Jigsaw Independent Hospital

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

At the last inspection the service was rated as requires improvement, with ratings of good for effective, caring and responsive domains.

This inspection focused on the safe and well led domains, which were both rated as requires improvement previously.

Improvements had been made following the previous inspection. At the last inspection, there were issues with governance in terms of training levels, policies, ligature audits and out of date clinical stocks. At this inspection, we found most of these issues had been addressed with training monitored, policies updated, a new system for completing ligature audits in place and no medicines issues. Ligature risk assessments were improved although for one ward they did not capture all potential risks. Whilst there were records for regular supervision with staff and improved oversight, we were concerned about the use of a pre-filled template which staff signed.

At this inspection, we had concerns with oversight in terms of staffing, particularly that there had been occasions in the past six months were one registered nurse had been in charge of two wards and monitoring, in terms of assessing the quality of documentation, for example, moving and handling assessments.

We found issues with moving and handling assessments, falls risk assessments and care planning in relation to moving and handling and falls prevention.

Summary of findings

Contents

Requires improvement

Jigsaw Independent

Services we looked at

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

Summary of this inspection

Background to Jigsaw Independent Hospital

Jigsaw Independent Hospital provides care and treatment for up to 36 patients. At the time of the inspection there were 17 patients at the hospital, all of whom were detained under the Mental Health Act.

The provider was registered to provide the following regulated activities :

• Diagnostic and screening procedures

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

• Treatment of disease, disorder or injury

The wards we visited were:

Linden ward – male challenging behaviour and rehabilitation with 10 beds

Cavendish ward – female challenging behaviour and rehabilitation with 10 beds

Two other wards are currently closed. Montrose ward, an eight bed ward, closed in January 2018. Oriel ward, a nine bed ward, had closed in July 2017. Wards had been closed following a focus on timely patient discharges, with wards closed as the number of patients reduced. These were not envisaged to be permanent ward closures and would allow for refurbishment of ward areas planned for the next 12-18 months.

The service had previously been inspected in January 2017. At that inspection, there had been concerns about oversight of supervision, appraisals and training and ligature risk assessments being out of date. We rated the hospital as requires improvement overall. We rated safe and well led as requires improvement and effective, caring and responsive as good. An action plan was developed by the provider to address these issues.

A requirement notice was served for a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this had been met.

The service had a registered manager and a controlled drugs accountable officer.

Our inspection team

The team that inspected the service comprised three CQC inspectors, a medicines inspector, a specialist physiotherapist advisor with a background in learning disability settings and an expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer.

Why we carried out this inspection

We inspected this service to check whether the service had addressed the issues which resulted in a requirement notice at a previous inspection. This inspection was a focused, unannounced inspection of the safe and well led domains.

How we carried out this inspection

This inspection was planned to check that improvements had been made following the last inspection.

Summary of this inspection

Before the inspection visit, we reviewed information that we held about the location including information discussed at provider engagement meetings.

During the inspection visit, the inspection team:

- visited both wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with eight patients who were using the service;
- spoke with the registered manager;
- spoke with the clinical lead nurse;
- spoke with 15 other staff members; including support workers, doctors, nurses, occupational therapy staff, psychologist and maintenance staff;
- spoke with the advocate;
- attended and observed one morning meeting;
- looked at seven care and treatment records of patients in relation to risk assessment and management;
- reviewed seven care and treatment records specifically in relation to moving and handling;
- carried out a specific check of the medication management on two wards; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with nine of the 17 patients admitted to the hospital during one to one discussions. We offered to speak with all patients, but not everyone wanted to speak with us.

Six of the patients felt safe on the ward, with three highlighting feeling unsafe because of the unpredictable behaviours of other patients. All patients felt staff were a visible presence on the ward and that staff were respectful and helpful. All patients felt positive about physical healthcare needs being managed well.

Patients were positive about food provided, although one felt food choices during the week were sometimes bland. Most patients who expressed a view were happy with the activities they were offered, although there was a comment about occupational therapy leave being cancelled and one comment about low activity.

