Good

Oakview Estates Limited

Bostall House

Quality Report

Knee Hill Road
Abbey Wood
London
SE2 OAT
Tel: 020 8319 7954
Website: http://www.danshell.co.uk/

Date of inspection visit: 9 -10 May 2017
Date of publication: 24/07/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-519868002	Bostall House	Bostall House	SE2 OAT

This report describes our judgement of the quality of care provided within this core service by Oakview Estates Limited. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Oakview Estates Limited and these are brought together to inform our overall judgement of Oakview Estates Limited.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 4

The five questions we ask about the service and what we found 5

Information about the service 8

Our inspection team 8

Why we carried out this inspection 8

How we carried out this inspection 8

What people who use the provider's services say 9

Good practice 9

Areas for improvement 9

Detailed findings from this inspection

Locations inspected 10

Mental Health Act responsibilities 10

Mental Capacity Act and Deprivation of Liberty Safeguards 10

Findings by our five questions 11

Summary of findings

Overall summary

We rated Bostall House as **good** because:

- Patients and families were involved in their care and gave positive feedback about the service. Patients could give feedback to staff about their care in regular meetings and via their patient representative.
- Patients said that the food was of good quality.
- The service provided a wide range of activities that staff developed based on patients' skills and interests. Staff supported patients to engage in activities in the community, such as part time jobs and using public transport.
- Staff carried out detailed assessments of patients on admission, including assessment of risks and physical health needs. Staff reviewed risks and patient needs regularly and had clear risk management plans in place.
- The service managed medicines appropriately and staff carried out clinical audits regularly to monitor and improve clinical practice.
- Staff ensured patients received six month reviews in accordance with the Transforming Care Programme, which is a national programme that aims to enable more people with a learning disability to live in the community.
- Staff morale was high and staff said that they felt supported. There were effective governance structures in place for senior staff to monitor the running of the service.

However:

- Staff did not always complete incident forms in full when staff used physical restraint.
- Staff had not included en-suite bathroom taps as a potential ligature risk in their ligature risk assessment and management plan.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Good

We rated safe and **good** because:

- Staff completed detailed and individualised risk assessments for all patients. At the last inspection in November 2015, we found that not all identified risks had risk management plans in place. During this inspection, we saw that patients had risk management plans for all identified risks.
- Staff managed medicines safely.
- Staff shifts were filled and the ward did not use agency staff. Staff said that they felt safe on the ward and well trained in how to support patients who may have behaviours that challenge.
- Staff training compliance was high at 93%. Staff were trained in how to respond to a medical emergency and checked emergency equipment regularly. Staff had received training in safeguarding and knew how to report a concern. Staff understood their responsibilities under the Duty of Candour.
- Since the last inspection in November 2015, the service had successfully addressed three areas of concern relating to risks in the environment. The staircase now had clear lines of sight, the garden steps had been painted with anti-slip paint and the service now had a suitable room for children visiting patients.

However:

- Although staff assessed each patient's risk of self-harm as low, staff had not identified en-suite bathroom taps as a potential ligature risk. This meant this risk was not included in ligature management plans.
- Staff did not always include all of the required information on incident forms following the restraint of a patient.
- Equipment checklists did not prompt staff to check expiry dates. Staff did not regularly dispose of expired items from the clinic room, such as bandages, so there was a risk that staff could use out of date items.

Are services effective?

Good

We rated effective as **good** because:

- The service ensured patients received independent reviews of their placement at regular intervals, in line with the Transforming Care Programme. This is a national programme that aims to enable people with a learning disability to live in the community.

Summary of findings

- Staff assessed, supported and managed patients' physical health needs well.
- Each patient had several care plans relating to their individual needs and staff involved patients in reviewing them. Patients' families and carers were involved in care where appropriate.
- Staff referred to national guidance when prescribing medicines and providing psychological interventions. Staff used rating scales with each patient, which allowed them to track patient progress.
- There was a clinical audit system that senior staff used effectively to monitor and improve the service.
- Since the last inspection in November 2015, the service had successfully recruited a speech and language therapist.
- Staff said that they felt supported and that they received regular supervision, appraisals and accessed regular team meetings. The ward manager addressed poor staff performance appropriately.
- Staff regularly collected feedback from external organisations and used this to make improvements.

