Sturdee Community Limited

Sturdee Community Hospital

Inspection report

52-62 Runcorn Road
Leicester
LE2 9FS
Tel: 016282786991
www.inmind.co.uk/
sturdee-community-hospital-apartments

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location improved. We rated it as requires improvement because:

- Audits in place did not always identify safety concerns such as fire doors not closing or risks such as section 17 leave forms not being completed in line with regulation.
- Staff did not accurately document patient injuries after incidents had occurred.
- All patients did not have access to a call system panic buttons, strip alarms, or personal alarms which would allow them to call for assistance in an emergency.
- Not all staff had received training in monitoring physical health of patients (NEWS(2)).

However:

- The ward environments were clean. Staff minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff knew how to identify a deterioration in patients mental health, which may put staff and patients at risk.
- The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff treated patients with compassion and kindness, respected their privacy and dignity. Patients' and carers comments were positive about the service.
- The service had access to the full range of specialists required to meet the needs of patients.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The manager ensured that staff received training, supervision and appraisal.
- The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement 	Our rating of this service improved. We rated it as requires improvement because: Audits in place did not always identify possible risks in the environment including fire safety risks or whether Mental Health Act legal documentation had been completed and reviewed appropriately Staff did not always log injuries sustained by patients accurately. All patients did not have access to a call system panic buttons, strip alarms, or personal alarms which would allow them to call for assistance in an emergency. Not all staff had received training in monitoring physical health of patients. However: The service provided safe care. The ward environments were clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

Summary of findings

Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients, families and carers in care decisions.
Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
The service worked to a recognised model of mental health rehabilitation.

Summary of findings

Contents

Summary of this inspection

Background to Sturdee Community Hospital

We carried out this unannounced comprehensive inspection because at our last inspection in November 2021, we had concerns about the quality of services and issued enforcement action. At this inspection we assessed what work the service had undertaken, as a result of the enforcement action we issued. The service was required to make significant improvements in some key areas. We inspected all key questions in all domains and have been able to re-rate the service.

Before the inspection visit, we reviewed information that we held about the location.

Sturdee Community Hospital is part of the Inmind Healthcare Group. Located in Leicester, the hospital provides longer term high dependency rehabilitation for female patients with complex mental health disorder, some of whom were detained under the Mental Health Act 1983.

The hospital has a registered manager and a deputy manager.

Since September 2016, the hospital had operated as an all-female hospital. It has a 15-bed ward known as Rutland ward and nine supported self-contained flats known as Aylestone unit. At this inspection, we inspected both Rutland ward and Aylestone unit.

At the time of this inspection, there were 13 female patients across the hospital. 12 of these patients were detained under the Mental Health Act, and one patient was informal.

Sturdee Community Hospital is registered to provide the following regulated activities:

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

We carried out an unannounced focused inspection on 18, 22 and 26 November 2021, following the notification of a serious incident on one of the wards and information of concern about the safety and quality of the services. We did not look at all key lines of enquiry during that inspection. However, the information we gathered, the significance of the concerns and clear impact on patients provided enough information to make a judgement about the quality of care and to re-rate the service. We rated the service as inadequate for safe and well-led and the service was placed into special measures.

We found the service was failing to comply with Regulation 12 Safe Care and Treatment, Regulation 15 Premises and Equipment and Regulation 17 Good Governance. As a result, we issued three warning notices to the service under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the overall rating for this service has improved to requires improvement and the service has been removed from special measures.

What people who use the service say

Summary of this inspection

We spoke with nine patients who use the service and four family member and friends. Patients who use the service told us they felt the staff were kind and approachable, were kept up to date and involved in their treatment and were able to raise concerns if they had any. Three patients told us they had been supported by staff to access courses through the local college. One patient felt they could not meet visitors in private as staff kept walking through the room to access the clinic room.

All four family members and friends we spoke with felt staff were kind and they had been kept informed with their loved one's treatment plan.

How we carried out this inspection

The team that inspected the service comprised of two CQC Inspectors, one Specialist Professional Advisor (SpA) and one Expert by Experience (ExbyEX).

During the inspection we:

- visited the service and observed how staff cared for patients
- toured the clinical environment
- spoke with nine patients and four carers
- spoke with 14 staff and including the consultant, a psychology assistant, psychologist, assistant occupational therapist, clinical nurse lead, three nurses, a ward manager, and four health care assistants
- spoke with the hospital manager
- observed one morning meeting
- looked at six patient care records
- looked at 13 prescription charts
- looked at the medicine management on the ward
- looked at a range of policies and procedures relevant to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

The service must ensure staff clearly record injuries sustained during incidents (Regulation 17 (1)).

The service must ensure all patients are able to raise an alarm in an emergency using panic buttons, strip alarms, or personal alarms (Regulation 12 (1)).

The service must ensure staff have appropriate training in place to complete physical health checks on patients (Regulation 18 (2a)).