Two patients expressed concerns about noise levels.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Two bedrooms on Linden ward required repair although maintenance staff were aware of these and had plans to address issues.
- There were restrictions in place including the laundry and kitchen being locked and individual bathrooms and wardrobes locked on Cavendish ward.
- There had been 16 occasions in the past six months were one registered nurse had been in charge of two wards.
- In two patient's files, we found the risk assessments did not include all incidents which had occurred.
- Individual manual handling assessment forms lacked sufficient detail to enable staff to support patients safely.
- There were no risk assessments or care plans for two patients with bed rails.
- There was no use of specific falls risk assessments and for those patients identified as at risk of falls or having a history of falls, there was no clear plan for how to assist if they fell.
- Resuscitation equipment was stored in a locked cupboard which limited access in an emergency.

However:

- Ward areas were clean and well maintained, including clinic rooms.
- Medicines management was good including storage, administration and checks.
- The service had a full time and part time psychiatrist providing medical cover.
- Staff undertook physical health monitoring and physical health care plans were up to date and clear.
- Staff knew how to report incidents and we saw completed incident forms in patient records.

The provider had started to complete individual analyses of incidents for patients to assist in care planning.

Are services effective?

Good

Following our inspection in January 2017, we rated the service as good for effective. Since that inspection we have received no information that would cause us to re-inspect these key questions or change the ratings for effective.

However:

Summary of this inspection

- We did note issues with capacity assessments which are detailed in the main report.
- We noted issues with supervision documents which are detailed in the main report.

Are services caring?

Good

We rated caring as good at our last inspection. We did not inspect this domain.

Are services responsive?

Good

We rated responsive as good at our last inspection. We did not inspect this domain.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because

- There was not sufficient oversight of staffing and the quality of documentation, for example, moving and handling assessments.
- Restrictive practices had not been reviewed.
- Supervision records contained pre-populated forms rather than a record of supervision.
- Staff meetings were not taking place as planned.

However:

- Governance structures had improved with local meetings feeding into a corporate governance committee.
- We saw that the service had identified areas for improvement within the service and worked to improve these, for example, the length of stay and discharge planning.

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.

Because this was a focused inspection, we did not examine this area fully.

At the last inspection, Mental Health Act policies had not been updated to reflect the current Code of Practice. All policies and procedures had been reviewed in the last 12 months and were now in line with the Code of Practice.

All consent to treatment documentation was in good order.

Mental Capacity Act and Deprivation of Liberty Safeguards

We saw capacity assessments and corresponding best interests decisions made regarding finances and information sharing. In all files we reviewed, we saw that doctors completed capacity assessments regarding consent to treatment. We saw one capacity assessment and best interest documentation completed for a patient prescribed medicines to be administered covertly.

On Cavendish ward, we saw that two patients had restrictions in the form of their wardrobes and bathrooms being locked. We could not find evidence that they had consented to these care plans. The provider immediately acted upon this concern, completing thorough capacity assessments.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

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

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

Requires improvement

Safe and clean environment

Jigsaw independent hospital had four wards spread over four floors. Two wards were not currently in use. Linden ward was on the first floor and Cavendish ward was on the ground floor.

Both wards had a layout of a bedroom corridor leading off from a central area of the entrance to the ward, the ward office, clinic, dining room and communal lounge. Each ward had a de-escalation room at the end of the bedroom corridor. The observation of the ward was generally good, and staff were aware of "blind spots".

Since the last inspection, the provider had installed close circuit television cameras in communal areas of the ward. These were not used for real time monitoring but recordings could be used for post incident reviews or safeguarding investigations. The provider consulted with staff and patients prior to the decision to install and had followed the information commissioner code of practice, including completion of a comprehensive policy. Prominent signs were displayed inside and outside the building.

A monitor in the lounge area of Cavendish ward assessed the noise levels on the ward using a traffic light system following concerns raised about the noise levels on the ward.