However:

- Staff providing management supervision to other staff members did not always keep clear notes of the supervision session.

Are services caring?

Good

We rated caring as **good** because:

- Patients and one relative gave positive feedback about the caring and supportive nature of staff. We observed very positive interactions between staff and patients.
- The service regularly collected feedback questionnaires from patients and relatives. Results were all very positive about care and treatment. There were several other ways patients could give feedback about their care as well. One patient was nominated as the patient representative and attended provider wide meetings.
- Staff recorded patient views in care records and gave patients copies of their care plans. Patients said that they felt involved in their care and that they could speak with staff about their care if they wanted to.
- Patients had access to an advocate.

However:

Summary of findings

- The positioning of the suggestions box meant patients could not easily give anonymous written feedback about their care, as it was located in a space patients could only access when leaving or entering the ward accompanied by staff.

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- The service provided a range of information in easy read formats. At the last inspection in November 2015, there was limited information available to patients about physical health care. During this inspection, we saw there was a range of information leaflets about different physical health conditions.
- Patients accessed a wide range of activities that were individualised and based on a personal assessment of skills and interests.
- Patients could take part in staff training sessions to expand their own skills.
- Patients said that the food was of good quality. It was freshly cooked on site by chefs each day. The chefs took into account patients' preferences, medical needs such as allergies and any spiritual or religious dietary requirements.
- Patients could personalise their bedrooms and had keys to ensure their belongings were safe.
- The service had a recovery focussed model that was successful in supporting patients to move on to live in the community.

Are services well-led?

Good

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

- Staff reflected the organisation's values in their work, of being people-focussed, compassionate, committed and professional.
- Staff said that morale was high. They were very positive about their colleagues, how the team worked together and about the manager.
- Effective governance structures meant senior staff could monitor service delivery and identify and address areas for improvement. The provider had successfully addressed all the issues identified in the last CQC inspection in November 2015.
- The provider collected regular satisfaction questionnaires from staff.
- Staff said that they would be able to raise any concerns without fear of victimisation and knew the whistleblowing process.

Summary of findings

Information about the service

Bostall House is a six-bed independent hospital located in Abbey Wood, London. The service provides assessment and treatment for men living with a learning disability and associated complex needs.

We have inspected the service three times since 2013.

The service has a registered manager in place and is registered to deliver the following regulated activities:

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

Our inspection team

Team leader: Natalie Austin-Parsons

The team consisted of two CQC inspectors and two specialist advisors who had experience of working in services for people with a learning disability.

Why we carried out this inspection

We undertook this inspection to find out whether Bostall House had made improvements since our last comprehensive inspection in November 2015.

When we last inspected, we rated Bostall House as good overall. We rated Bostall House as requires improvement for Safe, good for Effective, good for Caring, good for Responsive and good for Well-led.

Following that inspection we told the service that it must take the following actions to improve:

- ensure each identified risk for a patient had a related risk management plan
- ensure records of physical health checks were in place
- ensure the service notified the CQC of all notifiable incidents

We issued the trust with two requirement notices. These related to:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

How we carried out this inspection

This was a short-term announced inspection. We informed the service of the inspection two weeks before the inspection date.

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?

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff cared for patients
- spoke with five patients who were using the service
- spoke with one relative of a patient using the service
- spoke with the ward manager

Summary of findings

- spoke with seven other staff members including nurses, support workers, psychologists, occupational therapists, activity coordinators, speech and language therapists and psychiatrists
- interviewed the divisional director of operations
- looked at the treatment records of all six patients
- carried out a specific check of medicines management and prescription charts
- carried out a specific check of staff employment records
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Patients said that staff were approachable and they could talk to them when they wanted to. They said that staff listened to them and were respectful. For example, they told us staff would always knock on their bedroom door before entering. Patients said that they had a lot of activities to do and liked them. They also said that the food was good. One patient said that they could be disturbed by the noise of other patients banging doors.

