

Edith Shaw Hospital

Quality Report

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Leek

Staffordshire

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

Ratings

Overall rating for this location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Overall summary

We rated Edith Shaw Hospital people as **good** overall because:

- During this most recent inspection, we found that the service had addressed the issues that had caused us to rate effective and well led as requires improvement following the December 2015 inspection. The hospital was now meeting Regulation 17 HSCA (RA) Regulations 2014 Good governance.
- The provider had robust recruitment processes in place for directors. All board members human resources files had completed fit and proper person declaration forms, professional references, and disclosure and barring service (DBS) checks.
- The provider had updated all Mental Health Act (MHA) Code of Practice policies and procedures in line with the revised Code of Practice dated April 2015.
- During this most recent inspection, we also found that daily checks on staffing levels ensured the safe staffing of the hospital. These arrangements included contingency plans to manage unplanned staff sickness and absence.
- Patients had a comprehensive physical and mental health assessment on admission to the hospital and a full multidisciplinary team was responsible for their care. Staff attended regular review meetings to formulate positive behaviour support plans and ensure that care plans focused on patients' physical and mental health.
- The hospital had good working relationships with the local GP and practice nurse and had access to an experienced therapies team and occupational therapy service.

- Staff were caring towards patients and treated them with dignity and respect. Patients could attend their care review meetings, were encouraged to be involved with their care plans, and agreed their discharge and follow-up care in consultation with their family and carers.
- Patients' bedrooms were personalised and had adjacent bathroom suites for individual use. Patients also displayed pictures, in their rooms, that they had painted during activity sessions.
- Processes were in place to monitor and learn from incidents. Staff also received regular supervision and were of the right grade and experience.

However:

- Staff compliance with mandatory training was low. Training rates were low for safeguarding, food safety, and Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff did not always report all safeguarding incidents appropriately.
- Hospital staff were restricted in their observation of patients due to the layout of the building.
- The patients' quiet room was frequently unavailable to patients because of its dual use as a multidisciplinary team meeting room.
- Staff were not consulted on the review of the John Munroe Group's vision and values statement.

Summary of findings

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Good



Edith Shaw Hospital

Services we looked at

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

Summary of this inspection

Background to Edith Shaw Hospital

Edith Shaw Hospital is located in Leek, Staffordshire. It has close links to its sister hospital, John Munroe Hospital – Rudyard including shared management and governance structures. The two hospitals are provided by the John Munroe Group Limited.

The hospital provides care and treatment for up to 14 women with complex mental health needs, a learning disability and/or substance misuse problems. Patients may be informal or detained under the Mental Health Act

1983. The hospital is a locked rehabilitation unit with secure perimeter fencing. The hospital comprises two lounge areas and all patients' bedrooms have ensuite bathroom facilities.

The hospital is registered to provide the following regulated activities:

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

Our inspection team

Team leader: Nick Maiden

The team that inspected the service comprised two CQC inspectors and a nurse specialist advisor.

Why we carried out this inspection

We undertook this inspection to find out whether Edith Shaw Hospital had made improvements to their long stay / rehabilitation wards for working age adults since our last inspection of the hospital in December 2015.

When we last inspected Edith Shaw Hospital in December 2015, we rated their long stay / rehabilitation wards for working age adults as requires improvement overall. We rated the core service as requires improvement for safe, effective and well led, and good for caring and responsive.

Following the December 2015 inspection, we told the provider it must make the following actions to improve long stay / rehabilitation wards for working age adults:

- The provider must take steps to update all Mental Health Act (MHA) policies in line with revised MHA Code of Practice dated April 2015.

- The provider must ensure that robust processes and procedures are in place to ensure that current directors meet the fit and proper person regulation.

These related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 17 HSCA (RA) Regulations 2014 Good governance.

We completed a MHA monitoring visit at the same time as the last inspection in December 2015. The visit identified a number of issues, which the provider addressed soon after the inspection. We found no outstanding issues during this inspection.

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 information provided by the John Munroe Group Limited.

During the inspection visit, the inspection team:

- visited the hospital site and looked at the quality of the ward environment

- observed how staff cared for patients
- received feedback from four patients who were using the service
- spoke with the John Munroe Group hospital manager and the Edith Shaw ward sister
- spoke with two other members of staff, the consultant psychiatrist and the local authority social worker
- looked at six care records of patients
- reviewed records for detained patients
- carried out a specific check of the medication management on the ward and looked at all treatment cards
- looked at a range of policies, procedures and other documents relating to the service.

What people who use the service say

Patients praised the staff working at Edith Shaw Hospital. They described them as good and stated that they treated them with dignity and care. Patients also liked the environment and said it was nice and clean and a pleasant place to live.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as requires improvement because:

- Staff were not up-to-date with their mandatory training. Training rates were low for safeguarding, food safety, and Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff did not always report safeguarding incidents.

