

St Matthews 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.

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 St Matthews hospital as overall good because:

- The provider had established the staffing levels required to meet the needs of the patients. The hospital manager had the autonomy to increase staffing levels if required. Staff training was all above 75% compliant. Staff received regular supervision and annual appraisal in line with the company policy. All wards complied with the Department of Health guidance on eliminating mixed sex accommodation. There was suitable medical cover and on call cover throughout the week.
- We reviewed 11 care and treatment records and found evidence that patients received a comprehensive risk and physical health assessment on admission. Patients were involved in developing their care plans and were outcome focused. The hospital offered a range of psychological interventions recommended in the National Institute for Health and Care Excellence guidelines.
- Patients knew the complaints process and had access to an independent mental health advocate if requested. Staff were aware of the provider's whistle blowing policy and knew their responsibilities in relation to safeguarding. Staff told us they felt confident to raise concerns to senior managers without being victimised.

- The manager had oversight of the hospital. Performance was monitored by completing regular audits and the outcomes were recorded on key performance indicator dashboards. This meant the manager could monitor performance over a period of time to ensure continuous improvement.

However:

- We found the provider had completed a ligature assessment and had taken steps to mitigate the risks. However, the provider did not have a formal action plan in place to remove ligature anchor points in line with NHS England's standard contract for low secure services. This states that, Low secure services "will meet" the best practice guidance from the Royal College, and that in low secure service wards: furnishings minimise the potential for fixtures and fittings being used as weapons, barriers or ligature points.
- There were blind spots throughout the ward areas which meant staff were not able to have clear lines of site. There was evidence of some convex mirrors used however not all blind spots were mitigated appropriately.
- We found some maintenance issues that were not identified or reported. For example, Radiator covers throughout were damaged.

Summary of findings

Contents

Summary of this inspection	Page
Background to St Matthews Hospital	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7
<hr/>	
Detailed findings from this inspection	
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	21
Areas for improvement	21
Action we have told the provider to take	22

Good 

St Matthews Hospital

Services we looked at

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

Summary of this inspection

Background to St Matthews Hospital

St Matthews Hospital is a low secure, rehabilitation, independent hospital which is part of the St Matthews group. The hospital provides care and treatment for up to 16 male patients with a primary diagnosis of mental health. At the time of inspection 11 patients were using the service. Some of which were detained under the Mental Health Act, had Ministry of Justice restrictions, others were informal.

The hospital had a registered manager at the time of inspection. A registered manager is a person who has registered with the CQC to manage the service. Registered persons have a legal responsibility for ensuring the service meets the requirements of the Health and Social Care Act 2008, and associated regulations.

The hospital was registered with the Care Quality Commission to carry out the following regulated activities.

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

St Matthews has been registered with CQC since 24 January 2011. Since this time, the service has been inspected four times. The most recent inspection was conducted March 2018. The hospital received a rating of requires improvement for the safe domain and the well led domain and were rated as good in caring, responsive and effective therefore over all the provider was rated as requires improvement. Following the previous inspection, the provider was told they must take the following action to be compliant with the health and social care regulations:

- The provider must ensure that all staff receive mandatory training.
- The provider must ensure that ligature risk assessments are in place and include robust mitigation for identified risks.
- The provider must address the issue of blanket restrictions in relation to patients' access to fresh air and pat down searches.

We found the provider had taken appropriate action to address two of these concerns.

Our inspection team

The team that inspected the service comprised three CQC inspectors.

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 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, asked a range of other organisations for information and sought feedback from patients at three focus groups.

Summary of this inspection

During the inspection visit, the inspection team:

- Inspected all areas of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with the registered manager of the hospital
- spoke with six other staff members; including, nurses, occupational therapist, psychologist and health care assistants
- attended and observed one hand-over meetings and one multi-disciplinary meeting
- looked at 11 care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with three patients during the inspection. The feedback received was positive.

