South View Independent Hospital

Quality Report

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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.

Summary of findings

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

Overall summary

We rated the service as good overall because:

- Patients at the hospital were kept safe because there was sufficient staff in place, the multidisciplinary team included a range of professionals, staff sickness absence rates were only 2.6%, staff were trained in emergency first aid and basic and intermediate life support and there was emergency medication in stock.
- The hospital was clean and tidy and complied with the Department of Health guidance on eliminating mixed sex accommodation. Patients' rooms were fitted with sensor-operated showers and taps and nurse call alarms and the garden area was secure which prevented patients from absconding.
- Staff were trained and qualified to deliver safe and effective care, received regular supervision, and were appraised. Patients did not need to be secluded or placed in long-term segregation and physical restraint was only used as a last resort because staff were trained in de-escalation practices. The provider also had a policy in place to ensure that any children visiting the hospital were kept safe. Staff knew and agreed with the provider's visions and values. Staff morale and job satisfaction were positive and there was a good level of support from peers and managers.
- People who used the service told us that staff treated them in a caring, compassionate, kind, respectful and dignified manner. People who used the service were involved in decisions about care and treatment and were able to provide feedback on their care and treatment through patient and family forums, meetings with the multidisciplinary team and using comments and suggestions cards. Patients had access to an advocacy service, an interpreter and signer and the hospital ran patient activities seven days a week.
- Incidents and complaints were investigated and lessons learned were used to improve practice. All staff were aware of the need to be open, honest and transparent with people when things go wrong.
- Mental Health Act and Deprivation of Liberty Safeguards documentation was in order. All staff had completed training in the Mental Health Act and Mental Capacity Act and audits took place to ensure staff complied with the Acts. Staff regularly reminded patients of their rights.
- Care records showed the hospital was patient-focussed as they were recovery orientated, person-centred, showed evidence of physical healthcare being assessed and monitored and contained discharge plans. All patients had up to date risk assessments in place.
- Hot drinks and snacks were available to patients 24 hours a day, the Foods Standards Agency awarded the hospital a five star 'very good' rating in relation to food hygiene and patients had a choice of food to meet their dietary requirements. Patients could personalise their rooms and accessed their chosen place of worship within the community. There were patient activities seven days a week.
- The provider used key performance indicators and clinical governance mechanisms and audits to monitor practice and improve service delivery. The hospital had a risk register to which staff could add items.

However:

- Curtain rails were not of the collapsible type used to prevent suicides by hanging themselves and were not included in the environmental risk assessment. This was a breach of regulation 12 of the Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Safe care and treatment.
- An audit on 3 July 2017 identified staff had incorrectly administered medication, which had expired on 30 June 2017.
- Dosages on medication labels did not match the prescribed dose recorded on three patients' medication cards.

Summary of findings

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Good

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Services we looked at
Wards for older people with mental health problems

Summary of this inspection

Background to South View Independent Hospital

South View Independent hospital had one ward called Hazeldene with 15 beds; 10 male and five female. It provided care for people with complex dementia needs and behaviours that challenge. Patients are informally admitted or detained under the Mental Health Act. At the time of our inspection visit, there were eight patients staying at the hospital.

The service helps patients to stabilise and manage the complexities associated with their diagnosis, whilst encouraging them and their families to share their views and make informed choices regarding their treatment and care.

The hospital operates using the standard NHS Mental Health contract and has mental health governance meetings specific to the hospital. It reports on progress to commissioners, Barchester Healthcare's mental health clinical governance committee and through a publicly available quality account.

The current registered manager, who is also the hospital director, is soon due to leave the hospital to take over responsibility for another hospital within the Barchester Healthcare group. During the inspection, the divisional director told us they were in the process of recruiting a replacement.

South View Independent Hospital has been registered with the Care Quality Commission since 15 February 2011 to carry out the following regulated activities:

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

The Care Quality Commission has previously inspected South View Independent Hospital six times. During the most recent inspection on 19 May 2016, we found a lack of discharge planning in patients' care records. This was a breach under regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We rated the hospital as 'requires improvement' in responsive and rated the hospital as 'good' overall.

Our inspection team

The team that inspected the service comprised two CQC inspectors including Rob Burdis (inspection lead), a CQC inspection manager, a CQC assistant inspector, a CQC pharmacist inspector and a nurse specialist advisor.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

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

This was an announced comprehensive inspection.

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location and requested further information from the provider, Barchester Healthcare.

During the inspection visit, the inspection team:

- visited all parts of the ward to check the quality and safety of the environment
- observed how staff were interacting with patients
- observed a music therapy session that took place during the day
- looked at the hospital's medicines processes and documentation
- looked at the documentation for Deprivation of Liberty Safeguards
- spoke with 10 members of staff
- spoke with the director of the external pharmacy service which provided medication advice and support to staff and patients
- spoke with two patients
- spoke with six carers and relatives
- received written feedback from two patients' carers about the hospital
- received feedback from commissioners and patient advocacy service
- looked at all eight patients' care records and medication charts

What people who use the service say

Patients were positive about the staff in relation to the respect and kindness they showed to them. They said that staff always knocked before entering patients' bedrooms to maintain their privacy and dignity at all times.

Patients and carers said staff were caring and treated them with dignity and respect.

Patients told us that staff knew their individual needs and preferences and treated them as individuals. One carer told us that staff spoke with their relative in a calming and reassuring tone, which helped to improve their mood. Another carer said staff were genuinely concerned and upset that their partner had to be re-admitted to the hospital due to a decline in their mental health.

One carer was unhappy as staff had told them to ring the hospital before visiting their relative. The hospital director told us that the patient sometimes became upset if their relative stayed too long so they had been asked to visit the hospital more frequently but for shorter times. The hospital director spoke to the relative personally and the matter was resolved.

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?

