

Sturt House







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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Mental Health Act responsibilities and Mental Capacity Act 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 Sturt House as good because:

- The service provided safe care. The ward environments were safe and clean. There enough nurses and doctors to meet the needs of the patients. Staff assessed and managed risk well using recognised tools. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour.
- Staff managed medicines safely and followed good practice with regard to safeguarding.
- All patients received a comprehensive assessment from a registered medical officer on admission. Patients' physical health was assessed and monitored throughout their admission.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of patients cared for in a mental health rehabilitation service and in line with national best practice.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. Staff supported patients to be central in decisions about their care.
- Staff planned and managed discharge well. They liaised with services that would provide aftercare and maintained regular contact with community staff.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.
- The senior team was visible on the ward and had a good knowledge of the patients. The service worked to a recognised model of mental health rehabilitation. Sturt House was working towards accreditation with the Royal College of Psychiatry network for mental health rehabilitation services in 2019.
- There were clear governance processes in place including a monthly governance meeting which looked at issues such as safety, security and risk, staffing, patient and carer experience.

However

- There was no open access to hot water for people to make drinks and patients had to request hot drinks from staff.
- The fabric and decoration of the ward communal areas was tired and in need of refurbishment.

Summary of findings

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Good 

Sturt House

Services we looked at

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

Summary of this inspection

Background to Sturt House

Sturt House is a large detached property set in its own grounds in a rural setting. Currently the hospital has 20 beds and there are plans by the provider to increase this to 21 beds by extending the building.

Sturt House is a hospital-based rehabilitation service for male patients providing specialist mental health treatment and rehabilitation. The service provides a recovery-focused treatment programme to enable patients to develop skills in daily living and managing their mental health conditions. The patients using the service may have stepped down from a secure hospital ward or have been referred by staff in community rehabilitation services for a period of more intensive support. Patients stay for one to three years before their discharge back to community mental health services.

The core service provided is long stay/rehabilitation mental health wards for working age adults.

Sturt House is registered to carry out the following regulated activities:

- Accommodation for persons who require treatment for substance misuse
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The Care Quality Commission carried out a comprehensive inspection of Sturt House in November 2015. At that inspection the service received an overall rating of 'Good'. However, we rated effective as requires improvement and told the provider it must ensure that staff received regular and appropriate supervision to enable them to carry out their duties.

A focused inspection took place in October 2016 to see if the provider had made the required improvements. We found that the provider had made the improvements and that staff were now receiving regular supervision.

Since the last inspection the provider of the service at Sturt House has changed and is now Elysium Healthcare (previously the Priory Group).

Our inspection team

The inspection team comprised two CQC inspectors, an assistant inspector, a psychiatrist specialist advisor and a mental health nurse specialist advisor.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme. This was an unannounced inspection.

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?

During the inspection visit, the inspection team:

Summary of this inspection

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with the hospital director and the ward manager
- spoke with 12 other staff members; including nurses, a doctor, a social worker, an occupational therapist and psychological therapies staff
- attended and observed a multi-disciplinary team hand-over meeting, a care programme approach review, a patient planning meeting and two other ward-based meetings
- looked at six treatment records of patients
- carried out a specific check of the medication management on the ward
- 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 five patients who were using the service at the time of the inspection. All the patients told us that they felt safe on the ward and that the atmosphere amongst patients was generally good. They said they had received information about their care and treatment. Patients said they had received copies of their care plans and were involved in creating and reviewing their plans.

Patients said that staff were supportive and respectful of their privacy. Patients said activities and leave were rarely cancelled. However, they wanted more structured

activities at the weekends. Some patients said they were interested in paid jobs at the hospital which were being planned by the provider, such as in the kitchen, and they wanted more access to voluntary work in the community.

Patients said that the ward was cleaned regularly. Everyone we spoke with said that food hygiene standards were very good, and commented positively about the quality of the food and skills of the chef.

