The Retreat Strensall

Quality Report

Charles Court
Northfields, Strensall
York
YO32 5XP
Tel: 01904 499160
Website: www.theretreatyork.org.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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 The Retreat Strensall as **good** because:

- Staff protected patients from avoidable harm and abuse. They ensured the environment was safe and clean and provided adequate staffing levels to enable staff to support patients who were more vulnerable. Staff took a proactive approach to safeguard patients who were vulnerable and effectively managed risks on a daily basis.
- Staff planned patients' care and treatment in line with current evidence based guidelines and used outcome measures to monitor patients' progress. The arrangements for assessing and monitoring physical health meant patients had good outcomes. Staff considered the range and complexity of patients' needs and worked collaboratively with other services to support patients' recovery. Staff were mindful of least restrictive practice and ensured they protected the rights of all patients with regard to the Mental Health Act Code of Practice and the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The feedback from people who used the services and their relatives or carers was very positive. Staff demonstrated a strong person-centred culture and an ethos of mutual respect. Staff treated patients with kindness, dignity, and understood individual patient behaviours. Staff supported patients in ways which promoted patients' rights, and preferences. Staff routinely sought feedback from people who used the service including patients and relatives and responded appropriately to their feedback.
- Staff ensured that the needs of all patients who used the service at The Retreat Strensall were met. The facilities promoted comfort and confidentiality and staff provided a wide range of information for patients and their relatives or carers. Patients had access to a variety of meaningful individual and group activities seven days per week. Staff supported patients to make choices about things that were important to them such as food and spiritual support. Staff used care pathways and the care programme approach to plan patients' discharges. Where staff identified delays in patients' discharges, they worked in a proactive way to reduce the delays for patients.
- Local managers led their team well. Managers at The Retreat Strensall were involved in the governance arrangements for the provider and ensured they kept staff informed. Local managers were always available and accessible to staff and staff spoke highly about the local management arrangements. There was always sufficient staff and staff morale was generally good. The service had good systems in place to monitor and audit the quality of care and was committed to making improvements.

However;

- The Retreat Strensall did not have an emergency back-up generator or lighting that meant the safety of the service was placed at risk when lighting systems failed
- The Retreat Strensall shared the one available electrocardiogram machine with the provider. This meant that the machine was not always immediately available for use at The Retreat Strensall.
- Appraisal and supervision compliance rates at The Retreat Strensall did not meet the requirements of the provider's policies.
- Some staff were unhappy about the way senior managers at the provider had engaged with staff at The Retreat Strensall in the past.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good 	

Summary of findings

Contents

Good

The Retreat Strensall

Services we looked at

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

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Background to The Retreat Strensall

The Retreat Strensall was a 20 bed ward for male and female patients situated in the village of Strensall on the outskirts of York in North Yorkshire. The Retreat York is the registered provider for The Retreat Strensall and provides the following specialisms and services;

- caring for people whose rights are restricted under the Mental Health Act
- caring for adults over 65 year
- dementia
- mental health conditions.

The Retreat Strensall provided a community rehabilitation unit which promotes recovery, independence and social inclusion, supports patients to regain and develop new skills, and aims to discharge people into a community placement.

The Retreat Strensall has been registered with the Care Quality Commission since October 2011. It is registered to provide the following regulated activities:

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

The hospital has a registered manager and a controlled drug accountable officer. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. A controlled drugs accountable officer is a senior person within the organisation with the responsibility of monitoring the management of controlled drugs to prevent mishandling or misuse as required by law.

Accommodation for patients comprised:

- 15 bed ward in the main building for male and female patients.
- Two bed bungalow for male patients.
- Three bed bungalow for female patient

At the time of our inspection, the ward had 15 patients. This included patients who were detained under the Mental Health Act, informal patients, and patients with Deprivation of Liberty Safeguards in place.

There have been five inspections carried out at The Retreat Strensall. The most recent comprehensive inspection took place on 21 to 22 March 2016. Following that inspection, we rated The Retreat Strensall as good.

The Retreat Strensall has been subject to two Mental Health Act monitoring visits. The most recent visit took place on 23 August 2016. The ward provided an action plan based on a range of issues found at that inspection. This included:

- A lack of information on display for detained and informal patients advising them of their rights in the bungalows
- old copies of section 17 leave forms on the patient's records
- lack of involvement and completed capacity assessments about patients' understanding of their care plans and financial arrangements
- staff were not clear about patients who had authorised Deprivation of Liberty Safeguards in place
- lack of privacy screen on bedroom windows and the clinic
- no lockable storage in patients bedrooms for patients to keep their possessions secure
- no privacy hood on the ward payphone.

We took the findings and actions the ward said they had completed into account during this inspection.

Our inspection team

The team was led by Jacqueline Bond Inspector Care Quality Commission

The team that inspected the service comprised one Care Quality Commission inspector, one Care Quality

Summary of this inspection

Commission pharmacy inspector, and two specialist advisers: a mental health nurse and a consultant psychiatrist who had knowledge and experience of the care of people with complex mental health problems.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about The Retreat Strensall and we sought feedback from stakeholders and staff.

During the inspection visit, the inspection team:

- visited the ward including both bungalows, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with one patient who was using the service;
- held telephone interviews with two carers of patients who were using the service;
- spoke with the registered manager;
- spoke with six other staff members; including doctors, nurses, catering staff and support workers;
- received feedback about the service from one commissioner and three comments cards;
- attended and observed one hand-over meeting, one multidisciplinary meeting and one care programme approach meeting;
- looked at six care and treatment records of patients;
- carried out a specific check of the medication management on two wards; and looked at 13 prescription charts;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

The feedback we received from patients and carers of patients who used the service was overall very positive. It was not possible to carry out formal interviews with many patients at The Retreat Strensall. This was due to a combination of many being involved in group or individual activities or the complex nature of their needs and communication barriers.

We were able to interview one patient. They felt happy and safe within the ward environment and commented on the cleanliness of the ward. The patient felt staff treated them with dignity and respect and was happy with their care and treatment.

We carried out observations of staff and patient interactions in the ward environment and observed caring, meaningful, humorous and relaxed engagement between patients and staff.