Good practice

Patients could attend staff training sessions. For example, a number of patients had been trained in basic life support and fire safety, as they had expressed an interest in this.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that staff identify all potential ligature risks in the environment to ensure they can be mitigated.
- The provider should ensure that staff always record necessary details about physical restraint.
- The provider should ensure that staff check expiry dates for medical items regularly, discard expired items and have suitable replacements in a timely way.
- The provider should ensure that they review how patients can give anonymous feedback about the service.

Oakview Estates Limited

Bostall House

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bostall House	Bostall House

Mental Health Act responsibilities

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

- All nursing staff had received basic training in the MHA.
- Consent to treatment and treatment forms were attached correctly to medication charts.
- Each patient had a care plan for ensuring they were aware of their rights under the MHA.
- Staff knew where to access administrative support and advice about the MHA.
- Patients had access to an independent mental health advocate (IMHA). This is someone who can support a patient to understand their rights, raise concerns and be involved in care.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had completed training in the Mental Capacity Act 2005 (MCA).
- Staff understood their responsibilities under the MCA. They carried out and recorded capacity assessments accurately. Where a patient lacked capacity to make a decision, staff made decisions in their best interests, with staff recognising the importance of the person's wishes, feelings, culture and history.
- There were no Deprivation of Liberty Safeguards (DoLS) applications made by the service in the last six months. Where the service had made applications in the past, they had done this accurately.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The ward layout allowed staff clear sight of patients in the communal areas. At the last inspection in November 2015, we saw that there were blind spots on the two staircases to the first floor. During this inspection, there were convex mirrors covering these blind spots, meaning staff could safely see who was using the stairs.
- The ward manager assessed the environment for risks, including ligature risks. At the time of the inspection, they had not identified some en-suite bathroom fittings as a risk and did not have plans to mitigate this risk. This was highlighted to staff on the day of inspection. Staff added the taps to the assessment form and risk management plan. At the time, each patient was assessed as low risk of using a ligature to harm themselves.
- There was a clinic room where staff stored medicines securely and at recommended temperatures. The room was visibly clean and organised. However, staff did not regularly discard expired items, such as bandages, so there were some expired items stored in the clinic room unnecessarily. The inspection team highlighted the risk of staff using an expired item on the day and staff removed the expired items.
- Emergency resuscitation equipment was stored next to the nursing office. Staff recorded daily checks on the contents, although did not always mark that the expiry date of equipment was checked. All staff received face-to-face training in emergency first aid.
- Equipment was well maintained and calibrated in line with the manufacturer's recommendation for specific equipment.
- All areas on the ward were visibly clean and furnishings were well-maintained. Cleaning staff worked each day, including the weekends, and followed a cleaning schedule. Since the last inspection in November 2015, cleaning staff input increased from five days a week to seven.
- The manager completed an annual infection control audit to ensure the environment and staff met and understood infection control principles. This reduces the risk of the spread of infection. There were facilities for handwashing in clinical and bathroom areas and there were posters about recommended handwashing techniques.
- The service had appropriate fire safety protocols, assessments and staff training in place. Each patient had a personal emergency evacuation plan, which is expected on a ward for people with a learning disability.
- At the last inspection we found that the back garden presented some ligature risks, such as a wire fence, and environmental risks, such as steep stairs. During this inspection, the service had removed an unsafe part of the fence and applied an anti-slip product to the steps. There were longer term plans to develop the landscape.
- All staff carried personal alarms which could be used to raise an alert. Staff said that they felt safe working on the ward and had appropriate training to respond to incidents.