However:

- There were adequate and safe staffing levels at the hospital. Monitoring systems were in place to prevent the service reaching unsafe levels.
- Staff completed risk assessments and they were up-to-date for all patients. Staff received training to carry out physical interventions.
- All areas of the hospital were clean and staff fully adhered to infection control principles.
- Positive behaviour support plans were in place to manage challenging behaviour in a patient-centred way.
- The hospital had good medicines management practices and had arrangements with a specialist mental health pharmacy to help ensure safe administration of drugs.

Requires improvement



Are services effective?

We rated effective as good because:

- The service had adequate access to the multidisciplinary team, which included a psychiatrist, an occupational therapist, a psychologist and activity coordinators.
- All patients had a comprehensive physical and mental health assessment on admission and staff updated these regularly.
- Care plans were patient-centred and focused on patients' physical and mental health. They included positive behaviour support plans and discharge plans that staff reviewed regularly.
- The hospital received pharmacy support including regular medication reviews and audits.
- The ward sister carried out clinical audits with support from administration staff based at John Munroe Hospital. These included monitoring patients' access to physical health care and infection control.
- The hospital complied with national institute for health and care excellence (NICE) guidelines and monitored this through centrally held clinical governance meetings.

Good



Summary of this inspection

- Staff received a comprehensive induction and all staff received regular supervision to monitor practice and performance effectively.
- Staff worked well with the multidisciplinary team and attended review meetings to understand patients' care needs.
- There were also good working relationships with the local GP and other medical practice staff.
- Hospital staff demonstrated a good knowledge of the Mental Capacity Act (MCA) and helped to make decisions appropriately in patients' best interests.

However:

- Not all staff had received their annual appraisal.
- Not all staff were up-to-date with training on the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards.

Are services caring?

We rated caring as good because:

- Staff treated patients with kindness, dignity and respect and understood their individual needs. Staff spent one-to-one time with patients to discuss their individual needs.
- Patients had access to monthly ward meetings to discuss their care and raise any concerns.
- Staff developed care plans in consultation with patients and carers, where appropriate.
- Staff offered patients a personal file to keep in their room to store copies of their treatment records and their care plans.
- Patients attended their multidisciplinary review meetings if they wished.
- Patients had access to independent advocacy services. Staff helped patients to use these.

Good



Are services responsive?

We rated responsive as good because:

- There was no stated waiting time for admission and all patients had a discharge and follow-up care package developed in consultation with their family and carers.
- Edith Shaw Hospital was a pleasant environment with adequate facilities for patients.
- The hospital provided a choice of food to meet patient's dietary and cultural requirements and patients had access to food and drink 24 hours a day.

Good



Summary of this inspection

- Patients personalised their bedrooms to a high degree and staff consulted patients on communal decoration. This included displaying pictures that patients had painted during activity sessions.
- Staff provided a good range of activities throughout the day.
- All access and facilities at the hospital met the standards for disabled access.
- Posters displayed information on complaints procedures and staff regularly informed patients of their rights and the complaints process.

However:

- There was no dedicated therapy activity room and the quiet room for patients was often in use by the multidisciplinary team meaning patients could not use it.
- John Munroe Group did not always feedback the outcome of complaints to staff, which mean they were unaware of any action they should take.

Are services well-led?

We rated well led as good because:

- Recruitment processes for all board members and fit and proper person declaration forms were in order.
- All staff had employment files containing evidence of recruitment processes, references and disclosure and barring service (DBS) checks.
- The centrally based clinical governance group monitored all incidents at Edith Shaw Hospital to identify any themes and trends.
- Staff received regular clinical supervision and staff of the right grade and experience worked on the hospital ward.
- John Munroe Group held regular clinical governance meetings and communicated the actions and outcomes to Edith Shaw Hospital staff.
- The hospital recorded risks on a risk register and reviewed them regularly.
- Staff knew of their responsibility to be open and transparent with service users about their care and treatment.
- The hospital had no cases of bullying and harassment and the staff morale was good. Staff were proactive in recommending ways to improve the service they offered to patients.

However:

- Staff were not consulted on the review of the John Munroe Group's vision and values statement.

Good



Summary of this inspection

- Mandatory training compliance was low and there were 18 outstanding staff annual appraisals.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the provider.

A Mental Health Act (MHA) monitoring visit made at the time of the last inspection in December 2015 prompted the provider to make a number of changes. We found no outstanding issues during this inspection.

