records we reviewed had evidence of patients being informed of their rights.

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. Physical copies of section 17 leave forms were kept in the office along with a recording sheet and log, this enabled staff to track how much leave the patient had taken. Patients told us they were always able to take their leave. Photographs of patients were taken and stored before going on leave, ensuring that a full and accurate description of the patient could be given should it be necessary.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. The provider used an electronic records system, although they kept a physical file for staff with key information on the patient's Mental Health Act status.

Informal patients knew they could leave the ward freely and the service displayed posters to tell them this. Staff informed us they would regularly remind informal patients of their right to leave the ward.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The manager carried out quarterly audits of the Mental Health Act.

Good practice in applying the Mental Capacity Act

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

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Training compliance for the Mental Capacity Act and Deprivation of Liberty Safeguards was at 100% at the time of our inspection. All staff we spoke with had a clear understanding of the Mental Capacity Act.

All patient records reviewed showed evidence of consideration of capacity and assessments of capacity where required. The service had a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

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

Long stay or rehabilitation mental health wards for working age adults

Good 

Is the service caring?

Good 

Our rating of caring improved. 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.

Staff were discreet, respectful, and responsive when caring for patients. We spoke with 3 patients, who told us staff were respectful and there for them.

Staff gave patients help, emotional support and advice when they needed it. We were told all requested support was given, and staff were always available.

Staff supported patients to understand and manage their own care treatment or condition. Patients told us they were involved in their treatment and took an active role in care plan preparation. One patient spoke of how staff would talk with them about medicine issues if raised during medicine rounds.

Staff directed patients to other services and supported them to access those services if they needed help. One patient told us they had previously struggled to see a GP, however, the service arranged for this on admission and their concerns were dealt with.

Patients said staff treated them well and were kind.

Staff understood and respected the individual needs of each patient. Each patient we spoke with felt they were in the right place and were receiving the right treatment.

Staff felt they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients. The culture at the service allowed for easy reporting if required, but none of the patients spoken with had raised any such concerns.

Staff followed policy to keep patient information confidential.

Involvement in care

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

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. A patient told us they still had their introduction pack in the drawer in their room and they were informed and knew what the service had to offer.

Long stay or rehabilitation mental health wards for working age adults

Good 

Staff involved patients and gave them access to their care planning and risk assessments. Patients we spoke with told us of an active role in their care planning.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Patients told us they were very involved in their care planning and they could easily understand the process and information given to them.

Staff involved patients in decisions about the service, when appropriate. We were told of regular community meetings, not every patient chose to attend, but those that did felt they were listened to. One patient described the atmosphere as like one big 'family'.

Patients could give feedback on the service and their treatment and staff supported them to do this. The introduction pack and the community meetings directed patients to be able to give feedback. One patient said staff always asked for feedback in 'co-production meetings' (community meetings).

Staff supported patients to make decisions on their care.

Staff made sure patients could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed, and involved families or carers. Patients told us their families were involved in their care. One patient spoke about the psychologist ensuring the family were involved, they felt it was like family therapy.

Staff helped families to give feedback on the service. The service had a planned family day in July 2023, giving all families the opportunity to give feedback on the service. One patient spoke about the positive aspect of family involvement, and this was always considered by the service.

Is the service responsive?

Good 

Our rating of responsive improved. 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.

Managers made sure bed occupancy did not go above 85%. All beds at the service were 'block-booked' by the local integrated care board. The provider had no out-of-area placements. Demand meant that often the unit would be full.

Long stay or rehabilitation mental health wards for working age adults

Good 

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Discharge planning was in place, and during the inspection a witnessed interview with a patient saw discharge planning was considered and discussed.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. We saw those patients who received community care were still encouraged to remain with community groups when discharged, to keep those links in place.

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

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. At the time of inspection, the service was re-working the admission, discharge and transfer procedures used at the service.

Patients did not have to stay in hospital when they were well enough to leave. The day before the inspection an informal patient had been discharged, meaning the service had five males and one female patient admitted at the time of inspection, with two referrals from another service for assessment.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. The provider tried to ensure patients being discharged were given the correct support and appropriate signposting whilst in the community. Should a patient be discharged to accommodation in the community, the provider would ensure the patient had time to familiarise with the location so the discharge could be as smooth as possible.

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

The provider followed national standards for transfer. Policies were being adapted to ensure standards were followed at the time of the inspection.

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 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. All bedrooms had a sink but no ensuite. All patients had access to their bedrooms, with personal keys to secure the rooms. All rooms had secure medicine storage for when patients were ready to self-medicate.

Patients had a secure place to store personal possessions in their rooms.

Staff used a full range of rooms and equipment to support treatment and care. The service was a rehabilitation service, and this was reflected in the space and activities available. There were enough rooms to facilitate the service.

The service had quiet areas and a room where patients could meet with visitors in private.

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Patients could make phone calls in private. Patients had their own mobile telephone, unless they were risk assessed as not having access to a mobile phone. At the time of the inspection there was one patient who did not have mobile phone access, the reasons were documented.

The service had an outside space that patients could access easily. There was a well formatted area outside the service.

Patients could make their own hot drinks and snacks and were not dependent on staff. There was a kitchen area patients could use at any time.

The service offered a variety of good quality food. There was a varied menu on offer. One patient did tell us they felt the portions were small, but the food was good.

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. The patient handbook stated, 'doing courses, getting involved in hobbies and interests and volunteering.' Patients told us there were lots of activities to do.

Staff helped patients to stay in contact with families and carers. It was clear family and carer involvement was strongly encouraged.