Patients told us they felt supported and were able to do activities of their choice. The patients we spoke with told

us that staff are kind and caring. The staff always help them when they want help. Patients told us their rooms were comfortable and they were able to personalise their rooms to their taste.

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:

- There were blind spots throughout the ward areas which meant staff were not able to have clear lines of site. There was evidence of some convex mirrors used however not all blind spots were mitigated appropriately.
- The provider did not have a formal action plan in place to remove ligature anchor points in line with NHS England's standard contract for low secure services states that, low secure services "will meet" the best practice guidance from the Royal College. This states that in low service wards: Furnishings minimise the potential for fixtures and fittings being used as weapons, barriers or ligature points.
- We found some maintenance issues that were not identified or reported. For example, radiator covers throughout were damaged.

However:

- The wards had enough staff with relevant skills, experience and training to provide recovery focused care and treatment that kept people safe from avoidable harm.
- Staff completed holistic risk assessments that informed risk management plans for all patients. Risk management plans were based on positive risk taking.
- Staff followed best practice in anticipating de-escalating and managing challenging behaviour. Staff used restraint after attempts of de-escalation had failed.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff followed best practice when disposing of medicines. Staff regularly reviewed the effects of medicines on each patient's physical health. Patients were supported to recognise side effects of medicines for themselves and seek help when required. However, all emergency equipment and emergency medication were stored in different parts of the clinic room. This meant there could be a delay in staff gathering all items required in an emergency.

Requires improvement



Summary of this inspection

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

Are services effective?

Good



- Staff developed care plans, personal to the patients which were based on their strengths. The care plans covered a range of areas of need and were focused on recovery goals. Staff reviewed the care plans with the patients at regular intervals and recorded the changes.
- Teams reviewed patients care plans through multidisciplinary meetings on a weekly basis; these reviews involved patients and carers.
- Staff assessed the physical health of patients on admission and annually. Staff carried out routine physical health checks based on individual needs.
- Staff developed care plans which related directly to identified risk assessments and management plans.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. The team provided a range of therapies that promoted recovery and followed national guidance on best practice. This included access to psychological therapies, activities to promote social and personal identity, daily living skills and support to live healthier lives. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- Staff supported patients to make decisions on their care for themselves. Staff used considered the Mental Health Act and the Mental Capacity Act where necessary. Staff assessed patients' capacity to make decisions on all aspects of their care when required.

Are services caring?

Good



We rated caring as good because:

- We observed times when staff interacted with patients in a kind and compassionate manner. Staff took time to get to know and

Summary of this inspection

understood their patients' needs. Staff treated patients with respect, compassion and kindness and protected privacy and dignity. They understood and respected patients' cultural, social and religious needs.

- Staff used the patients' preferred communication approaches to ensure that patients understood their care, treatment or condition.
- Staff worked in partnership with patients to formulate and review care plans, goal setting and risk assessments. They actively sought patient feedback on the quality of care provided.
- The service sought family and carer feedback regarding the quality of the service and care provided.

However:

- Patients newly admitted to the service did not have access to a welcome pack.

Are services responsive?

We rated responsive as good because:

- The hospital did not have any delayed discharges over the last 12 months.
- St Matthews had a full range of rooms and equipment to meet the needs of the patients. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The wards met the needs of all people who use the service – including those with protected characteristics. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.
- Patients told us they knew the process to raising a complaint.

Good



Are services well-led?

We rated well-led as good because:

- Leaders were committed to providing a recovery-based service and could explain their model of care. Leaders had a good understanding of the service they managed, and it adhered to a recognised model and guidance of rehabilitation care.
- Leaders were visible, approachable to staff and patients.
- Leaders were able to develop and demonstrate the right skills to lead and influence a high-quality rehabilitation service.