Summary of this inspection

The service must ensure audits in place identify possible risks in the environment including fire safety risks. (Regulation 17 (1)).

The service must ensure audits in place identify Mental Health Act legal documentation has been completed and reviewed appropriately. (Regulation 17 (1)).

Action the service SHOULD take to improve:

The service should ensure outdoor space is furnished appropriately.

The service should ensure visitors can speak to their loved ones in private without being disturbed by those accessing the clinic room.

The service should ensure cleaning records are completed seven days a week.

Our findings

Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

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

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

Requires Improvement

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean, well equipped and fit for purpose. The ward area was not always well maintained or well furnished.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Monthly environmental audits were completed for both wards.

Staff could observe patients in all parts of the wards. Staff knew where the blind spots were and how they were managed. Blind spots were mitigated using mirrors and closed circuit television cameras (CCTV) were in place throughout the ward, grounds and garden.

The ward complied with guidance and there was no mixed sex accommodation. This was a female hospital.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Staff completed regular ligature risk assessments and knew what the risks were on each ward. The ligature risk assessments were detailed including photographs of potential risks. Staff carried their own ligature cutters. This had improved since the last inspection.

Staff had easy access to alarms and patients. All staff carried a personal infrared transmitter (PIT) alarm and so could summon assistance as and when required. All staff knew the process in place when responding to the alarms.

Patients did not have access to a nurse call system to be able to summon assistance in an emergency. The service risk assessed and gave mobile alarms to patients who may need one. This was usually due to patients who had mobility

issues and had an increased risk of a fall. This allowed patients most at risk to call for assistance in an emergency. However, all patients did not have access or had not been offered a call system or alarm to use in an emergency. This did not meet standards for inpatient mental health services guidance from the Royal College of Psychiatrists as all patients were not able to raise an alarm.

Maintenance, cleanliness and infection control

Ward areas were clean, well-furnished and fit for purpose. The service had an estates refurbishment plan in place. This included the flooring being replaced and re decoration of communal areas and bedrooms. The service had new wipeable furniture. This met the infection control concerns raised at the last inspection.

Not all ward areas were well maintained. The service had an environmental audit in place. Staff completed an environmental audit on a monthly basis. The audit included checking the bedframes, checking to environment for unnecessary clutter and cleanliness. We found a fire door on Rutland Ward did not close. The maintenance team fixed this before the inspectors left on 9 August. The environmental audit in place did not prompt staff to check fire doors. Both wards offered communal areas including a lounge, dining area and outdoor spaces. Rutland ward consisted of two outdoor areas. Only one of these had been furnished. One patient told us they would like more furniture in the outdoor areas. Renovation of outdoor space was part of the refurbishment plan.

Staff made sure cleaning records were mostly up-to-date and the premises were clean. We found both wards were clean. Staff told us there was no cleaner at the weekend and the health care assistants completed the cleaning. The service always had additional staff on shift to complete the cleaning and staff health and safety and control of substances hazardous to health (COSHH) training compliance was at 96%. Patients told us the environment was clean. All cleaning records between Monday to Friday had been completed but no cleaning records for the weekends were completed. The manager told us another cleaner was due to start soon.

Staff followed infection control policy, including handwashing. The service provided hand washing facilities in communal kitchens, dining areas and hand gel dispensers were available on both wards. The service had not yet updated their infection control policy around face masks no longer being mandatory for staff on the wards. The manager had communicated the changes via email to all staff with the updated risk assessment. The service conducted monthly infection control audits and lessons learnt from these were fed back at monthly team meetings. This had significantly improved from the last inspection.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

After the last inspection resuscitation equipment was now stored on both wards at the hospital.

Emergency response bags were now stored securely. We checked emergency response bags on both wards and the equipment was stored securely and checked regularly. Staff checked the emergency response bag in line with policy to ensure all equipment and medicines were available and in date. We were assured that the service had met the action from the last inspection.

Staff checked, maintained, and cleaned equipment.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. The service always had floating staff in addition to required staff on both wards to offer activities, regular staff breaks and additional support if patient needs changed. This had a positive impact on patient safety as patient observations could be carried out as prescribed in the patients care plan to meet their needs.

The service had no nursing vacancies. The service required 12 whole time equivalent nurses and had 13 in post. The service had low health care assistant vacancies. The service required 23 whole time equivalent health care assistants and had 21.5 in post.

The service regularly used bank and agency nursing assistants as floating staff on the wards. Managers requested staff familiar with the service when using bank and agency staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. All new agency staff received an induction and mandatory training before working on the wards.

The service had an average turnover rate of 2% over the last six months. This had improved from the last inspection when the average turnover was 4.8% from 1 January to 31 October 2021.

Managers supported staff who needed time off for ill health.