Safe staffing

- The ward manager had considered and presented information to the provider about the number and grade of staff needed to ensure patients were cared for safely. The provider approved the staffing numbers. During the day, one nurse worked alongside three support workers. During the night, one nurse worked alongside two support workers. Where a patient required enhanced observation levels, additional staff were brought in to do this.
- Staff rotas from March 2017 and April 2017 showed the number of staff working matched the number required and the ward was not short staffed.
- The service used bank and agency staff appropriately. Permanent staff could work additional bank shifts on top of their normal shifts. Staff rotas showed there was an average of one member of staff working a bank shift per day. There was no use of agency staff, who would be less familiar with the ward and the patients, in the 12 months before the inspection.

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- There were enough staff to carry out physical interventions. All staff were trained in how to do this.
- An on-call doctor could be contacted by phone at all times, including out-of-hours. On-site and on-call cover for four units within the organisation, including this one, was provided by two consultant

  psychiatrists. This meant they were frequently on call and had a lot of responsibility whilst they were on call.
- The average mandatory training rate was high at 93%. This was an improvement from 75% at the last inspection in November 2015.
- We looked at five employment records for staff. They contained the necessary information about recruitment and appropriate criminal record checks.

Assessing and managing risk to patients and staff

- Staff carried out risk assessments of every patient on admission and updated these regularly, including after incidents. At the last inspection in November 2015, we found staff did not always develop plans to manage risks identified in assessment. During this inspection, we found this was no longer the case. There were risk management plans in place for all identified risks.
- The service did not use inappropriate blanket restrictions and staff assessed a patient's risk before the use of specific restrictions. For example, in carrying a key to their own bedroom.
- Informal patients were aware of their rights and there was information on the ward about what to do if they wished to leave the ward.
- The service had appropriate procedures in place for the use of observations. Staff reviewed these for each patient at ward rounds.
- Staff were trained in physical restraint, but this was only used where de-escalation techniques were not successful. Staff reported eight episodes of physical restraint in the 12 months leading up to the inspection. Three of these involved a patient being held on the floor in a supine, face up position.
- Staff were trained in safeguarding and knew how to raise a concern. They were aware of who to contact within the organisation and how to contact external agencies if necessary.
- Staff managed medicines well. Medicines were delivered, stored and audited appropriately. Staff discussed medicines with patients and involved them in decisions about this. Most patients we spoke with knew what medications they were on, what they were for, and agreed with the medicines they were taking.
- At the last inspection in November 2015, we found that staff did not follow the child visiting policy to ensure a space off the ward was made available when people under 18 visited. The service addressed this by ensuring all staff knew that the meeting room on the second floor could be used for this purpose.

Track record on safety

- The service had no serious incidents requiring investigation in the 12 months leading up to the inspection. If an incident occurred that met this threshold, the service had governance systems in place to investigate and report back on these.

Reporting incidents and learning from when things go wrong

- Staff knew how to identify and report an incident on the electronic system. Staff reported 71 incidents in the last 12 months. The incident reporting policy gave clear information on what an incident or serious incident was and how to report it.
- Staff did not consistently record necessary details regarding physical restraint, such as how many staff were involved, which position was used or how long the position was held for. In three incident reports we looked at, staff had not completed at least one detail.
- Staff knew their responsibilities under the Duty of Candour. The Duty of Candour is a legal requirement which means providers must be open and transparent with patients about their care and treatment. This includes when something goes wrong. The service incident policy defined the duty of candour, outlined the need for staff to be open and transparent and processes to follow. There had been no incidents that met the Duty of Candour threshold in the 12 months before the inspection.
- Team meeting minutes showed staff discussed lessons learnt from incidents, but there was a lack of detail about lessons learnt on individual incident forms. Meeting minutes from a quality review group in

Good

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

November 2016 showed staff identified that lessons from incidents could be shared better with the wider team. Clear actions were outlined on how to do this and we saw examples of this being put in place. For example, having an agenda item on meeting minutes.