Patients that we spoke with were confident that they could raise any concerns or complaints with hospital staff.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The ward was safe, clean, well equipped, well maintained and fit for purpose
- There were enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- Staff assessed risks to patients and themselves well. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour.
- Staff reviewed risk assessments for each patient every six months with the patient's participation.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medicines on patient's health.
- Staff were confident in reporting incidents and safeguarding concerns. These were clearly recorded on patient records.

Good



Are services effective?

We rated effective as good because:

- All patients received a comprehensive assessment from a registered medical officer on admission. Patients' physical health was assessed and monitored throughout their admission.
- Staff developed individual care plans in collaboration with patients and reviewed these regularly. Care plans were personalised, holistic and recovery-focused.
- There was a treatment programme which was suitable for the patient group and consistent with best practice for a rehabilitation service.
- Staff were using relevant tools to assess patients' needs and monitor their progress.
- All staff were receiving regular supervision and had completed an annual appraisal.
- There was an effective multidisciplinary team with good processes such as the morning meeting handover, individual and community patient meetings and team meetings with clearly documented actions and outcomes.

Good



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to manage their care and treatment.
- Patients told us that staff were approachable and respectful of their confidentiality and privacy.
- Staff supported patients to be central in decisions about their care.
- The patients we spoke with were positive about the quality of the food and the meal choices available.
- There was a daily patients' community meeting where activities and any concerns that patients had were discussed with staff. The patients nominated a patient representative whom they met with once a week.

Are services responsive?

We rated responsive as good because:

- Staff planned and managed discharge well. They liaised with services that would provide aftercare and maintained regular contact with community staff.
- The patients told us that the facilities at the hospital were good and that they liked their rooms. All patients had their own room key.
- Patients had access to a ward garden area for fresh air and could also use e-cigarettes in this area if they chose to do so.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.
- Patients had access to advocacy services.

However:

- There was no open access to hot water for people to make drinks and patients had to request hot drinks from staff.
- The information staff had presented on the ward noticeboards lacked clarity and organisation.
- The main lounge on the ground floor was poorly equipped as a lounge, had few resources or comfort for patients. The fabric and decoration of the communal ward areas was tired and in need of refurbishment.

Good



Are services well-led?

We rated well-led as good because:

- The senior team was visible on the ward and had a good knowledge of the patients. The service worked to a recognised model of mental health rehabilitation.

Good



Summary of this inspection

- The staff morale was good. Staff said that the culture was positive and that they felt respected, supported and valued.
- There were clear governance processes in place including a monthly governance meeting which looked at issues such as safety, security and risk, staffing, patient and carer experience.
- The service had carried out a staff survey and the managers had developed an action plan to improve the areas where staff had expressed least satisfaction.
- Sturt House was working towards accreditation with the Royal College of Psychiatry network for mental health rehabilitation services in 2019.

Detailed findings from this inspection

Mental Health Act responsibilities

- At the time of inspection 24 of the 26 staff eligible for training in the Mental Health Act (MHA) had completed this. Staff we spoke with demonstrated a good working knowledge of the Mental Health Act and the Code of Practice.
- There were 16 patients at the hospital at the time of inspection all of whom were detained on sections of the Mental Health Act. We saw that patients had access to an advocate specially trained to work within the framework of the Mental Health Act (IMHA).
- Sturt House shared a MHA administrator with Farmfield hospital. The administrator scheduled reminders for staff when the expiry dates for patients' detention periods were approaching and planned patients' tribunals and managers' hearings.
- We reviewed the paperwork for six patients who were detained under the Mental Health Act. We found that the patient records were all kept in good order. A record confirming that staff had informed patients of their section 132 rights was stored on the patients' electronic records and we saw that patients had been reminded of their rights every month.
- Staff recorded the arrangements for patients having leave from the hospital (section 17 leave) on patients' electronic notes. Patients told us that they could take their leave, including escorted leave, on nearly all occasions.

Mental Capacity Act and Deprivation of Liberty Safeguards

- At the time of inspection 24 of the 26 staff eligible for training in the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA DoLS) had completed this.
- Staff we spoke with were aware of the principles of the Mental Capacity Act. Patients had access to a specially trained advocate to support them in the decision-making process when needed (IMCA).
- We saw in care records that patients' capacity had been considered in a decision-specific way such as making a decision to give away a large amount of money. Assessments regarding a patient's capacity to make a specific decision were recorded appropriately by staff in the patient's care records.

