Elm Park

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 Elm Park as good because:

- The provider had safe staffing levels. We checked duty rotas and saw that the provider maintained appropriate numbers of staff on all shifts and always had one qualified nurse on shift as a minimum. Staff received regular annual appraisals. Staff compliance with appraisals was 99%. The provider had systems in place to monitor mandatory training and training compliance was 93%. Staff spent their time on direct care activities. We observed staff spent most of their time engaging, interacting and supporting patients to meet their needs. Staff treated patients with dignity, care and compassion. We spoke to two patients who told us staff were kind and caring.
- Staff undertook a risk assessment of patients upon admission. Staff reviewed these and updated them regularly during patient review meetings or following an incident.
- Staff completed comprehensive assessments of patients upon admission. Staff used the information gathered during the assessment is to create holistic and personalised care plans. Patients with speech and language therapy input had detailed dysphagia plans and dietician support. Patients were involved in and participated in the planning of their care. We reviewed five patient care records which showed that staff discussed care plans with patients and recorded their views. Staff completed physical health examinations of patients on admission. The provider also had ongoing GP input for patients.
- Staff stored medication in locked cupboards within the clinic room. We checked all medication records for patients, staff administered patient medication correctly and recorded this appropriately.
- Patients had access to a full activity programme. The occupational therapy team managed activities Monday to Friday and the nursing team provided activities at weekends. Patients told us the food was of good quality and they had choice. The provider offered a range of food choices to suit the needs of patients, including for religious or cultural needs. Carers also felt that the provider helped underweight patients reach a healthy weight goal.
- The service had a full range of rooms and equipment to support treatment and care. There were group rooms for activities, a log cabin with a gym and quiet rooms.
- The provider had good complaints procedures in place. Managers investigated complaints and they shared any lessons learned with staff. The provider used advocates to debrief patients after safeguarding incidents. The advocate led on patient forums to ensure the views of patients were heard.

However:

- Management had not identified all ligature points across the service. This meant staff could not mitigate these risks to patients. We found out-of-date emergency medication packs, including a needle and glucogel in the emergency grab bag. Staff did not keep medication cupboards clean.
- The décor in some areas was in a poor state of repair and there were stains on the floor. Windows in certain rooms did not open and there was a large crack in the quiet room window which the provider had not fixed. The provider did not know when plans to address environmental issues would be completed.
- Some carers had commented that there was a lack of communication by the provider on general updates and a lack of involvement in care planning and meetings involving their relatives' care.
- Corridors were narrow particularly for wheelchair users. The occupational therapy kitchen was also unsuitable for wheelchair access. The provider had started to receive quotes for renovations but had no set date for the completion of work.

Summary of findings

Contents

Good

Elm Park

Services we looked at

Services for people with acquired brain injury

Summary of this inspection

Background to Elm Park

Elm Park is a specialist neuro-rehabilitation service treating people with complex neurological needs following a traumatic or acquired brain injury. Elm Park provides individual treatment programmes for men with complex behaviour issues, and those with a forensic history including patients detained under the Mental Health Act or informal patients. Elm Park has 17 beds and had 17 patients at the time of inspection. Elm Park was previous part of the Partnerships in Care group but is now part of Priory Healthcare.

The registered manager is Maria Goodman.

Elm Park provides the following regulated activities:

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

We last inspected Elm Park on 28 March 2018. We identified a breach of Regulation 13 relating to staff not identifying or recognising practices they carried out, amounting to seclusion.We also asked the provider to consider how staff could have clear lines of sight throughout the ward and to ensure that all areas of the hospital were kept to an appropriate standard.

Our inspection team

The team that inspected the service included three CQC inspectors and two specialist advisors with experience of working with people with acquired brain injury.

