

Forest Hospital

Quality Report

Southwell Road West
Mansfield
Nottinghamshire
NG18 4HH
Tel: 01623 415700
Website: www.barchester.com

Date of inspection visit: 7-9 March 2017
Date of publication: 31/05/2017

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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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 Forest Hospital as requires improvement because:

- We saw written evidence of lessons learned on incident reporting forms; but four staff members we spoke with did not receive feedback of lessons learned from incidents and debrief sessions occurring at this hospital.
- Staff inconsistently recorded mental capacity assessments. The provider did not have an audit process to monitor the use of the Mental Capacity Act. Staff were unaware of the person within the organisation to contact for advice on the Mental Capacity Act.
- Care plans we saw did not focus on the patient's strengths and goals. The language used in care plan did not reflect language used by patients. Patients were not present nor invited to care programme approach meetings with no reasons given for this.
- Not all staff received an annual appraisal.

However:

- The provider had an up to date environmental risk assessment and ligature audits. Staff updated these audits annually and when patients were admitted and discharged from the hospital.
- Although we smelt urine on both wards, the cleanliness of the ward environment was maintained, cleaning schedules and audits were up to date.

- The provider had good medicines management practices.
- The provider responded to and investigated complaints. Patients and relatives were provided with responses to complaints and staff were provided with lessons learnt from these.
- The hospital had developed an agency reduction strategy. To reduce the use of agency staff, the hospital had recruited permanent bank staff to cover shifts
- Staff understood their responsibility in using the provider's incident reporting system.
- The staff induction programme used by Forest Hospital followed the Care Certificate.
- The hospital implemented the provider's admissions and discharge policies, which enabled staff to admit and discharge patients safely.
- Staff demonstrated a good understanding of the guiding principles of the Mental Health Act and made appropriate referrals to advocacy services.
- Interactions we saw between staff and patients were caring, positive and friendly. Feedback we received from carers said staff had a good understanding of the patients they cared for.
- Patients had good access to physical healthcare. Staff at Forest Hospital used various risk assessment tools to manage patient's physical healthcare.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Forest Hospital	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	7
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	26
Areas for improvement	26
Action we have told the provider to take	27

Requires improvement 

Forest Hospital

Services we looked at

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

Summary of this inspection

Background to Forest Hospital

Forest Hospital, owned by Barchester Healthcare, is a 30 bed mental health independent hospital designed to provide accommodation, personalised care and support for men and women. There are two single sex wards, Horsfall (female) and Maltby (male). At the time of inspection, there were 12 patients on Maltby ward and seven patients on Horsfall ward. The hospital, opened in 2013, shares a site with a 20-bed care home, which is a separate service. The hospital is set in large grounds with gardens, in a residential area and served by public transport.

Forest Hospital is registered with the CQC 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.

Patients cared for at Forest Hospital:

- May be detained under the Mental Health Act (1983) sections 2,3,37 and 41 or informal.
- May be detained under Deprivation of Liberty Safeguards which is part of the Mental Capacity Act (2005).
- Have a primary diagnosis of mental illness with complex needs.
- Typical diagnoses include dementia, Parkinson's, Huntington's Disease, Korsakoff's and depression

- May have a history of substance, drug and alcohol misuse.
- May have a history of sexual abuse or domestic violence.
- May be treatment resistant.

At the time of our inspection, the hospital brought in an interim hospital director from another Barchester Healthcare service because the registered manager had recently left. Senior managers were in the process of recruiting to the vacant post.

At the time of our inspection, the hospital brought in an interim hospital director from another Barchester Healthcare service because the registered manager had recently left. Senior managers were in the process of recruiting to the vacant post.

CQC completed a comprehensive inspection at Forest Hospital in April 2016. This inspection identified a number of areas of non-compliance. A focused inspection took place in May 2016 in response to whistleblowing concerns raised about Forest Hospital. This inspection, focussed on the safe domain, was non-compliant.

There have been five previous inspections at Forest Hospital; the most recent was 31 May 2016. This current inspection focused on areas of non-compliance identified in the previous inspections completed in April and May 2016.

Our inspection team

Team leader: Judy Davies

The team that inspected this service comprised of three CQC inspectors, a specialist advisor (occupational therapist), a specialist advisor (nurse) and an expert by

experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses health, mental health and/or social care services regulated by CQC.

Why we carried out this inspection

We carried out this inspection to find out whether Forest Hospital had made improvements to their service. At the

Summary of this inspection

last comprehensive inspection in April 2016, we rated Forest Hospital as requires improvement overall. We rated safe and caring as good and effective, responsive and well led as requires improvement.

Following the April 2016 inspection we told Forest Hospital it must make the following actions to improve their service:

- The provider must inform staff of all incidents and learning reflected in practice.
- The provider must inform all staff and patients of the outcomes of debriefing sessions.
- The provider must encourage all staff to use psychological and therapeutic interventions for patients.
- The provider must review care-planning documentation, to make it easier for patients, carers and professionals to use.
- The provider must confirm the proposed model for Forest Hospital's service delivery in order for commissioners to make appropriate referrals and placements.
- The provider must enable patients to access services to tend to their spiritual needs.
- The provider must review including rehabilitation assistants to the multidisciplinary team and invite rehabilitation to the multidisciplinary team meetings.
- The provider must provide feedback concerns patients have at the community meetings.
- The provider must review the Duty of Candour policy.

CQC completed a focussed inspection at Forest Hospital in May 2016 due to concerns raised by whistle-blowers and patients regarding safe staffing levels, medicines management and the safeguarding of patients. The service was rated as requires improvement for safe.

Following the May 2016 inspection we told Forest Hospital it must make the following actions to improve their service:

- The provider must report serious incidents to the CQC as required by registration regulations.
- The provider must ensure effective medication management systems are in place.
- The provider must ensure that medication audits are carried out in line with its policy. The provider must

ensure all rotas, staffing returns, observations paperwork, medicine chart records, safeguarding paperwork and handover notes are completed and filed appropriately.

- The provider must ensure staff follow hospital procedures for the reporting of all incidents.

We issued Forest Hospital with requirement notices. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 9 Person centred care

Regulation 12 Safe care and treatment

Regulation 17 Good governance

Regulation 18 Notification of other incidents.

CQC received four whistleblowing concerns on the 21, 23 and 24 February 2017, which raised the following issues. The outcome of these concerns was to complete an unannounced inspection on the 7 March 2017:

- Forest Hospital used high numbers of agency staff and sometimes there was only one permanent staff member for night shifts across both wards. Staffing levels were low; many of the staff had to work 24-hour shifts, which meant there was not enough staff on shift for patients requiring one to one care.
- Agency staff used by Forest Hospital did not receive training in the management of violence and aggression. There were instances where agency staff did not receive an induction prior to working on the wards and did not read care plans.
- Horsfall ward had patients with various complex mental health difficulties whose behaviours posed a risk to other patients. The whistle-blower said caring for psychiatric patients alongside dementia patients made it difficult to ensure everyone was receiving appropriate care. The whistle blower said staff did not receive the correct training to do their job competently.
- Whistleblowing staff said management did not listen to them when they raised concerns. Management were aware of the issues however, staff did not receive support from management when concerns were raised. Staff said no improvements to the service were made and the registered manager acted in a bullying manner towards staff.