Both wards had completed ligature risk assessments. Ligature points are places to which patients intent on self-harm might tie something to strangle themselves. Since the last inspection, the provider had identified a member of staff as a ligature champion who had been specifically involved with updating the format of assessments, completing these for all wards and patient accessible areas and updating and informing staff. We reviewed the assessments for Cavendish and Linden wards and found these were thorough with clear risk management plans documented. Assessments were being completed with the head of maintenance to ensure any building work which had changed risks was captured. Cavendish ward risk assessment did not include two profile beds in use, although these had been moved recently from one ward for patients who required them and window handles were identified in the lounge but not in patient's bedrooms.

Both wards had well equipped clinic rooms which were clean and tidy. Equipment was well maintained. Clinic room temperatures and fridge temperatures were checked daily to ensure medicines were stored appropriately.

Staff adhered to infection control principles. There was antibacterial handwash available at the entrance to both wards. There were supplies of aprons and gloves available for staff to use. Staff attended annual infection control training with all staff up to date with this at this inspection. Further training had been arranged for housekeeping staff covering deep cleaning. Staff completed weekly checks of water outlets to prevent the growth of legionella.

Maintenance staff worked across the provider's healthcare settings. They completed regular environmental audits and had a programme of ongoing maintenance including painting and decorating. Two bedrooms on Linden ward

required maintenance work and whilst we were assured that maintenance staff were aware of what was needed and had plans for both bedrooms the work was still required several weeks after the issues were identified. One bedroom had evidence of a leak from the roof and staining to the wall and one bedroom had extensive damage to the flooring, bathroom, radiator cover and window. One bedroom on Cavendish ward had a burn mark to the flooring which had occurred some time ago by a previous patient. The provider had made funds available to refurbish and redecorate all ward areas with work due to start in the coming year. Staff told us that when repairs were required, this was completed in a timely fashion, including emergency repairs.

There were plans to renovate the building and work had begun at the time of inspection to redesign the front entrance to the building to create a reception area and a visitors lounge. Environmental risk assessments had been completed prior to work commencing as entrance and exit from the building was affected. The fire procedure had also been updated and staff had updated personal emergency evacuation forms for those patients who would need assistance in the event of a fire.

Safe staffing

The current establishment level for the hospital for registered nurses and support workers was 46 staff. Because of the closure of one ward just prior to this inspection the hospital was currently overstaffed for support workers in terms of establishment numbers for two wards.

The establishment staffing level for Linden ward was for one registered nurse and three support workers during the day and one registered nurse and two support workers at night. On Cavendish ward, the establishment staffing level was for one registered nurse and four support workers during the day and at night.

We reviewed the previous six months duty rota. For most of this time, minimum staffing levels had been maintained, and at times additional staff had been sought to cover for hospital escort duties and leave. Managers would book staff from the provider bank system when needed or agency workers would be sought. Agency registered nurses had been booked on a contractual basis and worked regular shift patterns during this time. Staff ratios had been agreed as at least 1:3 during the day (one member of staff to every three patients) and 1:5 at night. In the rotas we reviewed this had consistently been met.

However, we saw that there had been sixteen occasions during July, August and September 2017 were one registered nurse had been assigned to two wards. On these occasions, in effect, one ward was staffed by the regular support workers as the nurse would be based on one ward. The impact on patients of this is that there are likely to be delays in receiving medicines, receiving care and accessing section 17 leave. On one day, we saw that three wards had had registered nurse cover from two non block booked agency staff. Whilst there were nurse managers within the building, the records provided relating to keycoded doors show that no additional support was provided to cover these wards that day. The provider statement of purpose states that each unit will have a registered nurse on duty. We also saw that for one week in September, one ward had a registered nurse on duty one day that week, with six days where a nurse covered from another ward.

In the six weeks leading to inspection, there were often two registered nurses on duty, as several newly qualified nurses had been recruited who were completing preceptorship. On occasions, preceptorship nurses were the only qualified nurse on duty.