Long stay/rehabilitation mental health wards for working age adults

Good 

Safe	Good 
Effective	Good 
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 ward area was split across two floors of an older building which had been adapted to meet the needs of the hospital. There was a combination of fully self-catering flatlets and traditional bedrooms. All patient rooms had their own toilet and shower. There were seven bedrooms on the upper floor and 13 on the ground floor. The hospital had submitted plans to extend the building so an additional bedroom could be added.
- There were two nursing offices, one on each level. The main office was on the lower floor. Because of the building layout, it was not possible for staff to have line of sight view of all the patient areas from either nurses' station. The provider had placed mirrors at critical points to address the blind spots in the corridors.
- The hospital provided a rehabilitation service to patients with longer-term mental health needs whose risks were well-known. Ward staff told us that should risks change the observation levels for patients would be reviewed by clinical staff and increased to protect the patient's safety if needed. The hospital provided a rehabilitation service to patients with longer term mental health needs whose risks were well-known.
- All staff carried an alarm and a two-way radio to alert colleagues if there was an emergency or if they needed assistance.
- On admission staff gave patients an orientation to the ward and explained how they could call for staff assistance. All patient bedrooms had call points for patients to contact staff.
- On the ground floor there were four patient rooms which had anti-ligature fittings, including en-suite bathrooms, and viewing panels on anti-barricade doors. These rooms also had a clear line of sight from the ward office. Patients who were assessed at higher risk of self-harm were accommodated here. The manager informed inspectors that the provider had a plan to refurbish and upgrade all the patient rooms to this standard.
- There were multiple ligature points in the corridors and patient areas. The staff we spoke with told us how these risks were mitigated locally which included maintaining areas where doors were kept locked, staff supervising access to certain areas, individual patient risk assessments and general patient observations. A comprehensive ligature audit had been completed in March 2018.
- The clinic room was clean, tidy and well organised with medicines stored safely. The clinical equipment was comprehensive and recently tested as required, and fridge temperatures were monitored daily and recorded by staff. A grab bag with emergency medicines was available to respond to medical emergencies. Training for staff in the use of the emergency grab bag was being introduced.
- The ward areas we saw were cleaned regularly and we saw housekeeping staff completing their regular cleaning schedule.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The patients contributed to the cleaning and upkeep of their rooms and staff made individual assessments of the support patients required with activities of daily living such as cleaning. This was recorded in patients' care plans.
- Patients had access to cold water from a drinks machine. However, they needed to request hot drinks from staff on the ward. A new area was being refurbished on the ground floor to accommodate a temperature-controlled water heater which would allow patients to prepare hot drinks for themselves.

Safe staffing

- There was a two-shift pattern on the ward. The day staff worked a 7.30am to 8pm shift and the night shift was 7.30pm to 8am. This allowed staff a half-hour period for a shift handover. The regular staffing numbers were two qualified nurses and four health care assistants in the day time and two qualified nurses and two health care assistants at night. We reviewed the ward roster and saw that these staffing ratios were being met
- The staffing levels were set centrally for the service by the provider using their 'stay safe' staffing ratios. The ward manager and hospital director had freedom to review and adjust the staffing numbers if the needs of the hospital changed.
- The hospital had vacancies for four out of seven qualified nursing positions, but managers had covered these with block-booked locum staff. There were four vacancies in the 13 health care assistant posts and these were covered by locum staff. We saw that the provider had introduced recruitment initiatives and a dedicated role within the organisation to attract nursing staff to apply for positions.
- The staffing roster showed that locum staff had been regularly working at the hospital for months and years. These staff were supervised and supported locally by the ward manager and had completed the mandatory training requirements set by the service.
- The medical cover was provided by a full-time consultant psychiatrist based at Sturt House. This was supplemented out of hours by an on-call rota which also included doctors who worked at Farmfield hospital, an Elysium hospital located nearby. The staff we spoke with said that support from the consultant was readily available and the doctor was very responsive and helpful when patients and staff needed them.
- Staff were up to date with mandatory training. There were 18 mandatory training courses and 30 out of 34 staff had completed these. The training included life-support, conflict resolution and breakaway techniques, infection control, information governance and food hygiene.