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 the service we ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive of 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 and looked at the quality of the ward. We observed how staff were caring for patients.
- spoke to two patients who were using the service.
- spoke to the registered manager
- spoke with 14 members of staff including; doctors, nurses, pharmacist, rehabilitation workers, occupational therapist, speech and language therapist, psychologist, assistant psychologist, activities coordinator and kitchen staff.
- spoke with an independent advocate
- attended and observed the early morning review meeting
- collected feedback from eight carers
- looked at five care and treatment records of patients
- looked at 10 positive behaviour plans
- looked at four incident reports
- looked at five supervision records
- observed a therapeutic group
- carried out a specific check of medication management on the ward

Summary of this inspection

- looked at a range of policies and procedures and other documents relating to the running of the service.

What people who use the service say

We spoke to two patients and eight carers. Patients told us that staff were kind and caring and supported them to meet their needs. Patients informed us they could give feedback and suggestions. Patients liked the food and felt there was a choice and felt there were good activities offered

Carers told us staff treated their relatives with respect and that the progress of recovery was good. Five carers told us they felt they were involved in their relatives' care whilst others told us there was a lack of communication and involvement from the provider.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We rated the safe as requires improvement because:

- The décor in some areas was in a poor state of repair. Windows in certain rooms did not open. The quiet room had a large crack in the window which the provider had not fixed and there were stains on the floor. The provider did not know when plans to address environmental issues would be completed.
- Managers had not identified all ligature points across the service. This meant staff could not mitigate the risk to patients.
- We identified emergency medication packs to be out of date, this included a needle and glucogel found in the emergency grab bag. The provider rectified the error immediately.
- Staff did not keep medication cupboards clean.

However:

- Cleaning records were up to date and showed that staff cleaned the ward regularly.
- The provider staffed wards safely. We checked duty rotas and the provider filled all shifts with appropriate numbers of staff.
- We reviewed the medication records for all patients and found staff had completed these appropriately.
- Staff completed mandatory training. Staff were trained in de-escalation to avoid using physical restraint and rapid tranquilisation, where possible.
- Staff reported and recorded incidents appropriately. The manager investigated incidents and shared lessons learned with staff through meetings and a newsletter.

Are services effective?

Good

We rated effective as good because:

- Staff completed comprehensive and personalised assessments for patients on admission.
- Staff completed physical health examinations on admission and patients received regular input from the GP to monitor physical health.
- Staff received regular appraisals. Staff compliance with appraisals was 99%.
- Patients received psychological therapies recommended by the National Institute for Heath and Care Excellence. The psychologist held regular dialectical behaviour therapy and cognitive behavioural therapy sessions.

Summary of this inspection

- Staff held effective handovers between shifts. Managers held early morning reviews to discuss issues and incidents with the senior team so they were aware for the shift ahead.

However:

- Supervision rates were at 76% which was below the provider's 90% target. Staff not recording supervisions on a centralised system.

Are services caring?

Good

We rated caring as good because:

- Staff were kind and caring to patients. Staff understood patients' needs and treated them with dignity and respect, engaging with patients in ways that were meaningful to them.
- Patients participated in the care planning process. We reviewed five patient records which showed that staff included patient views. Advocates supported patient participation.
- Patients had access to advocacy. We spoke to an advocate and they informed us they helped patients to engage with meetings, care planning, safeguarding and the patient forum.

However:

- Three carers and relatives felt the provider had not involved carers or communicated with them on patient progress, updates or meetings.

Are services responsive?

Good

We rated responsive as good because:

- Staff planned patient discharges so they occurred in the morning allowing time for the move to take place.
- The provider had a range of rooms and equipment to support patient care and treatment. This included a fully equipped clinic room, activity rooms, quiet rooms and a log cabin which included a gym.
- The provider had a full activity programme from Monday to Friday. The occupational therapy team provided indoor and outdoor activities. The nursing team provided activities during the weekends.
- The provider had a range of accessible information on local organisations, patient rights, confidentiality and how to make a complaint.
- Patients told us the food was good and there was a good choice. We saw evidence of the food options provided by kitchen staff, to support cultural and religious dietary requirements.

Summary of this inspection

- The provider had a robust complaints procedure. The manager investigated complaints and shared lessons learned with staff. Carers also felt that the provider dealt with complaints swiftly.