There were isolated occasions on Cavendish ward where staff undertook continuous observations of patients for longer than two hours. The observation policy says staff should be allocated to continuous observations for hourly periods and no longer than two hours continuously.

We saw that there were always sufficient staff on duty across the hospital to undertake physical interventions, including restraint, safely. One member of staff on each ward was designated to respond to alarms for that shift so that they could assist colleagues if needed.

Sickness rates were low, with an average rate of 2% in the last six months. Four staff had left in the last six months, two registered nurses, one support worker and one occupational therapist. These roles had all been recruited into.

There were good medical arrangements in place. A consultant psychiatrist worked full time at the hospital with a part time consultant psychiatrist working two days per

week. A psychiatrist was available at nights and weekends. Patients were registered with a local GP service for physical health needs, with an out of hours GP service also available.

The majority of staff were up to date with mandatory training, with all training above 90% completion and most at 100% completion. Staff were booked onto future training to ensure they maintained their competencies. All registered nurses had undertaken immediate life support training within the last 12 months, whilst all staff undertook first aid training with basic life support training included. Registered nurses completed medication competency training including an assessment of competence.

Assessing and managing risk to patients and staff

We reviewed seven patient records focusing on risk assessment and management. All risk assessments were reviewed regularly, usually on a monthly basis. However, for two patients, we found the risk assessments did not include all incidents which had occurred before the review dates.

We saw positive behaviour support plans in place for patients who needed these. These were detailed and individualised. Psychologists completed specialised risk assessment tools where needed.

We reviewed seven files for patients who had mobility issues. All records contained completed individual manual handling assessment forms. These lacked sufficient detail to enable staff to support patients safely, for example, indicating that staff assistance may be needed but not the techniques staff should use or aids or adaptations needed and guidance for use.

For example, one patient moving and handling assessment included all actions (walking, standing, rising from a chair, getting into and out of bed, using stairs) as independent, dependent and with one member of staff assisting. Comments on the assessment noted that when the patient was well they could complete these tasks independently, but when mental health declined they may require staff supervision and support including the use of a wheelchair. There was also a note that the risk of falls increased when mental health deteriorated. This risk was also noted in the overall risk assessment with a high risk of falls noted and a pattern of deterioration noted. Care plans captured some elements of this risk, for example, advising staff to walk with the patient each hour, but there was no clear careplan or guidance as to how to specifically support the patient, what their mobility needs were and how to assist when unsteady or having fallen.

Occupational therapy or nursing staff had completed equipment risk assessments for aids in use by patients, including shower chairs, bath handles, rollators, walking frames, wheelchairs and mobility scooters. The information captured was not always the same as that identified in the manual handling assessment forms or care plans.

One patient had a walking frame and mobility scooter, but the manual handling form indicated they were independent in all areas.

Two different moving and handling forms were in use across the hospital.

There were no risk assessments or care plans for two patients with bed rails. We saw one completed risk assessment but this did not capture all risks, for example, entrapment or climbing over bed rails. The provider's policy notes that a risk assessment should be completed prior to the decision to use bed rails. Some information was captured in the equipment risk assessments but this was not intended as detailed guidance for staff.

In two patient's files, occupational therapy assessments identified risk of falls but this had not been captured in the overall risk assessment or care plans.

There was no use of specific falls risk assessments and for those patients identified as at risk of falls or having a history of falls, there was no clear plan for how to assist if they fell. The provider policy specified that a falls prevention/management risk assessment should be undertaken and included a specific tool for this.

Safeguarding practice was good. Staff received training in safeguarding. They were aware of safeguarding issues and scenarios. Managers raised alerts with the local authority safeguarding team as needed. The registered manager had attended local authority managers safeguarding training. The service made notifications to CQC for safeguarding incidents and alerts.

