Elysium Healthcare Limited

Spring Wood Lodge

Inspection report

1 Town Gate Close
Guiseley
Leeds
LS20 9PQ
Tel: 01943871779
www.elysiumhealthcare.co.uk

Date of inspection visit: 9 November to 10 November 2021
Date of publication: 11/01/2022

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location went down. We rated it as requires improvement because:

- Although we found the service largely performed well, it did not meet legal requirements relating to safe, effective, and well led, meaning we could not give it a rating higher than requires improvement.
- There was no formal psychological provision in place for patients.
- Medicine charts did not match the appropriate Mental Health Act documentation and were not routinely updated as soon as reasonably practicable.
- Not all patient areas were well maintained and cleaned regularly.
- Cleaning records and clinic room records were not regularly completed and audited.
- Patient outcomes for occupational therapy were not routinely measured and reviewed.

However:

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. 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.
- 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 supported patients to make decisions on their care for themselves. They understood the providers policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.
- 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 planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

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	Requires Improvement 	Our rating of this service went down. We rated it as requires improvement. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Spring Wood Lodge

Spring Wood Lodge is an inpatient rehabilitation service provided by Elysium Healthcare Limited. The service provides care to a maximum of 21 female patients.

There are two wards: Bronte ward and Byron ward.

- 9 bedded high dependency inpatient rehabilitation (Bronte ward)
- 12 bedded inpatient rehabilitation (Byron ward)

At the time of our inspection there were 11 patients on Byron ward and 9 patients on Bronte ward. Spring Wood Lodge has been registered with the Care Quality Commission since October 2016 to carry out the following regulated activities:

- Assessment and treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder, or injury
- Diagnostic and screening procedures

The Care Quality Commission last carried out a focused inspection of this service on 18 November 2020. At that inspection we rated the service as 'good' overall with ratings of 'requires improvement' in the safe key question, and 'good' in the effective, caring, responsive and well-led key questions. We issued the provider with one requirement notices under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safe care and treatment.

The service had been subject to a large scale safeguarding enquiry implemented by the local authority due to agency staff sleeping whilst on duty, high incidents of self-harm and a high amount of complaints. Due to improvements made by the service, the enquiry was closed in April 2021. The Care Quality Commission monitored the service through regular engagement and completed this full inspection to enable a review of the whole service.

At this inspection, we rated the hospital as requires improvement overall with good in the caring and responsive domains. We issued the provider with three requirement notices under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to person centred care, safe care and treatment, and good governance.

What people who use the service say

We spoke to eight patents and nine carers of patients. Three patients told us there was a delay in getting prescriptions following a change in medicines at ward round and five patients told us there was not enough cleaning provision. Seven patients told us that mealtimes were too early, and four patients said the service regularly ran out of snack options such as bread and milk. Following the inspection, the service changed mealtimes to a later time and ensured there was always a range of snacks available for the patients. All patients said the new menu at the service was good and that staff were respectful and interested in their wellbeing.

Four carers told us they had visited with their relative in a communal area of the hospital and one of the carers was not happy that it had not been a private room. One carer said that the lack of a psychologist had impeded their relative's progress. Four carers said they were not routinely updated on their relative's care, whilst four carers said that communication from the service was good, and they were kept updated. All carers' said staff were supportive, respectful, and interested in the patient's wellbeing.

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 sought feedback from a range of stakeholders including service commissioners.

During the inspection visit, the inspection team:

- visited the ward, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with eight patients
- spoke with nine carers of patients
- spoke with the hospital director and lead nurse of the service
- spoke with two ward managers
- spoke with eight other staff members: including managers, nurses, occupational therapists, recovery workers, and domestic staff
- spoke with the service user experience lead
- spoke with an independent advocate
- spoke with the pharmacist
- received feedback from three external agencies including care commissioning and NHS trusts
- attended and observed the managers handover, and two multi-disciplinary meetings
- looked at eleven care and treatment records of patients
- carried out a specific check of the medicine management for all patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure all psychological provisions are provided to patients. (Regulation 9(1)(a)(b))
- The service must ensure that all patients medicine charts match the appropriate Mental Health Act documentation and are updated as soon as reasonably practicable. (Regulation 12(1)(2)(g))
- The service must ensure that all patient areas are well maintained and cleaned regularly. (Regulation 12(1)(2)(d))