Summary of this inspection

- On a number of occasions, patients had bruising not correctly documented by staff.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information. We looked at information provided to us on site and requested additional information relating to the service from Forest Hospital both immediately before and following the inspection visit.

During the inspection visit, the inspection team:

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

- spoke with three patients who were using the service
- spoke with the interim hospital director, divisional director and nursing clinical leads for each of the wards
- spoke with 11 other staff members; including a psychiatrist, nurses, an occupational therapist and a psychologist
- received feedback about the service from commissioners
- spoke with an independent advocate
- observed two hand-over meetings and one multidisciplinary meeting
- collected feedback from 12 carers and patients using comment cards
- looked at 10 care and treatment records of patients
- carried out a specific check of the medication management on both wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

At the time of this inspection, we were unable to speak with all patients because of the communication difficulties they experienced. We saw positive, caring and supportive interactions between staff and patients. Three patients we spoke with described the support and care received as caring, kind, friendly and respectful. Patients were encouraged to give feedback to staff in meetings

and completed annual satisfaction surveys about the support they received. Two carers we spoke with said staff were caring, respectful and listened to their views and concerns. They said the service their family members received at Forest Hospital had improved over the past year.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- All parts of the building were clean, well maintained and appropriately furnished. The service had a maintenance and cleaning team who were responsible for daily maintenance for this service.
- Staff we spoke with said there was enough staff to manage physical interventions.
- Patients we spoke with said they spent regular time with their key worker.
- Staff were trained to safely meet the needs of patients, a wide range of mandatory and legislative training was provided.
- There were no blanket restrictions used in this service.
- The service had a robust medicines management procedure in place.

However:

- Staff did not receive feedback of lessons learned from incidents at this hospital and debriefing sessions.

Good



Are services effective?

We rated effective as requires improvement because:

- Staff did not always carry out mental capacity assessments in a consistent way.
- The provider did not monitor the use of the Mental Capacity Act.
- Staff did not know who to contact in the organisation for advice on the Mental Capacity Act,
- Care plans we saw did not focus on the patient's strengths and goals.
- Patients were not invited to care planning approach meetings; no reason was given for this decision.
- Not all staff received an annual appraisal.

However:

- All the care plans we saw were up to date.
- Prescribing doctors followed National Institute of Health and Care Excellence guidance.
- Various health professionals provided input into the multidisciplinary team.

Requires improvement



Summary of this inspection

- Staff used recognised rating scales. These scales helped to measure the patient's recovery process and staff to measure the effectiveness of the service they delivered.
- There were regular and effective multidisciplinary meetings and effective working relationships with teams outside of the organisation.

Are services caring?

We rated caring as good because:

- We observed very friendly, caring and positive interactions between patients and staff.
- Staff understood the individual needs of the patients.
- Patients told us they were treated with kindness, dignity and respect by staff.
- Patients were able to raise concerns about the service and received feedback from staff about their concerns.
- A carer said staff treated patients and carers with dignity and respect.

Good



Are services responsive?

We rated responsive to people's needs as good because:

- All patients were encouraged by staff to have contact with family and friends.
- Informal patients could come and go from Forest Hospital without restriction.
- The hospital followed the provider's admissions and discharge policies, which resulted in safe patient admission and discharge.
- Patients' bedrooms were large, spacious and personalised.
- Staff appropriately responded and gave feedback to patient complaints.
- Patients took part in structured therapeutic activities that were available seven days a week.

Good



Are services well-led?

We rated well-led as requires improvement because:

- Nursing staff we spoke with did not know the organisation's values.
- The hospital did not use key performance indicators to measure staff performance.

However:

- The hospital followed the provider's governance system.

Requires improvement



Summary of this inspection

- Team morale had improved recently following management changes but was previously reported as low.
- Staff knew who the senior management team were and were happy with the frequency of their visits to the hospital.
- Staff demonstrated duty of candour and recorded discussions in patients' files.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The Mental Health Act administrator checked the Mental Health Act paperwork before a patient was admitted to the hospital. Staff we spoke with knew who their Mental Health Act administrator was. The provider kept clear records of leave granted to patients. Section 17 authorisation documents were in place for all detained patients. All paperwork we saw was up to date and recorded in a standard format. Staff used a patient risk assessment and outcome form every time a patient took Section 17 leave. This document highlighted potential risk factors affecting the patient, description of patient clothing, medication and escorted leave. At the time of inspection, 89% of staff had received training in the Mental Health Act and its code of practice. The provider had a target of 85% of staff completing this training

annually. The interim hospital director and staff were aware of the guiding principles of the Mental Health Act. Policies and procedures we saw reflected the up to date code of practice. Staff adhered to consent to treatment and capacity requirements. Copies of Treatment Forms and Second Opinion Doctor certificates were kept with medication charts and the patient's Mental Health Act record. Administrative support and legal advice on implementation of the Mental Health Act and its code of practice was available from the provider's central team. The Mental Health Act administrator audited Mental Health Act records every six months. People had access to Independent Mental Health Advocacy services. Staff we spoke with said they would ask the Mental Health Act administrator to make a referral to advocacy services on behalf of patients. Posters and information about advocacy services were found on notice boards on both wards.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of this inspection, 89 percent of staff completed annual training on the Mental Capacity Act. Forest Hospital had a target of 85 percent of staff completing Mental Capacity Act Training. In the six months prior to the inspection, there were nine applications for Deprivation of Liberty Safeguards. Seven patients were detained on Maltby ward and two patients detained on Horsfall ward. Forest Hospital made Deprivation of Liberty Safeguards applications when required. We saw three awaiting applications made for detention under Deprivation of Liberty Safeguards. Staff we spoke with had a good understanding of the Mental Capacity Act and its five statutory principles. We saw evidence of capacity specific assessments and routine annual re-assessment of capacity for consent to treatment. Patients were supported to make decisions

where appropriate and when they lacked capacity, decisions were made in their best interest. However, we saw staff assessed four patients as lacking the mental capacity to understand their rights under the Mental Health Act after admission without documenting evidence that led to that decision. Staff were unsure where to get advice about the Mental Capacity Act. Not all nursing staff we spoke with knew of a person within the organisation to contact for advice on the Mental Capacity Act. Forest Hospital did not have any arrangements in place to monitor adherence to the Mental Capacity Act. Staff we spoke with said the provider did not audit the use of the Mental Capacity Act. We did not find any system and evidence of Mental Capacity Act audits completed by the provider.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