However:

- Corridors were narrow particularly for wheelchair users. The occupational therapy kitchen was also unsuitable for wheelchair access. The provider had started to receive quotes for renovations but had no set date for the completion of work.

Are services well-led?

Good

We rated well-led as good because:

- Staff were aware of the organisation's visions and values. Staff told us how the values of the organisation, such as putting people first and being supportive, underpinned the work they did. We observed staff behaviour reflecting the organisation's values.
- The provider had systems to monitor mandatory training, supervision and appraisals. The system had a traffic light system rating that highlighted when staff training was due.
- Staff reported high morale and job satisfaction. They felt supported and happy within the team.
- Staff were open, honest and transparent. We reviewed incident forms showing staff had recorded incidents of error and taken the appropriate actions.

However:

- Management could not access supervisions on the day of inspection due to restricted IT access. The member of staff given permission to access this was on sick leave. Management informed us that IT access had been requested.

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 were six patients detained under the Mental Health Act.
- Staff compliance with Mental Health Act training was 96%.
- We reviewed patients' care records and saw that staff informed patients of their rights monthly.
- Staff completed Mental Health Act 1983 documentation appropriately including Section 17 leave forms.
- Second opinion appointed doctors assessed patients' ability to consent to treatment where appropriate and completed the necessary documentation.
- The provider had accessible copies of original Mental Health Act paperwork. The Mental Health Act administrator carried out regular audits to ensure that legal documentation was correct.
- The provider ensured photographs of patients were on their medicine administration records as required by the Mental Health Act Code of Practice.
- Patients had access to independent mental health advocates.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff compliance with Mental Capacity Act training was 96%.
- Staff completed Mental Capacity Act assessments. Staff completed these on a time and on a decision specific basis. When patients lacked capacity to make decisions for themselves, staff held best interest decision meetings. These included all relevant people involved in the patient's care.
- There were eight patients subject to Deprivation of Liberty Safeguarding. Staff had appropriately completed all the applications.
- Qualified staff described how they would assess a patient's capacity and had knowledge appropriate to their role.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for people with acquired brain injury	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Good

Services for people with acquired brain injury

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

Are services for people with acquired brain injury safe?

Requires improvement

Safe and clean environment

- The layout of the ward allowed staff to observe patients safely. There were blind spots within some areas of the hospital however, these were mitigated by mirrors allowing clear lines of sight.
- Managers had not identified all ligatures on the ligature risk assessment. However, staff had risk assessed all patients for ligatures on admission and all current patients were at very low risk.
- Staff complied with the Department of Health's guidelines on mixed sex accommodation as the ward was an all-male environment.
- The provider had a fully equipped clinic room with accessible resuscitation equipment. Staff and the pharmacist audited medication and emergency drugs. However, we found the glucogel and a needle to be out of date in the emergency grab bag.
- The provider did not have a seclusion room. The provider had breached Regulation 13 Safeguarding on the last inspection as staff secluded patients in side rooms but did not document this as seclusion. Staff on this inspection understood the Mental Health Act Code of Practice definition of seclusion and confirmed that they did not seclude patients.
- Not all areas of the hospital were clean and tidy. We found the storage cupboards for medication within the clinic room to be unclean. The window within the quiet room had a large crack in it and the floor was stained. The provider had a plan in place for renovations. They had started the process by getting quotes for the work. However, there had been no confirmed date for renovations.
- Staff adhered to infection control practices. We observed staff washing their hands throughout the day.
- Cleaning records were up to date. Cleaning staff cleaned the hospital environment daily. Staff recorded that toys within the log cabin and the gym had been cleaned.
- Patients had access to a nurse call system. These were available in bedrooms and bathrooms.