Requires improvement 

We rated safe as requires improvement because:

- Curtain rails were not of a collapsible type used to prevent suicides by hanging and were not included in the hospital's environmental risk assessment. This was a breach of regulation 12 of the Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Safe care and treatment.
- An audit in July 2017 identified staff had incorrectly administered medication, which had expired on 30 June 2017.
- Dosages on medication labels did not match the prescribed dose recorded on three patients' medication cards.

However, we found the following areas of good practice:

- The hospital was clean and tidy and complied with the Department of Health's guidance on same sex accommodation by keeping male and female rooms separated. All rooms were fitted with sensor operated showers and taps. There were security mats in patients' rooms, which alerted staff of any movements or possible falls and the garden area was secure to prevent patients from absconding. Staff closely monitored patients at risk of self-harm or suicide. In addition, nurse call alarms were available in all bedrooms and corridors for patients to attract the attention of staff and staff carried person alarms to keep themselves and patients safe.
- Patients were kept safe because staff were trained in intermediate life support and emergency first aid and basic life support. The hospital kept adrenaline in stock and a doctor at another nearby hospital could attend the ward within 15 minutes if there was an emergency. There were no registered nurse or support worker vacancies, bank staff were familiar with the ward and agency staff were rarely used and staff sickness absences were low. Patients had regular one to one sessions with their named nurse. All patients had risk assessments in place. The provider had policies and procedures in place which ensured children visiting the hospital were kept safe.
- All mandatory training for staff was above 75% compliance and in most areas was between 90 and 100% compliance. Patients did not need to be secluded or placed in long-term segregation and physical restraint was only used as a last resort because staff were trained in de-escalation practices.

Summary of this inspection

- Incidents were investigated and used any lessons learned to improve practice. Managers reviewed serious incidents shared any lessons learnt at team meetings. All staff had received were aware of the need to be open, honest and transparent with people when things go wrong.

Are services effective?

Good

We rated effective as good because:

- Staff undertook comprehensive assessments of patients. Patient records were recovery orientated, personalised and showed the people who used the service were involved in decisions about their care and treatment.
- The provider had a resuscitation policy in place, which followed good practice. Staff regularly reviewed 'do not attempt cardiopulmonary resuscitation' orders with patients' GPs and relatives. The provider's medication management policy and procedure followed national guidance and legislation, however, we found two medication issues during our inspection.
- Staff assessed and monitored patients' physical health and annual health checks were completed. Staff provided support to patients who had difficulties feeding themselves and monitored patients' nutrition and hydration needs. Patients had access to clinical psychology.
- Staff at South View Independent Hospital and managers from within the wider Barchester Healthcare group actively engaged in clinical audits of the hospital.
- The hospital's multidisciplinary team included a range of professionals who held ward rounds every week and met with every patient at least once a month. Staff supervision took place bi-monthly as a minimum and staff were appraised mid-year and at the end of the year.
- The hospital had its own Mental Health Act administrator who examined Mental Health Act documentation and provided advice to other staff within the hospital and staff were trained in the Mental Health Act and Mental Capacity Act. Deprivation of Liberty Safeguards documentation was complete. The hospital had a system for record keeping and care planning around Deprivation of Liberty Safeguards and ensuring they remained current.

Are services caring?

Good

We rated caring as good because:

- Staff treated patients in a caring, compassionate, kind, dignified and respectful manner; were visible in the communal areas and were attentive to the needs of the patients. Patients told us that

Summary of this inspection

staff always knocked before entering their rooms, which meant their privacy and dignity, was maintained. Patients and carers were involved in decisions about care and treatment and felt involved in care planning.

- The hospital had mechanisms such as patient and family forums, a 'comments and suggestions' box and regular access to members of the multidisciplinary team to enable people who used the service to provide feedback on their care and treatment.
- Patients had access to a local advocacy service and there was information on noticeboards on how to access this service, which included a name and photograph of the advocate.

Are services responsive?

Good

We rated responsive as good because:

- There were no delayed discharges of patients within the last six months. The hospital discharged patients at times that fitted in with their needs or the needs of their families and carers. All eight patients at the hospital during our inspection visit had discharge plans in place and there were regular discussions with patients and carers about discharge planning.
- Patients could visit the hospital prior to admission, so that they could meet the staff, personalise bedrooms and familarise themselves with the layout of the ward. Patients had a choice of food to meet their dietary requirements and were able to access their chosen place of worship within the community. Hot drinks and snacks were available 24 hours a day and the Foods Standards Agency awarded the hospital a five star 'very good' rating in relation to food hygiene.The hospital ran activities for patients seven days a week including outdoor activities.
- Information was available in formats that met the current patient group's needs such as different languages and easy-read. Patients could access an interpreter or signer within 48 hours.
- The hospital investigated complaints and used any lessons learned to improve practice.

Are services well-led?

Good

We rated well-led as good because:

- Staff completed mandatory training, were appraised and regularly supervised and agreed with the provider's visions and values. The numbers, experience and skill mix of staff meant the hospital could meet patients' needs. Staff morale and job

Summary of this inspection

satisfaction were positive and there was a good level of support from peers and managers. Staff knew about the provider's whistleblowing policy and undertstood the need to be open, honest and transparent with people when things went wrong.

- The hospital used lessons learned from incidents and complaints to improve practice at the hospital. The hospital had its own risk register to which all staff could submit items. Staff discussed the risk register at staff meetings.
- The hospital had a clear structure for reporting and sending information. The hospital held meetings with staff and patients and information from these meetings informed clinical governance.
- The divisional director undertook 'Quality First' audits, which highlighted good practice and any areas for improvement. Actions from these audits were included in a central action plan. Clinical governance ensured adherence to good practice and safe care and treatment. The hospital used key performance indicators and findings from audits to measure staff performance and improve its service delivery.

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.

