

Milestones 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?	Good	
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 Milestones Hospital as good because:

- The service employed a sufficient number and variety of staff to provide safe care and treatment for patients. Staffing levels ensured there was a qualified nurse on the ward at all times.
- Patients spoke highly of staff and felt safe and cared for.
- The service had up to date, thorough environmental risk assessments including ligature risks and health and safety assessments.
- Patients had a comprehensive risk assessment on admission that staff reviewed on a regular basis. Staff had agreed positive behaviour plans for each patient to manage individual risks.
- Patients received a physical health check on admission and at regular intervals throughout their treatment. The service employed a physical health nurse to complete health checks and observations.
- Staff provided clinical and therapeutic interventions in line with National Institute for Health and Care Excellence (NICE) guidelines.
- Patients were involved in deciding treatment options and making decisions about the care they received.
- The service offered a wide range of activities to patients including at weekends.
- Staff felt supported and were regularly supervised and appraised.

Summary of findings

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Summary of this inspection

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Good 

Milestones Hospital

Services we looked at

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

Summary of this inspection

Background to Milestones Hospital

Milestones hospital was registered with the Care Quality Commission in December 2010.

Milestones Hospital provides specialised mental health care treatments within a low secure environment for women between the age of 18 and 65 who may be detained under the 1983 Mental Health Act.

The hospital has 10 inpatient beds. At the time of this inspection, there were nine inpatients, all detained under the terms of the Mental Health Act 1983.

Milestones hospital is registered to provide assessment and medical treatment for persons detained under the Mental Health Act 1983 and treatment for disease, disorder and injury.

At the time of inspection, the service had a registered manager and a nominated individual.

The service was last inspected in December 2015, the service was rated as good in all domains.

Our inspection team

The team that inspected the service included CQC inspector Joanna Thomas (inspection lead) and one other CQC inspector.

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.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the environment and observed how staff were caring for patients

- spoke with five patients who were using the service
- spoke with two carers of patients who were using the service
- spoke with the registered manager
- spoke with other staff members; including doctor, nurses, mental health act administrator and support worker
- collected feedback from patients using four comment cards
- looked at four care and treatment records of patients
- carried out a specific check of the medication management and
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this inspection

What people who use the service say

Patients we spoke with told us that the staff were helpful and listened to them. Patients told us there was a good amount of activities available and they enjoyed taking part in them.

Patients told us they were involved in their care plans and were able to be involved with making decisions about the treatment they received.

Patients told us they liked deciding meal choices and the food was to a good standard.

Carers of patients told us that staff were caring and kept them updated on patients' treatment, they thought patients had a very positive experience there.

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 good because:

- The service had up to date, thorough environmental risk assessments including ligature risks and health and safety assessments.
- Staffing levels ensured there was a qualified nurse on the ward at all times and that patients had sufficient 1-1 time with nurses.
- The service managed vacancies by using agency staff and employed these on a three-month contract to ensure continuity of care for patients. The service had a strategy in place to recruit staff to vacant posts.
- Patients had a comprehensive risk assessment on admission that staff reviewed on a regular basis and following any incidents. Staff had agreed positive behaviour plans for each patient to manage their risks.

The service had robust medicines management procedures in place.

Good



Are services effective?

We rated effective as good because:

- Patients had a physical health check on admission and at regular intervals throughout their treatment. The service employed a physical health nurse to complete health checks and observations.
- The service employed a full range of disciplines including psychiatrists, mental health nurses, a part time adult nurse, psychologist, occupational therapist, part time dietician, complementary therapist and support workers.
- The service employed a Mental Health Act administrator who completed monthly audits
- Staff provided clinical and therapeutic interventions in line with National Institute for Health and Care Excellence (NICE) guidelines.

However:

- Staff were not holding regular team meetings in line with the provider's policy.

Good



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- Staff interactions with patients were supportive, respectful and caring.
- Patients felt safe and cared for by staff.
- Patients were involved in deciding treatment options and were given copies of their care plans.
- The service involved patients in decision making including meal choices and how to implement the smoke free policy.

Are services responsive?

We rated responsive as good because:

- The service offered a full range of rooms to support treatment including a clinic room, a therapy kitchen, gym and complementary therapy room.
- The service offered a wide range of activities to patients including at weekends.
- The service included discharge and aftercare as part of care plans for all patients subject to the Mental Health Act.
- The service had one delayed discharge over the past 12 months and had worked closely with the community teams to support the patient.
- The service worked closely with the clinical commissioning group to plan all new admissions.

Good



Are services well-led?

We rated well-led as good because:

- Staff reported high levels of morale and job satisfaction and had opportunities for development.
- Managers had an oversight of supervision, training and appraisal to ensure staff were trained and supervised. Managers had implemented a rolling training programme to address the issue of mandatory training attendance for staff.
- Managers held weekly meetings and clinical governance meetings every six weeks to discuss complaints, incidents and feedback.