Safe staffing

- The provider had an establishment of nine whole time equivalent nurses and 25 whole time equivalent rehabilitation workers. There were two vacancies for qualified nurses and four vacancies for rehabilitation workers.
- The provider had a sickness rate of 2.5%.
- The staff turnover rate for the previous year was 4%. The total number of leavers in the last 12 months was 18.
- The provider had two nurses and seven rehabilitation workers during day shifts and two nurses and three rehabilitation workers on night shifts. We checked the duty rotas and saw that the provider maintained safe staffing levels. However, in some instances the provider filled qualified staff shifts with unqualified staff. There was always one qualified staff nurse on shift.
- Management could adjust staffing levels to meet the needs of the patients. The registered manager and staff informed us that if observation levels increased, the provider had extra staff available. We saw evidence of this in the rotas.
- Staff maintained a presence in communal areas. Staff spent time engaging with patients and eating meals with them.

Good

Services for people with acquired brain injury

- The provider rarely cancelled escorted leave. Patients and carers confirmed leave was not cancelled due to short staffing.
- There was appropriate medical cover during the day and out of hours. The provider had an on-call rota for doctors who covered this service and other locations.
- Staff were up to date with mandatory training and training compliance was on average 93% according to the training matrix. Only breakaway training had low compliance due to the training provider cancelling, however it had been rescheduled to take place over the next month. The provider included all bank staff in mandatory training.

Assessing and managing risk to patients and staff

- There were no episodes of long-term segregation in the last six months. The provider had a seclusion policy however staff had not used seclusion in the last six months.
- There had been eight incidents of restraint in the last six months. These involved five different patients. There were no incidents of face-down restraint.
- Staff risk assessed patients on admission and regularly updated these during patient review meetings or after an incident. Staff used the providers own tool to identify risk to self, others and self-harm.
- The provider limited patients smoking to certain intervals in the day. The provider intended to go smoke free by next year.
- Informal patients could leave at will. Staff informed informal patients of this regularly and staff documented in care records. However, the provider did not put any signs up to make this clear. The provider informed us that they had trialled this but it had caused confusion for detained patients who were then asking to leave.
- The provider had policies and procedures for the use of observations. The provider used different levels of observations ranging from; general observations, intermittent observations and constant observations. The provider also had a policy on searching patients. There were blanket restrictions in place as staff would pat-down patients after they came back from unescorted leave. Staff would search a patient's room if they had concerns.
- Staff only restrained patients after de-escalation had failed. Staff received prevention and management of violence and aggression training and positive behaviour support training. Qualified staff received reinforcement appropriate, implode disruptive training and this training equipped staff with skills to deal with challenging behaviour, using a positive behaviour support approach.
- There had been no use of rapid tranquilisation in the last 12 months. However, one patient had a rapid tranquilisation care plan that followed National Institute for Clinical Excellence guidelines.
- Staff received safeguarding training. We reviewed the training matrix which showed staff compliance was 99%. Staff identified how to make an alert and to whom they should escalate the concern.
- Staff stored medication in locked cupboards within the clinic room. We reviewed all 17 medication administration records and found staff completed these appropriately. The provider used a local pharmacist for medication reconciliation. A pharmacist visited the ward once a week to check all medication and staff undertook audits of the medication. Staff discussed patient medication weekly in the multidisciplinary meetings. However, the emergency medication pack contained glucogel and a needle that had expired.
- Staff knew how to address pressure ulcers and falls. Staff used waterlow assessments to check skin integrity and staff completed falls risk with physiotherapist input.
- Staff had safe procedures for when children visited. The provider had a log cabin on the grounds used for child visits. Carers were happy with the procedure for child visits and found the provider to be flexible.

Track record on safety

- Staff recorded two incidents over the last 12 months. There were two unexpected deaths. There were no recommendations following investigation.
- The provider made changes to the service based on learning from incidents. This included improving staff training to support patients who self-harm and adapting the ward environments to support patients unable to use stairs.

Reporting incidents and learning from when things go wrong

- Staff were aware of what needed to be reported as an incident and who it needed to be reported to. The provider had an electronic recording system for incident reporting and all staff could access this.
- Staff were open and transparent when reporting incidents.

Good

Services for people with acquired brain injury

- Staff received feedback from investigations of both internal and external incidents. The registered manager shared lessons learned in the early morning reviews. Managers discussed lessons learned in team meetings. The clinical governance team circulated a newsletter to all staff highlighting internal and external lessons learned from incidents.
- Managers offered feedback and informal debriefs to staff after serious incidents. Managers also supported staff through supervisions.