The hospital had a Mental Health Act administrator who examined Mental Health Act papers in advance of patients being admitted to the hospital. They were the main point of contact for staff when they needed advice on issues about the Mental Health Act. There was also a regional Mental Health Act lead based at a nearby hospital which was also part of the Barchester Healthcare group.

All staff at the hospital had completed their mandatory Mental Health Act training. The training included changes to the Code of Practice. The Mental Health Act administrator kept staff informed about the Mental Health Act post-training and staff received information during supervision and via newsletters.

Two support workers we spoke with did not have a good knowledge of the Mental Health Act and said that the relevant knowledge lay with the nurses who undertook any work relating to the Act. The nurses we spoke with were able to clearly demonstrate their knowledge of the Act. The hospital director was in the process of organising further training for nursing staff around using either the Mental Health Act or Deprivation of Liberty Safeguards.

Consent to treatment forms were correctly completed and attached to medication charts. Copies of forms were kept in patients' files. The hospital director, deputy manager and Mental Health Act administrator audited consent to treatment forms and certificates from second opinion appointed doctors during Regulation Team and 'Quality First' audits.

Staff completed documentation for detained patients correctly and stored it within the patient's file.

Patients had their rights explained to them on admission, at patient forums and during one to one meetings with staff.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff at the hospital had received training in the Mental Capacity Act, which was mandatory Staff received any updates about the Mental Capacity Act post-training via newsletters, supervision and information provided by the Mental Health Act administrator. There was also a regional lead at a nearby hospital which was also part of the Barchester Healthcare group.

The provider reported in May 2017 that in the previous 12 months, the hospital raised a safeguarding alert in relation to reluctance of local authorities to consider Deprivation of Liberty Safeguards as opposed to detainments under the Mental Health Act.

Although all staff had completed their mandatory Mental Capacity Act training at the time of our inspection visit, two support workers we spoke with did not have a good knowledge of the Act and said that the relevant knowledge lay with the nurses who undertook any work relating to the Act. The nurses we spoke to were able to clearly demonstrate their knowledge of the Act. The hospital director was in the process of organising further training for nursing staff around using either the Mental Health Act or Deprivation of Liberty Safeguards.

The provider reported in May 2017 that the hospital submitted four Deprivation of Liberty Safeguards applications in the previous six months. One application was not authorised and the patient concerned was admitted under the Mental Health Act.

We reviewed the documentation for the three patients authorised under the Deprivation of Liberty Safeguards in place and the quality of the documentation was good and in-date. The hospital had a system in place for record keeping and care planning around Deprivation of Liberty Safeguards.

The hospital used audits and daily monitoring systems to assess staff compliance with the Act.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Good

Wards for older people with mental health problems

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

Are wards for older people with mental health problems safe?

Requires improvement

The hospital was clean and tidy. Cleaning schedules were in place and hand-sanitising gel was available and being used. Staff followed infection control practices and had access to protective personal equipment. Training records showed that all staff had received training in infection control. Staff monitored hygiene and tidiness within the hospital on a daily basis.

The hospital complied with the Department of Health's guidance on eliminating mixed sex accommodation by keeping male and female rooms on separate floors from each other and the provision of a designated female lounge. The en-suite facilities were fitted with sensor operated showers and taps. There were two bathrooms on the top floor and a sluice room in the male area of the ward. Patients could access their rooms at all times and lock them. There were security mats in some patients' rooms, which alerted staff of any movements or possible falls.

There was a fully equipped clinic room and a therapy room. There were keypads to the entrance and exit for the building. The garden area was secure to prevent patients from absconding. The outside area was spacious with a relaxing atmosphere and included a smoking shelter for patients.

Access to the lounge and corridor areas was via a key code, which was only given to patients without mobility issues. This was a safety measure to ensure that patients with mobility issues sought help from staff to assist them in moving around the different areas of the ward.

Although there were no blind spots in the main communal rooms, the ward was over two floors, which meant staff could not see all areas of the building. However, risk assessments identified any patients at risk of self-harm or suicide and staff used higher observations for any high-risk patients to monitor their whereabouts and safety.

The risk assessment included details of ligatures within each room, any risks associated with the patient staying in the room and any systems put in place to minimise risk such as the use of higher observations. Curtain rails in patient bedrooms and other communal areas were not of a collapsible type used to prevent suicides from hanging and were not included in the environmental risk assessment. This was a breach of regulation 12 of the Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Safe care and treatment. We raised this and staff updated the environmental risk assessment accordingly.

Nurse call points were available in all bedrooms and in all corridors for patients to attract the attention of staff. Staff carried personal alarms to keep themselves and patients safe.

Staff received instructions in the use of the hospital's resuscitation equipment during their first aid training. Records showed that staff checked the resuscitation equipment every week. The hospital kept adrenaline in stock for use in emergencies, which we saw was in-date.

Safe staffing

Good

Wards for older people with mental health problems

The hospital used the Royal College of Psychiatrists standards guidance and Accreditation to Inpatient Medical Services recommendations to determine safe staffing levels. There were no qualified nurse or support worker vacancies. The staffing establishment was:

- six whole time equivalent registered nurses
- 18.3 whole time equivalent support workers.

During the day shift, the ward was covered by the hospital director, 1.5 nursing staff and a deputy manager who also worked 18 hours as a nurse. One nurse and an on call senior nurse covered the ward on a night. The on call nurse was available 24 hours a day, seven days a week. Two support workers were on the ward for both day and night shifts and a support worker worked from 8pm to 2am.

An occupational therapist and holistic therapist also worked at the hospital. The hospital also brought in a music therapist and sports massage therapists to provide therapies for patients.

Staffing levels increased via the use of regular bank staff to meet any increase to patients' needs such as one to one higher observations. The hospital used the same bank staff when needed, which meant they were familiar with the ward. Patients and the carers told us there were sufficient numbers of staff on duty and staff were visible in the communal areas at all times. The hospital did not use agency staff.