Levels of sickness on average were low. The service reported an average of 2% over the last six months. The service had a spike in sickness rates in July 2022 of 7% due to a COVID-19 outbreak at the hospital. The sickness and absence rate across the hospital over a 6-month period was 2%. This is an improvement since the last inspection where the service reported an average of 2.7% from 1 December 2020 to 30 November 2021.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The service did not use a specific tool to calculate staffing levels, but all staff and patients felt there were now enough staff on shift. We looked at the staffing levels at the service for the three weeks leading up to the inspection. All shifts had been over staffed allowing floating staff on every shift.

The ward manager could adjust staffing levels according to the needs of the patients. Staffing was discussed daily at the morning patient safety meeting. Manager would adjust staffing levels and request agency or bank staff if required after this meeting.

Patients had regular one- to-one sessions with their named nurse. All patients had a named nurse and records showed they had weekly sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Staff told us escorted leave had not been cancelled in the last six months due to low staffing levels.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

The service had enough staff on each shift to carry out any physical interventions safely. The service always had floating staff on each shift including a supernumerary and an additional nurse.

Staff shared key information to keep patients safe when handing over their care to others. Staff had ward level handovers where each patient was discussed in detail including any incidents, observations and physical health needs. We observed a morning patient safety meeting where patients were discussed in detail by a multi-disciplinary team including therapists, doctors and nurses.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The service had an out of hours on call psychiatrist who attended site as and when required.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. Overall mandatory training on the ward was 87%, this is was a significant increase since our last inspection, when training compliance was 58% and met the services 80% compliance target. Managers told us staff were booked to attend mandatory training, and this was monitored by the ward manager. Mandatory training consisted of 30 different training courses including infection control, physical intervention holding and safeguarding training. The compliance rate for these ranged between 75% and 100%. One course did not meet the compliance of 75%, was NEWS(2), a way in which physical health observations are monitored. Only 50% of permanent nurses had completed this training. However, we saw NEWS(2) completed for every patient on a weekly basis and full physical health checks completed once a month.

The mandatory training programme was comprehensive and met the needs of patients and staff. The service provided additional service specific training including trauma specific, personality disorder and therapy model training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the service's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Patients were reviewed daily at the morning meeting attended by a full multi-disciplinary team, where risks, incidents, observation levels were discussed and updated where required. Every patient also had the opportunity to request section 17 leave at these meetings and each request would be discussed.

Staff knew patient risks and acted to prevent or reduce them. Staff completed observation records in line with patients prescribed observation times or in line with the services policy. Staff received breaks from observations every two hours and staff told us they were now receiving regular breaks. Observation records were now being completed accurately at

the time that staff completed the observations and were signed by the member of staff completing the observations. We looked at four observation charts for level three observations and all had been completed as per care plan. This was a significant improvement from the last inspection. We were assured that the service had fully actioned the requirements from the last inspection.

Staff told us they used restraint only as a last resort after the use of de-escalation had failed. All four incident records we looked at showed staff used verbal de-escalation or de-escalation techniques specific for that patient.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Patient risk was assessed daily at the morning meeting attended by the full multi-disciplinary team. Nurses on the wards had the ability to increase patient observation levels if required between these meetings.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff responded to risks when incidents occurred. For example, the dining room on Rutland ward was locked at the start of the inspection due to an incident that had occurred at the weekend to protect a patient from self-harming. However, at the morning meeting this was reviewed by the multi-disciplinary team and mitigation was put in place to protect the patient at risk and allow access to other patients on Rutland ward. Risk assessments were updated following the incident and after the morning meeting.

Staff could observe patients in all areas of the wards and used CCTV or converse mirrors to ensure patients could easily be observed.

Staff followed service policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. Staff carried out bedroom searches on a monthly basis and these were conducted randomly or when risk was identified. The service had a list of contraband items in place to protect patients from harm. Items on this list included lighters and razors.

Use of restrictive interventions

Levels of restrictive interventions were low and reducing. Since January 2022 there was a significant decrease the use of physical intervention during incidents. In January 2022 there were 26 incidents where physical intervention was needed and in June 2022 there were eight. No prone restraints had been used.

Staff participated in the service's restrictive interventions reduction programme, which met best practice standards. All staff we spoke with promoted the use of de-escalation techniques individual to the patient before restraint was used.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. All four incident records we looked at stated staff had used de-escalation techniques before using restraint.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Three staff we spoke with could not quote definitions of the Mental Capacity Act. However, they all understood the principles and how they applied them to their role and knew where they could get support and advice from if needed.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff followed NICE guidance when using rapid tranquilisation. The service had not used rapid tranquilisation in the last six months. Staff were aware of the guidance and service's policy in place for observation following rapid tranquilisation.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. All staff we spoke with were aware of the safeguarding reporting procedures.

Staff kept up-to-date with their safeguarding training. Staff safeguarding training compliance rates were at 90%. This was a significant improvement from the last inspection where we found that no permanent clinical staff had received training in safeguarding.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff equality and diversity training compliance rates were at 93%.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. All staff we spoke with were aware of how to recognise adults and children at risk and knew how to report concerns.