Good



Summary of this inspection

- Leaders used a sound evidence base and innovation to shape the service. The service strategy reflected a recovery-oriented model. The service strategy was aligned to the local rehabilitation pathway.
- Staff felt respected, supported and valued and felt proud to work for the service.
- We saw robust arrangements and processes to ensure effective oversight of ward level performance and management of risk. Leaders had oversight of key issues in delivering high quality rehabilitation care. Staff at all levels were clear about their roles and what they were accountable for and to whom.
- Feedback from staff, patient's, carers and external partners was used to shape and improve the rehabilitation service.

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.

- We found 83% of staff had completed Mental Health Act training and the registered manager had an action plan in place to ensure all staff complete outstanding training by a set date. Staff were able to demonstrate a clear understanding of the Mental Health Act and were able to describe the rights of detained patients.
- On the day of inspection, 11 patients were admitted to the service. Some were detained under Mental Health Act and some had further Ministry of Justice restrictions and some were informal.
- Staff kept clear records of all section 17 leave granted and there was evidence of risk assessments being undertaken prior to, and following patients leave. These assessments were documented in the patients care records.
- The hospital had a dedicated Mental Health Act administrator who scrutinised and audited Mental Health Act paper work all detention paper work to ensure all patients were detained lawfully.
- Independent mental health advocate (IMHA) visited patients as requested. During the visit, the IMHA would discuss the person's care, support with ward round represent the patients' rights.
- Patients had their rights explained to them monthly. There was information around the building such as easy read leaflets explaining patients' rights under the Mental Health Act the service had access to leaflets in a variety of languages for clients who were unable to read English.
- The multidisciplinary team supported patients to utilise Section 17 community leave by completing thorough risk assessments in line with section 17 conditions which were reviewed regularly. Mental Health Act records were detailed and were stored in each patient's individual file.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The hospital had a Mental Capacity Act policy that staff were aware of. We found 96% of staff were up to date with their Mental Capacity Act training.
- St Matthews Hospital reported that no Deprivation of Liberty Safeguards applications were pending or approved at the time of inspection.
- Staff spoken with were aware of the providers Mental Capacity Act Policy and were able to demonstrate they understood the Act and could describe the five principles.
- The mental health act administration team had reviewed the Mental Capacity Act and capacity assessments as part of their role.

Overview of ratings

Our ratings for this location are:






Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Notes

Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Requires improvement 

Safe and clean environment

Safety of the ward layout

- There were blind spots throughout the ward areas which meant staff were not able to have clear lines of site. There was evidence of some convex mirrors used however not all blind spots were mitigated appropriately. For example, blind spots when leaving communal areas to walk down corridors.
- The provider had completed a ligature point risk assessment that covered patient accessible areas. A ligature point is any feature in an environment which could be used to support a noose or other strangulation device. The risk assessment recommended control measures to mitigate identified risks which ward staff followed. However, there was not a formal action plan in place to remove ligature points were possible in line with NHS England's standard contract for low secure services which states that Low secure services "will meet" the best practice guidance from the Royal College of Psychiatrists. For example, in low service wards: Furnishings minimise the potential for fixtures and fittings being used as weapons, barriers or ligature points.
- The hospital complied with guidance on eliminating mixed sex accommodation.

Maintenance, cleanliness and infection control

- Ward areas were generally clean however, we escalated some concerns regarding a patient's bedroom to the registered manager on the day of inspection. We observed appropriate action was taken by the hospital staff.
- We found some maintenance issues that were not identified or reported. Radiator covers throughout were damaged and all patient bathrooms required work to minimise the risk of infections spreading. For example, the seals around the anti-slip floor, toilets and sinks were broken and peeling away. The registered manager raised these issues as maintenance requests at the time of inspection. We saw evidence staff and the house keeping team followed infection control principles.
- Staff and patients had access to emergency alarms to summon help in the need of an emergency. Staff tested the emergency alarms to ensure they were in working order.

Clinic room and equipment

- The clinic room was fully equipped with accessible resus equipment and emergency drugs that were checked regularly. However, all emergency equipment and emergency medication were stored in different parts of the clinic room. This meant there could be a delay in staff gathering all items required in an emergency.