The sickness absence rate for the last 12 months was 2.5%. The provider reported that bank staff did not fill one and a half shifts with staff absences in the three months prior to the inspection.

Patients were able to take escorted leave and engage in group activities. Staff and people who used the service told us neither leave or activities were cancelled due to staff shortages.

We saw evidence that nurses were able to give one to one support to patients throughout the inspection. All mandatory training for staff was above 75% compliance and in most areas was between 90 and 100% compliance. The providers own compliance rate for mandatory training was 85%. New staff completed a five-day corporate induction programme based on the care certificate standards. This included elements of mandatory training, a two-day Management of Actual or Potential Aggression and a day focussed on the use of de-escalation techniques. A training session and a day focussed on the use of de-escalation techniques. Management of Actual or Potential Aggression training is designed to enhance people's understanding and management of disruptive, aggressive and violent behaviour. The induction also covered what staff responsibilities were under the duty of candour.

All nurses at the service had received intermediate life support training. Eight support workers and an activities assistant were trained in first aid which included resuscitation, attending to wounds and bleeding, heart attacks, basic life support, choking, shock, strokes, anaphylaxis and a range of other situations. A support worker who worked during the day shift was trained in basic life support. The hospital kept adrenaline in stock and a doctor could attend the ward within 15 minutes if there was an emergency as there was a doctor at another Barchester Healthcare hospital only a short distance away.

The provider reported in June 2017 that the compliance rate for moving and handling training was 90%.

Assessing and managing risk to patients and staff

All eight patients at the hospital during our inspection had up to date individualised risk assessments in place. The hospital used both the Sainsburys and Galatean Risk and Safety Tool (GRiST) for its risk assessments. Risk assessments took into account the patient's previous history, their risk to themselves and others, current mental state, medication and physical health. Staff updated risk assessments at reviews, care programme approach meetings or after an incident and put measures into place to mitigate risks.

The hospital had a policy for searching patients, visitors, property and the hospital environment. Searches were not routine and took place only when a patient's risk assessment had identified a need for additional security or after a safety-related incident had occurred.

The provider reported in May 2017 that there had been 41 incidents of patient restraint in the previous six months, which related to four patients. The provider used internal electronic reporting systems; morning meetings, weekly multidisciplinary team meetings and weekly ward rounds to monitor restraints. The hospital director and consultant psychiatrist also monitored the use of restraint. The hospital used the Management of Actual or Potential Aggression restraint technique at foundation level, which

covered verbal de-escalation, distraction techniques and seated and arm holds only. The provider's restrictive intervention policy followed national guidance from the Department of Health, National Institute for Health and Care Excellence, Department of Constitutional Affairs and the Mental Health Act and Mental Capacity Act codes of practice. The provider also had a policy on managing violence and aggression.

The hospital did not use seclusion, long-term segregation or prone restraint. Ninety-percent of staff had received training in physical intervention, which included the use of non-physical interventions. Other restrictive practices in place included coded locked doors, accompanied leave and higher observations. The hospital director told us that informal patients were able to leave the hospital at will. They showed us a poster which stated that informal patients could leave the ward at any time but they needed to speak to a staff member first. The poster also said that doctors and nurses could stop patients leaving the hospital if there were concerns that they may harm themselves or others. There were no informal patients at the hospital at the time of our visit.

Staff did not administer intramuscular rapid tranquilisations to any of the eight patients who were at the hospital at the time of our inspection. Staff administered oral medication to some patients solely to reduce and prevent escalation of agitation. The dosage levels were within the British National Formulary's and Electronic Medicines Compendium's recommendations. The provider's rapid tranquilisation policy followed NG10 of the National Institute for Health and Care Excellence guidance.

The provider reported in June 2017 that there were 12 safeguarding alerts raised in the previous 12 months. Four were in relation to neglect by external providers and one in relation to reluctance of local authorities to consider Deprivation of Liberty Safeguards as opposed to detainments under the Mental Health Act. The other seven alerts related to patient-on-patient incidents and involved six patients in total. Staff discussed safeguarding concerns during team meetings. During the tour of the ward, we did not see any posters providing information about safeguarding on the noticeboards. All staff had received level one safeguarding training in vulnerable adults and children. The hospital director was aware of the duty of employers to refer any members of staff who had caused harm or risk of harm to vulnerable people to the Disclosure and Barring Service, General Medical Council and Nursing and Midwifery Council. They were also aware of the need to send any notifications of abuse to the Care Quality Commission.

An external pharmacy provided medication and pharmacological support to staff and patients at the hospital and had worked with the hospital for eight years. Medicines were stored securely, records showed that staff recorded room and fridge temperatures daily and there was a cooling device in place to mitigate risks associated with high temperatures. All patients' medication was reconciled and audited each month. The hospital had a policy on the use of controlled drugs and the controlled drugs register was clear, accurate and up to date. The multidisciplinary team reviewed any as required medication prescriptions on a monthly basis. We reviewed the provider's medicines policies, which were up to date. A service level agreement was introduced in March 2017 for the director of the external pharmacy service used by the hospital to conduct a medicines review at the hospital on a monthly basis.

The director of the external pharmacy service used by the hospital told us that during an audit in July 2017; it transpired that staff had administered medication, which had expired on 30 June 2017. The issue was addressed with the person who made the error during their supervision. The hospital introduced weekly checks of expiry dates of medicines following this error.

During our inspection, we found that medication dosages on medication labels did not match the prescribed dose recorded on three patients' medication cards. We raised this with the director of the external pharmacy service used by the hospital who introduced a process by which any changes to medication dosages would require the consultant psychiatrist to send medication currently in stock at the hospital back to the external pharmacy they used for relabeling to avoid any medication errors. The hospital director was the accountable officer for controlled drugs.

The provider had comprehensive and up to date policies and procedures in place in relation to children visiting the ward. Children were able to use the visitor's room away from the main area used by patients.