Summary of this inspection

- The service must ensure that all cleaning records are completed and audited regularly. (Regulation 17(1)(2)(a)(b))
- The service must ensure that all clinic room records as per provider policy are completed and audited regularly. (Regulation 17(1)(2)(a)(b))
- The service must ensure that occupational therapy has appropriate governance in place so that patient outcomes can be routinely measured and reviewed. (Regulation 17(1)(2)(e))

Action the service SHOULD take to improve:

- The service should ensure mealtimes are appropriate and a variety of nutrition is available to patients 24 hours a day.
- The service should ensure they continue to work with the Independent Mental Health Advocate to ensure timely and appropriate support for patients.
- The service should ensure plans to clear the gym continue so that patient's personal belongings are stored in a safe and secure way and labelled appropriately, and patients have access to both the multi-faith room and the gym.
- The service should ensure they update and involve all families or carers in their relative's care where appropriate.

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	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

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

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

Requires Improvement

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

Not all wards were safe, clean, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. The hospital completed annual risk assessments alongside a member of staff external to Spring Wood Lodge who provided a second opinion. Risk assessments were also reviewed and updated as needed depending on patient risk.

Staff could not observe patients in all parts of the wards, but staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe through regular observation in line with each patient's risk assessment.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness, and infection control

Ward areas were not always clean, well maintained, and fit for purpose. The bedroom and communal floors on Byron ward were not clean. The notice boards on Byron ward were not kept updated and information within the boards had fallen and was not always visible to patients. Patients and staff on both wards told us there was not enough cleaning provision and we found décor was not well maintained in some parts of the hospital, such as the laundry room airlock.

Staff did not make sure cleaning records were up-to-date and the premises were clean. The cleaning records did not have all the information required and had multiple gaps where cleaning should have been recorded. The cleaning records from 1 November 2021 until 8 November 2021 had made the note “short staffed” on three occasions. No cleaning had been completed on Thursday 4 November due to a training day. From 1 November 2021 until 8 November 2021 there were 137 times where cleaning had not been completed when it should have. Bronte ward had a checklist of cleaning duties to be completed monthly, from January 2021 to November 2021, only August had been marked with three items out of eight marked as completed.

Staff followed infection control policy, including handwashing. The service had a COVID lead who ensured infection control policy was followed.

Clinic room and equipment

Clinic rooms and nurses' offices were fully equipped, with accessible resuscitation equipment and emergency drugs. The service employed an external medical equipment contractor who checked and maintained equipment annually and the external pharmacist checked this as part of their weekly audit.

The services housekeeping cleaning documents included a weekly clean of the clinic rooms and dispensing rooms but on the 1 November 2021, Bronte ward and Byron ward's dispensing room cleaning had not been marked as completed. We were told there was a weekly audit of the clinic room and medicines completed by the ward managers but there was no evidence of these. There was no specific cleaning record available for the clinic room on Byron ward on the first day of inspection. A cleaning record had been created for Bronte ward's clinic room on the second day of inspection.

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 service had low vacancy rates. Although there were no vacancies required for nurses or recovery workers, the service had posted an additional 33 recovery worker vacancies to their recruitment site for the additional observation needs of patients that were currently being covered by bank and agency members of staff.

The service had used bank and agency staff to cover 38% of shifts over a 12-month period.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

The service had a turnover rate of 55% for the last 12 months.

Managers supported staff who needed time off for ill health.

Levels of sickness were low. The staff sickness rate was 2.67% for the last 12 months.

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.

Patients had regular one- to-one sessions with their named nurse and allocated key worker.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely. The service allocated a service wide response team every morning.

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

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. There was a consultant psychiatrist on-call from 5 p.m. until 9 a.m. on weekdays, and all day and night on weekends.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of patients and staff. Staff were required to complete units which included conflict resolution, breakaway training, safeguarding, the Mental Health Act and the Mental Capacity Act.

Managers monitored mandatory training and alerted staff when they needed to update their training. The training system informed staff about upcoming training requirements three months before they were due to be completed and line managers followed up on any outstanding training needs.

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 patients' recovery. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. The service had recently worked together with staff and patients to review and edit the patient safety plan which reviews triggers for patients and how to reduce the risk of suicide.