Data from the provider showed that 54% of staff had received training in the MHA. However, staff showed a good understanding of the MHA and plans were in place to increase the training rates. There were consent to treatment and capacity forms for detained patients

attached to medication charts. Staff provide both verbal and written information on patients' rights under the MHA on admission and routinely thereafter. This included information on independent advocacy services.

The mental health law manager based herself at the John Munroe Group head office and managed all the detention paperwork. This included documentation of arrangements for regular care programme approach (CPA) meetings. The provider had also taken steps to update all Mental Health Act (MHA) policies in line with revised MHA Code of Practice dated April 2015.

Mental Capacity Act and Deprivation of Liberty Safeguards






Two patients were subject to Deprivation of Liberty Safeguards (DoLS).

Data from the provider showed that 54% of staff had received training in the Mental Capacity Act (MCA). However, staff had a good understanding of the MCA and knew who to contact for advice.

All patients had up-to-date and accurate MCA paper work in line with requirements of the MCA.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Requires improvement 

Safe and clean environment

- The layout of the unit did not allow staff to observe all parts of the hospital. However, most patients gathered in the ward's communal lounge during the day where staff could observe them easily. The regular core staff team knew the patients well and were alert to unusual activity.
- Edith Shaw was a female-only hospital and therefore met the Department of Health elimination of mixed-sex accommodation requirements.
- The hospital had ligature points on some areas of the ward and in bedrooms. Ligature points are fixtures and fittings that could be used as hanging points. The last ligature audit was in September 2015 audit and the provider had an action plan in place to remove or reduce the risks including replacement of risky items. Staff reduced through risk assessment and appropriate observations of patients. Staff had access to three sets of ligature cutters in the event of an emergency.
- Edith Shaw Hospital had a search policy but had not needed to conduct any personal searches. Depending on the risks presented, staff occasionally searched bedrooms and other parts of the hospital.

- Staff conducted daily checks of the clinic room at the hospital. Staff checked emergency resuscitation equipment and other physical health equipment. Staff stored all equipment and drugs correctly. Staff received training to use all the equipment.
- Edith Shaw staff did not seclude patients and the hospital did not have seclusion facilities.
- All areas of the hospital were visibly clean and there were daily cleaning charts displayed in bedrooms, bathrooms, offices, the clinic and the lounge. The furniture was adequate for the needs of patients.
- There were numerous hand washing cleansers with hand hygiene charts displayed throughout the hospital. Nurses cleaned clinical equipment after each use and checked unused equipment weekly. Staff reported broken equipment and other infection control matters to senior management. The manager had recently advertised for an infection control lead from within the staff team to work with the provider's infection control officer.
- Edith Shaw clinical managers completed an initial environmental risk assessment in May 2016 and had plans to complete a full assessment by the end of January 2017. Initial recommendations included moving the first floor nurses' office to the ground floor to improve their accessibility to patients.
- Alarms were available to staff on every shift and patients had access to a nurse call system in their bedrooms. There were different sounds for routine and emergency calls.

Safe staffing

- The Edith Shaw staff team establishment comprised six qualified, whole time equivalent (WTE) nurses and 18 WTE healthcare assistants. The hospital had a basic minimum staffing ratio of one staff member for every

Long stay/rehabilitation mental health wards for working age adults

Good 

three patients for day shifts, and one staff member for every four patients for night shifts. The John Munroe Group (JMG) rota coordinator made daily assessments of the staffing levels and managed any sickness or absence, moving staff between other John Munroe hospital wards if necessary.

- Ten staff had left Edith Shaw Hospital in the 12 months to 1 July 2016. This represented a 40% staff turnover rate with a 17.5% vacancy rate in the preceding 12 months. In the same period, Edith Shaw Hospital had an average staff sickness rate of 8%.
- The hospital used bank or agency nurses when they had shortages of staffing. They used their internal bank staff in the first instance. They also had access to staff from an agency affiliated to the provider, who received the same training as John Munroe Group staff. The hospital used external agencies as a last resort. Where possible, the hospital used temporary staff who were familiar with the ward and patients. Managers ensured all temporary staff received a thorough handover and linked them with experienced staff.
- Clinical staff (qualified nurses or healthcare assistants) were present in the communal areas at all times. Staff had access to cordless telephones so that they could contact a qualified nurse at any time.
- Patients had regular one-to-one time with their named nurses, which staff recorded on the in the patients' daily notes.
- Staff rarely cancelled escorted leave and ward activities because of too few staff.
- The hospital's safe staffing procedure helped ensure there was a minimum of 78.5% of staff on duty who had received the management of actual and potential aggression (MAPA) training. If staffing levels fell below this standard, the ward manager informed the directors. This happened on four occasions in the preceding six months to the inspection.
- The safeguarding lead referred three incidents from Edith Shaw Hospital to the local authority between 1 May and 31 October 2016.
- There was adequate medical cover during the day and night, and a doctor could access the ward quickly in an emergency. Doctors could access patients' electronic care records from home, which helped them assess patients' needs quickly. The patient's own doctor was always contacted first and emergency services in the event of an emergency.