Safe staffing

- The provider had established a suitable number the whole-time equivalent grades of qualified and unqualified staff to meet the needs of patients. Where there were vacancies, the provider had a robust recruitment process in place including advertising their vacant roles on a variety of platforms. Where required, the hospital used regular bank staff and block booked agency staff to ensure continuity of care for patients.

Long stay or rehabilitation mental health wards for working age adults

Good 

- The hospital was safely staffed. We observed staff in communal areas throughout the day. The hospital manager had oversight of staff skill mix to ensure the ward staff could meet the needs of the patients.
- We saw staff engaged in one to one activity with patients and patients who were on increased observations had their own dedicated staff. There were adequate numbers of trained staff to assist with physical interventions if required.

Mandatory training

- The hospital manager had oversight of staff training. All mandatory training was above 75%. Examples of mandatory training were safeguarding, physical intervention, Mental Health Act and Mental Capacity Act. Overall training had improved based when compared to last years inspection.

Assessing and managing risk to patients and staff

Assessment of patient risk

- We reviewed six care and treatment records and found staff completed risk assessments for all patients on admission and staff updated these regularly thereafter. Risk assessments included a risk management strategy and promoted positive risk taking. Patient observations were discussed at the multidisciplinary team meets and where a client was on enhanced observation there was a clinical rationale for the decision.
- There was evidence the provider had taken appropriate action to reduce the level of blanket restrictions used. The Mental Health Act Code of Practice defines blanket restrictions as “rules or policies that restrict a patient’s liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application. For example, the doors to the hospital’s garden are now left unlocked throughout the day.
- Informal patients could leave at will. There were posters on the doors of the hospital informing informal patients of their rights.

Use of restrictive interventions

- The provider did not have any reported incidents of seclusion in the last 12 months. Restraint was used as a last resort. All staff were trained in prevention and

management of violence and aggression (PAMOVA) restraint techniques. The service did not have a seclusion room. There were no recorded incidents of seclusion.

- Ward staff had access to rapid tranquilisation medication. There was no reported use of the medication in the last 12 months. The registered manager and staff were aware of the of the National Institute of Health and Care Excellence guidance and told us they would follow the guidance if they were required to administer this medication.

Safeguarding

- All staff were trained in safeguarding. Staff knew how to make a safeguarding alert and did this when appropriate. We reviewed recent incidents and found evidence the registered manager raised safeguarding’s promptly.
- The provider had a policy in place for children that visit the hospital. Children were not allowed on to the ward area. However, there were designated rooms that were suitable for child visitors.

Staff access to essential information

- The provider was implementing a new electronic notes system at the time of inspection. All information needed to deliver patient care was available to all relevant staff including agency staff when they needed it and was in an accessible form.

Medicines management

- The provider had a medication management policy which staff adhered to. We reviewed 11 medication cards and found these to be fully completed with no missing signatures.
- Clinical staff reviewed the effects of medications on patient’s physical health during review with the consultant psychiatrist. Patients physical health observations were complete regularly by appropriately trained staff.
- An external pharmacy company completed weekly medication audits and provided ward managers with performance reports. When areas for improvement were identified the provider took appropriate action.

Track record on safety

Long stay or rehabilitation mental health wards for working age adults

Good 

- The provider had systems in place to report incidents to the appropriate services, such as NHS England and the Care Quality Commission. We reviewed a random sample of incidents and found the provider reported incidents appropriately.
- The hospital manager told us that no incidents met the serious incident threshold over the last twelve months. We randomly reviewed a selection of incidents and found appropriate action was taken.

Reporting incidents and learning from when things go wrong

- Staff were aware of their role and responsibilities for reporting incidents and were able to describe the incident reporting procedure. Incidents were logged on the electronic recording system and on patient care and treatment records.
- The registered manager and the director of clinical services completed incident investigations and fed back learning outcomes to staff and patients. Information was shared during incident debrief, clinical handovers and staff meetings.
- The provider had a duty of candour policy in place. Staff confirmed that they were aware of this.