We found that 100% of staff had completed mandatory training in the prevention and management of pressure

Good

Wards for older people with mental health problems

ulcers. Staff reported any pressure ulcers through the provider's clinical governance procedure. Patient risk assessments included whether the patient was vulnerable to falls and care plans addressed how to mitigate any falls. Staff could also access specialist training to help them with their daily role. For example, staff had received training in the use of catheterisation as some patients admitted to the service used a catheter.

Only one patient at the hospital was at risk of absconding during outdoor activities and needed two members of staff to accompany him outside.

Track record on safety

We received 27 notifications in relation to South View Independent Hospital in the last 12 months, as at 25 May 2017. These included:

- two patient deaths
- one serious injury
- ten Deprivation of Liberty Safeguards applications
- fourteen notifications relating to allegations of abuse.

The provider reported in May 2017 that there were no adverse events and two serious incidents in the previous 12 months. One serious incident was an unsubstantiated allegation of inappropriate restraint used against a patient and the other one related to a patient who fell and sustained a hip fracture.

The hospital introduced weekly checks of expiry dates of medicines following after discovering medication that had expired had been administered in error.

Managers reviewed serious incidents at local risk management and governance meetings and shared any lessons learnt at team meetings.

The hospital director told us they had introduced personal alarms for staff which were designed to work in the garden and external hospital areas to improve safety for staff and patients.

Reporting incidents and learning from when things go wrong

We received two notifications in relation to serious incidents at South View Independent Hospital in the 12 months prior to our inspection. These were:

- an unsubstantiated allegation of inappropriate restraint used against a patient
- a patient fall that resulted in them sustaining a hip fracture.

The expectation of the hospital director was that all staff reported incidents to herself or the lead nurse within one hour. The hospital had a procedure in place for logging and monitoring incidents. The hospital recorded serious injuries, safeguarding issues, Deprivation of Liberty Safeguards authorisations, deaths, allegations of abuse and any patients who were absent without leave as standard.

Any lessons learnt from investigating incidents were shared with the hospital staff and wider organisation to improve practice at meetings, via e-mails, bulletins and newsletters.

During our inspection, medication dosages on medication labels did not match the prescribed dose recorded on three patients' medication cards. The director of the pharmacy service used by the hospital introduced a process by which any changes to medication dosages would require the consultant psychiatrist to send medication currently in stock at the hospital back to the pharmacy for relabeling.

Duty of Candour

All staff had received training regarding the requirements and their responsibility under the duty of candour in respect of being honest, open and transparent with people when things went wrong. The provider audited staff compliance with the duty of candour.

Are wards for older people with mental health problems effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

All patients had a pre-admission assessment to ensure they met the admission criteria and the hospital could meet their needs. The information obtained during these assessments was used to formulate care plans. Comprehensive assessments of patients took up to 72 hours to complete as some patients required staff to undertake observations or obtain specific information about the patient and their needs.

Good

Wards for older people with mental health problems

All patients had care plans in place which were comprehensive and fully completed. The provider used a framework of fifteen care plans covering all aspects of daily living and activity needs for each patient's health and wellbeing. Within this framework, nurses looked at the assessed needs, determined the aim for the patient, when their needs were met and identified what interventions were necessary. Staff evaluated care plans at least once a month and recorded any changes to the patient's health, care and treatment.

We looked at the care records for all eight patients at the hospital at the time of our inspection visit. Records contained evidence that physical health examinations and monitoring took place and mental capacity assessments had been undertaken. Patient records were recovery orientated, personalised and showed the people who used the service were involved in decisions about their care and treatment.

The provider had a resuscitation policy in place which followed the Resuscitation Council UK guidance 2015. There were six patients with 'do not attempt cardiopulmonary resuscitation orders' in place. Regular reviews of these orders were undertaken with the patients, their' GPs and relatives. We looked at 'do not attempt cardiopulmonary resuscitation' forms in place for patients and they were correctly completed and in date.

Paper information about patients was stored in secure lockable cabinets and electronic records were password protected so only authorised staff could access them. Staff also had access to relevant information by accessing the provider's intranet. The hospital's Mental Health Act administrator had copies of Mental Health Act documentation and Deprivation of Liberty Safeguards information locked in their office in secure cabinets.

Best practice in treatment and care

We looked at the provider's medication management policy and procedure. The following guidance and legislation was used in formulating the policy and procedure included:

- National Institute for Health and Care Excellence
- Nursing and Midwifery Council guidance on standards for Medicines Management
- The Royal Pharmaceutical Society Guidance, 'Handling of Medicines in Social Care
- Regulations for Service Providers CQC
- Deprivation of Liberty Safeguards – Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice
- Mental Capacity Act 2005
- Professional standards of practice and behaviour for nurses and midwives (Nursing and Midwifery Council 2015)
- Mental Health Act 1983: Code of Practice.

The hospital had good support from local GPs who attended the hospital to review patients' physical healthcare and associated medication. All patients' received a physical health assessment prior to admission, which staff continued to monitor throughout each patient's stay. During the pre-admission assessment, a nurse completed a comprehensive physical health check including pre-existing conditions, ongoing physical health investigations, the date of the patient's last annual health check and contact details of the patient's GP, dentist and, where applicable, their specialist consultant. Patients from the local area kept their existing GP and dentist after admission. For patients outside the area, a registration appointment with a local GP was arranged to take place within 24 hours of admission.

Within the first 24 hours of admission, nurses carried out an admission assessment of the patient, which included physical health needs and baseline bloods monitoring. The hospital's doctor reviewed each on the day of admission. An electroencephalogram and chiropody were also carried out at the initial assessment stage if patients were willing to engage with these. An electroencephalogram, also known as an EEG, is a recording of brain activity used mainly to detect epilepsy but it can also be used to investigate dementia, head injuries, brain tumours, brain inflammation and sleeping disorders.