- Staff said that they felt well trained and supported to deal with incidents of aggression and received debriefs if they occurred.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- Staff completed comprehensive assessments for each patient within 24 hours of their admission. Records were clear, holistic and detailed.
- The service provided care that reflected the Transforming Care Programme, designed to enable people with a learning disability to live in the community whilst accessing the right support. One programme requirement is regular care and treatment reviews from an external board of professionals. The service facilitated this. Two patients had not yet had a review as the commissioners had not set a date and staff contacted them regularly to address this.
- Staff assessed and supported patients well with physical health needs. All patients were registered with a local GP and where patients needed referral to an external medical professional, this was done promptly. Staff encouraged patients' independence by supporting them to travel to appointments on public transport. If this was not possible, for example due to risk, the service had a vehicle to transport patients to appointments. Information about the physical health needs of patients was displayed appropriately for staff to see. For example, the chefs had food care plans in the kitchen that reminded them of patients' social, medical and allergy needs, likes and dislikes. This included medical information such as diabetes, high blood pressure and weight. Patients had access to health promotion information in an appropriate format.
- Care records showed patients had individualised, recovery orientated care plans in place. Each patient had a range of care plans to support them with their different needs. Examples were positive behavioural support care plans, physical health care plans, meaningful activity care plans and dental hygiene care plans.
- Staff kept paper records and stored these securely and in line with relevant law on confidentiality. The patient information board in the nursing office was not visible to anyone other than staff members. The paper records we looked at were organised well, meaning information could be accessed easily.

Best practice in treatment and care

- Medical staff were aware of national guidance for prescribing medicines and followed the correct procedure for requesting a second opinion appointed doctor (SOAD) when medication was prescribed above these guidelines. The consultant said that there could sometimes be a delay in the SOAD attending the service.
- The service offered psychological therapies recommended by the National Institute for Health and Care Excellence(NICE). The psychologist assessed each client and was able to offer appropriate psychological interventions where necessary.
- Staff used recognised rating scales to assess and record severity and outcomes for patients. This included Health of the Nation Outcome Scales for People with Learning Disabilities (HONOS-LD), the Life Star tool, which supports positive behaviour interventions, and the Health Equalities Framework. Using outcome tools allowed staff to identify positive impacts of care, readiness for discharge or where more intensive support is needed.
- The provider had a regular clinical audit schedule and used outcomes effectively to monitor and make improvements to the service. In the 12 months before the inspection, staff carried out 13 audits. Examples include audits on patient property, care records management, epilepsy management and confidentiality. The average compliance rate was 87%. Where staff identified actions, they addressed them within an appropriate timescale.

Skilled staff to deliver care

- A range of mental health professionals worked on the ward in a full or part time capacity. This included a consultant psychiatrist, nurses, support workers, a
- Staff received a two week induction when they started working at the service. This included one week of face to face training and e-learning and one week of shadowing other staff.
- Staff received supervision, but supervisors did not always keep detailed notes of the sessions. Records showed staff received an average of five supervisions a

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

year, which was in line with the provider's supervision policy. In two of ten supervision records we looked at, the content was the same for two separate supervision meetings.

- Staff received annual appraisals and detailed notes were kept in staff files.
- Records showed that in the six months before the inspection, there were four team meetings. Minutes from these team meetings demonstrated good attendance from the multidisciplinary team.
- Staff received some specialist training for their role, such as positive behavioural support training.
- The ward manager addressed poor staff performance appropriately.

Multi-disciplinary and inter-agency team work

- The multidisciplinary team, which had representatives from each professional group, met weekly to discuss the care of patients. Staff discussed two patients on rotation each week. At the last inspection in November 2015, staff said that this lasted up to four hours and could be more efficient. During this inspection, staff said that the meeting was effective and lasted two to three hours. All staff we spoke with said that they felt the multidisciplinary team worked well together and views from each member were listened to and taken into account.
- Staff completed effective handovers between shifts. These were easy to read and showed staff discussed updates on each patient and tasks for the shift. All shift tasks were marked as complete.
- The service communicated regularly with external organisations involved with patient care, such as community mental health teams, commissioners and external medical professionals. The service provided external professionals with feedback questionnaires after each contact or meeting. Ten questionnaires collected since September 2016 were all positive. Forms stated these professionals would recommend the service to colleagues and confirmed that discharge planning was regularly discussed at meetings.