Staff followed clear procedures to keep children visiting the ward safe. The Rutland ward had quiet rooms, lounges and gardens available for family visits and Aylestone ward had a flat that was not in use for individuals visiting.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had safeguarding reporting flow charts on display on all staff notice boards.

Managers took part in serious case reviews and made changes based on the outcomes. Managers shared lessons learnt through serious case reviews through the lessons learnt bulletin.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.

Patient notes were comprehensive and all staff could access them easily. Patient notes were in paper based folders that all staff including bank and agency staff had access to. Care plans and notes we looked at were comprehensive, person centred, holistic and up to date.

When patients transferred to a new team, there were no delays in staff accessing their records. The service had a treatment pathway where patients generally moved from Rutland ward to Aylestone ward before discharge. When the patients moved wards, they were given the opportunity to transition across to the ward and their care plan folder would be transferred with them.

Records were stored securely.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health. Medication management had significantly improved since our last inspection.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff ensured patient medicine documents were current and up to date. All six medication administration records on Aylestone ward and seven medication administration records on Rutland ward we reviewed were up to date. Patient medication was now being reviewed regularly. Where required appropriate risk assessments and physical health checks were in place for patients on high risk medication.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients could discuss their treatment plan and medication at monthly ward rounds or at weekly meetings with their named nurse.

Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed all medicines and prescribing documents safely. The medication trolley on both Rutland ward and Aylestone ward were stored securely.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services through a thorough assessment.

Staff learned from safety alerts and incidents to improve practice. The service had monthly lessons learnt bulletins and used emails and handovers to share immediate lessons learnt and identified best practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Regular medication reviews were in place for every patients.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. The physical health needs nurse reviewed every patients physical health in line with their care plan. Patients received a physical health review the week before their ward round to support their multi-disciplinary treatment plan. We saw NEWS(2) completed for every patient on a weekly basis and full physical health checks completed once a month.

Track record on safety

The service had a good track record on safety.

The service completed a monthly trend analysis and reviewed incidents at their monthly clinical governance meetings. Incidents were steadily decreasing over the last three months. In June 2022 there were a total of 75 incidents which is a significant decrease from May 2022 when there were 133 and March 2022 when there were 160 incidents.

Reporting incidents and learning from when things go wrong

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

The service managed patient safety incidents well. Staff recognised incidents and reported them but the reports lacked detail about injuries sustained by patients. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. All staff had access to the service electronic incident reporting system.

Staff reported serious incidents clearly and in line with the service policy. We reviewed four incident forms, the lessons or changes to practice box was completed. When we looked at these, we saw lessons learnt had been shared on the staff lessons learnt bulletin. However, staff did not log injuries accurately. Staff did not complete body maps after injuries had been sustained following an incident. There had been 24 self harm incidents and 16 head banging incidents between July 2021 and July 2022. One patient was known to head bang during incidents. However, there was no body map in place showing where they had sustained the injury and how big the cut was. This would make it difficult to establish if a wound was healing effectively or if further injuries had been sustained due to other incidents.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. All patients were offered a debrief following incidents and where patients had consented to sharing information with family's staff contacted families to discuss incidents.

Managers debriefed and supported staff after any serious incident. Staff told us they were offered a debrief after incidents had occurred.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The multi-disciplinary reviewed every incident during the morning meeting and discussed whether it should be escalated to a serious incident investigation.

Staff received feedback from investigation of incidents through team meetings discussions, supervisions and lessons learnt bulletins.

Staff met to discuss the feedback and look at improvements to patient care. Every patient had a monthly ward round meeting where members from the multi-disciplinary team including the patient, patients named nurse, the registered consultant, physical health needs nurse, members of the psychology and occupational therapy team attended.

There was evidence that changes had been made as a result of feedback. The service recently had an incident where a patient absconded from the service by taking a few steps out of the gate. Immediately after this incident all staff were reminded at the handover to ensure they are aware of their surroundings when coming through the gates. This was also included the lessons learnt bulletin.

Are Long stay or rehabilitation mental health wards for working age adults effective?

Good

Our rating of effective stayed the same. We rated it as good.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. The service had a physical health needs nurse who led on all patient physical health needs. The physical health nurse regularly reviewed patient physical health and liaised with GPs and other physical health professionals including opticians and dentists. The physical health nurse had devised an audit which monitored 20 different physical health checks available to patients. In March 2022 compliance with physical health checks was 88%, in April was 91% and in May had reached 100%. Despite levels of NEWS(2) training compliance being low we found this did not impact on the monitoring of patient's physical health.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were person centred, holistic and gave personalised treatment plan developed by the multi-disciplinary team. All six care plans we looked at were written in the patient voice and had been read and signed by the patient. For example, one of the care plans stated, "In the future, I would like to move into support living" and the patients, goals, treatment plan and discharge plan were based around this.