We received three comment cards, two from patients, and one from a carer of a person using the service. All three comment cards were highly positive and praised the staff and the care and treatment on the ward.

We carried out two telephone interviews with carers of patients at The Retreat Strensall. They were very positive about the service provided to their relatives and their

Summary of this inspection

good relationships with the manager and the staff. Carers felt very involved and informed about their relatives care and treatment. Carers said they were confident that their relative was safe and well cared for.

We saw a selection of compliments about The Retreat Strensall. They were from a range of people who had been in contact with the services such as relatives and other staff including students who had been on placement.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **good** because:

- The ward had a local risk register and carried out appropriate environmental ligature and individual risk assessments to keep patients safe. Staff and patients had access to alarms and nurse call systems.
- The main ward and both bungalows were visibly clean, clutter free and well maintained. The ward carried out regular checks to ensure the buildings and environments were clean and safe for patients and staff.
- The ward provided an environment that met the current national guidelines for good practice in mixed sex wards.
- The clinic room was clean and well organised. Staff did regular checks to ensure that all medicines and equipment was safe to use.
- There was adequate staff on the ward. Managers were actively recruiting to vacant posts and used regular agency staff who were familiar to the ward. Staff compliance with mandatory training was above 75% overall. Staff rarely cancelled patient activities and patients had regular one to one time with staff.
- Staff considered the principles of least restrictive practice and positive and proactive care. Staff did not use seclusion or long-term segregation with patients and the use of restraint were very low. The ward had policies for protecting patients from avoidable harm and all staff understood how to recognise and report safeguarding concerns
- Staff knew how to report incidents or risks of harm and were aware of the Duty of Candour. The manager used staff meetings to share information about incidents from across the hospital so staff could learn lessons from anything that had gone wrong. The service advised the Care Quality Commission of all required statutory notifications in a timely way.

However:

- The Retreat Strensall did not have an emergency back-up generator or lighting that meant the safety of the patients and staff was placed at risk when lighting systems failed.
- The Retreat Strensall shared the one electrocardiogram machine that was available with the provider. This meant the machine was not always available at The Retreat Strensall if required.

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- Mandatory training levels in three areas were below 75% compliance. This included the prevention and management of violence and aggression level one and level two and professional boundaries.

Are services effective?

Requires improvement

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

- Staff did not meet the requirements according to the hospital guidance for supervision and appraisal. Forty-five per cent of all eligible staff at The Retreat Strensall had an up to date appraisal or received the required amount of individual supervision sessions at the time of our inspection.

However:

- All six care records we reviewed demonstrated that records were accessible to staff when needed and stored securely. Staff kept comprehensive and detailed records that were up to date. There was evidence that staff considered the ongoing monitoring of patients' physical health conditions.
- Staff planned and delivered patient care and treatment in line with current guidelines from the Department of Health and the National Institute for Health and Care Excellence. This included guidance when prescribing medication. Staff used rating scales to monitor patients' progress and audited outcomes of the care and treatment they delivered to patients.
- The ward used the safe wards initiative to promote mutual respect and expectations between staff and patients. Staff focused on the development of a rehabilitation model and safe wards that supported the ward ethos and philosophy of recovery.
- Patients received thorough physical health checks and medical care to promote their wellbeing. Staff ensured patients could access a range of other health services when they needed them. This was in keeping with the Mental Health Act Code of Practice (2015).
- There was a range of staff who were suitable skilled and experienced to provide a full multi-disciplinary service. This included medical, nursing, occupational therapy, psychology, and support staff. New staff received a corporate and local induction.
- We observed effective multi-disciplinary meetings and handovers amongst staff. Information was communicated in a

Summary of this inspection

timely fashion to ensure all staff were up to date with the current needs of patients. Staff worked closely with other agencies and families to ensure they shared all relevant information about patients care.

- Staff training in the Mental Health Act and Code of Practice and the Mental Capacity Act was mandatory. Staff compliance for both was above the hospital target. Staff ensured patients were aware of their rights under the Mental Health Act and knew how to get advice from within the hospital if needed. Staff understood the principles of the Mental Capacity Act and ensured they protected patients' human rights. All patients had access to an independent advocacy service who visited the ward at least weekly. Staff had acted to resolve all issues from the previous Mental Health Act review visit.

Are services caring?

Good

We rated caring as **good** because:

- We observed many kind, intuitive and caring interactions between staff and patients.
- Staff supported patients in a compassionate, kind and timely way and treated patients with dignity and respect. All the feedback we received was very positive and patients and their carers told us staff treated patients in a very kind and caring way.
- Staff knew individual patients very well. The use of detailed and person-centred care plans enabled staff to effectively understand, anticipate, and meet patients' needs. We heard detailed discussions at a staff handover that demonstrated the depth of knowledge and understanding of individual patients' behaviours and how this might affect their well-being.
- Staff made every effort to involve patients and their families as real partners in their care, treatment, and rehabilitation. Staff encouraged patients and their carers to take part in meetings about their care and treatment. Staff encouraged patients to learn new skills and develop independence with whatever skills they could.

Are services responsive?

Good

We rated responsive as **good** because**:**

- Staff assessed patients referred to the ward in a timely manner. The Retreat Strensall did not have a waiting list for patients waiting for assessment. Staff responded to requests for referrals within 24 hours and agreed an assessment date with the

referrer at the earliest opportunity. Staff declined referrals to the ward when their assessment indicated the ward could not meet the individual patients' needs. When this happened, they made alternative recommendations to the referrer.