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

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

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

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

Good 

Safe and clean environment

- The ward layout allowed staff to observe all parts of the ward. We saw nursing staff present on the ward communal areas, which helped improve observation. On both wards, the nurses' station was based in the centre, which helped nursing staff easily observe all areas of the wards.
- Horsfall and Maltby wards had ligature anchor points. A ligature anchor point is a place to which patients intent on self-harm might tie something to strangle themselves. Staff completed an annual ligature risk audit on internal and external aspects of the building. The clinical lead and hospital director completed the most recent ligature audit in January 2017. This audit contained detailed information identifying potential ligature risks and action plans to reduce them.
- Both wards complied with guidance on same sex accommodation. The hospital had single sex accommodation, comprising of one male ward, Maltby based on the ground floor and one female ward, Horsfall ward, based on the first floor.
- The clinic room on both wards was fully equipped. We saw the clinic room was clean, tidy and organised with a range of equipment (for example, blood pressure monitor and scales). Both clinic rooms were small with no treatment couch and examinations had to take place in patient's rooms. The refrigerator in the clinic room,

used for the storage of medication was clean and ordered. We looked at 12 months of records and saw staff checked and logged refrigerator temperature daily. The emergency resuscitation equipment was accessible however; the wards shared emergency equipment, which would affect staff responding if an emergency occurred on both wards at the same time.

- Forest Hospital did not have a seclusion room. We found no evidence of patients segregated from other patients.
- All areas of the ward were clean, maintained and appropriately furnished. However, on both wards we smelt a strong smell of urine. Staff said this was due to patients experiencing continence issues. Forest Hospital had a housekeeping team, which cleaned the ward seven days a week. We reviewed the cleaning rotas, which covered all areas of the ward. The cleaning audit was detailed, signed and up to date.
- Staff adhered to infection control principles. We saw infection control posters on both wards. Infection control policies and procedures were in clear view in the clinic room. We saw staff following good infection control principles, such as handwashing. Antibacterial hand gel was available in the reception area and on both wards.
- Equipment was maintained and there was portable appliance testing stickers on electrical appliances and equipment, which ensured they were safe to use.
- Environmental risk assessments were regularly undertaken. We saw Forest Hospital completed an environmental risk assessment every year. The interim hospital director said the environmental risk assessment was updated when a patient was admitted and discharged from the hospital. Maintenance and housekeeping staff completed environment audits on areas of the hospital they were responsible for.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- All staff, including maintenance and domestic staff, used personal alarms. We also saw staff used the internal nursing alarm system in place on both wards.

Safe staffing

- The provider had estimated the number and grades of nurses required. Forest Hospital did not use a formula to calculate the number and grades of nurses required. The establishment levels for qualified nurses were six on Horsfall ward and eight on Maltby ward. The establishment level for rehabilitation assistants were 19 on Horsfall ward and 15 on Maltby ward. The total number of vacancies was eight, four on Horsfall and four on Maltby ward. The divisional director said basic staff levels were movable to manage patient observation.
- The numbers of nurses did not match the established number of nurses on all shifts. Day shifts had two registered nurses and seven rehabilitation assistants. Night shifts had one nurse and two rehabilitation assistants per ward. One extra rehabilitation assistant worked between both wards. Seven staff members said there was not enough staff on the ward on weekends and for night shifts. We reviewed rotas and staffing returns from November 2016 to February 2017. We saw on 19 occasions that there were not enough registered nurses to cover shifts. We saw on three occasions that there were not enough rehabilitation assistants to cover shifts. No staff on the rotas we saw worked a 24-hour shift.
- From October 2016 to December 2016, bank and agency staff filled 451 shifts on both wards. The number of shifts not filled by bank and agency staff to cover staff sickness, absence or vacancies on both wards was zero. The interim hospital director and divisional manager both said Forest Hospital used agency staff to manage the increased need for patient observations and staff sickness, absences and vacancies.
- Forest Hospital used a strategy to reduce the use of agency workers. The divisional manager had created an agency reduction strategy. Instead of using agency staff, the hospital advertised for ten permanent bank staff to cover staff absences, sickness and vacancies. The interim hospital director said the service had recruited permanent bank staff and were in the process of completing their induction to the hospital.
- Forest Hospital used bank and agency staff that was familiar with the ward. The interim hospital director said the service used agency and bank workers from the

same agency. We saw staff rotas for both wards, which showed the same staff, were used to cover shifts on both wards. Agency staff completed an induction folder when they started working for Forest Hospital. The interim hospital director said the employing agency was responsible for training staff in the management of violence and aggression. Agency staff showed Forest Hospital staff evidence they completed and were up to date with this training.

- The interim hospital director and clinical leads were able to quickly arrange and authorise extra staff resources if a patient's needs increased or to cover staff sickness.
- There was enough staff so patients could have regular one to one time with their named nurse. Care records showed patients had regular one to one time with their named nurse or with another member of staff when their named nurse was not on duty.
- All staff and patients we spoke with said escorted leave and ward activities were rarely cancelled because there was too few staff.
- Patients we spoke with said they were enough staff to carry out physical interventions.
- There was adequate medical cover day and night, and a doctor could attend the ward quickly in an emergency. The consultant psychiatrist visited patients at Forest Hospital twice each week. The consultant psychiatrist was contracted by the provider to provide emergency on call out of hours cover. The psychiatrist would arrange for another doctor to attend the hospital if they were unable to do so. A GP was responsible for providing physical health cover for day and night.
- Staff received and were up to date with appropriate mandatory training. At the time of inspection, 88 percent of staff had completed mandatory training for example moving and handling, health and safety and infection control. The service had a target of 85 percent of staff to complete mandatory training.

Assessing and managing risk to patients and staff

- From June 2016 to November 2016, there had been 23 incidents of restraint relating to six patients on Maltby ward. There were 78 incidents of restraint relating to three patients on Horsfall ward. No restraints at Forest Hospital were in the prone position and none of these incidents of restraint involved rapid tranquilisation. We

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

saw staff recorded information on these incidents on the relevant paperwork. Staff had carried out these incidents of restraint appropriately and had reduced the risk of harm to the patient and staff.

