Jasmine Court 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?	Good
Are services effective?	Requires improvement
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 have rated Jasmine Court as **good** because:

- There were appropriate staffing levels to deliver care. Patients had regular one to one sessions with their named nurse. Leave and activities were rarely cancelled due to staffing levels. The unit manager could increase staffing levels to manage increased levels of observation or activity on the ward. Additional staffing came from a regular bank cohort, this meant patients were familiar with staff and supported continuity of care.
- Patients had their risks assessed and managed. Patient risk assessments were comprehensive and reviewed regularly. Environmental risk assessments were in place. Unit activities had been risk assessed.
- Patients were given a comprehensive assessment in a timely manner. The outcomes of assessments fed into care plans. Care plans and assessments were reviewed regularly in multidisciplinary ward rounds.
- Patient feedback on staff was good. Staff were considered to be kind, caring and supportive. Staff and patient interactions that we witnessed were positive. Staff displayed knowledge of patients and understood their needs.
- Patients had access to a range of activities both within the unit and the wider community. Patients told us they enjoyed the activities available.
- Staff morale was good. The majority of staff were positive about their role and felt supported by management and colleagues. The majority of staff told us there was an open and honest culture and that they would be comfortable raising any concerns.
- The unit used key performance indicators to measure performance. There was a programme of audits to assure quality. Senior management carried out quality assurance visits.

However:

- We found the patient records did not contain a full physical health examination carried out upon admission. However there was evidence of ongoing physical health care.
- Not all staff had received dementia training despite the fact that some patients had a diagnosis of dementia.

Summary of findings

Contents

Good

Jasmine Court

Services we looked at

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

Summary of this inspection

Background to Jasmine Court Independent Hospital

Jasmine Court is a 15 bed mixed sex unit. The unit provides care to male and females with early onset dementia and/or mental health problems. It is located in Waltham Abbey, Essex. At the time of our inspection there were 13 patients on the unit. Four patients were detained under the Mental Health Act and nine patients were subject to Deprivation of Liberty Safeguards.

Jasmine Court has been registered with the CQC since 2010. The unit is registered for the assessment or medical treatment for persons detained under the Mental Health Act and for the treatment of disease, disorder or injury.

The unit has a registered manager and a controlled drugs accountable officer.

The CQC had carried out a responsive inspection of the unit in February 2016. However at the time of our inspection this report had not been published or made available to the provider. Jasmine Court had been inspected in July 2013. At this time the provider was compliant with the standards we inspected against.

Our inspection team

The team that inspected the service comprised a CQC inspector, a Mental Health Act reviewer and a specialist advisor who was a consultant psychiatrist.

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 and asked a range of other organisations for information.

During the inspection visit, the inspection team

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service and observed a patient forum
- spoke with the registered manager
- spoke with 10 other staff members; including doctors, nurses, occupational therapists and support staff
- attended and observed one hand-over meeting, one multi-disciplinary ward round and a medication round
- looked at eight care and treatment records of patients
- carried out a specific check of the medication management and reviewed 13 prescription cards
- 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

We spoke with five patients. Feedback on the service was positive. Patients we spoke with told us that staff were caring and supportive. They felt staff were interested in their wellbeing.

Patients told us they felt safe on the unit and enjoyed the activities provided. They had regular one to one contact with their named nurse and were involved in their care.

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?

Good

We have rated safe as **good** because

- The building was clean and well maintained. Equipment was checked regularly and was fit for purpose.
- The unit was compliant with same sex accommodation. Male and female sleeping areas were segregated and there was a female only lounge.
- Patient risk assessments were comprehensive and carried out in a timely manner. Assessments were up to date. This meant that patient risks were being managed.
- Staffing levels supported the delivery of care. Escorted leave and activities were rarely cancelled due to staffing levels.
- Staff received a programme of mandatory training.

Are services effective?

Requires improvement

We rated effective as **requires improvement** because:

- Patient records did not contain a full physical health assessment that had been carried out on admission.
- Not all staff had received dementia training.
- Staff were not using dementia specific rating scales and outcome measures.