Are services for people with acquired brain injury effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed the care record of five patients. Staff completed comprehensive assessments on admissions. Staff used information from admission assessment to identify any risks to patients for risk assessments.
- Staff assessed patients' physical health on admission. Staff monitored physical health needs on a regular basis and had GP input weekly.
- Staff supported patients to register with the visiting GP who completed weekly physical health checks.
- Staff created care plans with patients that were person centred, holistic and support patients with their individual needs.
- Staff recorded information needed to deliver care on an electronic system and there were paper files available with care plans and Mental Health Act paperwork. Staff stored paper files securely in a locked cupboard and staff had access to it.

Best practice in treatment and care

- Staff followed guidelines from the National Institute for Health and Care Excellence for prescribing medication. We checked medication charts of all patients and spoke with the pharmacist, who confirmed this.
- The provider offered psychological therapies recommended by the National Institute for Health and Care Excellence such as dialectical behaviour therapy and cognitive behavioural therapy.
- Staff assessed patients' hydration and nutritional needs. The speech and language therapist created robust dysphagia plans for patients who needed a pureed diet.
- The provider used a range of rating scales and outcome measures to monitor patient progress. Staff used the modified overt aggression scale and the St Andrew's Sexual Behaviour Assessment. Staff completed Health of the National Outcome Scales to monitor patients' progress.
- Staff participated in clinical audits such as risk assessments and medication.

Skilled staff to deliver care

- The provider employed a full range of disciplines. These included; mental health nurses, rehabilitation workers, a social worker, registered general nurse, speech and language therapist, consultant psychiatrist, consultant psychologist, assistant psychologist and a physiotherapist.
- Staff were experienced and had the necessary qualifications to perform their role. Staff received an appropriate induction prior to starting work on the wards. Part of the staff induction was that staff needed to complete all necessary mandatory training within the first two weeks of employment. Staff needed to complete face to face training within the first month depending on course availability.
- Managers supervised 76% of staff, which was below the provider's target of 90%. Managers completed appraisals with 99% of staff.
- Staff received the necessary and specialist training for their role. Staff had undertaken reinforce appropriate, implode disruptive training and positive behaviour support training. The training helped staff to improve de-escalation techniques and prevent the use of restraint.

Multidisciplinary and inter-agency team work

- The provider had regular multi-disciplinary meetings. We attended an early morning review meeting. Members of most disciplines attended this meeting every morning. During this meeting, staff discussed patients, significant events and serious incidents. Staff also discussed planned leave for the day.
- Staff conducted a handover at the end of each shift. Staff shared information gathered during handovers in the early morning review.

Good

Services for people with acquired brain injury

- The provider had effective working relationships both inside and outside of the organisation. The provider shared minutes with necessary agencies and felt that they had good relationships with teams such as the local safeguarding team and GP.

Adherence to the MHA and the MHA Code of Practice

- Staff informed patients of their rights under the Mental Health Act on admission and then monthly. We reviewed care records that showed staff completed this in line with the provider's policy.
- Staff compliance with Mental Health Act training was 96%. Staff we spoke to had good understanding of the Mental Health Act and had support from the on-site administrator.
- Staff followed consent to treatment and capacity requirements. Staff kept copies of the treatment forms and mental capacity assessments in the medication records of patients.
- Staff had completed detention paperwork appropriately. Six patients were detained.
- The Mental Health Act administrator audited the paperwork on a bi-monthly basis. The administrator used a traffic light system (red, amber and green) to check when things were overdue.
- Patients had access to independent mental health advocates. The provider used a local organisation for the service. Staff displayed information to access the service around the hospital.