- Staff undertook a risk assessment of every patient on admission. All records we saw included an up to date risk assessment. Patients' records had a risk assessment completed before admission and a further risk assessment took place within 72 hours following admission. The multidisciplinary team reviewed risk assessment tools on a monthly basis and following an incident. These documents were signed and up to date.
- Staff used a recognised risk assessment tool. We checked 11 care and treatment records and saw staff used various risk assessment tools to evaluate the risk of each patient. Staff used risk assessment tools such as Self-Harm Risk Assessment, Waterlow Risk Assessment, Tissue Viability, Mi Skin, an assessment tool for the prevention of pressure sores and falls.
- Forest Hospital used no blanket restrictions. We saw no restrictive aspects of care such as internet access, bedtimes, or access to rooms. No patients were subject to restrictive practices such as mail monitoring or searches.
- Informal patients could leave at will. We saw staff follow the Forest Hospital's Management of Locked Doors policy, the aim of this policy was to clarify the rights of individuals entering and leaving the hospital. We saw a sign on each ward's entrance door stating the door was locked, patients should ask staff to open the door if an informal patient wanted to leave the ward.
- Forest Hospital had policies and procedures for use of observation and searching patients. We saw staff followed the Enhanced Observation Policy and Procedure, the aim of this policy and procedure was to ensure observation was considered as part of a range of interventions to manage risk and maintain patient safety. This policy was current and updated.
- There were no instances of long-term segregation or seclusion at Forest Hospital. Management of disturbed behaviour was directed through appropriate care plans.
- In the 12 months before this inspection, staff raised 42 safeguarding concerns and no safeguarding alerts. No safeguarding concerns were raised in error. Staff we spoke with knew about the signs and symptoms of

different types of abuse. They knew how to take action to promote patient safety through use of the provider's adult safeguarding procedures. At the time of this inspection, all safeguarding referrals were closed.

- Forest Hospital had good medicines management practice in place. Medicines were stored securely in the clinic room. The refrigerator temperatures were within the recommended range. A locked cupboard contained controlled drugs and other medicines liable to misuse such as diazepam were in order. The service had introduced a monthly medicines audit system, which looked at issues such as at stock balance, covert medication and medicines care planning.
- Staff we spoke with were aware of the risk of falls and associated fractures, prevention and management of pressure ulcers and management of nutrition and hydration.
- There were safe procedures for children that visited the ward. Forest Hospital had a visitor's room for patients' families to use. This room was off the wards near to the reception area. Staff supported patients and their families to use these rooms.

Track record on safety

- Forest Hospital reported no serious incidents in the last 12 months.
- Between July 2016 to March 2017, there were 208 staff accidents/incidents. According to data from the hospital, 155 out of 208 incidents were classed as no injury/near miss; these incidents were linked to the management of patients' challenging behaviours. 120 out of 208 incidents were classed as patient to staff contact; examples of the type of contact were physical and verbal aggression. Fifty-three out of the 208 incidents were classed as staff injuries. Forest Hospital did not report these incidents to the Health and Safety Executive as they were classed as minor injuries.
- Staff did not receive support after an injury. Managers we spoke with said staff were offered support when they experienced an incident. Two staff members we spoke with said they experienced an injury whilst at work and did not receive support from managers.

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew how to report incidents. Rehabilitation assistants informed qualified nursing staff, who wrote the incident on a paper form. The

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

clinical lead inputted this data onto the computer system within 72 hours. A trend analysis was created from information obtained from these incidents, which was sent to the governance group. The governance group reviewed this information and informed management at Forest Hospital of the outcomes.

- All incidents that should be reported were reported. Staff gave examples of the types of incidents they reported such as property damage and self-neglect.
- Staff were open and transparent and explained to patients when something went wrong. Weekly patient meetings took place to promote the views and feedback of patients of the service. The interim hospital director said patients were given feedback on incidents they were involved in and invited to debriefings. The provider gave staff information about Duty of Candour. The clinical leads and interim hospital director informed staff of lessons learned from Duty of Candour. The provider had a Duty of Candour policy that was up to date.
- There was evidence of change having been made because of feedback. The interim hospital director had recently looked at the amount of incidents reported and quality of the information written on incident forms. The interim hospital director found an over reporting of incidents linked to physical interventions, staff were told of his findings during a team meeting. The provider had written a new policy starting September 2016 on the management of serious incidents. This policy was due to be reviewed in September 2017.
- Staff did not receive feedback from investigations of incidents both internal and external to the service. The interim hospital director and clinical leads said staff received feedback from investigations in handover meetings, team meetings, and the daily morning meeting. We saw evidence of feedback given to staff in team meeting minutes. However, four staff members said they did not receive feedback from investigations. One staff member said feedback was not given to staff due to lack of time. We spoke with the interim hospital director and clinical leads who said staff involved in an incident received a debriefing session and offered support. Types of support offered to staff included self-referral to an employee helpline that offered counselling and support from management and debriefing sessions facilitated by a psychologist.

However, four staff member we spoke with who all experienced incidents at work said Forest Hospital did not offer any support to staff and incident reports were not acknowledged.

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

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

- Staff completed comprehensive and timely assessments after admission. We looked at 11 patient records and saw patients received a comprehensive physical and mental health assessment within 24 hours of admission. We saw staff followed this practice in line with the provider's admissions policy.
- Care records we saw showed a physical examination was undertaken and ongoing monitoring of physical health problems. All care records we saw showed evidence of patients receiving a physical examination. We saw evidence of staff completing monthly patients' physical health examinations.
- Not all care plans we saw focused on recovery or discharge. We saw a range of care plans focused on the patient's individual needs. For example, care plans covered patient's relationships with their family, friends and significant others. The multidisciplinary team completed monthly care plan reviews. All the care plans were up to date and signed by staff. However, not all the care plans we saw focused on the patient's strengths and goals. It was unclear in six care plans we saw whether the patient's own words were used, as the language used did not reflect this.
- All information needed to deliver care was stored securely and available to staff when they needed it. All patient records at Forest Hospital were paper-based. We saw patient records were safely stored in a locked cabinet in the nurses' office. These records were available to all staff when required.

Best practice in treatment and care

- We reviewed 17 patient medicines charts and saw evidence staff were following National Institute for

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

Health and Care Excellence guidance. We saw the psychiatrist followed National Institute for Health and Care Excellence guidance CG42 – Dementia during a discussion about medication with a carer during a care programme approach meeting. Forest Hospital had a contract with an external pharmacist who made regular medicines checks and looked at prescribing regimes.

- The service was unsure which psychological therapies recommended by the National Institute for Health and Care Excellence were on offer. We spoke with the psychologist who was new in post. The psychologist stated they would refer to National Institute for Health and Care Excellence guidance on anxiety and depression, but did not state which psychological therapy was used. Nursing staff said they did not use psychological therapies recommended by National Institute for Health and Care Excellence.
- Patients had good access to physical healthcare including specialists when needed. Patients' physical healthcare was under the care of two General Practitioner (GP) practices. Staff said GPs frequently visited Forest Hospital and weekday GP cover was good.
- Physical healthcare examination was managed through a number of assessments and related care plans. For example, the National Early Warning Score provided an overarching care plan to measure blood pressure, temperature and level of consciousness.
- We saw evidence of patient's nutrition and hydration needs assessed and met. For example, staff used the Malnutrition Universal Screening Tool, a five step-screening tool used to identify adults who were malnourished, at risk of malnutrition (undernutrition) or obesity. We saw staff complete, sign and update this assessment tool.
- Some staff were involved in clinical audits. The clinical leads were involved in clinical audits such as ligature and environment; however, other nursing staff we spoke with were not involved in clinical audits.