- John Munroe Group had a comprehensive mandatory training programme, however, training compliance data showed that not all staff had received all of their mandatory training. As of November 2016, the average training rates were:

- Safeguarding, 50%
- Statutory in-house (incorporating health and safety, fire, manual handling, infection control and basic life support), 95%
- Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards DoLS), 54%
- Food Safety, 36%
- Management of Actual or Potential Aggression (MAPA), 91%.

Assessing and managing risk to patients and staff

- There were 21 incidents of restraint between February 2016 and 31 July 2016 involving two individual patients. There were no incidents of the use of prone restraint. The hospital had no incidents of use of long-term segregation or seclusion. The hospital had a no seclusion policy and had no seclusion room.
- We reviewed care records for six patients. This included the paper and electronic treatment records and a 'working folder' that contained patients' individual risk assessments.
- Staff used a locally designed risk assessment tool that considered historical and current risk presentations. The assessment tool included risk to self, risk to others and risk of physical health deterioration. The treatment records we reviewed contained a detailed and up-to-date risk assessment and risk management plans. Staff evaluated assessments and plans every four weeks or following incidents. Blanket restrictions in place at Edith Shaw included no smoking. However, patients' could smoke outside under shelters and smoking cessation plans, supported by the local GP practice, were available to them.
- The hospital accommodated informal patients and signs let these patients know that they could leave the ward.
- Edith Shaw had good procedures in place for the use of observation to manage risks and support patients. Patients' care plans specified the level of observation they required to stay safe. At the time of our inspection, two patients received one to one observation. These

Long stay/rehabilitation mental health wards for working age adults

Good 

were risk assessed and documented in the case notes and patient engagement was evident in these observations. There were no personal searches of patients.

- John Munroe Group's training department was an approved training centre for crisis prevention international programmes in MAPA. All staff undertook a five-day foundation advanced and emergency MAPA training. Positive behaviour support plans were in place to reduce the use of restrictive interventions. Staff used restraint after distraction and de-escalation had failed.
- Edith Shaw rarely used intramuscular rapid tranquillisation. If required, staff used oral medication, usually Lorazepam, and complied with NICE guidance.
- Staff knew how to recognise and report safeguarding incidents and when to escalate them. However, they also recognised that further training was required to increase their knowledge and confidence. This was evident when the inspection team observed a patient inappropriately touching another patient. Staff contacted the safeguarding lead for advice rather than immediately report the safeguarding incident. The John Munroe Group safeguarding lead referred safeguarding incidents and concerns to the local authority in line with locally agreed thresholds. She had referred three incidents from Edith Shaw Hospital to the local authority between 1 May and 31 October 2016.
- The provider had good medicines management practice and commissioned pharmacy support and services from a pharmacy experienced in mental health care. Staff faxed prescriptions to the pharmacy and posted the original copies the same day to ensure medication arrived the next day. There was a set day for the delivery of repeat prescriptions. There were appropriate arrangements for recording the administration of medicines. Each patient had a prescription folder that included a prescription chart, a protocol for any PRN (pro re nata - as required) medication, and physical health information including early warning sign charts. The folder included a photograph of the patient to reduce the risk of dispensing errors. The pharmacist visited the hospital and undertook medication audits. Staff completed stock reconciliation sheets.
- Staff assessed patients who were at risk of falls and planned for their specific needs. Staff completed moving and handling risk assessments. Staff assessed risks of pressure ulcers using the Waterlow Pressure Ulcer Risk Calculator.

- The hospital had a children's visiting policy that involved a full risk assessment and the supervision of children on the hospital premises.

Track record on safety

- Edith Shaw Hospital reported no serious incidents and no unexpected death in the past 12 months.