Are long stay or rehabilitation mental health wards for working-age adults effective?
(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed 11 care and treatment records and found patients received a comprehensive assessment which included the patients physical and mental on admission by appropriate clinical staff and this was reviewed following admission.
- Care plans were person centred, detailed the patients' views and were recovery orientated. Care plans were updated regularly after incidents, at least monthly and after weekly individual care reviews.

- The provider recently implemented an electronic patient record system and was in the process of transitioning from paper records to electronic patient records. All staff including bank and agency staff had access to the system as required to fulfil their role. Staff spoken with were competent with the new system. All information needed to deliver care was stored securely and available to staff when they need it and in an accessible form.

Best practice in treatment and care

- Patients had access to psychological therapies recommended in the National Institute for Health and Care Excellence guidelines. The occupational therapist took a lead in providing recovery vocational opportunities for patients. There were good links with the local community charity shops and horticultural services. Clients had access to a recovery college and educational opportunities if requested.
- We saw evidence of on-going physical health checks for patients. The provider had a service level agreement in place with a GP who visited the hospital once per month to review patients. If patients needed to see the GP sooner, they could book an appointment at the practice and staff supported them to attend. In the case of a medical emergency staff would call 999.
- The clinical team used rating scales to monitor patient's progress with their treatment plan, for example Health of the Nation Outcome Scale.
- The medical team prescribed medications in accordance with the National Institute for Health and Care Excellence guidance. For example, the service followed guidance for 'as required' medications.
- The hospital used food and fluid charts to monitor the nutritional and hydration needs of patients when required.
- Clinical staff participate actively in clinical audit for example, finance audits, care plan audits and environmental audits. All audits were logged and if areas for improvement were found an action plan was implemented.

Skilled staff to deliver care

Long stay or rehabilitation mental health wards for working age adults

Good 

- The hospital employed a full range of suitably qualified staff to meet the needs of patients. The clinical team included psychiatrists, an occupational therapist, psychologist, psychology assistant, qualified nurses and health care assistants.
- Clinical supervision compliance was 83% and all staff had an annual appraisal. During supervision and appraisal, managers set staff goals and agreed objectives, which were reviewed regularly. The provider held monthly team meetings where the team discussed a range of clinical topics.
- The provider had an induction programme for all new staff. During their induction, staff were expected to complete their mandatory training and shadow more experienced staff on the wards before working independently. Agency staff were inducted to the ward by experienced staff.
- The hospital senior management team used a range of systems to monitor staff performance and if they identified areas of concern, the managers met with individual staff to address concerns promptly.

Multi-disciplinary and inter-agency team work

- The multi-disciplinary team met bi-weekly for individual patient care reviews where clinical staff discussed patients, their needs and reviewed progress made. Records showed patients were encouraged to take part in these meetings.
- Clinical handovers happened at the start of every shift. The handover had a set agenda that staff were familiar with and the appropriate handover sheet was completed to ensure all staff were informed. Topics covered during handover included, current risk, levels of observation, medication and any reported sickness.
- Staff spoken with told us they had good working relationships with key stakeholders and work well with external professionals.
- The Occupational therapist had developed good links with the local community service which meant patients were able to rapidly engage in community activities and voluntary work placements which had a positive impact on their recovery.

Adherence to the MHA and the MHA Code of Practice

- We found 83% of staff had completed Mental Health Act training and the registered manager had an action plan

in place to ensure all staff complete outstanding training by a set date. Staff were able to demonstrate a clear understanding of the Mental Health Act and were able to describe the rights of detained patients.