Good practice in applying the MCA

- Staff compliance with Mental Capacity Act training was 96%. Staff had a fair understanding of the Mental Capacity Act.
- The provider had a policy on the Mental Capacity Act which included Deprivation of Liberty Safeguards.
- Staff assessed patients' capacity to consent to treatment and recorded this. Staff undertook capacity assessments on a time and decision specific basis and held best interests. Staff involved carers, relatives and advocates when best interest decisions were made.
- Staff were aware that their line manager could provide them with advice on the Mental Capacity Act.
- Staff requested Deprivation of Liberty Safeguards when required. The provider had eight patients subject to a Deprivation of Liberty Safeguard.

Are services for people with acquired brain injury caring?

Good

Kindness, dignity, respect and support

- We observed staff to be kind and caring towards patients. Staff interacted with patients effectively particularly during group work and used appropriate communication tools. These included electronic tablets.
- Patients informed us that staff were kind, helpful and treated them well.
- Staff understood the individual needs of patients and supported patients with those needs. We observed staff assisting and observing patients with mobility issues and assisting patients with communication difficulties.
- Staff demonstrated what the individual patients' needs were and how they would meet these needs.

The involvement of people in the care they receive

- Staff orientated patients to the ward. The occupational therapy team held orientation workshops for patients from Monday to Friday. Patients we spoke to were familiar with the ward. Carers informed us that they could see the grounds but not patient areas.
- Patients were involved in the planning of their care. We reviewed five care records. Staff ensured care plans were personalised, holistic and included patient views. Patients regularly attended care review meetings and staff gave them copies of their care plan.
- Patients had access to advocacy, both independent mental health advocates and independent mental capacity advocates. We spoke to the advocate on site on the day of inspection. The advocate informed us that they supported clients with understanding their rights, attending meetings, debriefs and the patient forum.
- We spoke with eight carers. Five carers felt involved in their relatives' care but three felt there was no communication or involvement. Carers informed us they had not received updates and information regarding their relatives' care and treatment.
- Patients could give feedback on the service they received through the patient forum or during mealtimes, when staff sat with them to eat together.

Good

Services for people with acquired brain injury

Are services for people with acquired brain injury responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- The provider had a bed occupancy rate of 96% between 1 November 2017 and 31st March 2018. The provider admitted patients nationally so there were no out of area placements.
- Staff did not admit to patient's beds whilst they were away on leave.
- Staff planned patient discharges so they happened in the morning. Staff involved patients, relatives, carers, advocates and future care providers in discharge planning.
- The provider informed us that there were no delayed discharges in the last 12 months.

The facilities promote recovery, comfort, dignity & confidentiality

- The provider had a range of rooms and equipment to support care and treatment. These included; a clinic room with an examination couch to privately assess the patients' physical health, activity rooms, lounges, a gym and quiet rooms.
- Patients had access to the grounds which included outdoor space, the walkway path and the log cabin which had a gym. However, staff supervised patients unless patients had unsupervised leave or were informal.
- Patients could use mobile phones and had access to the portable office phone if they needed to make calls in private.
- Kitchen staff provided meal choices and made adjustments for patients' dietary requirements. We saw evidence of kitchen staff providing food for patients with religious and cultural dietary requirements. Patients informed us the food was good and they had choice.
- Patients had access to drinks and snacks throughout the day. Staff offered patients healthy snacks such as fruit to promote healthy living. Staff served hot drinks throughout the day. Patients informed us that if they wanted something to eat or drink they could ask staff who could arrange this.
- Patients had lockable cupboards in their rooms if they chose to have these. Patients could also give valuable items to staff.
- Patients had access to activities. The occupational therapy team provided activities five days a week. The nursing team provided weekend activities. Patients informed us that staff took them on outings to places they were interested in such as football stadiums.

Meeting the needs of all people who use the service

- The hospital had a ramp for wheelchair users. Bathrooms and rooms were also wheelchair accessible. However, corridors were narrow and the occupational therapy kitchen was not wheelchair accessible. The provider had planned renovations to the property but the provider had not confirmed a date for this.
- Patients had an evacuation plan for emergencies. The provider used an evacuation stretcher, a flexible stretcher used in an emergency to evacuate people, for the safe evacuation of a disabled patient from upstairs. The clinical team received training to use the evacuation stretcher however, the provider had not arranged training in this for other staff.
- Patients had access to information including local services. Staff provided patients with information on how to complain, how to contact advocacy and patient rights. Patients were aware of improvements made by the provider on issues they raised through the 'you said, we did' programme.
- Staff provided patients with information in easy read, picture formats or in a different language and we saw an example of this in relation to confidentiality.
- The provider could access an interpreter service where necessary.