However

- Patient were given an assessment in a timely manner.
- Patient physical health concerns were being managed. Patients had been referred to specialist services where required.
- Staff carried out clinical audits. Results were fed back to staff and actions were acted upon.
- Patient progress and care plans were reviewed regularly in multidisciplinary ward rounds.
- Compliance with the Mental Health Act and Mental Capacity Act was good. The service carried out audits reflecting legislation.

Are services caring?

Good

We rated caring as **good** because:

- Staff treated patients with kindness and respect. Staff we spoke with displayed a good understanding of their individual needs.
- Patients were involved in decisions about their care. Where appropriate, family members and carers were involved.
- Patients had access to regular community meetings.

Summary of this inspection

- Patients were involved in the development and review of their care plans. Patients told us they had a say in decisions about their care and treatment.

Are services responsive?

Good

We rated responsive as **good** because:

- There was a referral process in place. Referrals were assessed by a multidisciplinary team prior to the referral being accepted. Referrals could visit the unit before being admitted.
- Patients had access to a programme of activities, both within the unit and the wider community. Patients told us they enjoyed the activities available.
- Staff could access translation services if required.
- Staff were aware of the provider complaint process and knew how to support patients to make a complaint.

Are services well-led?

Good

We have rated well-led as **good** because

- Staff were aware of the providers vision and values.
- Staff knew who senior management within the organisation were. The Divisional Director had visited the unit. Senior staff carried out quality checks.
- There was a governance structure which linked the unit into the governance processes of the parent company. This meant that lessons learnt in other services could be shared.
- The majority of staff we spoke with told us morale was good. They felt supported by management and their colleagues.
- The unit used key performance indicators to measure performance. These were reported weekly and reviewed within governance meetings.

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.

There was full compliance with Mental Health Act training. Staff demonstrated an understanding of the Mental Health Act and its application.

Compliance with the Mental Health Act in the delivery of care was good. Patients were given their rights on admission and these were repeated during their stay. Detention paperwork was complete and up to date. T3 certificate of second opinion forms were attached to medication cards and were in date and valid.

Staff were able to access support from a central team. The team also carried out audits against the Mental Health Act.

Patients had access to an independent advocacy service.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training on the Mental Capacity Act as part of safeguarding training. Compliance with training was 86%. Staff showed an understanding around the Mental Capacity Act and the five statutory principles.

Patients capacity was assessed and best interest meetings had taken place.

Staff were able to get advice from a central team within the company. Compliance against the Mental Capacity Act was reviewed as part of quality first visits conducted by senior staff.

At the time of our inspection, there were nine patients subject to Deprivation of Liberty safeguards.

Paperwork was in place to support the applications. However, staff told us there were often delays in receiving authorisation from relevant authorities. There was one application outstanding at the time of our inspection. Staff were actively following this up.

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

Jasmine Court was located within Paternoster Nursing home. The unit was on the ground floor of the building. The unit was laid out in a square shape with a central courtyard. The layout of the unit meant that there were some blind spots and staff could not observe all parts of the unit. However, staff were able to explain how this was managed by risk assessments that they carried out, and the use of observation. The provider had contacted a company to provide advice and quotations for the installation of convex mirrors to further mitigate the risk.

The unit had a ligature risk assessment in place which was completed annually. The associated action plan stated that changes to the environment would be made 'as required depending upon the patient profile'. Staff were managing the risk through risk assessment and the use of observation. Patients were individually assessed prior to admission to determine their suitability for the environment. Patients had ligature risk assessments which were reviewed regularly. Care plans and observation levels were reviewed if this was required. Rooms which contained ligature points, for example the bathroom and visitor's toilets were locked when not in use. Patients using the bathroom were supervised by staff if a risk assessment deemed it necessary. Same sex staff were used for observations.

The unit had separate sleeping areas for male and female patients. There was a female only lounge. Bedrooms had ensuite shower rooms. However, the only available bath was on the male bedroom corridor. When females wished to use the bath they were escorted by staff. The occupational therapy kitchen was on the female corridor. Males were escorted if they wished to access the facility.