- The Retreat Strensall received two complaints about the discharge and transfer arrangements for patients. Managers took action to investigate the complaints and ensured staff received feedback about the outcomes and learning.
- The ward had clear pathways for patients care and treatment depending on their needs. The ward was recovery focused and staff discussed discharge arrangements with patients and their carers from admission. Any delays patients experienced with their discharge were not because of clinical issues at The Retreat Strensall. Staff worked with other agencies and families to ensure patients were discharged to the most appropriate place and at a suitable time. We received positive feedback from carers about the smooth discharge and transfer service from The Retreat Strensall.
- Staff worked with other agencies to support patients to move on from the ward. This often involved teams and individual workers from other areas of the country who travelled long distances to attend patient meetings. Sometimes this was not possible and the ward were considering other methods of communication.
- The environment at The Retreat Strensall promoted patients' recovery, comfort, dignity, and confidentiality. Sine our last inspection in March 2016 the ward had made improvements to the ward environment. The ward built on the good relationship with the local GP service. This had resulted in about 73% of patients at The Retreat Strensall using the GP surgery for physical health checks.
- The ward and bungalows were suitable to meet the needs of all people who used the service including those with mobility difficulties. Catering staff offered a choice of foods to suit all dietary and religious needs if required. Staff accessed interpreters and appropriate spiritual support for patients when required.

Are services well-led?

Good

We rated well led as good because:

- Local managers led the service well; they were highly visible and accessible to the team. Managers ensured there was always sufficient staff and the appointment of new staff had strengthened the team. Staff felt confident to speak up to local managers if they had concerns and felt their managers would

Summary of this inspection

listen and support them. Morale amongst staff was good. Although supervision and appraisal rates were lower than required, staff felt supported in their daily work and were proud of their service. They were positive about the support provided by new senior management arrangements from the provider.

- Staff and managers showed a great commitment towards continual development. They were very proud of their service and keen to make further improvements. Managers sought feedback from others about the service and monitored the quality of the care they provided. Staff completed a detailed rolling audit programme and routinely measured patient outcomes.
- The leadership and culture within the service promoted the delivery of high quality, person-centred care. All the feedback we received was overall very positive about the care and treatment staff provided to patients and their carers or relatives at The Retreat Strensall.

However:

- Staff had concerns about support from senior managers at the provider in the past. Staff were concerned about the future of their service as the provider leased the building until 2021.

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.

A Mental Health Act administrator based at the provider oversaw all matters that related to the Mental Health Act at The Retreat Strensall. They provided training and advice and monitored staff adherence to the Mental Health Act Code of Practice. All staff at The Retreat Strensall had received mandatory training in the Mental Health Act. This was above the 80% compliance target. Staff were aware of the hospital policies and had a good understanding of the Code of Practice. They knew who to go to for further advice or information if required.

There were five patients detained under the Mental Health Act at the time of our visit. Staff took action to protect patients' rights under the Mental Health Act, which included access to independent mental health advocates.

The Retreat Strensall has been subject to a Mental Health Act monitoring visit in August 2016. The ward provided an action plan based on a range of issues found at that inspection. This included:

- A lack of information on display for detained and informal patients advising them of their rights in the bungalows.
- old copies of section 17 leave forms on the patient's records.
- lack of involvement and completed capacity assessments about patients' understanding of their care plans and financial arrangements.
- staff were not clear about patients who had authorised Deprivation of Liberty Safeguards in place.
- lack of privacy screen on bedroom windows and the clinic.
- no lockable storage in patients bedrooms for patients to keep their possessions secure.
- no privacy hood on the ward payphone.

We found that staff had completed work to resolve all the issues from the last Mental Health Act monitoring visit.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff at The Retreat Strensall adhered to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and followed the policy for the provider.

There was good compliance with mandatory Mental Capacity Act training and 91% of staff had completed this training. This was above the hospital 80% target. Staff demonstrated a good understanding of the Mental Capacity Act and how the principles applied to their everyday work.

Staff were aware of the hospital policy regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. They also knew how to access further information and advice if they needed to. This was important because there were two patients on the ward who had an authorisation that deprived them of their liberty. This legal framework safeguards the human rights of people who lack capacity to make decisions about their admission to hospital and are under continuous care and supervision. Staff made applications to the local authority for new assessments in a timely manner.

The audit lead at the provider included audits of The Retreat Strensall adherence to the Mental Capacity Act in the hospital audit programme.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

The Retreat Strensall was a community based ward that provided rehabilitation for patients with long-term mental health problems. The ward was based approximately seven miles from the provider site in York. The ward cared for male and female patients with ages that ranged from 45 years to 86 years old. The ward provided accommodation that was all on one level within the main building and the two bungalows. People accessed the main building through an open front door and patients used a swipe card to gain access to the ward. Visitors recorded their visit in the visitor's book in the reception area. The bungalows were located in the grounds and patients and staff accessed these with a key. The layout of the buildings did not allow staff to observe all parts of the ward without obstruction. However, staff mitigated the risks associated with "blind spots" and carried out observations according to the hospital policy. This included 15-minute observations of corridors.

There were a number of ligature points throughout the buildings. A ligature point is a place where someone intent on self- harm might tie something to strangle themselves. The ward had an up to date ligature risk assessment and provided photographic examples for staff to refer to such as door fastenings and handrails. The manager identified ligature points on the local risk register and staff carried out room assessments every six months. Staff considered identified ligature risks when carrying out individual patients' risk assessments to mitigate the risk of harm from ligature. All the carers we spoke with felt their relative was very safe at The Retreat Strensall.

The ward was compliant with national guidance on same-sex accommodation. These are guidelines set out to protect the privacy and dignity of patients admitted to wards where there are both male and female patients. The Retreat Strensall provided single sex accommodation in each bungalow. Staff organised the bedrooms in the main ward with clearly signed male and female corridors with designated lounge areas and toilet and bathroom facilities. Staff issued swipe cards to patients in order to ensure patients could only access the appropriate area depending on their gender. This was in addition to spaces where male and female patients could socialise and take part in therapeutic activities together in the main building. This is recognised as good practice on mixed wards.

The ward had a fully equipped clinic room with accessible emergency equipment that staff checked regularly to ensure it was well maintained and in date. Staff had access to additional emergency equipment located at the bungalows. However, staff had access to the one electrocardiogram machine shared with the provider located seven miles away. This meant that the electrocardiogram machine was not always immediately available at The Retreat Strensall site. An electrocardiogram checks the heart's rhythm and electrical activity. It is used to diagnose and monitor conditions that affect the heart. We asked staff about access to the machine and they confirmed that they had requested their own machine and would dial 999 in an emergency.