Listening to and learning from concerns and complaints

- The provider reported three complaints in the last 12 months. The provider partially upheld two complaints and one complaint was not upheld. None of the complaints were referred to the Parliamentary and Health Service Ombudsman.

Good

Services for people with acquired brain injury

- Patients and carers knew how to make complaints. The provider displayed improvements on the ward under the 'you said, we did programme'. Carers also mentioned that the provider dealt with concerns quickly.
- Staff knew how to handle complaints appropriately and detailed that they would escalate this to their line managers.
- Staff received feedback on the outcome of complaints and worked to improve on any issues found. Staff discussed complaints during the early morning review meeting and team meetings and management shared lessons learned in these meetings.

Are services for people with acquired brain injury well-led?

Good

Vision and values

- Staff were aware of the organisation's visions and values. Staff were involved in developing the values and the strategies that followed thereafter to meet the key performance indicators. We observed staff behaviour and it reflected the provider's values.
- Staff knew who the most senior managers in the organisation are and they felt that managers were approachable.

Good governance

- The provider had systems in place to monitor training. Management had a training matrix available to check staff compliance.
- Management could not access supervisions on the day of inspection due to restricted IT access. The member of staff given permission to access this was on sick leave. Management informed us that IT access had been requested.
- The registered manager and senior staff helped filling shifts if staffing levels were low. The provider had safe staffing levels according to the duty rotas, however the provider filled qualified staff numbers with unqualified staff.
- Staff spent their time on direct care activities. During the inspection, we observed staff to be spending time with patients and undertaking caring activities.
- Staff participated in clinical audits such as; medication, care plans and risk assessments.
- Staff learned from incidents and complaints. The provider had regular meetings and a newsletter to circulate learning.
- Staff followed Mental Health Act procedures. The administrator monitored this through bi-monthly audits.
- Senior staff used key performance indicators to assess team performance such as training and supervision targets.
- The registered manager had sufficient authority to perform their role and had appropriate support to carry out the role.
- Staff had the ability to submit items to the provider's risk register. Staff told us they would escalate any concerns to the manager who added these to the risk register as appropriate.

Leadership, morale and staff engagement

- The provider had a sickness rate of 2.5% for the past 12 months.
- The provider did not have any cases of bullying and harassment.
- Staff were aware of the whistleblowing policy. Staff felt confident in using the policy if they needed to and did not fear victimisation if they raised concerns. We saw evidence of management responding appropriately to whistleblowing incidents.
- Staff reported there was high morale and job satisfaction. Staff liked the team support in place.
- Staff were open, honest and transparent. Staff explained to patients when things went wrong and staff used advocacy to help with this.
- Staff had the opportunity to feedback on services and service development. Staff provided feedback at team meetings, handover and early morning reviews. Staff could input into developing the service objectives and vision.

Commitment to quality improvement and innovation

- Patients made several comments to staff and advocates on the lack of activities during evenings and weekends. The provider worked together with the gardener and patients to create activities in the grounds. The provider converted grounds to play Lacrosse and football and created a gardening patch.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that management identify and mitigate all ligature anchor points in the ligature risk assessment.
- The provider must ensure improvements are made to the physical environment and repairs are made in a timely manner.

Action the provider SHOULD take to improve

- The provider should ensure that staff complete robust audits on emergency equipment and medication.
- The provider should ensure supervisions is carried out and recorded appropriately.
- The provider should involve carers where appropriate.

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 • The provider had not ensured that management had identified and mitigated all ligature anchor points in the ligature risk assessment. • The provider had not ensured improvements were made to the physical environment and repairs were made in a timely manner.