There was a clinic room that was clean and well maintained. The clinic room did not have an examination couch. Patients were examined in their own bedrooms when an examination was required. Emergency equipment and medical devices were stored in the clinic room. All equipment was in date and fit for purpose. Staff had completed weekly checks on the equipment to ensure that it was fit for use. The room was air conditioned to maintain an appropriate temperature. Staff checked and recorded the room temperature daily. There was a fridge used for storing medication. Staff checked and recorded the fridge temperature daily. There was a controlled drugs cabinet. The key to the cabinet was kept securely and away from the cabinet.

The unit was clean and well maintained. Cleaning schedules were in place and being followed. Patients we spoke with told us that standards of cleanliness were high. Staff adhered to infection control principles and hand gels were available to staff. There were up to date environmental risk assessments. These included assessments of the control of substances hazardous to health and a fire safety risk assessment. The fire risk assessment included personal emergency evacuation plans. These captured any assistance patients might need to evacuate in the event of a fire. Staff we spoke with were aware of the personal emergency evacuation plans and the type of assistance patients required.

Staff had access to personal alarms. Patients had nurse call buttons in their rooms. There were call alarms in toilets. Inspectors were offered personal alarms during our visit.

Jasmine Court did not have a seclusion facility.

Safe staffing

The following staffing data was provided by the unit:

Establishment levels: qualified nurses (WTE): four

Establishment levels: nursing assistants (WTE): 14

Number of vacancies: qualified nurses (WTE): two

Number of vacancies: nursing assistants (WTE): none

The service had recruited to the two qualified nursing vacancies. They were waiting for the new staff to start. The unit did not use agency staff. There was a bank cohort that provided cover when this was required, or if staffing levels needed to be increased to manage observations. The service had access to four qualified nurses and 10 nursing assistants through the bank. This meant that patients were familiar with staff, which supported continuity of care. In the period between November 2015 and May 2016 the service had used bank staff to cover 76 qualified nurse shifts and 213 nursing assistant shifts. These shifts were primarily to cover the use of increased observation.

The shift establishment was two qualified nurses and three nursing assistants during the day. The night time establishment was one qualified nurse and two nursing assistants. The manager was able to adjust staffing levels according to activity levels on the unit. At the time of our inspection, the unit had two patients on observation levels which required additional staffing resources.

Patients we spoke with told us that there were appropriate staffing levels to ensure their needs were met. There was a strong staff presence on the unit and patients had weekly one to one sessions with their named nurse.

Escorted leave and activities were rarely cancelled. Patients who had been granted leave that required a staff escort had this leave facilitated. We reviewed the activities schedule for the previous month and found that it had been delivered as planned. Patients we spoke with told us that activities and leave were not cancelled.

There were two consultant psychiatrists who attended the unit twice weekly. The psychiatrists were part of the ward round and met with patients. They could be contacted outside of these sessions to provide advice and support. Medical cover was provided by the local GP surgery. Out of hours support was accessed through accident and emergency or via 999.

A programme of mandatory training was available to staff. This included both online and class room sessions. Overall compliance with mandatory training was 80%. This was below the providers' target of 85%. There were two courses where compliance fell below 75%. These were dysphagia and choking where compliance was 9% (three out of 35) and clinical risk management where compliance was 33% (three out of nine). Compliance was monitored through an electronic system and staff were alerted when they were due to attend training. We saw evidence that staff that had outstanding training were being booked on to relevant courses.

Assessing and managing risk to patients and staff

Staff used the Sainsbury risk assessment tool to assess patient risk. We reviewed eight care records. Staff had carried out risk assessments upon admission for each patient. Risk assessments were of a good quality, comprehensive and up-to-date. Risk assessments were reviewed monthly or in response to any change in the patients' circumstances or presentation. Identified risks were captured in care plans. Individual patient risks were discussed at shift handover.