- On the day of inspection, 11 patients were admitted to the service. Some were detained under Mental Health Act and some had further Ministry of Justice restrictions and some were informal.
- The hospital had a dedicated Mental Health Act administrator who scrutinised Mental Health Act paper work and audited all detention paper work to ensure all patients were detained lawfully.
- Independent mental health advocate (IMHA) visited patients as requested. During the visit, the IMHA would discuss the person's care, support with ward round represent the patients' rights.
- Staff read and explained patients their rights monthly. There was information around the building such as easy read leaflets explaining patients' rights under the Mental Health Act the service had access to leaflets in a variety of languages for clients who were unable to read English.
- The multidisciplinary team supported patients to utilise Section 17 community leave by completing thorough risk assessments in line with section 17 conditions which were reviewed regularly. Mental Health Act records were detailed and were stored in each patient's individual file.

Good practice in applying the MCA

- The hospital had a Mental Capacity Act policy that staff were aware of. We found 96% of staff were up to date with their Mental Capacity Act training.
- St Matthews Hospital reported that no Deprivation of Liberty Safeguards applications were pending or approved at the time of inspection.
- Staff were able to demonstrate they understood the Act and could describe the five principles.
- Clinical staff assessed patient's capacity in line with the mental capacity act guiding principles. The provider used a range of communication methods to help the patient understand what was being assessed. If required, the provider referred patients to the local

Long stay or rehabilitation mental health wards for working age adults

Good 

advocacy service for third party representation. Records reviewed evidenced families and carers were involved in supporting the patient to make decisions in a client's best interest.

- We observed staff communicate with patients in a manner that met their communication needs.
- We observed times when staff interacted with patients in a kind and compassionate manner. Staff took time to get to know and understood their patients' needs. Staff treated patients with respect, compassion and kindness and protected privacy and dignity. They understood and respected patients' cultural, social and religious needs.
- Staff used the patients' preferred communication approaches to ensure that patients understood their care, treatment or condition.
- Staff worked in partnership with patients to formulate and review care plans, goal setting and risk assessments. They actively sought patient feedback on the quality of care provided.
- The service sought family and carer feedback regarding the quality of the service and care provided.

However:

- Patients newly admitted to the service did not have access to a welcome pack.

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

Good 

Kindness, dignity, respect and support

- We observed staff interact with patients in a polite and respectful manner. When patients presented with challenging behaviour nursing staff encouraged them to take part in meaningful activities for example one to one named nurse and activities of their preference.
- The hospital manager encouraged patients to complete a regular patient experience questionnaire. The manager reviewed the results of the questionnaire and implement an action plan where areas of improvement needed addressing.
- Patients we spoke with told us they felt safe at the service and there were enough staff to meet their needs.

- Staff we interviewed had a good understanding of the patient's needs including their communication needs. Staff spoke positively about supporting all off the patients.
- Staff were able to refer clients to external agencies such as, advocacy services, housing, employment and voluntary services when required.

Involvement of patients

- Patients newly admitted to the hospital were offered a buddy on to orientate them to the ward by showing them around and to explain where things were. However, patients did not have access to a welcome pack containing key information.
- Care and treatment records evidenced that patients were involved with their care planning process. Patients attended bi-weekly individual care reviews where they could discuss their care with the multidisciplinary team.
- Patients were offered copies of their care plans, risk assessments and activity schedules. Patients told us they were involved in developing their care plans and they knew what their planned activities were.
- Staff facilitated weekly community meetings for patients. Ward staff made reasonable adjustments for patients to participate, such as ensuring a calm environment and using communication methods that met their needs

Involvement of families and carers

- There was evidence that the provider consulted with the patient's family and carers were involved in the care planning process for the patient in accordance with the patient's wishes.
- Family and carers were able to give feedback on the service through satisfaction surveys. The registered manager reviewed the complete questionnaires, were improvements were recommended the manager took appropriate action.

Long stay or rehabilitation mental health wards for working age adults

Good 

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

Good 

Access and discharge

Bed management

- St Matthews had 16 beds, at the time of inspection 11 patients were admitted. Patients were admitted nationally. The hospital did not admit patients to beds if a patient was on Section 17 leave.
- Patients were assessed before being admitted to the hospital. Where a patient's needs had changed the hospital had taken appropriate action. For example, when a patient's mental health had deteriorated, and they required a Psychiatric Intensive Care Unit bed the provider had referred the patient appropriately.