Reporting incidents and learning from when things go wrong

- Most staff at Edith Shaw Hospital knew how to recognise and report incidents but lacked confidence. However, the hospital manager for the John Munroe Group thought there had been underreporting of incidents at Edith Shaw Hospital when compared to its sister hospital. The hospital manager's recent focus on standards at the hospital had increased awareness of incident reporting over the last six months and at board level.
- Staff knew how to complete incident forms and escalate any concerns or issues to qualified nurses, the ward manager or the safeguarding lead. The hospital had an internal database for logging all incidents. This database included guidance on required actions following each reported incident. In addition, nurses completed daily reports at the end of each shift for the next shift's nursing staff.
- The provider had a draft Duty of Candour policy that was awaiting ratification. We spoke to two nursing assistants who were aware of their duty to inform patients of errors and offer support and an apology if appropriate to do so. Managers encouraged staff to talk openly at supervision and at nurse and senior clinicians' meetings. All forums provided staff with the opportunity to discuss the most appropriate manner in which to inform patients and carers of mistakes.
- Staff received feedback from investigations of incidents after they had occurred.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We examined six sets of patient records. All records contained a comprehensive assessment that staff had completed at admission. Treatment records contained assessments of specific need completed by the appropriate specialists, for example, mobility assessments completed by occupational therapists.
- All treatment records showed that staff regularly checked patients' physical health and monitored existing physical health problems. Staff recorded the blood pressure, pulse and weight of each patient at least monthly. Staff consistently maintained the prescribed blood sugar level checks of patients with diabetes. Staff used the recently introduced modified early warning score (MEWS) system. This is a tool that helps staff assess physically unwell patients.
- All treatment records contained care plans that were tailored to individual patients' needs. Staff regularly reviewed patients' care plans. Care plans primarily focused on the management of patients' risk behaviours and the maintenance of their health. They did not emphasise patients' strengths or show a recovery focus. All the records we reviewed contained care programme approach (CPA) review documents, positive behaviour support plans and discharge plans.
- The hospital had paper and electronic treatment records. Staff recorded all daily clinical activities and patient presentations in the electronic record. A 'working folder' contained individual risk assessments, management plans, care plans, physical health information and other assessments. All treatment records were well-organised, securely stored and accessible to staff.

Best practice in treatment and care

- Physical health monitoring, GP visits, infection control and medication complied with national institute for health and care excellence (NICE) guidelines. All staff

followed NICE guidelines on rapid tranquillisation. Managers regularly discussed the hospital's adherence to NICE clinical guidance at John Munroe Group's clinical governance meetings.

- The hospital offered a range of psychological therapies. Patients accessed these by referral from the multidisciplinary team. The therapies team worked across the John Munroe Group, and comprised a part-time consultant clinical psychologist, a full-time assistant psychologist and a part-time art psychotherapist. The hospital also had a skilled and experienced occupational therapy (OT) team that patients accessed by referral from the multidisciplinary team.
- Patients had good access to physical healthcare. The provider commissioned a local GP practice to provide a dedicated general practitioner and general healthcare nursing service to the hospital. The GP and nurse attended the hospital and held separate clinics weekly. They ensured patients received physical healthcare checks, screening and investigations as required. Patients had access to specialists where required, for example, a diabetic nurse. The GP saw all patients routinely on a 12-weekly basis. All patients received routine blood tests annually. Each patient had a physical health file where staff recorded physical health contacts including optical and dental appointments.
- Staff met patient's nutrition and hydration needs by recording the weight of patients, observing changes and responding in an appropriate and timely manner. For example, we saw that staff recorded the type and quantity of food consumed by some patients at each mealtime. Staff also supported patients to make healthier meal choices and assisted patients to achieve personally identified weight goals.
- Staff used the health of the nation outcome scales (HoNOS) to assess and monitor outcomes. These scales measure severity of behaviour, self-injury, cognitive problems and the impact these have on activities of daily living. However, the hospital did not use a recognised rating tool for rehabilitation such as the recovery outcome star.
- The ward sister carried out clinical audits with support from administration staff based at John Munroe hospital. Staff completed monthly audits of physical health monitoring, care plans, GP visits, infection control and medication. The medication audits involved the visiting pharmacist.

Long stay/rehabilitation mental health wards for working age adults

Good 

Skilled staff to deliver care

- Edith Shaw Hospital's multidisciplinary team (MDT), based at John Munroe Hospital included psychiatrists and nurses, care assistants, psychologists and occupational therapists. In addition, the provider commissioned GP services, pharmacy support and chiropody services. The hospital had access to other local secondary care health services through a GP referral. Patients therefore had access to a range of mental health and other disciplines while staying on at the hospital.
- Experienced and qualified staff worked at Edith Shaw Hospital. Registered mental health nursing staff and health care assistants attended an in house induction. This consisted of four days in the classroom and one day on placement in the hospital to orientate them to the clinical environment. The induction programme included a corporate welcome and mandatory training. The provider offered healthcare assistants training in line with the care certificate standards.
- Edith Shaw Hospital had achieved a 100% compliance rate for clinical supervision meaning all staff received regular supervision at least every three months. Regular support and supervision was available both individually and in groups to allow staff time to reflect on their practice. However, two members of staff informed the inspection team that team meetings were infrequent. Different disciplines had arrangements for professional supervision, which included regular peer group supervision and external supervision.
- John Munroe Group data for September 2016 showed that seven staff had received an appraisal in the preceding 12 months. This meant 18 staff had not received their annual appraisal.
- The ward sister was confident that she identified any poor performance early on and managed this individually with staff.