The provider had an observation policy. The policy detailed four levels of observations. Level one required observations every hour. Level two required observations every 15 minutes. Level three observations required the patient to be in eyesight at all times. Level four observations required the patient to be at arms-length at all times. We reviewed the observation records for one patient on level two observations and one patient on level three observations. We found that records had been completed appropriately. There were no gaps in records and observations had been recorded in a timely manner. Staff we spoke with understood the providers' observation policy and their roles and responsibilities. Patients and their level of observation were recorded on a board in the nursing office. Observation levels and staff allocation to observation duties were discussed at shift handover.

Jasmine Court did not use seclusion. Staff used restraint to administer medication to one patient. We reviewed the patient's records and saw that this had been care planned

Long stay/rehabilitation mental health wards for working age adults

Good

and recorded. However, it was not clear that the service had reviewed all other possible options such as changing the time of day or location that the medication was offered. Staff members who were involved in restraint had received the relevant training.

The provider had a policy around therapeutic management of violence and aggression to support staff. Staff had received training in the management of actual or potential aggression from an external company. Compliance with training was 83% (29 out of 35 staff). The provider had a policy around the use of rapid tranquilisation. However rapid tranquilisation had not been used in the previous 12 months.

Staff received safeguarding training annually as part of their mandatory training programme. At the time of inspection, 89% of staff were compliant with training. Staff displayed a good knowledge of safeguarding procedures and understood their responsibilities in raising alerts and concerns. Safeguarding alerts raised by staff were recorded in a safeguarding log. This was reviewed as part of the provider quality visits. The provider also had a safeguarding phone line available for staff.

Medicines reconciliation was completed on admission and recorded. Medication was disposed of in accordance with policy and best practice. Medication stock checks were in place. The provider had plans to trial a computerised medication management system. We reviewed 13 medication charts. Charts were complete and legible. We observed a medication round. Medications that were administered were signed. Appropriate checks were made to ensure that the correct medication was given to the correct patient. Whilst carrying out these checks the nurse administering medication identified that the allergy card for one patient was attached to the wrong medication. The issue was rectified and reported as an incident.

Track record on safety

During the period 31 March 2015 to 31 March 2016 the unit had reported two serious incidents requiring investigation. One incident related to an allegation that a patient had been pushed by a member of staff. The incident was under Police investigation. The second incident related to a patient suffering a fractured wrist after being pushed by another patient.

The provider had carried out investigations into the incidents. Where applicable, recommendations had been actioned.

Reporting incidents and learning from when things go wrong.

The service had systems in place for reporting and reviewing adverse incidents. There was a paper-based incident reporting form. Incidents were investigated by the unit manager or senior management within the company. We reviewed the incident log and spoke to staff. Staff knew what they should report. We were not told of incidents that had not been captured on the incident log.

Staff received feedback on incidents they had reported. This took place in team meetings and at handovers. Staff were debriefed after incidents. Staff we spoke with gave us examples of debriefs they had received; for example, following an incident of aggression. One staff member informed us they had been given a briefing on an incident between two patients that had occurred whilst they were on leave prior to their first shift back at work.

Excluding the unit management, we spoke with eight staff. Seven staff told us that there was an open and honest culture within the service. However, one staff member felt that they would be reluctant to raise concerns. They did not feel they would be managed appropriately.

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

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

Patients received an initial assessment on admission. This included a risk assessment, nursing assessments, mental health assessment and assessment for occupational therapy. We reviewed eight care records. Assessments were in place and completed in all of the patient records we looked at. Assessments were reflected in patients care plans.

Patients were reviewed by the local GP on admission. Staff we spoke with told us that the GP carried out a physical

health examination. However, we could not see physical health examinations clearly recorded in the care records we reviewed. There was evidence, however, of the ongoing monitoring and treatment of physical health concerns. For example, patients had been referred into specialist services. Staff were supporting one patient to manage their diabetes.

All of the records we reviewed had care plans in place. Care plans were up to date and, in general, personalised and holistic. Care records were in paper form. Records were stored securely in locked files. Staff we spoke with told us that information was always easily accessible.