Discharge and transfer of care

- The clinical team planned for discharge on admission, however due to the needs of the patients, the hospital and commissioners found it difficult to find appropriate care providers in their local areas at times.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had a full range of rooms and equipment to meet the needs of the patients. For example, activity rooms, dining rooms a clinic room, a patient led garden and designated visitor rooms.
- Patients had a personalised activity schedule that they followed. Patients could also join in daily group activity sessions coordinated by the occupational therapist. We saw activities were on offer seven days a week and in the evening.
- The provider was reducing restrictive practices as appropriate. For example, by allowing patients on to keep their personal mobile phone on their person at all times. The provider discussed internet safety with patients who had access. Patients who were not able to have their own mobile phones were able to use the hospital phone.

- Patients personalised their bedrooms with decorations and wall art. Patients could also request staff to look after their possessions, which were then stored in a secure cupboard.
- Healthy snacks and drinks were available throughout the day.

Patients engagement with the wider community

- When appropriate, staff ensured that patients had access to education and work opportunities. The occupational therapist took a lead in providing recovery vocational opportunities for patients. There were good links with the local community charity shops and horticultural services. Clients had access to a recovery college and educational opportunities if requested.
- We saw evidence staff supported patients to maintain contact with their families and carers.
- Staff spoken with told us they encourage patients to develop and maintain relationships with people that mattered to them, both within the services and the wider community.

Meeting the needs of all people who use the service

- The unit had disabled access to the ward and there were six patient bedrooms on the ground floor. Where a mobility need was identified the hospital multidisciplinary team risk assessed the need of the patient to ensure the needs of the patients were met.
- Patients had access to information that detailed local services, independent mental health advocacy and how to make a complaint. The information was available in a variety of ways such as easy read leaflets and was available in different languages.
- Staff would ensure meals met the cultural and religious needs of the patients. For example, Halal meat and vegetarian meals were readily available for patients who requested them. There were information boards in the dining room detailing options available for breakfast, lunch and dinner.
- Patients had access to spiritual support for example, patients were supported to attend local places of worship. If clients were unable to leave the site, they could use the visitor room when not in use as a place of worship.

Long stay or rehabilitation mental health wards for working age adults

Good 

Listening to and learning from concerns and complaints

- The hospital had received one formal complaint over the last 12 months. The registered manager and director of clinical services had investigated the complaint and responded in line with the provider's policy. The complaint was not upheld.
- Informal complaints were logged on the informal complaint tracker and were investigated at ward level. If a patient raised an informal complaint the ward manager provided patients with a written outcome and explained to the patient in their preferred communication method.
- Patients told us they knew how to raise a complaint.
- Staff were able to describe the process of how to handle a complaint in line with their company policy. Staff received feedback from outcomes and investigations into complaints during team meetings, one to one supervisions and clinical handovers. Learning from complaints were shared across the providers hospitals via monthly newsletters.

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

Good 

Leadership

- The provider reported low levels of staff sickness absence, with a 1.8% average sickness across the hospital.
- The service had a clear organisational structure in place that supported staff in knowing who their line managers and supervisor were. Staff told us that they proud and happy working in the service.
- At the time of inspection there were no bullying or harassment cases reported.
- Staff spoken with told us they felt the team's morale was good and they felt supported by their line managers.
- Staff were offered additional training and were encouraged to take part in career development training such as National Vocational Qualifications. The hospital supported the nurses they employed to revalidate their nursing registration.

- The hospital manager had the autonomy and authority to ensure they were able to provide a service that met the needs of the patients.