Assessing and managing risk to patients and staff

- We reviewed the care records of six patients and saw that staff had completed comprehensive risk assessments for all of them. The risk assessments had been regularly reviewed by the multidisciplinary team (MDT) and changes recorded on the patient's electronic care record.
- We observed a well-run risk review meeting which was attended by the patient, the ward manager, the consultant psychiatrist, and psychology and occupational therapy team members. The patient was fully involved in the review of his current risks and his assessments were projected onto the wall of the meeting room and the record was updated following consideration from the patient and the MDT. All patients had their risks reviewed in this way every six months.
- Staff we spoke with were knowledgeable about anticipating, de-escalating and managing challenging behaviours.
- The service used recognised tools such as the historical clinical risk management tool (HCR-20) and the short-term assessment of risk and treatability (START) to assess patients' risks. An additional tool to assess risks of sexual violence, the risk for sexual violence protocol (RSVP), was in the process of being added to the electronic care notes which would be used to assess and monitor levels of risk when a patient had a known risk of sexual violence.
- There was a strategy in place to identify and review restrictive practices and blanket restrictions. Staff assessed individual patients' risks with types of ward activity such as access to the garden, patient searches, access to the internet and the rationale for any restriction was recorded on the patient's risk assessment. This process helped staff keep to a minimum the amount of blanket restrictions affecting all patients.
- The service had completed an environmental risk assessment for the buildings and grounds. The ward manager received safety alerts relating to processes and

Long stay/rehabilitation mental health wards for working age adults

Good 

equipment and these were stored in a folder on the ward. The manager informed staff of any new alerts. The most recent fire assessment had been carried out in September 2018.

Safeguarding

- Staff we spoke with were informed about the process for raising safeguarding concerns. The ward manager maintained a log of safeguarding concerns which were reported to the local Surrey safeguarding team.
- Recent safeguarding alerts reported by staff had included patient vulnerabilities with spending their money and an alert regarding an instance of patients play-fighting on the ward.
- Staff received annual training in safeguarding adults and safeguarding children. At the time of inspection this training had been completed by 90% of the staff team.

Staff access to essential information

- At the morning handover, nursing staff recorded and shared essential patient information from each shift. This was later discussed with the full MDT at the morning meeting.
- Staff allocated their roles for each shift at the morning handover. These included: patient allocation to individual nurses, key duties such as supporting patients with section 17 leave, patients who required increased levels of observation or assistance with their physical health. This meant staff had clear information regarding their duties on shift.
- Patient information was securely stored on an electronic care records system. All staff, including locum nurses, had a log-in for the electronic patient records which included care plans and risk assessments for each patient. They also had access to the electronic incident reporting system so could read and report of any serious events that happened on their shift.

Medicines management

- Medicines were securely stored in locked cabinets in the locked ground floor clinic room. At the time of the inspection the service did not store controlled medicines but had arrangements in place should these be prescribed.
- We reviewed the medicines charts for all patients and these were in good order. Patient allergies were clearly

recorded on the charts. The health checks and levels relevant to medicines such as lithium and clozapine were present on the records of patients prescribed these medicines.

- We saw that medicines had been prescribed safely and in line with prescribing guidance for their use. The pharmacist carried out a monthly audit of prescribed medicines against National Institute for Health and Care Excellence (NICE) guidance and they sent this to the hospital's registered manager and the consultant psychiatrist.
- Patients who were receiving high dose anti-psychotic medication had ongoing monitoring which included blood tests, electrocardiograms and side-effects.
- Staff provided patients information and support with their medication. This included guidance regarding side effects and, when required, regular health monitoring.
- In all cases a signed patient's consent to treatment form was stored alongside their medicines chart. For patients detained under the Mental Health Act the required forms describing the patient's treatment were present and had been signed by the clinician in charge of the person's treatment.
- The service had arrangements in place with a pharmacy provider to support the medicines management process with a weekly visit. The pharmacist completed regular audits and these included the clinic room, controlled drugs and high dose anti-psychotics. They shared the audit outcomes with the consultant and ward manager.