Skilled staff to deliver care

- Forest Hospital had a range of mental health disciplines and workers who provide input to the ward. The multidisciplinary team included a doctor, occupational therapist and a clinical psychologist, who all worked

one day a week, and nursing staff. Staff said the multidisciplinary team have invited the pharmacist to attend the multidisciplinary team meeting, which they had agreed to do.

- Staff were experienced and qualified. Staff said their team was established and had many years work experience working at the hospital and with adults who had experienced mental health problems. The hospital employed nursing staff that were qualified in general and mental health nursing. Rehabilitation assistants had the opportunity to complete the Care Certificate.
- Staff received an appropriate induction, which used the Care Certificate standards. We spoke to Forest Hospital's training facilitator who stated the induction period for staff was eight days. Staff completing their induction received an induction pack, which included an activities sheet they would have to complete, this activities sheet was mapped to the Care Certificate standards. We saw the activities sheet given to staff completing their induction, which mapped against the Care Certificate standards.
- We saw staff were supervised, appraised and had access to regular team meetings. The interim hospital director was responsible for supervising clinical leads, the psychologist and the occupational therapist. Clinical leads supervised qualified nursing staff and qualified nursing staff supervised rehabilitation assistants.
- Some staff did not receive the frequency of supervision as stated in the provider's supervision policy. Barchester Healthcare's reflective supervision policy stated every person should have opportunities to take part in regular supervision activities, at least six times a year. Staff we spoke with said they received supervision; however, one staff member said supervision was not regular, the interim hospital director said supervision was provided four times a year and staff could receive informal supervision and three staff members said they received supervision every six weeks.
- The percentage of non-medical staff that had an appraisal in the last 12 months was 56%. Staff we spoke with said they received an annual appraisal and six monthly reviews. Management staff said staff appraisals were not up to date because the organisation had changed the appraisal training dates, which affected this target.
- Staff said they were not offered specialist mental health training to support their role. Nursing staff and

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

rehabilitation assistants could access specialist training such as catheterisation and dementia awareness training. However, four staff members said training provided by Forest Hospital did not include recovery, rehabilitation or mental health conditions such as bi-polar affective disorder or schizophrenia. This meant some staff did not have the correct training to provide care for patients with mental health problems who resided at Forest Hospital. The interim hospital director said Forest Hospital were in the process of negotiation for an external organisation to provide face to face and e learning on specialist mental health training.

- Management addressed poor staff performance promptly and effectively. The interim hospital director said the service recently dismissed three staff members due to performance issues. The service uses performance improvement plans to manage poor performance. Management reviewed these plans frequently, if staff demonstrated improvement in their performance, the plans were closed.

Multidisciplinary and inter-agency team work

- Handovers took place between care staff twice daily at shift changes. This meeting gave incoming staff information about any changes in patient care needs. We saw two handover meetings and saw staff discussing issues, for example, observation levels, patients' legal status, incidents, possible risk issues and patient changes in mental health presentation. Handover staff clearly recorded tasks for incoming staff to complete. Staff told us handover meetings between shifts were informative and well run. The clinical lead devised a handover form, which meant incoming staff had information about each patient in terms of their mental health and progress on the previous shift. We saw staff recorded tasks for the incoming shift to ensure the patient received appropriately coordinated and effective support. The form was securely stored in the nurses' office.
- Forest Hospital had weekly multidisciplinary team meetings. We attended a care programme approach meeting and observed it was organised and effectively involved patients in reviewing in planning their care. However, we noticed patients were not invited to care programme approach meetings and staff did not give a reason why patients were not invited.
- The provider attempted to work effectively with community mental health teams. For example, staff

invited community mental health care co-ordinators to multidisciplinary meetings to discuss the patient's progress and to agree discharge plans. Staff said care coordinators frequently attended multidisciplinary and care programme approach meetings.

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

- Forest Hospital had a competent staff member examine Mental Health Act papers prior to patient admission. The Mental Health Act administrator checked the Mental Health Act paperwork before a patient was admitted to the hospital. As a requirement of their role, the Mental Health Act administrator completed the Certificate in Mental Health Act Law Practice. The Certificate in Mental Health Act Law Practice is an accredited course for those responsible for the day-to-day application of the Mental Health Act. The clinical lead would check Mental Health Act papers if a Mental Health Act administrator was not available.
- Staff we spoke with knew who their Mental Health Act administrator was. The Mental Health Act administrator, based at Forest Hospital, would write to patients, nearest relatives and staff regarding pending tribunal meetings and renewal of detention dates. Staff would approach the Mental Health Act administrator for advice on the Mental Health Act.
- The provider kept clear records of leave granted to patients. Section 17 authorisation documents were in place for all detained patients. All paperwork we saw was up to date and recorded in a standard format. Staff kept patients and carers aware of the parameters of leave granted and offered copies of section 17 leave forms. Staff indicated on the form whether the patient accepted a copy of this form. Copies of section 17 leave paperwork was kept with the patients clinical records and patients' Mental Health Act records. Staff used a Patient Risk Assessment and Outcome form every time a patient took section 17 leave. This document highlighted potential risk factors affecting the patient, patient clothing, medication and escorted leave.
- At the time of inspection, 89% of staff received training in the Mental Health Act and its code of practice. The provider had a target of 85% of staff completing this

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

training annually. The interim hospital director and staff were aware of the guiding principles of the Mental Health Act. Policies and procedures we saw reflected the up to date code of practice.

- Staff adhered to consent to treatment and capacity requirements. The multidisciplinary team requested second opinion appointed doctors in a timely way. We saw Consent to Treatment Forms and Second Opinion Doctor certificates were in place for detained patients. Copies of Treatment Forms and Second Opinion Doctor certificates were kept with medication charts and the patient's Mental Health Act record. We saw five detained patient records had a completed section 61 review of treatment report in their care records.
- Staff did not clearly document when a patient refused to accept their rights under the Mental Health Act. Staff explained to patients their rights under the Mental Health Act on admission every month after admission. However, due to the design of the patients' rights form, staff did not clearly document when a patient refused to accept their rights. The provider said they would review the form staff used so patients' refusal of rights was clearly documented.
- Administrative support and legal advice on implementation of the Mental Health Act and its code of practice was available from the provider's central team. The Mental Health Act administrator gave various examples of how advice was obtained from the provider's solicitors about the use of the Mental Health Act.
- Detention paperwork was filled in correctly, up to date and stored correctly. We saw Mental Health Act paperwork was stored securely in the Mental Health Act administrator's office and in the patient's care record.
- There were good administration arrangements in place to ensure patients received information on their rights. Mental Health Act administrators reviewed Mental Health Act records from different mental health hospitals owned by the provider every six months. The outcomes from these audits would contribute to the provider's key performance indicators. We saw the Mental Health Act audit used by the provider's Mental Health Act administrators stored securely in their office.
- People had access to Independent Mental Health Advocacy services. Staff we spoke with said they would ask the Mental Health Act administrator to make a referral to advocacy services on behalf of patients. We

spoke to an advocate who said they made regular visits to Forest Hospital to speak to patients and staff about their service. Posters and information about advocacy services were found on notice boards on both wards.