Adherence to the MHA and the MHA Code of Practice

- All nursing staff had completed training in basic Mental Health law. This was an improvement since the last inspection in November 2015, where seven of 22 staff were trained.
- Staff adhered to the requirements around consent to treatment and treatment forms were attached to medication charts where necessary.
- Each patient had a specific care plan for ensuring they were aware of their rights under the Mental Health Act 1983 (MHA). Patients we spoke with knew what part of the MHA they were detained under.
- Staff knew where to access administrative support and advice about the MHA.
- At the last inspection in November 2015, patients did not have access to an independent mental health advocate (IMHA). This is someone independent of the hospital who can support a patient to understand their rights under the MHA, can support them to raise concerns and be involved in care. During this inspection, records showed that patients now had access to IMHA services.

Good practice in applying the MCA

- All staff had completed training in the Mental Capacity Act 2005 (MCA). This was an improvement since the last inspection in November 2015, where 50% of staff had completed training.
- There were no Deprivation of Liberty Safeguards (DoLS) applications made by the service in the last six months. The service had made applications in the past and done this accurately. DoLS are safeguards that are used to ensure that if a person is being restricted of their liberty during their care, this is only done in their best interest.
- Records showed staff had an understanding of their responsibilities under the MCA and carried out and recorded capacity assessments appropriately. Staff understood that capacity assessments were decision-specific, and described the ways in which people could be supported to communicate a decision. Where a patient lacked capacity, decisions were made in their best interests, whist recognising the importance of the person's wishes, feelings, culture and history.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- During the inspection we observed very positive interactions between staff and patients. Staff were kind and supportive when they spoke with patients and appeared to know each patient well. Patients were able to approach and speak with staff when they wanted to.
- Patients gave very positive feedback about staff. They said that staff listened to them, were caring and were approachable to talk to about any problems they had. Patients said that staff treated them with respect and privacy and knocked on bedroom doors before entering.
- We spoke with one carer who said that the staff were respectful and polite. They have very positive feedback about the care provided by the service.
- The service collected feedback questionnaires from families and carers each month. The questions asked about care and communication with families. All questionnaires we looked at since September 2016 were positive.
- Patient records and conversations with staff highlighted that staff had an understanding of the individual needs of patients.