Good



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 service employed a MHA administrator who provided training to 100% of staff on the Mental Health Act and its guiding principles including advocacy, leave and patient rights.
- Consent to treatment and capacity assessments were reviewed regularly and copies of consent forms were stored with medication charts. Patients who did not consent to treatment had their case assessed by a second opinion appointed doctor in accordance with the Mental Health Act.
- Patients' rights were explained to them on admission and every three months after, which was recorded in their notes. However, it was not always recorded whether patients had accepted advocacy support.
- The MHA administrator completed an audit every six months and any errors such as rights not being read on time were picked up and fed back to staff.
- Patients had access to an independent mental health advocate and staff offered a referral to advocacy every three months. However, it was not recorded whether patients had accepted this service.

Mental Capacity Act and Deprivation of Liberty Safeguards

- 100% of staff had received training on the Mental Capacity Act.
- There had been no Deprivation of Liberty Safeguards applications made in the six months leading up to the inspection.
- The service had a policy on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Overview of ratings

Our ratings for this location are:

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

Notes

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- The layout of the ward did not allow staff to observe all parts of the ward. To mitigate risk, the service had comprehensive risk management plans in place and patients were regularly observed to reduce the risks.
- The service had an in depth risk assessment to reduce the risk of ligature points (fittings to which a person might tie something to harm themselves with).
- The ward only housed female patients and therefore fully complied with the guidance on same sex accommodation.
- The clinic room was clean and tidy with facilities for patients to be regularly health checked, including blood pressure and weight checks. Staff regularly checked and audited resuscitation equipment and emergency medication.
- Staff checked and recorded the fridge and clinic room temperature daily. Staff were aware what action should be taken if the fridge or room temperature went out of range.
- The service did not have a seclusion room and did not seclude patients.
- The ward areas were visibly clean and well maintained. The service employed a housekeeper to clean all

communal areas and bathrooms who would also assist patients in cleaning their rooms and bathrooms. Cleaning records were up to date and showed that all communal areas were cleaned daily.

- All staff followed infection control procedures including handwashing and alcohol hand gel was available.
- Staff regularly checked and calibrated equipment and this was logged.
- All staff carried a personal alarm and a radio to call for assistance in case of an incident and to maintain good communication.

Safe staffing

- The service employed six registered mental health nurses, including two clinical team leaders and one part time registered adult nurse. At the time of the inspection, the service had vacancies for one full time nurse and one part time nurse.
- The service employed 14 support workers. At the time of the inspection, the service had two support worker vacancies. The service managed vacancies by using agency staff and employed these on a three-month contract to ensure continuity of care for patients.
- The service had a strategy in place to increase recruitment of nursing staff including training existing support workers.
- Staffing levels ensured there was a qualified nurse on the ward at all times and that patients had sufficient 1-1 time with nurses.
- Staff and patients told us ward activities and escorted leave were not cancelled due to staffing shortages.
- Figures provided by the service showed that 82% of staff had completed all mandatory training including safeguarding of vulnerable adults, control and restraint,

Long stay/rehabilitation mental health wards for working age adults

Good 

and infection control. The service had implemented a rolling training programme to ensure that all staff received mandatory training and this was ongoing at the time of inspection.

Assessing and managing risk to patients and staff

- The service did not have a seclusion room and used a quiet room within the ward for de-escalation after incidents.
- There were 36 incidents of restraint between September 2016 and February 2017 involving three patients. None of the recorded incidents involved prone restraint.
- We reviewed four care records. All patients had a comprehensive risk assessment on admission that staff reviewed on a regular basis and following an incident. Staff had agreed positive behaviour plans with each patient to manage their risks.
- The service did not have any informal patients at the time of inspection.
- The service had policies in place for the use of observation and searching patients. Care records showed that patients were observed and searched in line with policy.
- Staff were trained in tackling challenging behaviour and used restraint as a last option.
- There were 375 incidents of rapid tranquilisation over the past six months, mainly medication taken orally by patients with their consent.
- The number of incidents was reviewed by a member of the care quality commission medicines management team and was not deemed excessive as these were delivered within recommended limits and patient observations were completed as per guidelines.
- One patient record did not have the times of observations recorded.
- Staff ordered medications through a pharmacy service and clinical staff checked them for errors. Medications were stored safely in a locked fridge with monitored temperatures.
- Staff completed a pharmacy audit to review any errors in medications and discussed outcomes at the clinical governance meeting.