At the time of our inspection, all eight patients' annual health checks were completed. Staff provided support to patients who had difficulties feeding themselves.

Staff used the Malnutrition Universal Screening Tool assessment to monitor patients' nutrition and hydration needs. Nurses introduced diet and fluid monitoring charts for any patients whose assessment had indicated they were at high risk of malnutrition and dehydration. Patients were also referred to a dietician, had their weight recorded on a weekly basis and the catering department fortified

meals and drinks if necessary. Staff recorded patients' weights onto the provider's clinical governance database each month, which the provider's quality and compliance team were able to monitor.

A holistic therapist and tissue viability nurse supported any patients with skin conditions.

The responsible clinician at the hospital referred any patients who required clinical psychology to an external service. The average time from referral to appointment was 14 days. At the time of our inspection, no patients had been referred to this external service within the past 18 months.

The hospital used the Health of the Nation Outcome Scales, more commonly known as HoNOS to assess and record a patient's severity and outcomes. HoNOS includes 12 scales against which clinical staff rate patients with mental health conditions. Staff record the ratings and repeat the process, noting any changes.

The following clinical audits had been undertaken at the hospital within the past 12 months:

- monthly audits of care plans, out of hours site visits and medication
- a pharmacy audit by the external pharmacy used by the hospital
- T2/T3 audits
- Barchester Healthcare Regulation Team audits
- Barchester Healthcare Quality First Audit
- ligature risk assessment
- fire risk assessment/safety
- infection control audit
- health and safety

Skilled staff to deliver care

The multidisciplinary team at the hospital comprised a consultant psychiatrist, occupational therapist, nursing staff and a psychologist from an external service. The hospital could refer patients to a speech and language therapist within the community.

Staff at the hospital were qualified to deliver effective care and treatment to patients and they had access to specialist training for their role. Although there was a small number of staff who were relatively new to their role, the majority of staff had practiced for many years.

All but three members of staff had received their end of year appraisal. Two members of staff had their appraisal scheduled for August 2017 and a third only commenced their employment in February 2017. The provider in June 2017 reported that the hospital's staff supervision rate was 87%.

The provider's performance management system included procedures for addressing poor staff performance in an effective and timely manner.

Multi-disciplinary and inter-agency team work

Management meetings were held each morning, Monday to Friday, to discuss patients and their needs. A multidisciplinary team met on a Tuesday afternoon. The multidisciplinary teams at both South View Independent Hospital and another Barchester Healthcare hospital within the area met on a Friday to share ideas and good practice.

All staff attended a handover meeting at the beginning of their shift. Staff documented relevant and current information about each patient to ensure staff on the next shift were fully aware of their status. Morning meetings were also held to discuss patients. The multidisciplinary team held ward rounds every week. They spoke with patients' in their own rooms to help patients feel more relaxed. The multidisciplinary team met with every patient at least once a month.

Staff who spoke with us said there were good links with social services and local GPs. GP services were within the hospital's locality so paper-based information was either delivered by hand or sent via fax. The fax machine was located within a safe haven both within Hazeldene and the GP services. Other information was shared via secure emails containing password and encryption protected documents.

Adherence to the MHA and the MHA Code of Practice

The hospital had a Mental Health Act administrator who examined Mental Health Act papers in advance of patients' admission to the hospital. The Mental Health Act administrator also provided advice to other staff within the hospital and kept a record of all patients' section 17 leave. The patient's leave form identified any risks associated with the patient or agreements made with the patient and their family or carer around the parameters of their leave.

All staff at the hospital had completed mandatory training in the Mental Health Act. This training included changes to the code of practice. Staff received any updates about the Mental Health Act post-training via newsletters, supervision

Good

Wards for older people with mental health problems

and information provided by the Mental Health Act administrator. The Mental Health Act administrator was able to seek help and guidance on the Act from the regional lead at another Barchester Healthcare hospital within the area or from the provider's solicitor.

The four nurses we spoke with had a good level of knowledge and understanding of the Act. The hospital director was in the process of organising further training for nursing staff around the Mental Health Act vs Deprivation of Liberty Safeguards.

Consent to treatment forms were correctly completed and attached to medication charts. Copies of the forms were also kept in the patients' file. The hospital director, deputy manager and Mental Health Act administrator audited consent to treatment forms and certificates from second opinion appointed doctors during Regulation Team and 'Quality First' audits.

We looked at the care records of all eight patients who were staying at the hospital during our inspection visit. These records showed that capacity assessments had been carried out on each patient and capacity was recorded clearly. The records also included details of any best interests decisions that had been made. The hospital used checklists for undertaking capacity assessments and best interests decisions to ensure a consistent approach was taken and that decisions and options considered were recorded in the patient's care record as standard.

Patients had their rights explained to them on admission and were routinely reminded of these rights at patient forums and during one to one meetings with staff.

The following audits were undertaken to monitor compliance with the Mental Health Act:

- a site level Mental Health Act audit completed by Mental Health Act administrator
- a quality first audit completed by the divisional director
- a regulation audit completed by the regulation team manager.

We asked the local advocacy service used by patients at the hospital for feedback on its relationship with the hospital and they said that that communication was very good. They also told us the hospital informed them of any changes about a patient they were representing in a timely manner.

Good practice in applying the MCA

All staff at the hospital had completed mandatory training in the Mental Capacity Act. Staff received any updates about the Mental Capacity Act post-training via newsletters, supervision and information provided by the Mental Health Act administrator. The Mental Health Act administrator was able to seek help and guidance on the Mental Capacity Act from the regional lead at a nearby hospital that was also part of the Barchester Healthcare group or from the provider's solicitor.

The four nurses we spoke with understood the principles of the Act.

The hospital director was in the process of organising further training for nursing staff around the Mental Health Act vs Deprivation of Liberty Safeguards.