Three patients had spoken to us about feeling unsafe, in two instances this was because of previous incidents with other patients on the ward and in one instance this was related to mental state. All patients felt able to raise concerns with staff.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

The service had made good progress in reviewing and stopping restrictive practices on Linden ward, for example, at previous inspections, the kitchen and laundry were locked and only accessible by staff. Most patients had their own key to access the kitchen and where access was restricted this was on an individual basis and linked to risk. The laundry room was unlocked and could be accessed. Patients were able to purchase and use their own mobile phones.

On Cavendish ward, the kitchen and laundry were locked, with the laundry only accessible by staff. Two patients had restrictive care plans in terms of their wardrobes and bathrooms being locked and these restrictions had not been discussed or agreed with them.

Patients had previously been able to use swipe cards to leave the building for leave, but these had all been cancelled followed an incident of absconsion. At the time of inspection, these remained cancelled because of the building work and changes to the entrance and exit routes.

We saw good medicines management practice. There were no administration gaps in prescription cards. We saw that when patients were going on planned leave, leave medication was ordered from the pharmacy in good time to ensure that a supply was available for leave.

We saw that physical health monitoring was undertaken as planned. Where patients were prescribed high dose antipsychotic treatment, additional monitoring was undertaken. An electrocardiogram machine had been purchased and staff trained to use this.

Resuscitation equipment, including a defibrillator and portable oxygen, was stored centrally in the hospital reception area. There was also an anaphylaxis kit and a cardiovascular bag stored. The equipment was checked on a daily basis by a qualified nurse. Staff knew where this was located when asked. The defibrillator and suction machine were checked and in good working order. This was in a locked cupboard and a key for this was on both wards medicine keys, this could cause delays in accessing equipment if the nurse on the ward was already involved in a resuscitation incident.

Staff maintained controlled drugs safely. Controlled drugs books and stock were checked and correct. The registered manager was the controlled drugs accountable officer and maintained close contact with the local network.

Track record on safety

There had been two serious incidents since the last inspection. A full investigation including root cause analysis had been completed for one incident and an investigation was in progress for the other incident. Actions had been taken following one incident including reviewing policies and procedures and staff understanding of these.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents. We saw completed incident forms in patient records. The provider had started to complete individual analyses of incidents for patients to assist in care planning.

We reviewed two medicines errors incidents. Both had been investigated thoroughly. Actions taken were linked to the medication competency training and assessments.

Some staff we spoke to described debriefs and support following incidents.

Duty of Candour

There had been one incident which met the threshold for Duty of Candour requirements. Managers had made contact with family members including offering support at the time and since the incident and had involved the family in subsequent investigations. The registered manager and senior managers had complied with the requirements except putting these discussions in writing.

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

(for example, treatment is effective)

Good

Following our inspection in January 2017, we rated the service as good for effective. Since that inspection we have received no information that would cause us to re-inspect these key questions or change the ratings for effective.

Skilled staff to deliver care

We reviewed seven supervision records for staff. Regular supervision sessions were being recorded for staff. We saw

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

four records where there was evidence of the discussion which had taken place during the supervision session. Supervision for registered nurses was recorded on a form which showed evidence of caseload discussion and team working. In three support worker files, we saw use of a template document with several pages of questions about where certain documentation was stored and what particular legislation was. These contained no other individualised content indicating a two way supervision session had taken place. They also were not the format included in the provider supervision policy. Some of these records were signed, with others showing a typed signature.

Good practice in applying the MCA

We saw capacity assessments and corresponding best interests decisions made regarding finances and information sharing. In all files we reviewed, we saw that doctors completed capacity assessments regarding consent to treatment. We saw one capacity assessment and best interest documentation completed for a patient prescribed medicines to be administered covertly.

On Cavendish ward, we saw that two patients had restrictions in the form of their wardrobes being locked. We could not find evidence that they had consented to these care plans. The provider immediately acted upon this concern, completing thorough capacity assessments.

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

Good

Previously rated as good. We did not inspect this domain at this visit.

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

Good

Previously rated as good. We did not inspect this domain at this visit.