The involvement of people in the care they receive

- Staff involved patients in their care and recorded patient views in care records using the patients' own words. Patients were invited to meeting such as wards rounds and Care Programme Approach (CPA) meetings to discuss their care with staff. Patients we spoke with said that these meetings were helpful and the doctor listened to them. One patient said that they were aware of their discharge plan and their care coordinator was looking for an appropriate placement in the community.
- Patients all had copies of their care plans which they kept in personal files in their bedroom. One patient said that he had several care plans and was happy with them, but staff completed them for him and he would have liked the opportunity to help write them.
- Patients had access to an advocate. This is someone independent of the service who can support any patient to raise concerns or ask questions about their care. Patients knew who the advocate was and said that they visited the ward weekly. This had improved since the last inspection in November 2015, where there was no formal access to an advocate.
- We spoke with one relative of a patient who said that they felt involved in decisions about the care and treatment. They were invited to attend meetings and felt able to approach staff if they were not happy about something. Care records showed carers and relatives had opportunities to discuss patient care, where appropriate. The relative we spoke with said that the service supported the patient with being able to travel home to see their family.
- Patients could give feedback about the service they received. This was done formally through a service user representative, who was a nominated patient on the ward. This patient attended a service user forum with patients from other hospitals run by the same provider. These meetings were recorded in an easy read format for other patients to read. Patients could also speak with staff if they had a concern and there was a "you said, we did" board that displayed the changes the service had made based on patient feedback.
- The service collected feedback questionnaires twice a year in an easy read format. Results from the most recent survey in September 2016 were all very positive. Patients answered they were very happy with personal rights and needs, activities, environment and care and treatment.
- There were limited options for patients to give anonymous feedback, as it was always done through talking directly to staff or through named questionnaires. Although there was a suggestions box patients could use to leave written anonymous feedback, this was behind a locked door at the entrance to the ward which patients would not access if not accompanied by staff.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- Average bed occupancy over the last six months was 100%.
- Average length of stay for patients was 18 months. The service worked in line with the Transforming Care Programme, promoting patients to step down into the community. Two patients had been successfully discharged into the community in the past 12 months.
- Patients always had access to a bed when they returned from leave. When patients were discharged, this was done at an appropriate time of day.
- Where a patient needed more intensive care or a more secure environment, staff knew how to arrange this. There was sometimes a delay in the transfer taking place due a limited number of suitable placements available. This was the case for one patient on the ward. The ward manager had arranged for more staff to be working to support the patient's needs in the meantime and staff were working to ensure the transfer took place as soon as possible.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had an activities room, TV lounge and dining room on the ground floor. Each patient had their own bedroom with en-suite bathroom on the first floor, which they could access at any time. There was a front and large back garden that patients could access throughout the day. Staff had a nursing office and one staff bathroom on the ground floor. The second floor had an office for two members of staff and a meeting room. The service had a vehicle that could be used to transport patients to appointments or activities.
- There were two separate photographic picture boards of staff and patients. This helped patients familiarise themselves with their peers and their care team.
- There was no designated quiet room on the ward, but patients could use their bedroom if they wished to have time away from other patients. One patient said that they could be disturbed by the noise of other patients banging doors, and we observed that some bedroom doors banged loudly if left to close on their own.
- There was no designated visitors' room. When patients had visitors over the age of 18, they used the communal areas on the ground floor or their bedrooms.
- Patients had access to mobile phones and also a ward phone if needed. Staff could support patients by dialling a number then providing a cordless phone for private conversations.
- The food was of a good quality and patients said that they liked it. Fresh food was delivered to the hospital and chefs prepared meals onsite. Patients had a choice of two options at lunch and dinner. Pictures of the food choices were displayed on a board in the dining room. Patients said that the food was really nice. The chefs said that they would adapt food choices to meet dietary requirements of religious and ethnic groups. At the time of inspection, no patients required this. Staff supported patients to eat healthily whilst recognising patient preference. For example, one patient's social needs in their food care plan stated he enjoyed his food and liked to eat healthily. Patients had access to fruit at all times and could ask staff for a hot or cold drink at any time.
- We saw that patients could personalise their bedrooms and bring their own belongings, such as TVs and radios.
- Patients could store their belongings safely in their bedrooms. Patients said that they felt their belongings were safe.
- Patients could access a wide range of activities that reflected their individual interests. An occupational therapist and activities coordinator worked together to develop individual activity plans for each patient. This was based on a formal assessment over time of patient skills and interests. Staff supported patients to develop particular skills and interests with a view to continuing this into voluntary or paid work in the community. Patients said that they had access to activities they enjoyed. Activities were based both on and off the wards. Examples included gardening, cooking, reading, visiting libraries, museums and going to theatre shows. Patients had a list of places they would like to visit displayed in the activities room. Once these visits took place, they could tick them off.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

- Staff supported patients to apply for voluntary jobs in the community. At the time of inspection, one patient had a part time voluntary job that they travelled to using public transport. Where a patient wanted, staff supported them with job interview practice.
- Patients said that they could get fresh air whenever they wanted it.
- Where patients were interested, staff supported them to take part in staff training sessions. For example, two patients were trained in basic life support and fire safety, as they had expressed an interest in this.