Staff regularly reviewed and updated care plans when patients' needs changed. All care plans were reviewed regularly or after incident.

Care plans were personalised, holistic and recovery-orientated. There were records of regular reviews with the psychology team and patients named nurse within the care plans viewed.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Patients had access to a full multi-disciplinary team. The ward teams consisted of a full range of specialists including an assistant occupational therapist, psychologist, assistant psychologist. The service had a vacancy for an occupational therapist and activities coordinator. Both had been recruited to and pre employment checks were being completed at the time of our inspection.

Staff delivered care in line with best practice and national guidance. Staff set recovery goals with patients based on a recognised national model.

Staff identified patients' physical health needs and recorded them in their care plans. Patients received regular physical health need checks dependant on their needs and before each monthly ward round.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff made sure patients had access to physical health care, including specialists as required. Patients were encouraged and supported to access physical health need specialists such as dentists and opticians through the community. The service had an on-site gym.

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. A dietician visited the service every two weeks to offer support.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients had access to an activities of daily living kitchen to help develop daily living skills such as cooking. Patients were supported and encouraged to do their own laundry. Care records showed healthier lives were promoted through encouraging healthier choices.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff reviewed these regularly at ward rounds attended by the multi-disciplinary team.

Staff used technology to support patients. The service had an electronic system in place to log and monitor incidents, compliments and complaints.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Audits completed by the service included infection, prevention and control audits, environmental audits and cleaning record audits. The service did not take part in benchmarking with other services at the time of the inspection.

Managers used results from audits to make improvements. Managers fed back any actions from audits through the clinical governance meetings and team meetings. Actions identified in audits were discussed at clinical governance meetings and actions agreed to rectify identified gaps/learnings were logged on an action log.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a range of specialists to meet the needs of the patients on the ward. This included a psychologist and assistant psychologist, assistant occupational therapist, registered consultant, junior doctor, and a physical health needs nurse. The service had a vacancy for an occupational therapist and activities coordinator but had recruited to the posts and pre employment checks were being completed. The occupational therapist had left the role on 7 July 2022 and the role was being managed by the assistant occupational therapist.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. All staff completed an on-site induction and mandatory training including specialist training such as autism and learning disabilities training. The service had developed a service specific training program developed by the psychology team to help staff support patients at the hospital. The specialist training included personality disorder training and trauma specific training.

Managers gave each new member of staff a full induction to the service before they started work. All staff received a thorough induction and completed shadow shifts.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Managers supported staff including bank staff through regular, constructive appraisals of their work. Staff appraisal compliance rates were at 81%. 11 out of 58 staff were overdue an appraisal but now the service had a deputy manager in post they were able to address improving compliance. This was a significant improvement from the last inspection where the appraisal compliance was 18%.

Managers supported staff including bank staff through regular, constructive managerial supervision of their work. Supervision compliance rates were at 86%. This met the services target compliance rate of 80% and was a significant improvement from the last inspection when supervision compliance was 35%.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. The service held monthly team meetings where the environment, upcoming training, actions from the last meeting were discussed. Staff who could not attend these received the minutes of the meeting through email.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

The manager told us they were also looking to support a nurse to become a nurse prescriber. The service had also recruited some nurses from overseas and were supporting them to complete the International Nurses OSCE preparation training programme to become qualified nurses (OSCE is designed to an individual's ability to competently apply their professional nursing or midwifery skills and knowledge in the UK).

Managers recognised poor performance, could identify the reasons and dealt with these. The manager told us appropriate policies and support was available from the company human resources team.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The service had several multi-disciplinary team meetings where patient needs were discussed. The daily morning meeting was a multi-disciplinary meeting where each patient's previous 24 hours and next 24 hours were discussed including incidents and section 17 leave. The monthly ward rounds were also attended by the multi-disciplinary team where the patients progress over the last month were discussed.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. If any changes in treatment plans, goals or risk assessments were agreed by the multi-disciplinary team these were communicated effectively through handover and through timely updates of patient records.

Ward teams had effective working relationships with other teams in the organisation. All staff we spoke with felt they could approach each other, and the team worked well together. The ward staff including health care assistants felt they were listened to and could contribute to a patient's treatment plan.

Ward teams had effective working relationships with external teams and organisations. Patients had regular Care Programme Approach (CPA) meetings attended by the commissioner. The staff told us they worked with the place patients were being discharged to or being admitted from to ensure they transitioned between services smoothly. Patients were offered day visits and overnight stays to help with transitioning.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Mental Health Act training compliance was at 91%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. All staff we spoke with could reference the act and knew who to contact if they required further information.