Multidisciplinary and inter-agency team work

- The hospital had effective, weekly multidisciplinary meetings. We observed one meeting that the patient and all members of the multidisciplinary team attended. Members of the multidisciplinary team communicated well during a review meeting and shared details about patient care effectively. The clinical lead for the hospital explained that they used the review meetings as a teaching opportunity for staff.

- Handovers took place at the start of each shift with attendance required from all staff commencing duty. Information delivered at the handover was recorded and accessible to all staff. Staff we spoke with told us that handovers provided them with all the necessary information to deliver patient care. This included information about patients' physical health, safeguarding concerns, staffing levels and patient observation levels.
- Staff told us that they had good working relationships with the local GP and practice nurse. The GP worked closely with the psychiatrist, shared medical information, and acted as the link for other primary and secondary care services. The GP had remote access to patients' files while at Edith Shaw Hospital, which helped ensure continuity of care. Edith Shaw Hospital had strong links with the commissioners and good working relationships with the local safeguarding authority.

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

- At the time of our inspection, training records for the John Munroe Group showed that 54% of all clinical staff had received training in the Mental Health Act (MHA). The MHA training was mandatory for all Edith Shaw staff and the ward sister had a good working knowledge of the MHA and the Code of Practice. The Code advises professionals how to carry out their roles and responsibilities under the Mental Health Act.
- The mental health law manager based at the John Munroe Group head office managed all the detention paperwork. This included arrangements for regular care programme approach (CPA) meetings for staff to assess, plan, coordinate and review patients' care.
- Staff knew who the mental health law manager was and how to contact her. There was regular contact between the hospital and the administrator and qualified staff received and checked all Mental Health Act (MHA) paperwork on a patient's admission. The mental health law manager checked the documents again and we found that detention paperwork was up-to-date and completed accurately.
- The hospital, as part of the John Munroe Group, had a range of up-to-date policies associated with the Mental Health Act. These included policies on absence without leave, Independent Mental Health Advocate (IMHA), transfer of detained patients and guidance on specific

Long stay/rehabilitation mental health wards for working age adults

Good 

sections of the Mental Health Act. Edith Shaw Hospital held duplicate copies of mental health files and held them securely in the nurses' office. All files demonstrated patients consent to treatment and their capacity to make specific decisions about their treatment.

- Records showed that staff explained patients' rights to them on admission and regularly thereafter. There were leaflets about legal rights available to patients.
- The mental health law manager completed regular audits on MHA practice and documentation. We saw audits that checked for accurate completion of MHA records, section 17 leave records, records of rights given to patients and section 58 forms. The mental health law manager shared any issues identified in the audits with staff and drew up action plans to address them.
- Patients had access to local independent mental health advocacy (IMHA) services provided by Asist Advocacy and posters providing information on this were displayed in the reception area, and in nurses' offices. Posters within the hospital advertised the local advocacy service. Qualified nursing staff referred patients for support from an independent advocate to help them express their views and wishes about their treatment. .

Good practice in applying the Mental Capacity Act

- At the time of our inspection, training records for the John Munroe Group showed that 54% of all clinical staff had received training in the Mental Health Act (MHA).
- At the time of inspection, two patients were subject to of Deprivation of Liberty Safeguards (DoLS), a means of protecting vulnerable adults who may not have the ability to make their own decisions about their own care or treatment. The hospital had an up-to-date policy on MCA and DoLS that set out how it met its legal obligations.
- The ward sister had a good knowledge of the Mental Capacity Act (MCA). She spoke about the presumption of capacity and patients' rights to make their own decisions. Most staff we spoke with had a reasonable understanding of the principles underpinning the MCA and assessed capacity to consent on a decision-specific basis.
- The hospital had a policy on MCA and DoLS that staff were aware of.
- Staff made decisions in the best interests of patients unable to make decisions, in line with MCA guidance.

- All patients had up-to-date MCA paperwork completed to a good standard and arrangements were in place for monitoring adherence to it. The provider had a mental health law manager who oversaw systems and processes associated with the MCA. The manager undertook audits and dealt with any issues identified. The manager had plans to improve MCA governance by adding further checks.

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

Good 

Kindness, dignity, respect and support

- We observed good interactions between staff and patients. Staff displayed warmth and affection towards patients. They showed an understanding of patients' individual needs, and gave them praise for achievements during the delivery of care. We saw that staff helped put patients at ease and encourage participation during multidisciplinary team meetings. Staff offered patients choices throughout the day such as at mealtimes and in taking activities.
- Patients told us that staff were friendly, that the hospital was clean and that they enjoyed the activities provided for them. However, patients also told us that the lounge was noisy when some patients argued.
- Patients attended monthly ward meetings to discuss their care, and staff passed their comments to senior managers for action. Changes made following patient feedback included improvements to mealtimes, menus and activities.