The provider reported in May 2017 that the hospital had submitted four Deprivation of Liberty Safeguards applications in the previous six months. One application was not authorised and the patient concerned was instead admitted to the hospital under the Mental Health Act. We reviewed the documentation for the Deprivation of Liberty Safeguards in place at the time of our visit. The quality of the documentation was good and in-date. The hospital had a system in place for record keeping, care planning around Deprivation of Liberty Safeguards, and ensured they had not expired.

The provider used the following audits to monitor compliance with the Mental Capacity Act:

- a site level Mental Capacity Act audit completed by Mental Health Act administrator
- a quality first audit completed by the divisional director
- a regulation audit completed by the regulation team manager.

Compliance was also assured via daily monitoring systems.

Are wards for older people with mental health problems caring?

Good

Kindness, dignity, respect and support

Good

Wards for older people with mental health problems

We observed staff interacting with patients in a kind, respectful and dignified manner throughout our inspection. Staff were visible in the communal areas and were attentive to the needs of the patients.

Patients we spoke with were positive about the staff in relation to the respect, compassion and kindness they showed to them. They said that staff always knocked before entering their rooms, which meant their privacy and dignity were always maintained.

Six carers told us that staff were caring and treated them and patients with dignity and respect. Comments included 'staff are wonderful' and 'they go way beyond what you would expect'.

One carer was unhappy as staff had told them to ring the hospital before visiting their relative. The hospital director told us that the patient sometimes became upset if their relative stayed too long so they had been asked to visit the hospital more frequently but for shorter times. The hospital director spoke to the relative personally and the matter was resolved amicably.

Carers told us staff knew their relatives individual needs and preferences and treated them as individuals rather than just patients. One carer told us that staff allowed for their relative's abrupt manner and spoke to them in a calming and reassuring tone, which helped to improve their mood.

The involvement of people in the care they receive

The people who used the service could visit the hospital prior to admission, so that they could meet the staff including their named nurse, personalise their room and familiarise themselves with the layout of the ward.

Patients and carers told us said they had the opportunity to be involved in discussions about care and treatment. Notes within care records showed evidence of discussions with patients and carers about their care and treatment and that staff took their wishes and preferences into account.

The hospital held monthly patient forums during which, patients could provide feedback on how they rated the quality of the food, their privacy, dignity and general wellbeing. The hospital also ran quarterly family forums for carers and relatives and records of these could be sent to people who were unable to attend by e-mail or post on request. The people who used the service could give feedback directly to the multidisciplinary team. There was also a 'comments and suggestions' box located in the reception area.

Carers were encouraged to contact the hospital staff at any time. Upon admission, the hospital director contacted relatives and carers to provide their contact details and assure them that they were available at all times should they wish to give feedback or discuss any aspect of care and treatment.

Patients had access to a local advocacy service. There was information on noticeboards on how to access this service and a name and photograph of the advocate.

None of the patients at the hospital during our inspection had advance decisions in place.

Are wards for older people with mental health problems responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge

The provider was unable to set a target time from referral to admission as placements at the hospital were subject to funding being approved by the local authority or commissioners, which tended to cause delays.

The provider reported in May 2017 that the average bed occupancy for the previous six months was 70% and there had been no out of area placements during this time. At the time of our inspection visit, eight patients were staying at the hospital and seven beds were empty which equated to 53% bed occupancy. The hospital director told us they felt the reason there were often bed vacancies was that the existence of the hospital was not widely known. At the time of our visit, there were two out of area placements at the hospital.

The hospital director told us that there was no pressure to accept referrals and the hospital could refuse admissions that did not meet its admission criteria.

At our previous inspection in May 2016, we found that not all care records contained evidence of discharge planning

for patients. However, during this inspection, all eight patients care records had a discharge care plan in place and contained evidence that discussions about discharge regularly took place. Seven patients were discharged from the hospital since July 2016. In July 2017, commissioners told us that the hospital had not always been discharging patients who needed to move on to their next level of care; however, over the past 12 months, the hospital had taken a positive and proactive approach to the discharging of patients. The hospital discharged patients at times that fitted in with their needs or the needs of their families and carers. The provider reported in May 2017 that there were no delayed discharges in the previous six months and that the average length of stay of patients at the hospital was 32 months.

The facilities promote recovery, comfort, dignity and confidentiality

The ward had a full range of rooms and equipment to support treatment and care. There was a fully equipped clinic room, a sensory room, a main lounge, a female lounge, a dining area, and a large outdoor space with a smoking shelter. Visits took place in a visitors' room off the ward. Patients had access to a cordless telephone, which they could use to make calls in private. Patients could lock their possessions away for safe keeping either in a lockable cupboard in their room or in a central safe.

The Food Standards Agency awarded the hospital a five star 'very good' rating in relation to food hygiene. Hot drinks and snacks were available to patients 24 hours every day.

The hospital ran activities for patients including music therapy, holistic therapy, massage therapy, pet therapy, cake icing, reminiscence walks, balloon fun, sensory balls, entertainment from singers and quarterly fetes. We observed a music activity in which patients were enjoying playing instruments and singing along to songs from musicals and hits from the 1950s and 1960s. All patients were risk assessed and compliance with their medication considered prior to agreeing any outdoor activities. At least one staff member accompanied each patient during outdoor activities.

During our tour of the ward, we saw evidence that patients could personalise their rooms. For example, patients had photographs and pictures on the walls in their rooms.

Meeting the needs of all people who use the service

Most rooms at the hospital were wheelchair accessible and there were lifts in operation to the different floors.

Information was available in formats that met the current patient group's needs. For example, staff provided a patient with information in their own language. The patient's family members were also able to visit the hospital and translate on their behalf. Information was also available to people who used the service in an easy-read format. Patients could access an interpreter or signer within 48 hours.