Vision and strategy

- Staff were aware of the provider's vision and values which were Excellence in all that we do, Care from the heart, Compassionate and respectful, Professional yet approachable, Treat the whole person and promoting autonomy. We observed staff demonstrate these values through person centred and kind interactions with patients.
- The registered manager told us staff were set goals during their annual appraisal that reflected the organisational values.
- Staff and patients told us they were aware who the senior managers were. They had visited the hospital over the last 12 months. We observed senior managers interacting with patients and staff in a positive manner during the inspection and staff told us that the senior management team were approachable.

Culture

- Staff spoken with told us they felt respected and valued in their role. Staff told us they were proud to work for the service and they made a positive impact to patients.
- Staff were able to raise concerns without the fear of retribution. Staff said the manager has an open-door policy.
- The registered manager utilised systems and process to manage poor staff performance. For example, working with the human resource department to manage staff who were under performing. At the time of inspection, no staff were subject to a performance management programme.
- There was a whistle blowing process in place. Staff described the process and told us that they felt confident raising concerns.
- Staff spoken with told us annual appraisals included conversations about their career development.
- The hospital manager told us they felt supported by the hospitals senior management team and had the autonomy to make daily decisions in their role.

Governance

Long stay or rehabilitation mental health wards for working age adults

Good 

- The registered manager had oversight of the hospital. Ward performance was monitored by completing regular audits and the outcomes were recorded on key performance indicator dashboards. This meant that the manager could monitor performance over a period of time to ensure continuous improvement.
- Governance business meetings were held regularly. The meetings followed a clear framework and set agenda. All actions from meetings were allocated to staff who were responsible for ensuring the actions were complete.

Management of risk, issues and performance

- Staff were able to contribute to the hospital's risk register at the weekly Friday team meetings.
- The hospital had a robust business continuity plan in place which was reviewed by appropriately trained staff.

Information management

- The provider had a system in place to monitor mandatory training. The dashboard highlighted any training that was out of date or was due to expire. The hospital manager was aware of when training was due to expire and had planned dates for when the training sessions were being facilitated. The manager arranged staff cover to allow staff time away from the ward to complete the training.
- The provider had a system in place to monitor supervision and annual appraisals. The dashboard evidenced when the person's last supervision took place and when the next supervision or appraisal was due.

- The hospital was in the process of implementing an electronic patient record system to improve the quality of patient record keeping. The quality improvement project was overseen by the project managers and the registered manager.
- The hospital manager regularly reviewed the staff duty rota to ensure safe staffing level and were able to request bank and agency staff if needed.

Engagement

- Staff, patients and carers had access to up-to-date information about the provider and the services they used for example, through information sharing, family and carers engagement meetings.
- Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The registered manager and staff had access to the feedback from patients, carers and staff and used it to make improvements.
- Patients and carers were involved in decision-making about changes to the service for example at the weekly community meetings.

Learning, continuous improvement and innovation

- Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. For example, joining improvement steering groups and project managing quality improvement initiatives such as the roll out of electronic notes system.
- Staff took part in a wide variety of clinical audits including, care records, physical health and the clinical environment to improve the patient care experience.

Outstanding practice and areas for improvement

Outstanding practice

The occupational therapist had developed good links with the local community service which meant patients were able to rapidly engage in community activities and voluntary work placements which had a positive impact on their recovery.

Areas for improvement

Action the provider **MUST** take to improve

- The provider **MUST** ensure blinds spots are adequately mitigated.
- The provider **MUST** ensure they meet the national guidance in relation to ligature management.
- The provider **MUST** ensure all maintenance concerns are identified and actioned in a timely manner.

Action the provider **SHOULD** take to improve

- The provider should provide a welcome pack to newly admitted patients which details key information regarding the hospital, facilities and the local area.
- The provider should review the storing of all emergency medication and equipment in a single place to ensure staff have access to the equipment without delay.

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
<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Ligature anchor points were found throughout the hospital and there were no formal plans to remove the anchor points.</p> <p>Blind spots were found through out the hospital. There were no formal risk assessments or line of sight audits complete.</p> <p>Some maintenance issues were not identified and action appropriately.</p> <p>This was a breach of regulation 12</p>