Good practice in applying the Mental Capacity Act

- At the time of this inspection, 89% of staff received annual training in the Mental Capacity Act. Forest Hospital had a target of 85% of staff completing Mental Capacity Act Training. In the six months prior to the inspection, there were nine applications for Deprivation of Liberty Safeguards. Seven patients were detained on Maltby ward and two patients detained on Horsfall ward under Deprivation of Liberty Safeguards.
- Staff we spoke with had a good understanding of the Mental Capacity Act and its five statutory principles. They gave various examples of using the Mental Capacity Act within their roles. Forest Hospital had a policy on the Mental Capacity and Deprivation of Liberty Safeguards which staff were aware of. The provider was in the process of reviewing this policy and waiting for the policy to be approved by the provider's clinical governance group.
- Capacity to consent was not consistently assessed and recorded appropriately. We saw evidence of capacity specific assessments and routine annual re-assessment of capacity for consent to treatment. These assessments were documented in the legal section of the patients' records and in the appropriate care plan. However, we saw staff assess four patients as lacking the mental capacity to understand their rights under the Mental Health Act after admission without documenting evidence that led to that decision.
- We saw four incomplete functional test of capacity, where staff did not provide a narrative on the decision that the patient lacked the mental capacity. The functional test of capacity looked how the patient understood the information that is relevant to the decision they wanted to make, retain the information long enough to be able to make the decision, weigh up the information available to make the decision and communicated their decision by any possible means.
- Staff were unsure where to get advice about the Mental Capacity Act. Not all nursing staff we spoke with knew of a person within the organisation to contact for advice on

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

the Mental Capacity Act. One person we spoke with said they would speak to advocacy services and another member of staff said they would contact the provider's solicitor for advice.

- Patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest. We saw evidence of best interest decision meetings in patient's files. These assessments showed patients, carers, advocates and the multidisciplinary team involved in supporting patients making significant decisions.
- We saw issues such as restraint managed within an appropriate legal framework. Relevant care plans quoted relevant legal definitions found within the Mental Capacity Act code of practice.
- Forest Hospital made Deprivation of Liberty Safeguards applications when required. We saw three awaiting applications made for detention under Deprivation of Liberty Safeguards. As these applications were not deemed as urgent by the local authority, patients were waiting to be assessed to be detained under a Deprivation of Liberty Safeguards. We saw evidence of the clinical lead frequently contacting the local authority to discuss these applications.
- Forest Hospital did not have any arrangements in place to monitor adherence to the Mental Capacity Act. Staff we spoke with said the provider did not audit the use of the Mental Capacity Act. We did not find any system and evidence of Mental Capacity Act audits completed by the provider.

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

Good 

Kindness, dignity, respect and support

- As part of our inspection process, we attended a complimentary therapy session and a patient community meeting. We used the Short Observational Framework for Inspection. The Short Observational Framework for Inspection is an observational tool used by CQC to collect evidence about the experience of people who use services, especially where people may not be able to fully describe their experiences

themselves because of cognitive or other problems. We observed good interactions and communication between staff and patients. We saw staff treat patients with dignity, respect and provided practical support and emotional support.

- We observed four patients on Horsfall ward and five patients on Maltby ward who were unable to express their experiences for themselves. Two staff and three patients were observed during an activity session. We observed staff had developed a good relationship with patients.
- Staff showed understanding of individual needs of patients. We observed staff interacting with one patient with complex communication, physical and mental health needs. The hospital had received positive feedback from carers and commissioners on improvements in this patient's difficulties.
- We looked at 12 comment cards written by carers and patients at Forest Hospital. All comment cards we looked at described staff as caring and friendly. Eight comment cards specifically mentioned how staff had developed an understanding about the patient's needs, resulted in patients and carers trusting staff. However, one comment card stated communication between staff and carers could be improved.

The involvement of people in the care they receive

- The admission process informed and oriented patients to the ward and the service. Before a planned admission took place, staff invited patients and carers to visit the hospital in order to familiarise themselves with the hospital environment, staff and other patients. The interim hospital director said staff gave patients and carers an information booklet informing them about the hospital and the service provided. This information was available in pictorial and easy read format for patients.
- Patients and carers were actively involved in care planning and risk assessments. All care records we looked at had detailed and individualised care plans. The care plans were specific to the patient's assessed needs and wishes. A risk assessment underpinned detailed care plans. These plans were largely personalised and written with the individual patient in mind. All of the care records we looked at had a document called This is Me (produced by the Alzheimer's Society). This document was completed and updated with the patient and carer. Staff made some

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

attempts made to involve patients in the development and review of these plans. However, staff said not all care plans were signed by the patient or had an explanation as to why this had not happened. We attended a care programme approach meeting and observed the patient was not invited to this meeting. We looked at this patient's care records and saw no reason written why the patient was not invited.

- Patients had access to advocacy. Staff said detained patients under the Mental Health Act and Mental Capacity Act had access to advocacy services. We saw posters about advocacy services on the ward, pictorial and easy read posters were placed on notice boards on both wards. We spoke to advocacy services who said they visited the wards to support detained patients; however, they did not provide a service for patients who were not detained. Staff said they were unsure who would provide a service for patients requesting generic advocacy.
- We saw carers and family members' views written in the care records and in care programme approach meeting minutes. A carer was present at the care programme approach meeting we attended. The carer was actively involved in decisions made at this meeting. We also saw written evidence of carers and families involved in the care planning and review process.
- Patients could give feedback on the service through weekly community meetings. We attended the patients' community meeting and reviewed the minutes from three meetings. Both patients and staff attended this meeting. Examples of issues discussed were menus, weekend activities and complaints. Patients would receive feedback from staff at the community meeting. Forest Hospital produced a poster called You Said, We Did, which gave feedback to patients on issues they raised during the meeting
- The interim hospital director said patients were not involved in the recruitment process; however, the hospital was looking to review this decision.
- We looked at patients' care records and saw no advanced decisions in place.