Best practice in treatment and care

We reviewed 13 prescription charts. Prescribing was in line with National Institute for Health and Care Excellence guidance. Prescribing regimes were reviewed in ward rounds. Information on National Institute of Health and Care Excellence guidance was disseminated by the company. New guidance was published on the provider's intranet.

The unit did not have a psychologist as part of its establishment. Psychological interventions for patients were spot purchased, depending on patient needs. The need for psychological therapy was identified at assessment and through the ongoing review of patient care. We reviewed care records of two patients who had received psychological input. In addition to working with the patient, the psychologist had attended ward rounds and contributed to multidisciplinary reviews of care.

Patients had good access to physical healthcare. Patients were registered with the local GP surgery. There were two GPs who attended the unit to review patients. There were links with local chiropody, ophthalmic and dental services. We saw evidence of patients being referred to these services. Additional specialist services could be accessed as required via referral from one of the GPs. There were good links with the local hospital. Where patients had ongoing physical health problems there were care plans to support their management.

Staff carried out routine observations of blood pressure and other vital signs. Patients had daily fluid and food charts in their care plans to ensure appropriate levels of nutrition and hydration. Fluid and food charts had been fully completed and were up to date.

The unit used the recovery star to monitor patient progress and outcomes. The recovery star is a tool that enables patients to plan their recovery and identify their objectives. It allows services to measure the effectiveness of the service they deliver by measuring against these objectives. However, we did not see evidence that the unit was using rating scales specific to dementia patients. This meant that patients with a diagnosis of dementia might not be having their progress effectively monitored. We discussed this with the unit management. They informed us that there was a meeting at provider level scheduled to review and agree on the use of outcome measures across services.

There was a programme of audit. This included audits against care plans, medication, compliance with the Mental Health and Mental Capacity Acts and infection control. The provider also carried out quality visits to audit the standard of care. The results of audits were discussed within team meeting and individual supervision. Staff we spoke with were aware of audits that had been undertaken and actions that had been identified.

Skilled staff to deliver care

A range of professionals had input into care and treatment on the unit. These included nurses, support workers, doctors, psychologists and occupational therapists. Domestic, administrative and maintenance staff also supported the unit. Staff were appropriately qualified for their post and senior staff were experienced in their roles.

Staff received an induction when starting their role. This included orientation to the unit, an introduction to the units policies and procedures and a programme of mandatory training. Staff underwent an annual appraisal and received supervision in one to one or group sessions. We spoke with ten staff members. All staff members told us they were receiving regular one to one supervision from an appropriate individual. We reviewed the unit supervision records and found that including bank staff, 79% of staff (27 out of 38) had received supervision in the four to six weeks prior to our inspection. There was a supervision tree in place to support this process. The supervision tree identified the appropriate supervisor for each staff member. We reviewed supervision records of five staff. We found that there were some generic aspects to the supervision records and that they were not fully individualised.

Long stay/rehabilitation mental health wards for working age adults

Good

Data provided by the unit showed that 70% of staff (28 out of 37) had received an annual appraisal between the 1 March 2015 and the 1 March 2016. However, four of the staff who had not received an appraisal were new in post. Appraisal dates had been set for those staff. Objectives that were set within appraisals were linked to the provider's objectives. Both consultant psychiatrists had been revalidated in the previous 12 months. There was a supervision and appraisal database to monitor compliance.

The provider had a learning and development manager who worked with the unit management to identify and meet training needs. Specialised training was available. We spoke with one staff member who was due to access phlebotomy training. However, not all staff we spoke with were aware of specialist training that was available. We spoke with the unit management who informed us that dementia care training was available through the company. However, only one of the staff members we spoke with had accessed this training. The consultant psychiatrists who worked on the unit had specialist dementia training.

There were policies to support managers when addressing poor staff performance and disciplinary issues. Assistance was available from the human resources service.