Long stay/rehabilitation mental health wards for working age adults

Good

The Retreat Strensall did not have a seclusion room. Staff understood the meaning of seclusion and no patients were secluded in other areas of the ward. Staff used de-escalation with patients in situations when patients were disturbed.

All the ward areas were clean and equipment well maintained. The ward was awarded a food hygiene rating of four (good) by the local council in December 2014. The ward had recently replaced seating in the communal lounge, which appeared comfortable and clean. Staff kept cleaning and maintenance records up to date. Staff adhered to good infection control practices and staff, patients, and visitors accessed hand washing facilities and anti-bacterial gel. On the day of our visit, one corridor off the main ward had no working lights. The local risk register identified the lack of a back-up generator and emergency lighting at The Retreat Strensall. The manager raised this as an issue with senior management at the provider. We noted that some areas of the ward, including the bungalows were cold and the radiators were not working. Additional heaters were available to keep patients warm and the maintenance service rectified both issues during our inspection.

Staff used an alarm system that operated from within the main building and patients had access to a nurse call system. Since our last comprehensive inspection in March 2016, the ward re-positioned the nurse call systems in the bathrooms. This meant that patients could access them more easily when needed.

Safe staffing

The total whole time equivalent establishment level for qualified nurses was 14.8 qualified nurses and 20.5 nursing assistants. Managers had actively recruited for staff over the past months and the use of bank or agency staff had gradually reduced to reflect the increase in permanent staff. Managers had appointed to most vacant qualified nurse and health care assistant posts at the time of our inspection. The manager arranged for eight qualified nurses to start work in January 2017, which left a shortfall of 3.5 qualified nurses. From June 1 to August 31 2016, managers used regular bank or agency staff to cover any staff shortages on 62 occasions and only six shifts were not covered during the same period. From 1 September 2015 to 31 August 2016, ten staff had left the ward, which resulted in a staff turnover rate of 37.7 %. The total sickness rate during this period was 4.9%. At the time of our inspection, the sickness rate had reduced to 4%.

The ward manager employed two members of agency staff on regular contracts to ensure staff were familiar to the ward and the patients. Managers used a recognised staffing tool to estimate the ward staffing establishment and duty rotas showed there was enough staff on duty to support the needs of the patients. When patients required higher levels of observation, the manager was able to adjust staffing to meet the increased needs. We observed staff presence in the communal areas and bungalows at all times. On the day of our visit, staff were always available to interact with individual patients and to facilitate groups throughout the day. Activities or individual leave was rarely cancelled due to staff shortages.

The ward had good access to medical cover throughout the day and night. One consultant psychiatrist and one part time staff grade doctor provided medical cover in addition to on-call arrangements from the provider. Despite the ward location, staff told us this did not affect negatively on getting help in an emergency.

The staff at The Retreat Strensall completed a comprehensive mandatory training programme provided by the provider. The overall compliance rate was 92%. Staff reached an overall compliance rate above 75% in all courses except for the prevention and management of violence and aggression level one (60%) and level two (25%) and professional boundaries (47%). However, 75% of staff had completed level three training. Staff booked the required training that was needed to update their training and the manager had oversight of their compliance.

Assessing and managing risk to patients and staff

There was only one incident of restraint reported between 1 March 2016 and 31 August 2016; this was not an episode of prone restraint or one that involved rapid tranquillisation. Prone restraint happens when staff restrain a patient with their face down. Rapid tranquilisation is where staff administer medicines to patients to help with extreme episodes of agitation, anxiety, and sometimes violence. Staff at The Retreat Strensall worked with patients

to reduce restrictive interventions. This meant that staff acted in a proactive way to manage patients' behaviours at an early stage such as the use of de-escalation techniques and positive behaviour support plans.

Seventy five percent of staff at The Retreat Strensall had received prevention and management of violence training at level three. This was important because, the ward could not use staff from the provider immediately because of the distance between the two sites. Staff said they would call the Police if required. To mitigate the risk of violence or aggression, staff carried out a risk assessment of all new referrals. This was to ensure they could meet the needs of the patient and keep the ward environment safe for all patients and staff.

Staff assessed and managed the risks to patients well. Staff used a recognised risk assessment tool to assess individual patient risks called a functional analysis of care environments. Staff completed the risk assessment on admission and at three monthly intervals or more frequently when risks changed. The risk assessment was available to all staff on the electronic and paper record. We looked at six patient care and treatment records and found that all risk assessment were current and updated regularly. We observed a handover and care programme approach meeting where staff considered current and historical risks as part of their standard discussions. Staff updated patient records according to their discussions in timely manner, which meant that staff could access the most up to date information.

Staff did not apply blanket restrictions to patients at The Retreat Strensall. A blanket restriction is a rule laid down by mental health services, which applies to everybody regardless of their particular needs and circumstances. All patients had access to fresh air and their rooms at all times. Staff did not routinely lock doors or search patients. Patients could lock their rooms if they wanted to. The ward displayed several notices in several places that explained to informal patients how they could leave the building. This was important because informal patients are free to leave at any time and should be aware of their right to do so.

Staff followed the provider's observation policy, carrying out zonal observations every 15 minutes in addition to individual patient observations. This meant that staff observed all areas of the ward and all patients to reduce the risks from ligature points at regular intervals.

Staff used restraint with patients as little as possible. We saw staff planned restraint for one patient if needed for a specific intervention. However, staff followed least restrictive principles and used other interventions to work with the patient rather than use restraint.

Safeguarding was a very important issue to the staff at The Retreat Strensall because they recognised their patients could be vulnerable to abuse. Staff reported 19 safeguarding concerns from September 2016 to November 2016. Staff reported safeguarding concerns involving physical and psychological abuse including verbal abuse of a sexual nature, self-neglect, sexual, and financial abuse. Staff developed safety plans and acted proactively to minimise the risks of further incidents.

The safeguarding lead supported the ward and staff were very clear about safeguarding issues and how to raise their concerns. Ninety-seven percent of staff were trained in safeguarding adults and 95% trained in child protection level one and 100% at level three. The Care Quality Commission received seven safeguarding notifications from The Retreat Strensall between 15 September 2015 and 14 September 2016. Staff gave good examples of when they raised safeguarding concerns to protect patients and staff on the ward.