All staff we spoke with knew who their Mental Health Act administrator was and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. All staff had access to the service's IT system's 'shared drive' where all the service policies were stored.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Information on how to access an advocate were on display on every patient information board and where required staff told us they made appropriate referrals to the advocacy services.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. The service had a system in place to ensure patients were read their rights on a regular basis. The manager told us patients were read their rights every month but following patient feedback the service reduced this to every two months.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. Every patient could request section 17 leave daily through the morning meeting where the requests would be reviewed and discussed by the multi-disciplinary team. We found the section 17 leave documentation for nine patients (75% of patients requiring this documentation) had not been updated by the current responsible clinician. We raised this with the service, and they took immediate action. The service updated this documentation within 72 hours of the inspection. After the inspection we viewed a sample of four of these forms and they had been updated.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. The service had one informal patient on Aylestone ward and service had a poster on display to tell them they could leave the ward freely.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The service Mental Health Act reviewer completed regular audits and discussed findings at the monthly clinical governance meetings.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the services policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and but not all had a good understanding of at least the five principles. Staff Mental Capacity Act training compliance rate was 92%. Three of the four health care assistants we spoke to knew where the policies were and how to access the information but could not name the five basic principles of Mental Capacity Act.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff knew how to access. The service had a policy on their IT System 'shared drive' and all staff we spoke with could access these.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. This formed part of the discussion at the daily multi-disciplinary team morning meeting. Patients cultural needs and history were detailed within their individual care plan.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. At the time of this inspection all patients apart from one who was an informal patient were detained under the Mental Health Act.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve. This formed part of the discussion at the daily multi-disciplinary team morning meeting.

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

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. All patients we spoke with felt staff were caring. The patients told us they had a positive relationship with staff including the multi-disciplinary team members. We observed positive interactions between patients and staff from all areas of the hospital including the maintenance team, health care assistants, nurses and administrative staff. One patient told us staff were sleeping at night in the lounge on Rutland ward. We viewed three clips of CCTV over different times of the night on different days and found the staff correctly observed the patients and were not asleep as suggested. We did, however, see two patients sleeping in the lounge who had chosen to do this.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff supported patients to understand and manage their own care treatment or condition. All patients we spoke with felt staff tried to involve them in their treatment plan and offered leaflets on medication they were taking. All carers we spoke with were aware of their loved one's treatment plan or were able to get information if they required.

Staff directed patients to other services and supported them to access those services if they needed help. Three patients told us staff helped them apply for further education courses through the local college. Two patients attended these courses and enjoyed them. One attended a course but found it too stressful and chose not to continue.

Staff understood and respected the individual needs of each patient. The service gave all patients an introduction pack and welcome pack to the wards.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Patients had daily morning meetings where daily activities and meals were discussed. One patient felt it was positive the service had a included a patient representative at the clinical governance meetings. The wards had two weekly patient community meetings where patients could raise concerns. We viewed the minutes of these meetings and found the service logged actions identified and actions met.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. **They ensured that patients had easy access to independent advocates.**

Involvement of patients

Staff involved patients and gave them access to their care planning and risk assessments. Every patient had a weekly one to one session with their named nurse and received a copy of their care plan.

Staff made sure patients understood their care and treatment. All patients we spoke with felt they were involved in their treatment plan, goals or received information about the medication they were receiving

Staff involved patients in decisions about the service, when appropriate. For example, the service had a patient representative at the clinical governance meeting. Monthly patient meetings were in place for each ward. There were daily patient morning meetings on Rutland ward where the patient could agree activities for the day.

Patients could give feedback on the service and their treatment and staff supported them to do this. One patient told us they had made a formal complaint and had received an appropriate response letter and changes had been made. Ward patient information boards consisted of 'you said, we did' posters stating changes the service had made after feedback from patients. A copy of the complaints policy was on display on the patient information board.

Staff made sure patients could access advocacy services. Advocacy information was on display within the communal patient information boards.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff supported, informed and involved families or carers. Patient consent to share information with families or carers was logged within care plans. All family members and friends we spoke with felt the staff were kind and they had been kept informed with their loved one's treatment plan.

Staff helped families to give feedback on the service. All family members and carers we spoke with felt able to contact staff if they needed to about their loved one. The manager confirmed a carer survey was in place. The service did not have a carers support group but were planning a carers event in September.

Are Long stay or rehabilitation mental health wards for working age adults responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Managers made sure bed occupancy did not go above 85%. The service at the time of inspection was in special measures and occupancy was at 54%.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay at the service was 18 months. Where this increased the manager had good links with commissioners to work out a suitable treatment plan.

Managers and staff worked to make sure they did not discharge patients before they were ready. Each patient had a discharge transition plan in place. This would be reviewed regularly and at each stage to ensure any transition in, out or throughout the service was managed well.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons or it was in the best interest of the patient. The service had a treatment pathway in place. patients were generally moved from Rutland ward to Aylestone ward prior to discharge. However, if suitable staff could discharge patients form Rutland ward.