Track record on safety

- The service reported one serious incident in the last 12 months which resulted in the unexpected death of a patient. This was fully investigated and actions put in place to prevent reoccurrence.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were aware of what constituted an incident and how to report an incident. Staff told us they could discuss an incident with a manager prior to submitting an incident report.
- The service used an electronic database for incident reporting and incidents were discussed in the managers meeting and clinical governance meeting.
- Staff were able to give examples of times when they had exercised their duty of candour in explaining to patients when things had gone wrong that affected them.
- Managers fed back learning from incidents at staff meetings and handovers.
- Staff held debrief sessions as soon as possible after any incident, although this was inconsistent at times.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed four care records. Records showed that staff completed full physical and mental health assessments on admission and updated them regularly.
- The service employed a part time registered general nurse to conduct physical health examinations of patients on admission and at regular intervals.
- Care records had personalised, holistic care plans that staff regularly reviewed and updated.
- The service used an electronic system for recording patient records, which were stored securely and available for all staff to access. Paper records were kept locked in a secure cabinet away from patient access.

Best practice in treatment and care

- Clinical staff followed guidance from the National Institute for Health and Care Excellence (NICE) on

Long stay/rehabilitation mental health wards for working age adults

Good 

prescribing medication, including the use of rapid tranquilisation medications. However, staff did not always record times of health checks following tranquilisation.

- The service employed one psychologist who provided therapeutic interventions as recommended by the National Institute for Health and Care Excellence.
- The service employed a physical health nurse to provide health checks and everyday physical monitoring of patients. Patients were registered with the local GP surgery and a private GP was employed to provide additional healthcare.
- The service employed a dietician to visit two or three days a week. Patients agreed meal choices and these were then reviewed by the chef and dietician to ensure they met the patients nutritional requirements.
- Patients had access to cold drinks at all times and could make hot drinks with staff supervision.
- Staff completed pharmacy audits to check medications were correct. Any errors were logged and reported to managers.

Skilled staff to deliver care

- The service employed a full range of disciplines including: two psychiatrists, six mental health nurses, one part time general nurse, one psychologist, one occupational therapist, one part time dietician, one part time complementary therapist and 14 support workers.
- The service provided an induction to all new staff consisting of four days classroom training, two days training on the prevention and management of aggression and two days shadowing experienced staff. Support workers had completed or were working towards completing the care certificate.
- The service had a supervision policy in place requiring all staff to receive supervision six times per year. We reviewed seven staff files and observed they were receiving supervision in line with policy.
- The service provided us with figures showing that 88% of staff had received an appraisal in the last 12 months. We reviewed seven staff files and all of these had received an annual appraisal.
- The service aimed to hold team meetings every two months however only four meetings had been held over the past 12 months.
- Staff performance was discussed in supervision sessions and managers addressed poor performance.

Multi-disciplinary and inter-agency team work

- The service held weekly ward round meetings where a multi-disciplinary team reviewed each patient's care and treatment.
- Staff held handover meetings twice a day to update staff starting shifts of any patient risks or concerns to be aware of however these were not recorded.
- Staff had good working relationships and communication between staff grades, although team meetings were not held regularly.
- The service had good working links with external agencies such as social services and local healthcare organisations. Staff had actively worked with both the local GP surgery and safeguarding team to improve communication and working relationships.

Adherence to the MHA and the MHA Code of Practice

- The service employed a full time Mental Health Act administrator.
- The service had clear records of leave granted to patients, including a contingency plan for any incidents.
- The MHA administrator provided training to 100% of staff on the Mental Health Act and its guiding principles including advocacy, leave and patient rights.
- Consent to treatment and capacity assessments were reviewed regularly and copies of consent forms were stored with medication charts. Patients who did not consent to treatment had their case assessed by a second opinion appointed doctor in accordance with the Mental Health Act.
- Patients' rights were explained to them on admission and every three months after that which was recorded in their notes. However, it was not always recorded whether patients had accepted advocacy support.
- All detention paperwork was stored securely in a locked cabinet. All paperwork was up to date and audited by the Mental Health Act administrator.
- The Mental Health Act administrator completed an audit every six months and any errors such as rights not being read on time were picked up and fed back to staff.
- Patients had access to an independent mental health advocate and staff offered a referral to advocacy every three months. However, it was not recorded whether patients had accepted this service.

Good practice in applying the MCA

Long stay/rehabilitation mental health wards for working age adults

Good 

- 100% of staff had received training on the Mental Capacity Act.
- There had been no Deprivation of Liberty Safeguards applications made in the last six months.
- The service had a policy on the Mental Capacity Act and Deprivation of Liberty Safeguards.

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

Good 

Kindness, dignity, respect and support

- We observed staff interactions with patients, which were respectful, caring and supportive.
- Patients reported that staff were caring although they felt staff did not always have enough time to spend with them. Two patients reported that they felt staff were rough when restraining them.
- Patients reported that the food choices and standards were very good and that they enjoyed the range of activities available.
- Carers of patients told us that they had found staff caring to patients and their families and that their family member felt safe and happy at the service.
- Staff had a good understanding of the individual needs of patients and care plans were personalised and holistic.