There was good medicines management practices on the ward. Staff kept medicines safe and secure and monitored fridge and room temperatures to ensure medicines were stored correctly. However, we found the fridge had been out of range on three occasions in November and staff had not recorded what actions had been taken to address this. The ward was supported by a pharmacist who visited regularly, offered advice, and carried out audits of medicine practices. We reviewed 13 of the 15 medication prescription charts and found two patients were prescribed high doses of anti-psychotic medication. Staff were very aware of the risks to patient's physical health and had developed care plans which addressed patients' physical health needs such as falls, pressure sores and smoking cessation

Staff welcomed visitors to the ward and when this included children, visitors used a separate visitor's room away from the main ward environment. This is good practice and helped to keep children safe when they visited the ward.

Track record on safety

The Retreat Strensall reported two serious incidents that occurred in February 2016. Following investigation, senior

Long stay/rehabilitation mental health wards for working age adults

Good

managers did not uphold any of these incidents. One incident involved a safeguarding concern and suspension of a member of staff whilst senior staff investigated the incident. The other involved patient allegations of staff abuse.

Reporting incidents and learning from when things go wrong

Staff followed the provider's incident reporting policy. All staff knew when and how to report incidents appropriately and took action to minimise the risk of further incidents. Managers discussed all incident reports and fed back any learning to staff. The hospital made changes because of feedback from incidents. For example, because of incidents that involved self-harm and falls the observation policy now included the use of zonal observations. We saw that the staff at The Retreat Strensall included zonal observations as part of their daily work.

Staff reported 105 incidents of violence and aggression in the 12 months up to July 2016. This was the most frequently reported type of incident. Staff reported 66 incidents of slips, trips, and falls between July 2015 and July 2016 and 51 incidents that involved the emergency services in the same period. The Retreat Strensall worked towards the objectives of the provider to reduce the number of slips, trips, and falls by 10% over the coming year. This included completion of a falls assessment, referral to occupational therapist and/or physiotherapist and development of a specific care plan. We saw that where staff identified a patient at risk of falls, the patient had an assessment and staff developed a care plan. Staff ensured that the patient had the appropriate equipment in place such as motion sensors and sensory mats in their bedrooms. We heard staff discussing appropriate interventions and reviewing the patient's progress against their individual care plan. Staff involved the patient in this discussion and gave the patient information and choice about how best to prevent falls.

Duty of Candour

Incident forms prompted staff to consider their Duty of Candour. Most staff we spoke with understood what this meant and described the need to be open and honest with people when staff made mistakes.

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

We reviewed six care and treatment records. Staff documented comprehensive and timely assessments of patients' needs in all six records. We saw that staff continually assessed patients and regularly reviewed and updated care plans and risk assessment and management plans. Care records contained personalised information such as details about preferred bed times, activities, and wishes. All six care plans were recovery focused and referred to patients discharge plans.

The ward developed a GP link nurse. Part of their role was to ensure that patients at The Retreat Strensall had their physical health monitored on admission and on an ongoing basis. Since the development of this role, the ward had seen an increase in the number of patients who attended their local GP for their annual physical health check. Staff registered all patients on the ward with the local GP practice. The ward had an excellent relationship with the local GP and 73% of patients attended the surgery for appointments. The GP also provided a regular drop-in surgery at the GP practice and visited the ward to see those patients who found it difficult to access the surgery.

The ward had two pathways to guide decisions about patients' care and treatment. The pathways were not fully embedded into the service but included a rehabilitation and recovery pathway and a long-term pathway. Most patients were on the rehabilitation and recovery pathway and all care plans were recovery focused and up to date. Staff did not document care plans in the patient's voice such as using the term 'I'; however, all care plans contained person-centred information. Staff recorded very detailed and personalised information that where possible included the patient and others where appropriate. This was important because not all patients could fully participate in their care plans and it was important that all staff clearly understood individual patient's needs.

Long stay/rehabilitation mental health wards for working age adults

Good

All information about patients care and treatment was kept securely and available to all staff. We saw how staff co-ordinated electronic and paper records at multi-disciplinary meetings and handovers to ensure that staff communicated all relevant information in a concise and timely way.

Best practice in treatment and care

Staff followed guidance from the National Institute for Health and Care Excellence when they prescribed medication. Medical staff described how they used the guidance to monitor patients who were prescribed anti-psychotic medication for their mental health problem. It is important that staff monitor any side effects because this type of medication may cause a range of unpleasant side effects. We looked at the care plans of the two patients prescribed high doses of anti-psychotic medication and found that staff carried out the appropriate physical health monitoring.

We saw staff routinely arranged GP, ophthalmic, dentistry and specialist hospital appointments for patients. Staff described relationships with the local general hospital as good and gave an example of a specialist who was involved in one patients care both before and after a recent hospitalisation. This was important because of the complex physical and mental health needs of the patient and staff worked together to provide the best outcome for the patient. The dietician and physiotherapist from the provider visited regularly and worked closely with the identified ward link workers.

Staff at The Retreat Strensall used a range of rating scales to assess and record patients' mental health and progress. This included Health of The Nation Outcome Scales, Psychiatric Symptom Rating Scale, Becks Anxiety Inventory, and the Model of Human Occupation Screening Tool.

Staff at The Retreat Strensall participated in a range of clinical audits linked to National Institute for Health and Care Excellence. This included care plan and record keeping audits, high dose antipsychotic medication audits, safe use and management of controlled drugs and drug allergy recording. The manager took part in a system of peer review where staff audited other wards at the provider and staff from the provider audited practices at The Retreat Strensall. We reviewed the performance results of the care plan audit carried out at The Retreat Strensall between July and September 2016.The audit took into account staff compliance with 19 standards about care plans stated in national guidelines 136 from the National Institute for Health and Care Excellence. Staff at The Retreat Strensall achieved over the hospital target of 80% in five of the six months with results that ranged from 89% to 100%. Staff identified why one record only met 76% of the standards and ensured their practice changed to prevent this happening again.