Meeting the needs of all people who use the service

- There was a lift available for those who may not be able to use stairs. The service did not have accessible bathroom facilities, so it could not admit patients who would require this.
- Staff could enable access to written information in a range of languages, if this was required.
- There was a range of information available to patients about the service, treatments and their rights. At the last inspection in November 2015, we noted there was a limited amount of easy read information about physical health conditions and support. During this inspection, a noticeboard in the communal area provided a wide range of information about this in easy read format. This included information about diabetes, asthma and dental hygiene. It also gave information on how to quit smoking. There was an information board in the activities room that showed the date, weather and activities for the day. One of the patients was responsible for updating this each morning. We did not see examples of care plans in easy read formats.
- Staff could access interpreter services for patients who required this.
- Staff supported patients to access appropriate spiritual support when necessary.

Listening to and learning from concerns and complaints

- Information on how to complain was displayed on the ward. There was a poster and an easy read complaints booklet. The complaints policy clearly outlined the responsibility of staff to respond to a complaint and gave steps in how to do this. This was for complaints that could be resolved at a local level and those that were escalated to the Parliamentary and Health Service Ombudsman. Staff knew how to support a patient who wished to raise a concern or complaint.
- Feedback from patients and the relative was that the service dealt with concerns appropriately.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Staff reflected the organisation's values in their work, of being people-focussed, compassionate, committed and professional.
- The provider's director of operations for the region visited the service weekly. Staff said that they were present and on the ward frequently.

Good governance

- The provider had successfully addressed the areas of concern from the last inspection and had a good understanding of how to make continual improvements to the service.
- The provider had an effective governance system in place. Staff monitored the quality of the service and made changes where necessary. Ward staff went to regular team meetings and the ward manager attended regular clinical governance meetings with the senior management team. The provider used key performance indicators to gauge the performance of the team. Where necessary, action was taken to address areas of concern.
- There was a well embedded clinic audit programme. The outcomes of all clinical audits were presented at quality and governance committee meetings. We saw that recommendations were effectively put into practice. For example, including a contents list for first aid kits and ensuring staff gave all visitors verbal information about the fire procedure when they arrived. Where actions were identified from audits, staff outlined who was responsible, what the action was and when it was due by.
- The provider had set meeting agendas, which ensured consistency across teams and that staff regularly discussed incidents and complaints and any associated learning.
- The service used a risk register to identify, monitor and action service level risks.
- All paperwork was stored in clear and organised way, meaning information was easily accessible.
- The ward manager sent monthly reports to the director of operations that detailed key performance indicators.
- The provider submitted all required statutory notifications to the CQC.
- The provider had successfully addressed any issues identified in the last CQC inspection in November 2015.

Leadership, morale and staff engagement

- The provider regularly collected staff satisfaction questionnaires. Uptake was quite high at 75% for the most recent survey in 2017. The highest score was in whether staff felt valued, which scored at 90%. The questionnaire built on responses from previous questionnaires and asked staff if they thought there had been improvements in specific areas, such as feeling listened to. We saw that all feedback was positive and staff stated they felt supported. The most recent questionnaires had three clear recommendations based on response from one staff member.
- The sickness rate for the team in the six months leading up to the inspection was 2.2%. This was lower than the sickness rate at the last inspection in November 2015, which was 13.6%.
- Staff were aware of the whistleblowing process. Staff said that they would be able to raise any concerns without fear of victimisation and had been able to do so.
- Staff said that morale was high. Staff were very positive about how the team worked together and about the manager.
- There was a mechanism for feeding compliments back to the team at team meetings, which meant all staff could be made aware of them. The team received eight compliment since January 2017.
- Staff were given opportunities for leadership and professional development. For example, the ward manager was supported to apply for a masters in Health.
- Staff said that their colleagues were supportive, communicated well and worked well as a team. They said that there was space for professional discussion and they were comfortable sharing their opinions about patient care. Staff from specific professions said that they felt their input into care was valued.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Commitment to quality improvement and innovation

- At the time of inspection, the service was not part of any national quality improvement programme.
- Clinical governance meeting agendas included a section for identifying best practice, both on the ward and within the wider organisation.