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

Good 

Access and discharge

- From the 1 June 2016 to 8 March 2017, bed occupancy for Forest Hospital was 61%. The management at Forest Hospital had made a decision to stop admissions in the short term to Horsfall ward. This was to give time for the multidisciplinary team to decide and develop a service identity for this ward. The provider had a target for one patient to be admitted to Forest Hospital every other month after the decision had been made regarding the ward's identity.
- Forest Hospital had not decided on a model of service delivery for female patients, which could cause confusion for commissioners to make appropriate referrals and placements. Female patients on Horsfall ward had diagnoses of functional and organic mental illness; male patients on Maltby ward had a diagnosis of organic mental illness. In the year before this inspection, staff said two patients were inappropriately placed at Forest Hospital due to hospital not having a clear model of service delivery. The interim hospital director said the multidisciplinary team were to make a decision on the model of service delivery by the end of March 2017.
- Beds were available when needed for people living in the catchment area. At the time of inspection, Forest Hospital had bed vacancies. Patients had access to a bed on return from leave.
- Patients were moved or discharged from Forest Hospital at an appropriate time of day. Staff we spoke with said patients, carers and staff involved in patient care were consulted to identify the best time to move or discharge patients.
- A bed was not available in a psychiatric intensive care unit if a person required more intensive care. Managers we spoke with said the hospital had no arrangements with other providers to transfer a patient to a psychiatric intensive care unit. Forest Hospital would contact the commissioner responsible for that patient to arrange transfer to a psychiatric intensive care unit or manage the patient's challenging behaviour on the ward.
- Discharge was never delayed for other than clinical reasons. The average length of patient stay for Horsfall ward was 81 days and Maltby ward 264 days. Staff followed the provider's discharge policy, which stated

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

the discharge planning process started when the patient was admitted to the hospital. We attended a care programme approach meeting where the patient's discharge was discussed with the case manager.

- In the last six months, Maltby ward had one delayed discharge and none on Horsfall ward. This delayed discharge was due to commissioners not finding a suitable placement for the patient who had complex needs. In the last six months, there were no readmissions to Forest Hospital. There had been two recent discharges from Forest Hospital.
- Care plans referred to identified section 117 aftercare to be provided for those who had been subject to section three or equivalent Part 3 powers authorising admission hospital for treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had access to rooms and equipment to support treatment and care. Occupational therapy staff said patients on each ward had access to a recovery kitchen and rooms used for specific therapies such as complimentary therapy. The hospital was in the process of building a recovery laundry on both wards for patients to use.
- Patients had access to mobile telephones and received support from staff to use them.
- Forest Hospital had a visitor's policy and children visiting policy. We looked at both policies, which covered arrangements for children and other visitors visiting Forest Hospital. Children who visited the hospital used a visitor's room off the ward to visit their family member. Both wards had seated quiet areas on and outside of the ward where patients could speak to staff and family members.
- Patients had access to outside space on both wards. At the rear of the building, on Maltby ward there was a fenced patio area for patients to sit. Patients on Horsfall ward had access to the outside from the lounge area to an external raised balcony and seating area. Patients on both wards had unlimited access to external outside space.
- Patients and carers we spoke with said food at Forest Hospital was of a high quality.
- Bedrooms on both wards were clean, tidy and personalised by patients with their personal belongings. Patients had free access to their bedrooms; however, staff had access to keys if patients wanted their rooms

locked. Safes and lockable drawers were available in patient's bedrooms to secure personal possessions. Patients were encouraged and enabled by staff to tidy their rooms.

- Forest Hospital had a food rating of five out of five by the Foods Standards Agency. Forest Hospital displayed the rating at the entrance of the building and on the communal notice board. Catering staff placed the daily menu on the ward for to help patients with their choice. Staff showed patients food choices to help them choose a meal.
- Drinks and snacks were available to patients at all times. Cold drinks and snacks were available to patients on the ward at all times.
- Patients had access to activities seven days a week. The occupational therapy team arranged weekly activities and nursing staff arranged weekend activities. Forest Hospital had a target for patient to receive 25 hours of activities per week. We saw five activity charts, which showed patients, received 25 hours of activities per week. These charts showed different types activities patients completed and length of time on that activity. We saw staffing levels did not affect weekend activities.

Meeting the needs of all people who use the service

- The provider had made adjustments for patients requiring disabled access. Forest Hospital had two lifts, wide corridors and access parking. Each ward had two assisted bathrooms and two separate toilets with equipment to help patients with disabilities to use these facilities.
- We saw information boards in the communal areas on both wards. Information on patients' rights under the Mental Health Act and Mental Capacity Act, access to advocacy services, complaints, whistle-blowing process and support services were on the display boards. This information was available in English, pictorial and easy read language.
- Staff knew how to access interpreters and signers. For example, staff demonstrated how they would access interpreting services for patients whose first language was not English. Staff gave a further example of assisting a patient's communication needs by lip reading and preferred communication method with a hearing-impaired family member by text message.
- The provider offered a choice of food to meet dietary requirements of religious and ethnic groups. We spoke with the kitchen staff; they would speak with nursing

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

staff and patients on both wards to find out if specific dietary requirements were requested. Kitchen staff would source foods specific to a religious and ethnic group and obtain advice from the wider organisation on sourcing food.

- Staff said they would assist patients to access spiritual support within the community; the provider did not offer access to spiritual support within the hospital.

Listening to and learning from concerns and complaints

- Forest Hospital received 10 complaints in the 12 months before this inspection. All complaints related to Maltby ward. One complaint was upheld, eight complaints were partially upheld and one complaint was currently under investigation. One complaint was referred to the Ombudsman, which was not upheld.
- We looked further at the upheld complaint. We looked at the investigation report and saw a hospital director from a different hospital completed the investigation. We spoke with the carer who made the complaint who said the hospital had improved the care the family member had received because of the complaint and was happy with the outcome of the investigation.
- All patients we spoke with told us they knew how to complain and if they had to, would complain. We saw leaflets on both wards advising patients how to complain about their care and treatment. Forest Hospital had a complaints policy. We saw the complaints folder was up to date.
- All staff we spoke with were aware of the complaints policy, able to handle complaints appropriately and would encourage patients and carers to make a complaint about the service.
- Not all staff received feedback on the outcomes of investigations and acted on the findings. We looked at the daily nurses meeting minutes and saw the outcomes of investigations discussed. Investigations and learning from complaints was an agenda item in the team meeting minutes. However, four staff members we spoke with said they did not receive feedback on the outcomes of investigations.
- We reviewed five patient community meeting minutes. Patients talked about issues that were important to them, for example, activities and menus. Staff said patients had the opportunity to make verbal and written

complaints at the community meeting. We saw feedback to patient concerns on You Said, We Did posters on notice boards on both wards and in community meeting minutes.