Multi-disciplinary and inter-agency team work

There were twice weekly multidisciplinary ward rounds. Psychiatrists, nursing staff, and occupational therapy contributed to the ward round. Patients were invited to attend, as well as carers or family members if appropriate. We observed one ward round. The ward round was comprehensive and reviewed all aspects of patient care including medication, physical health and risk.

Handovers occurred twice daily in line with shift patterns. We observed one handover. The meeting was well structured and thorough. An update on each patient was provided by staff going off shift. Updates on presentation and risk were discussed. Observation levels were reviewed and staff responsibilities allocated. General information about the unit, maintenance and planned activities was also discussed. There were effective working relationships within the staff team. Different professional groups worked collaboratively to assess patients and deliver care.

There were good links with the local GP surgery and healthcare services. Staff maintained contact with local care coordinators through telephone and written correspondence. However, staff we spoke with told us that they often had to chase care coordinators for responses. Care coordinators were invited to attend ward rounds.

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

Staff received training on the Mental Health Act. Compliance was 100%. Staff we spoke with showed an understanding of the Mental Health Act and its application. The training included a handout and knowledge test which included the code of practice.

Patients had been given their rights on admission and these were repeated. Section 17 leave forms were in place and complete. However, one form did not have the conditions of leave indicated on it. All files had an approved mental health professional report attached. Section 17 is used to provide leave from the unit to detained patients. T3 treatment certificates were in place. A T3 form is used when a patient lacks capacity to consent to medication. The prescribed medication for each patient was covered by the certificates.

The service was using restraint to administer medication to one patient. We reviewed the care planning and recording of the restraint. It was not clear that the service had reviewed all other possible options such as changing the time of day or location that the medication was offered.

Administrative support and legal advice was available from a central Mental Health Act team within the wider company. The company had two Mental Health Act leads that helped support staff. Jasmine Court was in the process of recruiting a part time Mental Health Act administrator at the time of our inspection. Mental Health Act leads carried out twice-yearly audits of compliance against the Mental Health Act.

Patients had access to an independent mental health advocacy service. Staff knew how to support patients to access the service and information was provided in the patients welcome pack.

Good practice in applying the Mental Capacity Act

Staff received training on the Mental Capacity Act as part of safeguarding training. Compliance with training was 86%. Staff showed an understanding around the Mental Capacity Act and the five statutory principles

Long stay/rehabilitation mental health wards for working age adults

Good

Patient capacity to consent to treatment was assessed and regularly reviewed during ward reviews. Capacity assessments were attached to medication cards.

Patients were supported to make decisions where possible. Best interest meetings were held where patients lacked capacity. For example, a best interest meeting had been held regarding the covert administration of medication to one patient. Appropriate procedures had been followed and a care plan was in place to support staff. We saw a capacity assessment that had been completed following safeguarding concerns related to financial abuse.

Staff were able to get advice from a central team within the company. Compliance against the Mental Capacity Act was reviewed as part of quality first visits conducted by senior staff.

Between July 2015 and February 2016, Jasmine Court had made 10 Deprivation of Liberty Safeguard applications. At the time of our inspection, there were nine patients subject to Deprivation of Liberty Safeguards. Paperwork was in place to support the applications. However, staff told us there were often delays in receiving authorisation from relevant authorities. There was one application outstanding at the time of our inspection. Staff were actively following this up.

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

Good

Kindness, dignity, respect and support

We observed positive interactions between staff and patients. Patients were treated with respect and in a caring and compassionate manner. Staff showed a person-centred approach in their attitude and showed a good understanding of each patient's personal circumstances and needs.

We spoke with five patients. Feedback from patients on staff was positive. They told us that staff were caring, supportive and interested in their wellbeing. They considered staff friendly and approachable. Patients told us that they had regular one to one contact with nursing staff. Patients we spoke with were happy with their treatment and felt they had a voice in decisions that were made.

The involvement of people in the care they receive

There was an admission process that helped inform and orientate patients to the service. Patients were shown around the unit and introduced to staff. Patients had information folders in their bedrooms which included a timetable of activities. Patients were offered the chance to visit the unit before their admission.