Track record on safety

- The most recent serious incidents reported by the hospital managers were the unexpected death of a patient, and an assault on a member of staff by a patient. The unexpected patient death occurred when a patient was on section 17 leave and away from the hospital, Staff had recorded, reported and investigated these events according to the guidance in the provider's policy for managing serious incidents. We saw that lessons were learned as a result of the investigations in to each incident. These included reviewing the appropriate policies and making changes which improved patient and staff safety on the ward.
- The service reported one episode of restraint in the last six months which involved a patient who had assaulted a member of staff. There were no reports of the use of rapid tranquilisation in this period.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The most common form of incident reported by the hospital was verbal aggression and incidents relating to the management of patients smoking. When patients returned from leave staff searched them for contraband items such as lighters.
- All staff were up to date with training in the prevention and management of violence and aggression. The provider had taken steps to reduce the number of flashpoints caused by the smoking ban by allowing patients to use e-cigarettes in the hospital garden area. An upgraded metal detecting scanner had been purchased to make patient searches on return from leave less invasive.

Reporting incidents and learning from when things go wrong

- All incidents were recorded on the service's electronic reporting system, IRIS. All staff we spoke with were confident with the policy for reporting incidents and how to use the electronic record. Incidents that involved patients were automatically copied from IRIS on to the patient's electronic care record and this ensured that staff always had the most up to date information relating to safety.
- We observed staff reflecting on any lessons learned from the previous day at the daily MDT handover. These discussions were recorded as part of the daily handover and shared with staff on shift. New lessons learnt and actions taken were added to a list for that month and these were compiled into a printed document for the year. Staff we spoke with were well informed about this method of sharing learning.
- The staff we spoke with said that they received support and debriefing from colleagues and senior staff following an incident.

Are long stay/rehabilitation mental health wards for working-age adults effective?
(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed the clinical records for six patients, which were stored on the electronic care records system. All

care plans we saw were in good order, current, and had been regularly reviewed. Patients' immediate and long-term goals were recorded along with the interventions and support required to accomplish these.

- The care plans for each patient were individualised and based on the assessed needs of that person. They covered a broad range of recovery goals including vocation and work experience, coping mechanisms for managing mental health symptoms and behaviours, and steps to take towards independence such as budgeting, cooking and using information technology.
- Patients were given a copy of their care plans and had a folder for care planning which they kept in their rooms. Patients' views were recorded on the plans and patients had a weekly one-to-one meeting with their key worker to discuss their plans and activities.
- There was a rolling programme to review all patient care plans every 12 weeks. This ran alongside a review of the therapy timetable. Staff worked with patients in one-to-one meetings and in the monthly ward round to involve patients with this reviewing timetable.
- All patients received a physical health assessment on admission including blood pressure, electrocardiogram, blood tests and body mapping. These checks were monitored in ongoing weekly baseline observations by ward staff.
- Patients with existing physical health conditions were referred to the visiting GP and all patients had a six-monthly health assessment by the GP.