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

Requires improvement

Vision and values

The objectives for Jigsaw independent hospital from the statement of purpose were:

"The aim for Jigsaw Independent Hospital is to provide therapeutic treatment for adult men and women with enduring mental illness and/or learning disability with complex needs to the point that meets their recovery plan.

We also aim to provide this treatment within a person-centred approach, which responds to changes in our patient's needs. We aim to do our best for the patients we support by enabling them to live a fulfilling life and to be in control as much as possible."

Staff were aware of the broad aims and objectives of the hospital and the aims of patient rehabilitation.

Good governance

At the last inspection, there were issues with governance in terms of training levels, policies, ligature audits and out of date clinical stocks. At this inspection, we found these issues had been addressed with training monitored, policies updated, a new system for completing ligature audits and no medicines issues. The provider had focused on improving supervision levels for staff and appraisals were all completed.

We reviewed seven supervision records for staff, four support workers and three registered nurses. Regular

supervision sessions were being recorded for staff. We saw three records where there was evidence of the discussion which had taken place during the supervision session. Supervision for registered nurses was recorded on a form which showed evidence of caseload discussion and team working.

However, in four support worker files, we saw use of a template document with several pages of questions about where certain documentation was stored and what particular legislation was. Three of these files contained no other individualised content indicating a two way supervision session had taken place. They also were not the format included in the provider supervision policy. Some of these records were signed, whilst others showing a typed signature.

We did raise with the registered manager that the format for supervision, particularly for support workers, was a prepopulated template and did not match the provider's supervision policy or standard documents.

We noted that the falls policy and policy for bed rails were also not being followed, with no use of falls risk assessments or assessments for bed rails completed.

The provider had a governance structure across all four of their locations, with local monthly governance meetings feeding up to an overarching corporate governance committee and then reporting to board level. We reviewed recent minutes and saw that there were standing agenda items for patient feedback, with a patient representative who attended, and discussion of incident data, audits completed and staff and patient meetings.

There had been some restructuring of key posts, with recruitment to separate clinical lead and operational manager roles, which had replaced the previous general manager role. A new quality lead role had also been developed and recruited into. The registered manager had been able to secure funding from the board to enable them to meet objectives, for example, in terms of refurbishment plans.

There were governance objectives set for the first six months of 2018 with a review planned for June 2018.

The provider had identified areas for improvement within the service and developed strategies for improvement. An example of this was the length of stay strategy, outlining changes to pre-admission approaches to include discharge planning and a predicted timescale for admission and a weekly panel meeting to track discharge progress.

Risk registers were maintained for the service and updated during monthly governance meetings. These were incorporated into the providers overall corporate risk register.

Leadership, morale and staff engagement

Sickness and absence rates were low, averaging 2% in the last six months. There had been four staff leavers in that time.

The provider recognised there were issues with recruitment and retention, particularly in terms of registered nurses. Registered nurse pay had been reviewed during the last 12 months and a 12% pay rise agreed for nurses to reward current staff and assist with recruitment.

Feedback from staff at inspection reflected the staff survey with mixed responses in terms of morale and engagement. A staff survey had been completed in December 2017 using the culture of care barometer model. Questions relating to staff roles, including support, training and expectations and questions relating to management and leadership had the highest positive responses.

The lowest scoring theme was for engagement with just over 30% of staff feeling informed about the hospital (although 40% of staff had ticked neither agree or disagree or left this blank) and managers knowing what the issues were within the hospital. Staff responses were more positive for feeling informed about their team and their immediate line manager. Staff did not always feel their views were listened to (39% responded positively to this). Staff responses were most positive across the survey for knowing their line manager, for feeling respected by colleagues and for having positive role models. The results were being reviewed and actions planned at the time of this inspection.

Staff meetings were planned for a monthly basis, although we were only able to view meetings up to November 2017, including one freedom to speak up meeting and a team reflective practice session both held in November 2017. There had been hospital team meetings in May, June, July and August 2017. Four other reflective practice sessions had been held during the last 12 months and these were

well attended. There had also been qualified nurse meetings held with minutes available for three meetings in the last 12 months. Themes included communication, teamwork, skill mix and staff ratios.