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

Requires improvement 

Vision and values

- Nursing staff we spoke with did not know the organisation's values. Staff described the belief of treating patients with respect and dignity and identified the importance of a personalised approach to patient care. They were not aware of the organisations values which was "by putting quality first into everything we do for individuals we support their family and our teams, we aspire to be the most respected and successful care provider."
- Forest Hospital's team objectives reflected the organisation's values and objectives. Staff from all disciplines said they could contribute to the running of the service on a daily basis and that their views were valued.
- All staff members knew who the senior management team were. Staff members were happy with the frequency senior managers would visit the ward, which was every two months. Staff members said senior management were approachable and encouraged staff to raise concerns and comments.

Good governance

- Forest Hospital did not complete key performance indicators on staff performance. The interim hospital director and clinical leads followed the provider's governance system by completing monthly clinical key performance indicators, for example, infection control and physical intervention. Forest Hospital staff passed the outcomes to the provider's lead nurse and divisional director, who then presented the information to the clinical governance group. Outcomes from clinical governance meetings were feedback to hospital directors by the divisional director. However, the interim hospital director said the provider did not have key

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

performance indicators on staff performance, for example supervision and appraisals. This meant the hospital could not evaluate staff development and performance.

- All staff completed mandatory and legislative training. Eighty-seven per cent of staff completed mandatory and legislative training. We looked at staff training records, which showed staff completed online training and face-to-face training arranged by the provider.
- All staff received supervision but not an annual appraisal. Staff we spoke with received supervision; however, the frequency some staff received supervision varied. Fifty-six per cent of staff received an annual appraisal. Three staff we spoke with said they had not received an appraisal.
- Staff received training in the Mental Health Act revised code of practice. We saw the provider's policies and procedures had a current review date and met the requirements of the Mental Health Act code of practice.
- The service carried out clinical audits. For example, the interim hospital director, clinical leads and mental health act administrator completed clinical audits such as environmental risk assessment and Mental Health Act; however, nursing staff and rehabilitation assistants were not involved.
- Staff learned from patients' feedback but not all staff received feedback from incidents or complaints. We spoke to carers and saw patients' feedback from the community meeting minutes of staff listening and learning from patients concerns. Management staff we spoke with said staff learned from incidents and complaints within the team and organisation at team meetings and the organisation's weekly bulletin. We looked at the service's incident form, which documents lessons learned from an incident, however, four staff members said they did not receive feedback; learn lessons from incidents and debriefing sessions from management.
- Staff completed safeguarding training and knew how to make a safeguarding alert. At the time of this inspection, 89 percent of staff completed level two training on safeguarding children and adults. Staff we spoke with showed an understanding of the safeguarding process, an awareness of the safeguarding policy and knew how to identify abuse.
- All staff we spoke with showed an understanding of how they would use the Mental Health Act and Mental Capacity Act within their role; however, we saw evidence

of four mental capacity assessments that did not document the functional test of capacity. The provider did not audit the use of the Mental Capacity Act within Forest Hospital, staff did not know whom to contact within the organisation for advice.

- Feedback we received from carers said staff maximised shift time on direct care activities, however two rehabilitation assistants said staff spent time in the office and agency staff did not provide direct patient care as they were responsible for dispensing medication.
- Forest Hospital did not use key performance indicators to gauge the performance of their staff.
- The interim hospital director was able to submit items to the provider's risk register; however, other staff members were unable to.
- Managers based at Forest Hospital had sufficient authority and administration support. The interim hospital director and clinical leads were able to authorise the use of bank and agency workers. Administrative support was provided by the hospital.

Leadership, morale and staff engagement

- Forest Hospital completed an annual staff survey. Staff recently completed the survey weeks before this inspection and the hospital was waiting for the findings of this survey to be published.
- The total percentage of permanent staff sickness from 1 January 2016 to 1 January 2017 was 5.5%. The provider did not have any key performance indicators to measure sickness levels.
- There were no allegations made by staff of bullying and harassment. There were no grievance procedures pursued by staff. Staff said there had been incidents in the past three months of bullying and harassment, but this had ended due to management changes.
- Staff we spoke with said they were able to use the whistle blowing procedures and would raise concerns without fear of victimisation. The provider had information about whistleblowing on notice boards on the ward area and in reception to advise staff on the process.
- Staff we spoke with said morale and job satisfaction was good. Staff said the team worked together and were supportive. A minority of staff said morale was previously low but had improved due to recent management changes and changes in the service delivery.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement 

- Forest Hospital had an unstable management structure. In the year before this inspection, two previous hospital directors had left this post. Two staff members said they were uncertain and frustrated for the future after experiences with previous hospital directors. The divisional director said the organisation had learned from this incident by reviewing and changing the recruitment process for hospital directors. The interim hospital director would remain and support the newly appointed hospital director when they started their post.
- There were various opportunities for leadership development. For example, the nursing staff had the opportunity to complete training on leadership and management. The training called The Barchester Way; Igniting Leadership was a leadership programme for first line leader and mentors at Barchester Healthcare. The interim hospital director approached senior managers to request funding for two staff members to obtain a professional qualification.
- Staff were open and transparent and explain to patients when something went wrong. Weekly patient meetings took place to promote the views and feedback of patients of the service. The provider gave staff information about Duty of Candour. The clinical leads and interim hospital director informed staff of lessons learned from Duty of Candour. The provider had a Duty of Candour policy that was up to date.
- Three staff said they did not have the opportunities to give feedback to management about the service and input into service development. We looked at team meeting minutes where service development was a frequent item on the agenda. However, there was no written evidence of staff giving feedback on service developments.

Commitment to quality improvement and innovation

- Forest Hospital was not involved in research or a national quality network programme.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure the hospital demonstrate and apply good practice in using the Mental Capacity Act
- The provider must ensure all staff receive an annual appraisal.
- The provider must inform staff of all incidents and lessons learned reflected in practice.

- The provider must make sure all staff are offered debriefing sessions on incidents.

Action the provider **SHOULD** take to improve

- The provider should ensure patients are given the choice to attend care programme approach meetings.
- The provider should ensure all patients have care plans in place that contain patients' views, strengths and goals.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care plans did not focus on patients' strengths and goals. Patients were not present at care programme approach meetings, no reasons were given why they were not invited.

This was a breach of regulation 9(3)(d)(f)

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Staff did not always consistently carry out mental capacity assessments in a consistent way.

This is a breach of Regulation 11 (1) (3)

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not feedback to staff on incidents and lessons learned from incidents.

Staff said the service did not receive feedback and debriefing sessions from the service.

This was in breach of regulation 17 (2) (a) (f)

This section is primarily information for the provider

Requirement notices

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staffing

Within the past 12 months, only 56% of staff received an appraisal.

This was in breach of regulation 18 (2) (a)