The involvement of people in the care they receive

- On admission, the hospital gave each patient a file that included information about the hospital and other services available.
- The care plans we reviewed showed patients' involvement. Staff recorded each patient's views on their care plans and when evaluating the delivery of care. Staff offered patients copies of their care plans and patients signed to confirm receipt of them. Staff

Long stay/rehabilitation mental health wards for working age adults

Good 

recorded when a patient declined to contribute to their care planning or when they refused a copy of their care plan. Each patient had a file in their room where they stored copies of their care records, if they wished to.

- Nurses spent protected time with patients to discuss their individual needs. Patients could request care programme approach (CPA) meetings during this time with their nurse. They could also request independent tribunals to decide if they continued to meet the criteria for detention under the Mental Health Act.
- During the inspection, we observed that staff invited patients to attend and contribute to their multidisciplinary review meetings.
- Patients at the hospital had access to advocacy services. We saw advocacy posters displayed around the hospital and patients had leaflets in their room. Staff helped patients contact the advocacy service.
- The activity co-ordinator collected patient feedback on activities. Edith Shaw Hospital had not conducted an annual patient survey since the last inspection.
- Patients did not have advance decisions in place. These are patients' decisions about their preferred care at a time of crisis or for when they might not have capacity.

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

Good 

Access and discharge

- Edith Shaw Hospital's bed occupancy was 100% for the period 1 March 2016 to 1 August 2016. The average length of stay of the patients in the hospital at the time of our inspection was three years, four months. The average length of stay of discharged patients was one year and eleven months.
- Staff rarely moved patients to other units, and only for essential clinical reasons.
- Edith Shaw Hospital reported no delayed discharges in the last year.
- All patients formally registered under the care programme approach (CPA) had a discharge plan to meet their individual needs. Patients and their carers agreed the discharge plans with staff.

The facilities promote recovery, comfort, dignity and confidentiality

- Edith Shaw Hospital was based in a large house on a residential street. It had a garden used by staff and patients for smoking and socialising when the weather was good. The combined lounge and dining area was the main communal area for patients to gather, watch television and enjoy activities. The hospital did not have a dedicated therapy activity room. There was a quiet room for patients. However, multidisciplinary team meetings took place in the quiet room, which meant it was not always available to patients. Visitors used the quiet room or sat with patients in their bedrooms.
- There was a well-equipped clinic room. However, there was no examination couch. Patient examinations took place in patients' bedrooms if patients needed to lie down.
- Patients could have their own keys to their bedrooms if requested. These requests were risk assessed and granted if safe to do so. Patients had locked draws in their bedrooms for their possessions or nurses allowed them to use the office safe.
- There was a fixed patient phone in the hospital hallway with a seat. The area was not very private but staff said patients could use the office phone if patients required confidentiality. Some/most patients had their own mobile telephones.
- Staffordshire Moorlands District Council awarded Edith Shaw a food hygiene rating of five (very good) on 5 October 2015.
- The hospital supported patients with their choice of food to meet their dietary requirements and their religious and ethnic needs. The onsite catering team provided a flexible menu that accommodated different needs, preferences and serving times. Access to drinks and food was available 24 hours a day.
- The inspection team observed that patients could personalise their bedrooms. The hospital's decorations included patients' pictures and other personal touches.
- Activities were patient led. Activity co-ordinators worked across the John Munroe Group. They visited Edith Shaw Hospital twice a week. They had plans to increase this to three times a week.

Meeting the needs of all people who use the service

Long stay/rehabilitation mental health wards for working age adults

Good 

- Edith Shaw Hospital respected the ethnicity, culture and language of its patients. Patients could attend places of worship or have spiritual meetings within the hospital. However, there was no multi-faith room on site.
- The hospital had a wheelchair accessible lift, a chair lift and assisted bathroom equipment to support patients with disabilities.
- Staff considered the communication needs of patients and had access to information in a variety of formats including easy-read.
- Leaflets were available in different languages and interpreters were available with notice. Information was available on notice boards, including advice on access to independent advocacy, how to make a complaint and easy-read literature about the Mental Health Act.