Staff did not move or discharge patients at night or very early in the morning. Every discharge was planned with the place the patient was going to with appropriate staff or family members.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. The service had not had any delayed discharges since the new manager had been in post.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Patients did not have to stay in hospital when they were well enough to leave. The service had one informal patient who was free to leave when they wanted.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Clear communication plans were in place between care manager and the service.

Staff supported patients when they were referred or transferred between services. One staff member told us they are part of the patient journey and support patients at every part of the transition between services and wards.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise. Patient bedrooms were personalised.

Patients had a secure place to store personal possessions. Each patient had a wardrobe in their room for their clothes and a small lockable locker to store other possessions.

Staff used a full range of rooms and equipment to support treatment and care. Both wards had a clinic room.

The service had quiet areas and a room where patients could meet with visitors in private. There were lounge areas available on Rutland ward for patients to meet visitors. One patient felt they were disturbed when they met visitors here as staff used this area to access the clinic room. Aylestone ward used empty flats where patients could meet visitors in private.

Patients could make phone calls in private. All patients had access to their own mobile phones.

The service had an outside space that patients could access easily. Both wards had access to outdoor space.

Patients could make their own hot drinks and snacks and were not dependent on staff. On Aylestone ward patients had access to drinks and snacks in their individual flats. On Rutland ward patient had access to a dining area where they could make drinks for themselves as and when required.

The service offered a variety of good quality food. Menus were agreed by patients in their community meetings.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff made sure patients had access to opportunities for education and work, and supported patients. The service supported patients to access college courses and volunteering opportunities in the community. Three patients we spoke with were supported to access courses through the local college.

Staff helped patients to stay in contact with families and carers. Staff encouraged patients to keep contact with families and carers and they were encouraged to visit if appropriate.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Staff encouraged patients to maintain relationships in the wider community through supporting them to use public transport and access the community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The service had recently adjusted one room to make it wheelchair accessible for a patient.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Information on how to make a complaint was available on the patient information board.

The service had information leaflets available in languages spoken by the patients and local community. At the time of the inspection this was not a need of any patients using the service. The manager confirmed they would be able to gain access to these if required.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. The service was able to offer different foods to meet dietary requirements if required. Currently the service was offering vegetarian options. Patients had two weekly meetings in place where they planned meals.

Patients had access to spiritual, religious and cultural support. The patient information display board had information and contact details for pastors. The service was looking into creating a multi faith room.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. All patients and carers we spoke with knew how to raise a complaint or concern.

The service clearly displayed information about how to raise a concern in patient areas. The service complaints policy was on display on the patient notice board in an easy read format.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff understood the policy on complaints and knew how to handle them. All staff we spoke with had access to the electronic system to log a complaint. Staff knew all complaints were reviewed at the morning patient safety meeting by the multi-disciplinary team.

Managers investigated complaints and identified themes. The service had a complaints and compliment tracker. The service had received one complaint and four compliments in the last two months. The complaint had been dealt with in line with the service complaint policy timeline.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service.

All staff had access to the electronic system in place to log complaints and managers feedback outcomes of complaints through team meetings and if lessons learnt were identified through the lessons learnt bulletin.

The service used compliments to learn, celebrate success and improve the quality of care. The service had a staff of the month ballot, where patients could vote for staff members and they would win a voucher.

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

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Since our last inspection a new leadership team was in post. Initially support had been offered to the senior leadership team from directors of the parent company. A deputy manager was also in post who supported the leadership of the service. The leadership, governance and culture of the hospital supported the delivery of high-quality care. All leaders had the necessary experience, knowledge, capacity, capability and integrity to lead effectively.

Improvements were identified and shared within the teams. Where changes were made, the impact on the quality and sustainability of care was fully understood in advance or monitored.

We saw staff satisfaction was good, staff felt actively engaged and empowered.

Staff knew who their leaders were and how to gain access to them.

Vision and strategy

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff knew and understood the service's vision and values and how they (were) applied to the work of their team.

The hospital displayed the organisational strategy, "relieve suffering, give hope and promote recovery". The ward offered an evidence based clinical model that introduced several interventions, increased safety and improved relations between staff and patients, resulting in fewer assaults on staff. The service rarely used physical interventions and promoted the use of verbal de-escalations. Staff had been provided patient specific training by the psychology team to promote the treatment being provided through the therapy team.

Culture

Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff felt able to raise concerns, they were appropriately supported and treated with respect when they did. The service had a freedom to speak up guardian in place. All staff we spoke with felt they could raise any issues directly with the manager. All staff felt the team worked well together and there had been positive changes in the culture since the management team had come into place.

The service provided opportunity for development and career progression. The hospital recently offered phlebotomy training and was looking at development of nurses into nurse prescribers and operational managers.

The manager dealt with poor staff performance when needed.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and processes in place did not always manage risk well or identify poor performance.