Patients were involved in their treatment and participated in risk assessments and care planning. We reviewed eight care records which all demonstrated a level of patient involvement. Patients were invited and encouraged to attend their ward round reviews and other meetings. There were weekly one to one sessions with named nurses.

Family and carers were involved where the patient wished them to be. Family members and carers were invited to attend unit rounds where appropriate. We reviewed one record where the patient had stated that they did not want information shared with their nearest relative. This was recorded and had been respected by staff.

Patients were able to give feedback on the service they received in a variety of ways. The unit held community meetings with patients. We observed a community meeting during our inspection. The meeting was run by the occupational therapist and attended by six patients. One patient took the minutes of the meeting. There was positive interaction between patients and staff. The minutes and actions from the previous meeting were reviewed. Patients were encouraged to raise any issues they had. One patient did not wish to attend the meeting but staff raised issues on their behalf. The unit had developed a patient survey in conjunction with the patients themselves.

Patients had access to a local independent advocacy service which was advertised on the unit. Staff and patients we spoke with knew how to access advocacy if required.

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

(for example, to feedback?)

Long stay/rehabilitation mental health wards for working age adults

Good

Good

Access and discharge

The unit accepted NHS patient referrals from all over the country. The primary purchaser of beds was the local Clinical Commissioning Group. The average length of stay on the unit at the time of inspection was 19.9 months.

A referral process was in place. Referrals were assessed prior to admission. Referrals were discussed within a multidisciplinary meeting and individuals were able to visit the unit prior to a decision being made. This allowed both the unit and patient to ensure the service was appropriate for their needs. We spoke with the unit manager who told us they were able to refuse a new admission if it was not deemed appropriate. The unit's admission criteria stated that they admitted male and female patients with a broad range of mental health problems. This included patients with a high degree of challenging behaviour.

Discharge planning was discussed within ward rounds. There was one patient whose discharge had been delayed; we observed their ward round. The reasons for the delay were discussed. The delay was not related to the unit. Required actions to achieve the discharge were considered and a plan was put in place with agreed actions. Staff were contacting the local community health team weekly for updates and to facilitate the discharge.

The facilities promote recovery, comfort, dignity and confidentiality

The environment was clean and comfortable. Furniture and equipment was in good condition. There was a range of facilities available to patients. Patients had access to a lounge, dining area, occupational therapy kitchen and an outdoor courtyard. There were rooms available where patients could meet visitors. There was a wireless phone available for patients to use. Patients were able to personalise their bedrooms with photographs and personal artefacts. Patients were able to order newspapers and could access hair-dressing appointments.

Patients were able to access facilities to make drinks and snacks. They were supported by staff to do this if required. We spoke with five patients, and four were positive about the quality of the food provided.

There was good access to ward based activities. An activity coordinator provided activities between Monday and Friday. Ward staff provided activities over the weekend. The unit had risk assessed the activities that it offered. Activities included cooking and baking sessions, arts and crafts, music for health and film and culture sessions. Staff also supported shopping trips in the local community as well as garden and community walks. The unit had held themed days including a French day and an 'Elvis' day. Staff had supported one patient to go swimming.

Meeting the needs of all people who use the service

The unit was on the ground floor and offered full disabled access. Patients were assessed prior to admission to ensure the unit was able to meet their needs. Unit management told us that additional adjustments could be made to the environment if the unit was the right placement for an individual. Staff had access to hoists if these were required.

There was good provision of information on available treatments, as well as local services and how to complain. Patients were given a welcome pack which included information on staffing, activities, independent mental health advocacy services and the unit facilities. Staff had access to interpreting services for face to face and phone translation. Documentation and information leaflets could be translated when required.

Patient spiritual and cultural needs were considered. A choice of food to meet the dietary requirements of religious and ethnic groups could be provided if required. A priest visited the building on a monthly basis and patients were supported to meet with him if they wished to. One patient had been supported to attend church during their admission.