The involvement of people in the care they receive

- The service provided each new patient an admissions pack that explained what was available to patients as well as the expectations and objectives of the service.
- We reviewed four care records and found that they all included patient views and involvement. Patients had been offered copies of their care plans.
- Patients had positive behaviour support plans to include their views on how they would like incidents to be managed.
- Patients and carers were invited to attend multi-disciplinary review meetings.

- The service offered access to an independent mental health advocate and staff could refer patients for advocacy.
- The service held a weekly problem-solving meeting where patients could discuss and plan menu choices and activities as well as giving feedback on any issues of concern.
- Patients were involved in decisions about the service including menu choices and the implementation of the smoke free policy.
- The service held a patient satisfaction survey every six months to gain additional feedback from patients.

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

Good 

Access and discharge

- The average bed occupancy over the last six months was 100%. There was one vacant bed at the time of the inspection.
- Patients had access to a bed on return from leave.
- The service planned all admissions and worked closely with the clinical commissioning groups to ensure bed space was secure before admission.
- The average length of stay for patients was 212 days.
- The service included discharge and aftercare as part of care plans for all patients subject to the Mental Health Act.
- One patient had a delayed discharge due to lack of placement availability. The service ensured close working links with the community team during the delay.

The facilities promote recovery, comfort, dignity and confidentiality

- The service offered a full range of rooms to support treatment including a clinic room, a therapy kitchen, gym and complementary therapy room.
- Patients were able to participate in cooking, fitness sessions with a physical fitness instructor, dance classes and complementary therapy including massages and beauty treatments.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The service had two patient lounges, one of which had a partitioned wall that could be used to create a quiet space and facilitate visits.
- Patients had access to mobile phones to make calls. The service had a payphone with a privacy hood available however, this was in a communal area and was out of order at the time of inspection.
- The service provided access to the garden at set times during the day and patients could request escorted garden access at additional times. Patients were encouraged to participate in escorted walks as part of their weekly activities.
- Patients had access to cold drinks and snacks at all times. Patients could make hot drinks in the kitchen when required with staff supervision.
- Patients were able to personalise their bedrooms and had keys to their bedrooms for security. Safes were provided in each bedroom and in the nurses' office for patients to securely store possessions.

Meeting the needs of all people who use the service

- The service was accessible to patients with physical disabilities and mobility restrictions.
- The service provided patients with an admission pack containing information on treatments available, local services, patient rights and how to complain. Posters and leaflets were also displayed to provide this information.
- Information could be provided in other languages including sign language.
- Patients planned their own food choices so that individual dietary requirements were met. A dietician approved the choices to ensure they met nutritional needs.
- Patients could access spiritual support through attendance at religious services and faith groups or the service could arrange visits from spiritual advisors on request.

Listening to and learning from concerns and complaints

- The service reported that 22 complaints were received over the past 12 months. Eight complaints were upheld and four partially upheld with none referred to the ombudsman. Complaints were mainly about other patients.

- Patients we spoke with were aware of how to complain and this information was clearly displayed.
- Patients told us that speaking to staff often enabled them to resolve complaints informally.
- The service had a complaints policy in place and the clinical team leaders or manager investigated all complaints. Patients were able to appeal responses to escalate them further.
- Managers discussed all complaints and investigations at the weekly managers meeting.

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

Good 

Vision and values

- The organisational values of being, believing and belonging were clearly reflected by the care and treatment provided by staff.
- The objectives of the service reflected the organisational values.
- Senior managers were based at the service and were known by staff and patients.

Good governance

- 82% of staff had received all mandatory training and managers had implemented a rolling training programme, which was in place at the time of inspection.
- Staff were appraised and supervised in line with policy and managers had oversight to ensure these were completed.
- Managers ensured that staff vacancies were covered through the use of three month agency contracts to maintain continuity for patients and had strategies in place to increase recruitment levels.
- Managers held weekly meetings and clinical governance meetings every six weeks to discuss complaints, incidents and feedback.
- Managers felt they had sufficient authority and administrative support.

Leadership, morale and staff engagement

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff told us they had high levels of job satisfaction and morale.
- Staff were aware of the whistleblowing policy and felt able to raise any concerns with the managers without fear.
- The service had a 6% sickness rate over the last year.
- Staff had opportunities for career development, including support workers being offered the chance to train as nurses and mentoring schemes.
- Staff held handover meetings twice a day where they could share information and raise any patient issues. Team meetings were not held regularly however, staff felt there was good communication and they were informed of changes to the service.
- Staff were aware of their duty of candour and could be open with patients if something went wrong.
- Staff told us that they could offer feedback on the service during supervision.

Commitment to quality improvement and innovation

- The service did not participate in any national accreditation schemes.