Patients had a choice of food to meet their dietary requirements. The hospital used a nominated food supplier, which was able to provide gluten-free, vegetarian, vegan, halal and kashrut food options. Discussions took place with patients on admission about their food preferences and any food allergies or intolerances they had.

Patients were able to access their chosen place of worship within the community.

Listening to and learning from concerns and complaints

The provider reported in May 2017 that there had been two complaints received in the previous 12 months. Both complaints were upheld, neither of which were referred to the ombudsman. Both complaints related to the visitors policy, which originally stated that visitors should meet patients in the patient's room. The hospital designated a specific room for visitors in the ward following this complaint; however, to comply with the Mental Health Act, patients still had the option to meet people in their room if they wanted to.

Information about how to make a complaint was on noticeboards and staff gave people who used the service information about how to make a complaint on admission to the hospital. Patients and carers told us that they had confidence staff would deal with any complaints appropriately.

Staff reported any complaints they had received to the hospital director to deal with. The hospital director received notes of monthly meetings with patients. The hospital director used the complaints procedure to address any comments or concerns within these notes that they perceived as complaints.

Good

Wards for older people with mental health problems

Lessons learned from complaints were shared with patients and staff during supervision and clinical governance.

Are wards for older people with mental health problems well-led?

Good

Vision and values

The provider's vision and values were to put quality first into everything they did for patients, their families and its own staff in order to aspire to:

- be the most respected and successful care provider
- be the number one provider of consistent, high quality, market leading services for those it cares for
- support dignity, choice and independence.

Staff knew what the visions and values were and agreed with them. They fed into staffs' work objectives. The hospital displayed the visions and values on signs and staff discussed them during meetings, training and induction. They were also included in the provider's staff handbook. Staff knew who the most senior managers were within the organisation. In the 12 months prior to our visit, the chief operating officer had visited the hospital on two occasions. The divisional director regularly visited the hospital.

Good governance

The hospital had a clear structure for reporting and sending information. The chief operating officer wrote a weekly bulletin for general managers within Barchester Healthcare's hospitals and homes, which contained information that could be shared with staff. The hospital held meetings attended by staff and patients. Information from these meetings informed clinical governance.

The divisional director undertook 'Quality First' audits, which highlighted in detail any good practice and any areas for improvement. Any actions from these inspections were included in a central action plan.

Staff received mandatory training and all training compliance rates were above 75%. The provider's own compliance rate was 85%, which was being met by the hospital. Staff supervision took place bi-monthly as a minimum and staff could request more frequent supervision. The provider reported in June 2017 that the hospital's staff supervision rate stood at 87%. Staff were appraised mid-year and at the end of the year. The establishment numbers, experience, roles and skill mix of staff at the hospital meant it met the needs of patients' needs for both day and night shifts. Admin duties were minimal so staff could spend the majority of their time attending to the needs of patients. Clinical governance ensured care and treatment was safe and followed good practice. Incidents and complaints were recorded and lessons learned were shared with staff and used to improve practice at the hospital.

Staff had access to a communication folder where information was shared. The divisional director and the divisional clinical lead nurse had access to minutes of clinical governance meetings held at the hospital. The provider's quality and governance team had instant access to an electronic reporting system used for logging incidents and accidents.

The hospital used key performance indicators and findings from audits to measure service delivery and staff performance. Staff and senior managers at the hospital and the wider Barchester Healthcare group carried out audits geared towards quality improvement. One of these audits, known as 'Quality First' covered checks of the external and internal environment, security, furnishings, hygiene, health and safety, patient safety, reviews of other audits, staff knowledge of the Mental Health Act and Mental Capacity Act, regularity of appraisals and supervisions, risk assessments, statutory requirements, safeguarding, patient satisfaction, care records and planning and numerous other areas. The findings were fed back to the provider's quality and governance team.

The hospital director said they had enough authority to do their job and felt fully supported by their managers.

The hospital had its own risk register. All staff could submit items and review the register. Discussions about the risk register were held during staff meetings.

Leadership, morale and staff engagement

The staff we spoke with told us that morale was high and there was a good level of support from peers and managers. Staff were happy in their roles and enjoyed working as a team and making a positive difference to the

lives of people who used the service. The provider reported in May 2017 that the rate for sickness absence for the previous 12 months was 2.5% and there were no allegations of bullying and harassment during this time.

Managers were able to measure staff morale, job satisfaction and sense of empowerment during supervisions, appraisals and 'Quality First' and Regulation Team audits. Managers and staff told us that managers had an open door policy so staff could speak to them about any issues or concerns. Staff told us they could raise any concerns without fear of reprisals. The hospital ran a staff reward scheme.

Staff knew about the provider's whistleblowing policy.

The staff we spoke with told us said there were good opportunities for their career development at the hospital and within the wider Barchester Healthcare group.

Staff induction contained training in the duty of candour. The duty of candour is a legal requirement introduced to ensure openness, honesty and transparency with people who use care services when things go wrong. The staff we spoke with knew what their responsibilities were under the duty of candour.

The staff we spoke with told us that they always had opportunities to give feedback and provide input into service development at meetings and with the hospital director.

Staff spoke highly of the hospital director.

Commitment to quality improvement and innovation

The hospital had not taken part in any national quality improvement programmes within the previous 12 months at the time of our inspection visit.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The registered manager must ensure that all areas of the hospital which patients have access to are fitted with collapsible curtain rails to prevent suicides by hanging.
- The registered manager must ensure that all ligature risks are included in environmental risk assessments.

Action the provider SHOULD take to improve

- The registered manager should ensure that any expired medication is disposed of appropriately.
- The registered manager should ensure dosages on medication labels match what is recorded on patients' medication cards to avoid medication errors.
- The registered manager should consider displaying information about safeguarding on noticeboards.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Curtain rails that were not of a collapsible type and could be used in suicides by hanging were not identified in the environmental risk assessment for the hospital. Regulation 12 (2) (a)