Skilled staff to deliver care

There was a full range of suitably experienced and qualified staff available on the ward. This included occupational therapist, psychologist and psychology assistant, social workers and a visiting pharmacist, physiotherapist and dietician.

There were good arrangements in place to support new staff to the ward. The manager allocated a senior support worker to act as a mentor to new support staff. Both the mentor and new support worker were expected to work together at least three times per week. This was so that the mentor could support the new staff member adequately. All staff received a comprehensive local induction to the ward, which the manager and staff member signed to confirm this was completed. We saw examples of the local induction checklist that staff and the manager completed.

According to the hospital policy, all qualified staff should receive individual supervision at least nine times per year and have a yearly appraisal. We saw this was not the case for staff, because supervision had not occurred on a regular basis and only 45% of all eligible staff had an up to date appraisal. All the remaining staff had booked appraisal dates for December 2016. The manager wanted to improve supervision arrangements with the arrival of newly appointed staff. However, staff had a range of opportunities for other forms of supervision such as regular multidisciplinary and team meetings. Staff met to discuss individual case formulations and we heard examples from staff how this had helped them to develop positive relationships with patients who found it difficult to engage.

Managers supported staff to access additional training that was relevant to their role and supported their professional development. This included a range of physical health care training, which included; non-medical prescribing, minor illness, wound care and chronic obstructive pulmonary disease and dementia awareness training. This was important because patients at The Retreat Strensall had a

range of physical and mental health problems. Qualified nurses completed competency assessments for medicines management. Staff who had limited or no previous experience within the care sector completed the care certificate. The manager and senior staff attended a university linked management and leadership course.

The manager managed any staff performance issues through individual supervision and developed personal improvement plans with staff to support them to improve. The manager could also use support from the human resources team based at the provider to conduct formal disciplinary procedures. There was no staff performance issues at The Retreat Strensall at the time of our inspection.

Multidisciplinary and inter-agency team work

There was a full range of disciplines who met twice weekly as a team at The Retreat Strensall to discuss patents' care and treatment. This included medical and nursing staff, psychologists, occupational therapists, physiotherapists, dieticians, and social workers. Patients could attend the multidisciplinary meeting and their care programme approach meeting, which occurred on a monthly basis. The team worked together to promote patients' independence, social activities and preparation for discharge. When patients chose not to attend their meetings, the team involved an independent advocate and family member where appropriate. We observed one meeting where there was good representation of the multidisciplinary team in attendance. The meeting was well-structured and included discussion about a range of important issues about each patient. This included patients' physical and mental health, progress according to their care and risk plans, and Mental Health Act status.

We observed one staff handover meeting. This occurred twice daily when nursing staff changed shifts. The staff handovers were very effective. This was because staff ensured they prepared information about every patient before the handover and planned their work to meet patient's needs. The meeting took place in a room away from the main ward environment to minimise any disruptions. The handover was thorough and comprehensive and followed a set format. This ensured that staff communicated information consistently to each other. Information included updates on any physical health issues, significant events such as falls and changes to risk, feedback from care programme approach and multidisciplinary meetings, legal status and observation levels. Staff checked the diary for the rest of the day and agreed who was responsible for carrying out identified work. Staff communicated information fully from the care programme meeting we observed earlier in the day.

Staff at The Retreat Strensall had developed effective working relationships with other services. This included advocacy services, the local authority, commissioners, the local GP practice, and the general hospital.

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

Staff training in the Mental Health Act and Code of Practice was mandatory. The training included the changes in the Code of Practice, 2015. All staff had completed this training, which was above the hospital target of 80%.

Staff at The Retreat Strensall adhered to the Mental Health Act and Mental Health Act Code of Practice. Staff referred to the Mental Health Act lead based at the provider for support and advice when required. The Mental Health Act lead visited The Retreat Strensall to support staff to ensure they adhered to the Mental Health Act such as explaining patients' rights.

We reviewed all five care and treatment records of patients detained under the Mental Health Act. We found that paperwork was in good order and audited by staff on a regular basis. Staff explained patients' rights to them on a regular basis, and referred patients to an independent mental health advocate. Where patients lacked capacity to consent to treatment, staff automatically referred patients to an independent mental capacity advocate and requested second opinion appointed doctors. We found that staff filed all paperwork appropriately.

We reviewed Mental Health Act audits at The Retreat Strensall carried out between May and October 2016. Staff carried out regular Mental Health Act audits and consistently achieved high compliance rates. We saw that the ward had made improvements to their practice about Section 17 leave because of audit findings.

The ward displayed clear information that advised informal patients about how they were able to leave the unit.

Staff completed work to resolve all the issues from the last Mental Health Act monitoring visit. Staff improved patients' privacy by fitting screening on the windows in bedrooms and clinic, providing lockable storage in bedrooms and a privacy hood on the payphone.

Long stay/rehabilitation mental health wards for working age adults

Good

Good practice in applying the Mental Capacity Act

Ninety-one per cent of staff received mandatory Mental Capacity Act training. This was higher than the hospital 80% compliance target. Staff understood the principles of the Mental Capacity Act and ensured patients' human rights were protected. Staff considered patients' capacity on a day to day basis and carried out the two stage capacity test and best interest meetings when required. We saw one good example where staff held a best interests meeting with family members and a hospital specialist who was involved in the patients care.

Staff were aware of the hospital policy regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. They also knew how to access further information and advice if they needed to. This was important because there were two patients on the ward who had an authorisation that deprived them of their liberty. This legal framework safeguards the human rights of people who lack capacity to make decisions about their admission to hospital and are under continuous care and supervision. Staff made applications to the local authority for new assessments in a timely manner. Staff ensured all staff were informed of the status of these patients by keeping an up to date patient information board in the ward office and discussing at daily staff handovers.

The audit lead at the provider included audits of The Retreat Strensall's adherence to the Mental Capacity Act.

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

Good

Kindness, dignity, respect and support

We carried out observations of staff and patient interactions in the ward environment and observed caring, meaningful, humorous and relaxed engagement between patients and staff. We observed kind, intuitive, and caring interactions. Staff supported patients in a compassionate, kind and timely way and treated patients with dignity and respect. All the feedback we received was very positive and patients and their carers told us staff treated patients in a very kind and caring way.