Meeting the needs of all people who use the service

The service met the needs of 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. There were plans to adapt the location to make it accessible for people with mobility needs. There were staff who supported patients with physical health needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. The patient handbook contained all relevant information regarding local services and how to complain. Patients told us staff gave details of treatment and included the patient view during care planning.

The provider had information leaflets available in languages spoken by the patients and local community. Staff had access to a language service that enabled patients with limited English to be understood and to voice concerns.

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

There was a variety of food to meet the dietary and cultural needs of individual patients. Patients were actively encouraged and assisted to make their own meals, with standard catering also provided.

Patients had access to spiritual, religious, and cultural support. Under the civil rights section of the patient handbook, it clearly outlined that support would be given to observe and celebrate religious activities and cultural norms.

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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, relatives, and care staff knew how to complain or raise concerns. The patient handbook showed how to make complaints for both care staff and patients.

The provider clearly displayed information about how to raise a concern in patient areas. There was also 'Have Your Say' for patients that was displayed, informing patients how to make complaints and raise issues.

Staff understood the policy on complaints and knew how to handle them. The provider had a flow chart that clearly explained the way in which to deal with complaints both formally and informally.

Managers investigated complaints and identified themes. The unit manager explained their role in the investigation of complaints, as well as the way in which more serious complaints would be directed to regional management or safeguarding to investigate.

Staff protected patients who raised concerns or complaints from discrimination and harassment. There was no evidence of any discrimination or harassment of patients for any reason, and patients spoken with told us they had no reason to complain.

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

Managers shared feedback and learning from complaints with staff and this was used to improve the service.

The provider used compliments to learn, celebrate success and improve the quality of care. There was a monthly award system, as well as staff being put forward for awards for their hard work or in recognition of their efforts at the service.

Is the service well-led?

Good 

Our rating of well-led improved. 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.

Discussion with the Chief Executive Officer and the Chief Operations Officer gave assurance that taking the service forward was a priority. They explained new finance was sought and obtained for the service. Development training was increasing, as was access to such training, and examples were given, such as venipuncture training.

The regional head office staff had taken an active role at the service, spending time at the service and working with staff and patients. Staff told us working relationships were in a far better place than before, and this would continue.

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Vision and strategy

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

The providers vision stated, 'we will put well-being at the heart of health and social care. The providers values included, kind hearts, tailor making, dreaming big, having courage and being ready. The registered manager told us they were in the process of asking people who used the service to develop further the providers vision and values. Staff knew the visions and values of the service and tried to maintain them at all times. Staff told us the service had clearly improved in their eyes.

Culture

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

The provider mission statement was 'together we build relationships, connect communities and provider quality care as unique as the people we support'. The registered manager told us the culture had changed in the 12 months prior to this inspection. The manager felt staff were supporting each other more. Staff told us the culture was more friendly, supportive, with everyone supporting each other. The attitude was very much 'can do', we were told.

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.

The regional head for the service stated that, prior to January 2023, governance was poor, however in January 2023 the governance process was updated. Regional heads and senior management scrutinised monthly data and key performance indicators, then directed unit managers who passed on the direction to staff to ensure they were all working towards the same goal, an improved experience for the service user. Use of regular audits were in place to ensure actions were being monitored and reported.

Policies were in place that reflected and directed priorities for patient care and adherence to aspects such as the Mental Health Act (some 10 policies relating to all aspects of management of patients who were both detained and informal), medicine management, safeguarding, Mental Capacity Act and a physical interventions policy. The physical interventions policy now included aspects that were deemed relevant and had been missing during the last inspection of the service. The physical intervention aspect was also reflected in the mandatory training available to staff. Safeguarding adults and children policies covered the necessary requirements to be effective, although there was still work on the policies to be done, that had been recognised by the provider. Some policies were incomplete, containing blank spaces for further amendment and inclusion of information.

There was a risk register at the service that reflected the findings of previous inspections. The risk register outlined actions taken to mitigate risks, and this was reflected in the action plan that was presented by the service. The previous inspection found admission criteria and pre-assessment were not robust, however, the provider now had a much more robust process in place.

Mandatory training was improved since the last inspection, with all training matrix results ranging from 82% to 100%.

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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.

There was a regular audit carried out by the regional head of service, a 'walkabout'. An audit in May 2023, the regional head followed a set criterion of checks that included care plans, risk assessments, speaking with patients, noted the cleanliness of the service, looked at other documents and audits, and the running of the service. Actions were noted and staff directed to ensure compliance.

The system used to store patient information allowed for easy access to staff with the correct level of access.

Information management

Staff collected analysed data about outcomes and performance

The provider used the Recovery STAR outcomes measure to ensure improvement and direction of each patient was available. We reviewed the documentation for each patient and saw the recovery STAR measured managing mental health, self-care, living skills, social network, work, relationships, responsibilities, identity, self-esteem, and trust and hope. These were shown in a bar graph that was reflected over each quarter of the year, showing the direction of the patient's journey, and allowing staff to concentrate on those aspects of a patient's recovery where they needed more support. The provider had a safeguarding policy in place and the registered manager told us, "I have a contact at the local authority and can call and discuss concerns around this."

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 from the service participated actively in the work of the local transforming care partnership.

The provider continued to work closely with the integrated care board and the local authority. The provider and these bodies were looking at increasing the number of patients at the service by two a month until the service was at capacity.

Learning, continuous improvement and innovation

The registered manager informed us the service paused its AIMS (Accreditation for Inpatient Mental Health Services) accreditation due to the ratings from previous inspections.