Staff identified and responded to any changes in risks to, or posed by, patients and followed procedures to minimise risks where they could not easily observe patients. They followed the providers observation policy and monitored the whereabouts of all patients regularly and in accordance with the levels prescribed in risk assessments.

Staff followed the providers policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Use of restrictive interventions

Levels of restrictive interventions were high. The service had used restraint 2,504 times in the last 12 months.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. On the week of inspection, the service won the providers reducing restrictive intervention project which had been submitted with both staff and patients input. The service had also introduced the use of safety pods which were used as an alternative option when there was a potential risk of a physical intervention taking place. The aim of the safety pods is to reduce the use of supine restraint where the patient lays horizontally with their face and torso facing up. The service plan to audit the results and review the effectiveness of the safety pod.

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. The managing violence and aggression lead reviewed the holds used during restraint to ensure they were correct.

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

Staff followed NICE guidance NG10: Violence and aggression: short-term management in mental health, health and community settings when using rapid tranquilisation.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up to date with their safeguarding training. The service had compliance of 83% for safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff received training on Equality, Diversity and Human Rights and had compliance of 98%.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The safeguarding lead had a designated contact at the local authority safeguarding team.

Staff access to essential information

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

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

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Medicines management

The service did not always use systems and processes to safely prescribe, administer, and record medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

Staff did not always follow systems and processes when safely prescribing, administering, and recording medicines. There were eight out of 20 patient medicine records that did not match the appropriate T2 or T3 certificate across both Bronte ward and Byron ward. There was one patient on Byron ward whose T2 had not been dated. The T2 or T3 certificate lists the psychiatric medicines that can be given to a patient detained under the Mental Health Act with a T2 for patients who consent to the treatment and a T3 for patients who do not consent to the treatment. Following the first day of inspection on Byron ward the four patient medicine records and T2 certificates that did not match were rectified by the service, but the same errors were found for a further four patients on Bronte ward on the second day of inspection. There were four patients who had regular medicines recorded on a temporary prescription form and the information had not been transcribed on to their medicines chart the next working day as specified by the provider documentation. One patient regularly used a specific medicine, but this was not listed on their medicines chart. There were three patients' medicines cards who had missing nursing signatures. Therefore, it was not possible to determine whether patients had been administered their medicines. Three patients told us that there was a delay in receiving their medicines following medicine changes prescribed during ward round. The service used a contracted pharmacy service who visited the hospital weekly. The current pharmacist had been at the service for two weeks on a temporary basis. The responsible clinician had been in post for six weeks.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. The service had a clear pathway to support patients to self-medicate on Byron ward.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicine on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

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

Staff knew what incidents to report and how to report them. Incidents were reported on the services incident system and all incidents were signed off by management and by the managing violence and aggression lead.

Staff reported serious incidents clearly and in line with provider policy.

The service had no never events on any wards.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. Most staff told us they always received support and a debrief. This included a weekly debrief session held at the end of each week for the whole service.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. The service completed a quarterly lessons learned newsletter that is shared with the staff via e-mail and discussed at team meetings.

Staff met to discuss the feedback and look at improvements to patient care. Serious incidents were reviewed at regular governance meetings and managers attended a focus group where lessons were shared.

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

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

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.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

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

Care plans were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff did not always provide a range of treatment and care for patients based on national guidance and best practice. There was limited access to psychological therapies and there was no standardised assessments or routine audits of patient outcomes from occupational therapy. Staff supported patients with their physical health and encouraged them to live healthier lives.

Staff did not always provide a range of care and treatment suitable for the patients in the service. There was no psychologist to support patients access to certain psychological therapies such as cognitive behavioural therapy. The occupational therapy team consisted of an occupational therapist and an occupational therapist assistant. The team

were led by the compliance and support services manager who was also the safeguarding lead and who managed the housekeeping team, the maintenance team, the kitchen team and was the Independent Mental Health Act advocate's liaison. The occupational therapy team was not available seven days a week, but patients told us that recovery workers would regularly complete activities with them on a weekend.

Staff identified patients' physical health needs and recorded them in their care plans.

Staff made sure patients had access to physical health care, including specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service gym for patient use was being used as a storage space for patient's belongings and had not been accessible by patients for over a year. Some staff told us that the equipment had been moved out of the gym and on to the wards so patients could use it. During our inspection the service told us they had rented a storage unit to be delivered to the site so that patient's belongings could be moved, and the gym would be accessible for patients again.