Hospital managers had introduced a staff awards scheme. Nominations had been requested for a range of awards. Nominations had just closed at the time of inspection and a panel with patient representatives was being drawn together to judge.

The provider had provided training for all staff regarding speaking up or raising concerns. This included the different ways staff could raise concerns and a series of practice based scenarios for discussion. The hospital had recruited the senior administrator to the role of freedom to speak up champion. These posts had been developed at each of the services with the aim of providing staff with an alternative route to raise concerns. There had been regular monthly meetings for staff to meet with the champion and understand the role, and posters were displayed throughout the building. Information about raising concerns had also been sent with staff payslips to raise awareness. Staff we spoke to during inspection did not identify the champion when asked about raising concerns. However staff were aware of different ways they could raise concerns, including approaching line managers and the registered manager, which was outlined in the training provided.

The service completed annual reporting relating to the workforce race equality standards. The most recent report was reviewed and showed similar likelihoods relating to appointment, disciplinary action and training opportunities regardless of race or ethnicity. Staff from a black minority ethnic background reported higher rates of harassment, bullying or abuse and discrimination at work, although overall percentages were low and reflected an overall marked reduction from the previous year.

Support workers felt they had limited opportunities for progression but valued being offered additional training relevant to their role. Several support workers (and registered nurses) had been able to attend training and external conferences in the last year. Several support workers were currently undertaking national vocational training.

Commitment to quality improvement and innovation

The provider had appointed a nurse as quality lead in April 2017.

Jigsaw hospital had joined the Accreditation for Inpatient Services (AIMS) rehabilitation programme as an associate member.

Representatives from the hospital are involved in a National Health Service England STOMP working group. STOMP stands for stopping over medication in patients with a learning disability.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure there is a registered nurse on duty for each ward.
- The provider must ensure that risk assessments contain up to date information when reviewed.
- The provider must ensure that individual manual handling assessment forms contain sufficient detail to enable staff to support patients safely.
- The provider must ensure there are risk assessments and care plans for patients with bed rails.
- The provider must complete falls risk assessments as per the policy for those patients identified as at risk of falls and must complete detailed plans to assist staff to respond and assist when a patient falls.
- The provider must review restrictive practices on Cavendish ward.
- The provider must ensure capacity assessments are completed as required.
- The provider must ensure that supervision for staff is completed in line with the supervision policy.

Action the provider SHOULD take to improve

- The provider should ensure that repairs are completed to the bedrooms on Linden ward.
- The provider should review the restrictions in place for patients in terms of unescorted garden access as soon as building work to the front of the building finishes.
- The provider should ensure written correspondence is sent to relevant persons as part of the Duty of Candour requirements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Risk assessments did not contain all necessary information. Individual manual handling assessment forms lacked sufficient detail to enable staff to support patients safely. There were no risk assessments or care plans for two patients with bed rails. There was no use of specific falls risk assessments and for those patients identified as at risk of falls or having a history of falls, there was no clear plan for how to assist if they fell. Resuscitation equipment was locked away with only registered nurses able to access this. This was a breach of 12 (1)(2) (a)(b)(c)(d)(e)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met

This section is primarily information for the provider

Requirement notices

On Cavendish ward, we saw that two patients had restrictions in the form of their wardrobes and bathrooms being locked. We could not find evidence that they had consented to these care plans.

This was a breach of 13 (4)(b)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Supervision did not reflect the provider policy in terms of evidencing a two way discussion and with the use of a prepopulated template. The service had not identified issues with the quality of documentation, for example, the moving and handling assessments and supervision documents. Policies were not being followed. This was a breach of 17 (1)(2)

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 How the regulation was not being met There had been 16 occasions in the past six months were wards did not meet the recommended staffing level.

This section is primarily information for the provider

Requirement notices

This was a breach of 18(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

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.