Since our last inspection, a new leadership team had been in post, and had conducted a complete review of governance processes had been undertaken. Revised systems and processes of audits had been introduced and embedded and the leadership team set compliance targets for clinical audits, and key performance areas of service delivery (such as training and supervision). Members of the senior management team conducted quality visits to ensure service delivery was effective. Checklists were used to give feedback to staff and patients on the findings. Managers used a dashboard to have oversight of all audits to be able to monitor compliance and give feedback to staff on how to improve service delivery.

Overall mandatory training rates for staff was 87%, this is a significant improvement since the last inspection when compliance was 58%. Annual appraisal rates were 81%. Staff received regular clinical and management supervision, with compliance at 86%. The manager had oversight to ensure these were completed. These were above the service target of 80%.

Check of observation records ensured that there were sufficient numbers of staffing to carry out enhanced observation and that documentation was completed correctly. This was an improvement since our last inspection.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Care plan audits ensured that patient involvement and choice was included in the documentation. Medication audits were completed on a regular basis.

The managers told us clinical audits were undertaken mainly by staff external to the wards. These included medication, incident audit/ analysis, complaint and compliments. The staff we spoke with knew the outcomes or action plans from audits, they knew how this affected patient care and what improvements could be made through regular team meetings.

Managers had systems in place to ensure the Section 58(3)(a) – Certificate of consent to treatment was valid, correct and available for staff to review prior to administering treatment. This has improved since the last inspection. The service now conducted monthly audits of consent documentation.

Managers now had governance systems were in place, so patients had access to Hospital Managers' panels. Hospital Managers' panels are a panel appointed specially to look at whether people should be discharged. They are independent of the hospital, Clinical Commissioning Group, Local Health Board or any organisation that runs the hospital, because they cannot be officers or employees. The service now had a monthly audit and tracker in place that was reviewed at the clinical governance meeting to ensure patients had timely access to the Hospital Manager' Panel.

However, some of the arrangements for governance were not always effective. We found that two audits did not identify gaps in service delivery, and therefore did not always identify risks to the service. This included environmental audits and section 17 leave forms.

The Responsible Clinician failed to regularly review nine patients' section 17 leave form in line with the Code of Practice, paragraph 27.17 which states "Responsible clinicians should regularly review any short-term leave they authorise on this basis and amend it as necessary". The section 17 leave form were last written up by the previous Responsible Clinician and should have been reviewed by the new Clinician. We raised this with the service, and they reviewed all of these by 12 August 2022. The governance processes and audits in place did not identify this oversight.

The environmental audits in place did not prompt staff to check the fire doors.

Management of risk, issues and performance

Teams did not always have access to the information they needed to provide safe and effective care and used that information to good effect.

The managers maintained and had access to the risk register and staff could escalate concerns in the daily meeting and monthly Clinical Governance Meetings for adding to the risk register.

The hospital had plans for emergencies. For example, fire plans and health emergencies

The service did not have an established process in place to record injuries sustained during incidents on a body map. This would make it difficult to establish if a wound was healing effectively or if further injuries had been sustained due to other incidents.

Information management

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the electronic monitoring system for reporting incidents, compliments and complaints, worked well and helped to improve the quality of care. The service was looking into an electronic care planning system as an area to improve.

Information governance systems included confidentiality of patient records.

The managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Information was in an accessible format, and was timely, accurate and identified areas for improvement. Trend analysis systems in place helped identify themes in incidents, compliments and complaints.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Staff, patients and carers had access to up-to-date information about the work of the hospital and the services they used. Information boards were available in staff areas and patients' communal areas.

Patients and carers had opportunities to give feedback on the service via feedback forms to reflect their individual needs.

The manager ensured feedback from patients was listened to and acted on. Both wards had you said we did posters on display showing the changes made to the service following feedback from patients.

Patients were involved in decision making about changes to the service.

Senior managers engaged with external stakeholders, such as commissioners. The registered manager and social worker had made links with the local authority safeguarding team to be able to regularly review safeguarding referrals.

The staff we spoke with told us they had an opportunity to give feedback on services and input into service development. Staff had monthly team meetings where they could give feedback. The manager held weekly breakfast club where staff and patients could all have breakfast together. The service had completed a staff survey in February 2022. One of the findings from this survey was staff felt listened to since the new manager had come into post. All staff we spoke with told us they felt the new management system had had a positive impact on the service.

Learning, continuous improvement and innovation

The hospital did not participate in any accreditation schemes at the time of the inspection. The manager told us this is something they would like to consider in the future.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Staff did not record injuries sustained during incidents.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA (RA) Regulations 2014 Good governance Audits in place did not always identify possible risks in the environment including fire safety risks .

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment All patients did not have access to a call system panic buttons, strip alarms, or personal alarms which would allow them to call for assistance in an emergency.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA (RA) Regulations 2014 Good governance Audits in place did not always identify whether Mental Health Act legal documentation had been completed and reviewed appropriately.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff did not have appropriate training in place to complete physical health checks on patients.