Staff did not always use recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The occupational therapy team had no tools to measure the patients progress and no routine audit of patient outcomes. We asked the service for their meaningful activity report for the last three months to show what activity had been completed by patients. For October 2021 the report listed 2,090 activity hours and that only 721 hours had been completed. The report did not include what activities were provided, why some activities were not completed or any additional insight into the data.

Staff used technology to support patients. Patients could use video technology to dial into meetings or contact family and friends. There was also an IT room with two computers that patients could use.

Staff did not take part in clinical audits, benchmarking, and quality improvement initiatives.

Skilled staff to deliver care

The ward teams did not have access to the full range of specialists required to meet the needs of patients on the wards. Managers supported staff with appraisals, supervision, and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service did not have access to a full range of specialists to meet the needs of the patients on the ward. The service website lists cognitive behaviour therapy (CBT), eye movement desensitization and reprocessing therapy (EMDR), dialectical behaviour therapy (DBT), person centred counselling and compassion focused therapy on their website. There was a dialectical behaviour therapist on site who was also trained in compassion focused therapy and the service could access a trained EMDR therapist from within the provider. However, there was no psychologist to complete cognitive behaviour therapy or person-centred counselling. The service had recently recruited two psychologist assistants but had changed their title to therapy assistants as they were not receiving appropriate supervision from a psychologist. Lack of a psychologist was listed on the services risk register and the position was out to recruitment. Both staff and patients said lack of a psychologist had a negative impact on patient progress and one external organisation said one patient had psychology listed as an unmet need.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

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. The service appraisal rate was at 94% at the time of inspection.

Managers supported staff through regular, constructive clinical supervision of their work. The service supervision rate was at 99% at the time of inspection.

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

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

Managers made sure staff received any specialist training for their role.

Managers recognised poor performance, could identify the reasons, and dealt with these.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations. Clinical commissioning groups and an NHS trust described the service as being inclusive, good communicators, and responsive.

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. The service compliance for Mental Health Act training was 95%.

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 service had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

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.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

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

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the providers 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. The service had compliance of 95% for Mental Capacity Act training.

There was a clear policy on Mental Capacity Act, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture, and history.

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

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

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Good

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

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

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

Staff were discreet, respectful, and responsive when caring for patients.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each patient.

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

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments.

Staff made sure patients understood their care and treatment.

Staff involved patients in decisions about the service, when appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this. Both Bronte ward and Byron ward held monthly community meetings which were attended by staff, patients, and the service user experience lead.

Staff supported patients to make decisions on their care.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff made sure patients could access advocacy services. An independent mental health advocate was present at the hospital two mornings a week and would regularly stay for the full day to ensure they could attend patient meetings if needed. The advocate was not given free access to the wards and required support of staff to access the wards. The service told us that the advocate had been seated in the communal café area outside of the compliance and service officer's manager so that they could support their access to the wards but on the day of our inspection the manager was not on site. We were told the independent mental health advocate was not routinely invited to patient meetings, but the service advised us that they always advised the advocacy service of meeting times and dates.

Involvement of families and carers

Staff did support families and carers. However, staff did not always fully inform or involve families and carers appropriately.

Staff did not always fully inform or involve families or carers. Four carers said they were not routinely updated on their relative's care, whilst four carers said that communication from the service was good, and they were kept updated.

Staff did support families and carers. The service provided families and friends with a welcome pack and all carers' we spoke to said staff were supportive, respectful, and interested in the patient's wellbeing with 100% of respondents to the 2021 annual friends and family survey stating that they felt welcomed and treated with respect by staff.

Staff helped families to give feedback on the service. The service's welcome pack for friends and family gave information on how to provide feedback and there was also an annual family and friends survey. The managers also advised us that they were re-starting the carer's forum at the hospital.

Staff did not give carers information on how to find the carer's assessment. Seven carers told us that they had not been given information on how to access the carer's assessment.

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

Good

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

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

All twenty patients at the hospital were out-of-area placements.

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.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient.

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

Discharge and transfers of care

The service had a low number of delayed discharges in the past year. There were four delayed discharges in the last 12 months and managers monitored the number of delayed discharges.

The only reasons for delaying discharge from the service were clinical.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well.

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

The service followed national standards for transfer.