We spoke with one patient who reported that they felt happy and safe within the ward environment and commented on the cleanliness of the ward. They felt staff treated them with dignity and respect and were happy with their care and treatment. We received three comment cards, two from patients, and one from a carer of a person using the service. All three comment cards were highly positive and praised the staff and the care and treatment on the ward. We carried out two telephone interviews with carers of patients at The Retreat Strensall. They were very positive about the service provided to their relatives and their good relationships with the manager and the staff. Carers felt very involved and informed about their relatives care and treatment. Carers said they were confident that their relative was safe and well cared for. We saw a selection of compliments from a range of people who had been in contact with the services such as relatives and other staff including students who had been on placement.

Staff knew their patients very well. The use of detailed and person-centred care plans enabled staff to effectively understand, anticipate, and meet patients' needs. We heard detailed discussions at a staff handover that demonstrated the depth of knowledge and understanding of individual patients' behaviours and how this might affect their well-being.

The involvement of people in the care they receive

When staff admitted patients to the ward, staff showed the patient and their family around to introduce them to others and orientate them to the ward. Staff provided a leaflet in advance of patients coming to the ward that provided information and contact details. However, the manager was aware this information was not up to date needed to be corrected.

Staff discussed with patients about how they would like to be treated such as their preferred name. Staff completed a document called 'respect my wishes'. Staff completed this document with patients and their relatives to give staff a good knowledge and understanding of what patients' wanted from their care.

Staff encouraged patients to learn new skills and develop independence with whatever skills they could. Staff encouraged patients to make choices and give feedback about the service. Staff supported patients to complete regular surveys and participate in community meetings three times per week. Patients' attendance at community

Long stay/rehabilitation mental health wards for working age adults

Good

meetings was usually no more than three patients, however we saw that staff responded to patient comments and displayed a 'you said we did' response. Staff we spoke with said patients had not been involved in any recent recruitment of staff.

Staff made every effort to involve patients and their families as real partners in their care, treatment, and rehabilitation. Staff encouraged patients and their carers to take part in meetings about their care and treatment. The independent advocate supported patients, who did not have family and friends to support them, and ensured that the patient's voice was heard. We observed one care programme approach meeting. This is a regular meeting held with individual patients and the staff team involved to plan patients' care and treatment and preparation for discharge. Staff ensured that they took the views of the patient into account and fully involved those close to the patient.

The ward had attempted to involve carers in the running of the ward in the past but wanted to encourage more carer involvement as attendance at events was poor. The ward identified a carer's lead who had recently sent out letters to carers to invite them to a ward carer's forum.

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

Good

Access and discharge

The Retreat Strensall reported that patients discharged between 1 September 2015 and 31 August 2016 had an average length of stay of 1174 days. The reported length of stay for current patients as at 14 September 2016 was 1967 days. The Retreat Strensall stated that their bed occupancy was 77.4% for the period 1 March 2016 and 31 August 2016.The ward admitted patients with complex metal health problems such as schizophrenia and mood disorders. They did not accept patients who had a diagnosis of dementia. Most of the patients on the ward were from areas outside York and ward staff ensured that a home team was involved in the patients care and treatment. This meant that they could invite workers from the home team such as the care co-ordinator to multidisciplinary meetings and care programme approach meetings to arrange for the patients discharge. Staff told us this could be a challenge because of time constraints for the home team and tried to work flexibly so that someone from the home team could attend the meetings.

Staff discharged patients back to their own homes or alternative placements in the community such as residential homes and supported living. The ward reported that four patients experienced a delayed discharge between1 March 2016 and 31 August 2016. A delayed discharge happens when a patient is well enough to be discharged from the ward and something else prevents their discharge. The ward identified that delayed discharges happened because of funding difficulties and finding appropriate and available placement. We heard about staff frustrations on behalf of one patient who waited one year before the appropriate discharge arrangements were in place.

The facilities promote recovery, comfort, dignity and confidentiality

The ward was unlocked and patients had access to outside space at all times. Staff did not lock doors to the garden or kitchen areas. Patients accessed the kitchen for snacks and hot and cold drinks 24 hours per day. Patients had individual room keys to lock their room if they wished. Patients were able to personalise their rooms and store their belongings securely in the room if they wished. However, doors to bedrooms did not have viewing panels that allowed staff to observe into the room without disturbing the patient when they carried out observations. Patients used their own mobile phones or used the ward payphone to make private calls. Staff also supported patients to access the internet, which was available on the ward.

Staff ensured there were opportunities for all patients to take part in a range of group and individual activities to support their recovery. All staff took part in activities, which meant that staff were always available to support individual and group activities. This included regular visits from the "Pets as Therapy" cat, music, photography, swimming, volunteering, self–catering, baking and brunch club. Staff who were identified as named drivers used the ward transport to take individual patients and small groups

Long stay/rehabilitation mental health wards for working age adults

Good

into the community. Staff provided activities over seven days per week and recorded the outcome activities on the patient's electronic record. Staff used this information to help plan patients care and treatment.

Some patients at The Retreat Strensall had been in hospital for a long time and had developed behaviours that are associated with institutionalisation. All the staff worked very closely with these patients to help promote their independence

Meeting the needs of all people who use the service

The ward was fully accessible for patients with mobility difficulties and provided appropriate equipment for patients such as mobility and bathing aids.

Catering staff provided meals on site at The Retreat Strensall. Staff displayed a varied daily menu and helped patients to make a choice if they needed support. The arrangements for food were very flexible. Catering staff provided an alternative if there was nothing on the menu that the patients wanted such as salads or omelettes. They provided food for special diets or cultural needs if required. Patients could choose to eat their food at times and places to suit them if they did not want to eat in the dining area.

All the information that we saw displayed around the ward was in the English language. This was appropriate for the current population of the ward. Staff told us they had good access to interpreters and information in other languages if required.

Staff ensured that patients' had access to appropriate spiritual support for their needs. The Quaker Chaplain based at the provider visited patients at The Retreat Strensall regularly.