We discussed the patient mix with unit management. The unit had patients with dementia and patients who had long term mental health conditions and were seeking rehabilitation treatment. We were told that the unit was working with the provider's dementia team and that the psychology input to the ward was being reviewed to ensure that need could be met.

Listening to and learning from concerns and complaints

The unit had not received any complaints from patients in the 12 months prior to the inspection.

Long stay/rehabilitation mental health wards for working age adults

Good

The provider had a complaints process in place and a policy to support this. The first step was to attempt to resolve the complaint informally. If this was not possible the complaint would be escalated to a formal complaint. Formal complaints were recorded electronically and monitored by the provider. Complaints were reviewed and discussed within the provider's governance structure. Lessons learnt from other services ran by the provider were shared at regional and national meetings.

Staff we spoke with could explain the complaints process and were aware of the policy. Information on how to complain was displayed within the unit and provided to patients in welcome packs. Not all of the patients we spoke with knew how to complain formally but told us they would speak to staff or raise issues in the patient forum.

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

Good

Vision and values

The provider had a set of vision and values. The providers vision was 'by putting quality first in everything we do for our patients, relatives and staff, we aspire to be the most respected and successful care provider'. The providers values were:

- what we do is important
- we work together to make quality our way of life
- we respect, support and strive to improve the communities we serve
- we are honest, fair and ethical in everything we do
- we recognise and appreciate the individual in all of our patients and staff
- we accept responsibility for our actions
- we make life and work meaningful and enjoyable for all.

Staff we spoke with knew the vision and values. Copies of the vision and values were on display around the building. Team objectives reflected the vision and values and were based on the provider's objectives. Objectives reflected in annual appraisals were linked to the unit objectives.

Staff we spoke with were aware of senior managers within the organisation. Regional management was a regular presence. Managers from within the provider organisation carried out quality first visits.

Good governance

There were good governance processes and structures in place. The unit was linked into the governance processes of its parent company. There was a structure of local, regional and corporate governance forums. This provided a pathway for the unit to escalate concerns.

Staff were given an induction and a programme of mandatory training. However, compliance was below the provider target of 85%. Staff received an annual appraisal and the majority were receiving regular supervision. Staff told us they felt supported in their role.

The unit manager had authority to increase staffing levels in response to activity on the unit. Staff were involved in audit. Staff received feedback on audits and adverse incidents in team meetings.

The unit used key performance indicators to measure performance. The unit produced a weekly report against the performance indicators. The provider carried out quality assurance visits to assess the quality of care.

Leadership, morale and staff engagement

We spoke with 10 members of staff. Overall staff morale was positive. Staff were positive about their jobs and the care they provided. Staff felt supported in their role. They told us there was good team working and mutual support. Staff told us that there was an open and honest culture and that they could raise concerns with the nurse in charge or unit manager. However, one staff member expressed low morale. They did not feel management listened to their concerns.

There were three staff on long term sickness and a staff sickness rate of 13%. There had been six staff leave employment during the period February 2015 to February 2016. This equated to a 16% turnover. The unit provided details of four grievances that had been submitted by staff in the previous 12 months. Three of the grievances were not upheld. One grievance was upheld.

Long stay/rehabilitation mental health wards for working age adults

Good

Staff could make suggestions regarding service development in team meetings and supervision sessions. There was an annual staff survey in place. At the time of our inspection the results of the most recent survey were not available

Commitment to quality improvement and innovation

The unit was not part of any national accreditation scheme at the time of our inspection. However, unit management told us that the unit would be applying for accreditation for inpatient mental health services by the end of 2016.

The unit was not involved in any research programmes.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all patients receive a physical health examination upon admission and that this is recorded in the patient records.

Action the provider SHOULD take to improve

- The provider should ensure that all staff receive dementia care training.
- The provider should ensure that an appropriate outcome measure is used for patients with a diagnosis of dementia.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Safe care and treatment. Care records did not contain a full physical health care assessment conducted upon admission. This was a breach of regulation 12 (2) (a)