Facilities that promote comfort, dignity, and privacy

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

Each patient had their own bedroom, which they could personalise.

Patients had a secure place to store personal possessions. Personal possessions of patients could be kept in locked drawers in a patient's bedroom. Some patients had a lot of items that would not fit in a patient's bedroom and other patients needed their rooms to be emptied due to the patients risks. These items were kept in the services gym and multi-faith room. This meant that the gym and multi-faith room were not accessible for patients. The service was aware of the need to find a more permanent solution for the storage of patient items and had advised the relevant external organisations and patients of the situation. During our inspection the multi-faith room was cleared and could be used again and the items in the gym were organised and labelled. The service was in the process of procuring a storage unit to be held on site so that the belongings in the gym could be moved and the gym be accessible for patients again.

Staff used a full range of rooms and equipment to support treatment and care.

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

Patients could make phone calls in private.

The service had an outside space that patients could access easily. Patients on Byron ward could access the shared courtyard freely whilst the patients on Bronte ward required a staff member to unlock the door and escort them due to their assessed risks.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

The service offered a variety of good quality food. The service had recently implemented a new catering team and the feedback from patients and staff about the food was very positive. However, dinner was served at 4:30 p.m. which had been raised at community meetings as being too early. There was also a lack of snack options for the patients after this time. Following our inspection, the service moved dinner time to run between 5:00 p.m. and 5:30 p.m. and arranged for a selection of snacks to be available for patients in the dining room.

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.

Staff helped patients to stay in contact with families and carers.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

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

The service could support and adjust for disabled people and those with communication needs or other specific needs. The system alerted staff to any patient communication needs so that staff were quickly and easily made aware of those needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service could access information leaflets available in languages spoken by the patients and local community.

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

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious, and cultural support.

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 carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

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

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

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

The service used compliments to learn, celebrate success and improve the quality of care.

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

Requires Improvement

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Senior 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.

Vision and strategy

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

Culture

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

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and that performance and risk were not always managed well.

The service had some systems and procedures in place. These ensured safe staffing levels, staff supervision, patients were assessed and treated well, and staff adhered to the requirements of the Mental Health Act and Mental Capacity Act. However, there were limited or no systems to provide managers with the oversight necessary for assurance about some aspects relating to the quality of the hospital or to facilitate continuous improvement.

Managers did not operate effective systems to assure themselves that the environment was maintained and cleaned. The cleaning records for the service had multiple gaps and there was no audit system in place to ensure cleaning was completed.

There was no documentation to ensure regular cleaning and checks of the services clinic rooms were completed and managers could not be assured that patients were receiving the correct medicines due to documentation errors.

There was no routine audits or standardised assessments of the occupational therapy being provided to patients so that the service could monitor its effectiveness and patient outcomes.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Management of risk, issues, and performance

Teams did not always have access to the information they needed to provide safe and effective care and used that information to good effect.

The lack of audits of cleaning, occupational therapy and medicines meant that information could not be reviewed, and appropriate changes made to ensure appropriate oversight. However, the management team at the service met daily to discuss safeguarding's, incidents, and risk. There was a twice daily handover between staff to advise of patient status and risk.

Information management

Staff did not collect analysed data about outcomes and performance or engage actively in local and national quality improvement activities.

Engagement

Managers engaged actively with 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. We received feedback from multiple third-party stakeholders who were positive about the service and their engagement.

Learning, continuous improvement and innovation

We were not aware of any continuous improvement initiatives taking place at the hospital. Staff did not participate in any national audits and did not participate in any accreditation schemes relevant to rehabilitation wards.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The service must ensure all psychological provisions are provided to patients. (Regulation 9(1)(a)(b))

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service must ensure that all patients medication charts match the appropriate mental health act documentation and are updated as soon as reasonably practicable. (Regulation 12(1)(2)(g)) The service must ensure that all patient areas are well maintained and cleaned regularly. (Regulation 12(1)(2)(d))

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that all cleaning records are completed and audited regularly. (Regulation 17(1)(2)(a)(b)) The service must ensure that all clinic room records as per provider policy are completed and audited regularly. (Regulation 17(1)(2)(a)(b))

This section is primarily information for the provider

Requirement notices

The service must ensure that occupational therapy has appropriate governance in place so that patient outcomes can be routinely measured and reviewed. (Regulation 17(1)(2)(e))