Listening to and learning from concerns and complaints

The Retreat Strensall received five complaints between December 2015 and September 2016. The service investigated the complaints and found one complaint upheld, one not upheld, and three partially upheld. Four of the five complaints referred to the process of transfer and discharge and the service took action to make improvements.

The Retreat Strensall received two compliments about the service in the same period.

Staff at The Retreat Strensall listened to and learned from complaints from people who used their service. The manager resolved informal complaints locally where possible and staff supported patients to make written formal complaints if they were not satisfied with the outcome. We reviewed one complaint about The Retreat Strensall and saw that the complaints officer at the provider investigated the complaint in keeping with the provider's complaints policy. The complainant received a written apology and details of how the complaint was investigated and lessons learned. Staff learned about complaints and lessons learned through team meetings and bulletins from the provider.

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

Good

Vision and values

Staff at The Retreat Strensall followed the same vision and values as those from the provider, which is a Quaker organisation. The values were visibly displayed around the ward and staff knew about and understood the values of the provider. Staff knew who the senior managers were from the provider and were pleased that the new chief executive visited to introduce themselves.

- Equality and community
- Hope
- Care for our environment
- Peace
- Honesty and integrity, and
- Courage

Some staff and patients from The Retreat Strensall had been involved in the values fortnight held at the provider. We saw poster displays around the main ward about some of the work.

Good governance

The ward had a local risk register that identified the current risks and action plan to mitigate those risks. The plan included lack of emergency lighting and back-up generator, ligature points, lack of en-suite accommodation for patients, risks of slips, trips and falls, the mixed diagnosis

and lack of embedded clinical model at The Retreat Strensall. The manager developed the business continuity plan for the ward, which was due to be ratified at the next senior managers meeting at the provider in December 2016.

The manager had good links with the hospital governance team the provider. They attended monthly business and governance meetings and discussed important issues such as their local risk register and performance management. The Manager discussed learning from incidents that occurred across the hospital and shared this with the ward team at monthly team meetings. This information was accessible to all staff on the electronic record.

The manager felt they had sufficient authority and administrative support to do their job. The administrative arrangements at The Retreat Strensall were not directly affected by recent changes in administrative support on wards at the provider site. The manager had access to the electronic system, which enabled them to maintain oversight with staff performance such as training and audits. The manager met with representatives from the hospital finance department and felt fully involved in decisions about the ward budget and resources.

The manager ensured that the ward monitored the quality of their service and took action to make improvements where required. The outcomes of the audits were consistently high and scored above the compliance targets set by the provider. Staff carried out a range of regular audits including recovery plans and capacity assessments. The ward used their own comprehensive Mental Health Act audit tool, which they developed because of findings from past Mental Health Act Reviewer visits. The manager shared this tool with the Mental Health Act lead at the provider.

Leadership, morale and staff engagement

The senior staff and ward manager were actively involved in developing the clinical model for The Retreat Strensall.

The manager received regular individual management and clinical supervision that supported them in their role. The manager supported staff to attend individual supervision, recognising it was a joint responsibility for staff to plan ahead to ensure they attended. The manager maintained oversight of attendance with a register of compliance of individual staff supervision. The manger identified that the recent turnover and recruitment of new staff had contributed to difficulties meeting the provider policy about supervision and appraisal. The manager had planned how staff would be supervised and appraised when all staff were in post.

Sickness levels were low and staff reported feeling happy and supported by the ward manager and senior staff on the ward. Staff described the local senior staff as highly visible and accessible. They felt able to raise their concerns and were confident the manager would take matters seriously. Staff felt they worked well together as a team. They described everyone as equal and striving to provide excellent care within a calm and caring environment.

Some staff were very unhappy about the way senior managers from the provider had managed an incident earlier in the year. They felt unsupported by senior managers during this time and that senior staff only visited Strensall when something was wrong. However, staff were aware of recent changes in the senior management team and felt positive about the new chief executive. This was because the chief executive had visited the ward to introduce themselves to staff and patients and listened to their concerns.

Some staff were concerned about the future of the ward at The Retreat Strensall. This was because the lease arrangement with the property owner was due for renewal and it was unclear to staff what would happen to the service.

Staff felt involved in opportunities to develop the service and felt that staff meetings were a good opportunity for discussion about the service. Staff were aware of the provider's whistleblowing policy and felt able to raise concerns with the local manager without fear of victimisation or bullying.

Commitment to quality improvement and innovation

The ward was involved in the safewards initiative. The safewards lead had left the ward and the manager had not yet replaced this role. The ward had embedded work with patients and staff about mutual respect and expectations. This included patient community meetings, sensory boxes and the use of positive and soft words to create a peaceful environment for patients. However, the manager felt it was important to progress with this work and identified the next

steps they needed to take towards developing an enabling environment for patients. This focused on the rehabilitation model and supported the ward ethos and philosophy of recovery.

The manager took a lead role to drive improvements on the ward. This included work to embed the clinical model and further develop staff knowledge and understanding to support the needs of the patient group. This included training about psychosocial interventions, knowledge and understanding framework and cognitive behavioural therapy.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all staff receive appraisal in line with the hospital guidance.

Action the provider SHOULD take to improve

- The provider should ensure that an electrocardiograph machine can be accessed at all times at The Retreat Strensall.
- The provider should ensure that compliance for all staff mandatory training meets the required compliance targets according to the provider's policy.
- The service should review the current emergency systems at The Retreat Strensall to ensure the safety of patients and staff is not placed at risk when lighting systems fail.
- The service should ensure that staff always take appropriate action when the temperatures of the fridge used to store medication are not within the correct temperature range.
- The service should ensure that all staff are offered regular supervision in line with the provider's policy.
- The service should ensure that the clinical model and safewards initiative are embedded into the service.
- The service should address staffs concerns about senior management at the provider to promote positive relationships between senior managers and staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The provider did not ensure that all staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.** **How the regulation was not being met:** • Not all staff at The Retreat Strensall had received an annual appraisal. Compliance rates were below the required target according to the hospital policies and procedures. This was a breach of regulation 18 (2) (a).