Listening to and learning from concerns and complaints

- One complaint, received in the previous year, and not upheld, was from a patient complaining about a member of staff. Posters on notice boards displayed information on complaints procedures. Qualified staff dealt with patients' complaints if nursing assistants could not resolve them immediately. Patients knew how to raise complaints.
- Staff were familiar with the complaints policy. However, they had not received feedback on the one complaint received. This meant that staff had not had the opportunity to learn from the complaint made. Staff assumed that the patient had received a response and outcome to their complaint.
- John Munroe Group's policy on complaints encouraged staff to have open and transparent discussions with patients and relatives. Staff supported patients and relatives to raise any queries, complaints, concerns and compliments by any suitable means.

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

Good 

Vision and values

- John Munroe Group's vision and values included patient individuality, creating a safe community, treating

patients equally and being responsive to patient's choices in all aspects of their care. The staff we interviewed could not recite the values and vision of the organisation. The provider had recently revised its vision and values but had not consulted staff at Edith Shaw Hospital.

- Hospital staff knew who their immediate line manager and the John Munroe Group's hospital manager were. However, they stated that they met other senior managers from John Munroe Group infrequently.

Good governance

- John Munroe Group's governance systems were set out in its board assurance and escalation framework, developed in 2015. Systems included regular 'ward to board' meetings such as patients' meetings, senior clinicians' meetings (two-weekly), hospital managers' meetings, monthly clinical governance meetings, health and safety meetings, and board meetings.
- Mandatory training data for the preceding year before the inspection identified that compliance with food safety, safeguarding and Mental Health Act (MHA) training was less than 75%. The training coordinator was trained to deliver some courses such as food safety and manual handling. The safeguarding lead delivers safeguarding training following the Staffordshire local authority guidelines.
- Evidence from staff files confirmed that all staff received regular clinical supervision and some staff had received an annual appraisal from the ward sister.
- Staff of the right grade and experience adequately and safely covered all nursing shifts.
- Improved governance systems and processes for monitoring care meant that the outcomes of audits completed by Edith Shaw Hospital, including updates on action plans and quality and safety issues, went to the central John Munroe Group clinical governance meetings. This enhanced process meant the ward sister also had high-level access to information that helped her assess service delivery and identify areas for improvement. This included data on mandatory training and information on plans to improve take up.
- Although most staff were familiar with John Munroe Group's incident reporting systems and understood procedures for safeguarding incident reporting, they did not always follow them. They told us they did not record or report some incidents but dealt with them locally.

Long stay/rehabilitation mental health wards for working age adults

Good 

The inspection team also observed this to be the case in one instance. The John Munroe Group clinical governance group monitored incidents to identify any themes and trends.

- The ward sister had clinical autonomy and said that she received good support from her senior managers.
- All staff could place risks on the ward risk register by informing the ward sister. The risk register was reviewed regularly at local and at board level.

Leadership, morale and staff engagement

- The sickness and absence rate for the period September 2015 to August 2016 was an average of 8% for the Edith Shaw Hospital staff team.
- At the time of inspection, no cases of bullying and harassment had occurred.
- Staff also told us they were aware of John Munroe Group's whistle blowing policy, a means by which staff could raise a concern about a wrongdoing in their workplace.
- Staff were aware of the whistle blowing policy, how to access and to how to use it. The culture on both wards was to raise concerns in an open and honest manner. Staff told us they felt able to raise concerns if they needed to as their manager was open to discussing when things might have gone wrong or considering suggested clinical improvements.

- The inspection team found staff were positive and morale was good. However, two staff said they would appreciate a thankyou from managers more often.
- Staff were aware of their requirement to be open and transparent with service users about their care and treatment, including when things went wrong. The team culture and the ward sister supported this duty of candour.

Commitment to quality improvement and innovation

- At the time of our inspection, Edith Shaw Hospital did not participate in any national quality improvement or accreditation programmes. The John Munroe group planned to encourage further patient feedback, through local surveys and meetings, to inform future innovation and improvement. The group also planned to enhance the recognition of staff achievements and offer service specific training.
- Planning was also in place to use assistive technology to increase patients' independence and safety. This would include the introduction of mattress and door alarms in patients' bedrooms to alert staff when they patients got out of bed or left the bedroom.
- The John Munroe Group stated they had a commitment to developing clinical practitioner lead roles in management of actual or potential aggression (MAPA), moving and handling, infection control and health and safety.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all staff receive mandatory training.
- The provider must ensure that staff report all safeguarding incidents appropriately.

Action the provider **SHOULD** take to improve

- The provider should make adjustments to improve observation of all parts of the hospital.

- The provider should provide further training and reflection on safeguarding
- The provider should make sure there is a quiet room available to patients at all times.
- The provider should consult staff on future reviews of the vision and values of the organisation.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ul style="list-style-type: none">• Not all staff were up-to-date with their mandatory training.• Not all staff had received training in safeguarding and they did not always report all safeguarding incidents appropriately. This was a breach of regulation 18(2)(a).