Best practice in treatment and care

- Patients were offered a range of rehabilitation therapies which included individual and group psychological support, including cognitive behavioural therapy. There were regular patient groups on healthy eating and exercise, and assistance to quit smoking and support with alternatives such as e-cigarettes. We saw that patients had plans around budgeting, shopping and cooking and some patients were becoming independent with catering.
- The treatment programme was led by the occupational therapy staff and the psychology staff. We saw that patients had a weekly timetable in their care notes which described the groups they were attending and the individual sessions that they had with psychology and nursing staff. At evenings and weekends the nursing staff co-ordinated ward based activities such as film nights and outings in to the community.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The treatment programme was in line with best practice guidance for rehabilitation services and focused on healthy living such as exercise, diet and nutrition, and smoking cessation; art therapy; self-care and skills for daily living; as well as psychological interventions and access to appropriate choices of medicines and a regular review of these treatments.
 - We saw that patients were at the centre of directing their treatment and care at Sturt House. Every twelve weeks the ward staff supported patients to co-ordinate a review of their risk assessments, their care plans and their therapeutic timetable of activities. Patients were encouraged and supported to lead this process to the extent of their abilities. We observed patients deciding on who they would like to attend their review meetings and chairing these meetings with the clinical staff. Staff supported patients to go to leisure and social activities including a Reigate-based community group; and newspaper, art, shopping and gardening groups. There were also support groups for patients with substance misuse issues, developing coping skills, understanding psychosis and a technology support group.
 - Sturt House had introduced a new initiative to support healthy living called Mission Fit. Staff offered regular support for patients including nutritional advice and structured exercise opportunities across the week. It included education about food groups and types, and individual and group exercise sessions with a specifically trained member of the staff team. Patients we spoke with were positive about participating with mission fit. Patients had worked with staff to identify a range of interventions specific to them which could reduce the need for them to take additional medication (PRN medication) at times when they were feeling more unwell. This was called a toolkit. The contents varied from person to person but broadly focused on relationships, mindset and self-care. The aim of the toolkit was to reduce the severity of the patient's symptoms and promote and boost wellbeing.
 - Patients were encouraged to make use of a think-back sheet to reflect on recent events and incidents that had happened on the ward. The process was based on a cognitive behavioural therapy approach.
 - We observed that patients were encouraged to be more effectively involved in their care by chairing their care programme approach meetings, agreeing objectives and deciding who should attend their reviews.
 - The patients' progress was measured by recording monthly Health of the Nation Outcome Scales (HoNOS) scores. This was a scale scoring patients' health and social functioning and measuring changes in the levels of their needs over the time of their admission.
 - Patients were completing their own assessments of their progress towards their recovery goals using the recovery star tool. This tool enabled patients to chart their achievements across ten areas including relationships, work, living skills and self-esteem.
- ### **Skilled staff to deliver care**
- The multi-disciplinary team comprised one full-time consultant psychiatrist, seven qualified mental health nurses and 13 healthcare assistants, a social worker, three psychological therapists and assistants, four occupational therapists and assistants, and a physical fitness advisor.
 - Staff we spoke with told us that they received regular monthly supervision and supervision records confirmed this. There was a clear supervision structure in place with staff receiving support from the relevant professional colleagues and this included staff who were long-term locum workers.
 - The service was up to date with staff appraisals with 32 out of 34 staff having completed these.
- ### **Multidisciplinary and inter-agency team work**
- There was a nurses' handover at the beginning of the day and when the night staff replaced the day staff. Daily at 9am there was a multidisciplinary handover meeting attended by all senior leads including the consultant psychiatrist and the hospital director.
 - We observed that the morning meeting was comprehensive in its review of the previous 24 hours and in the scope of the ward and patient issues that were considered. It was well-chaired and actions and allocations of duties were clearly recorded. All members of the hospital MDT contributed with knowledge and warmth about the patient plans and issues for that day.
 - Areas covered by the morning meeting included relational security, risk and observation levels, incidents and safeguarding, the day's activities and plans with patients for each professional group, and processes such as the care programme approach (CPA) discharge planning and contact with external professionals happening on that day. Lessons learned from each day were also discussed and recorded.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Sturt House had a positive relationship with the local GP surgery. The service had a visiting GP to support patients with physical health monitoring and six-monthly health check-ups.
- We saw in patient records that contact with referring teams, commissioners and other stakeholders in the patient's care pathway was being well maintained by the hospital senior team. During the inspection there were visits from a patient's community care co-ordinator, a local authority housing representative, a supported housing worker and commissioners who were funding a patient's placement at the hospital.
- The ward manager was the named safeguarding lead and liaised with the Surrey safeguarding team.

Adherence to the MHA and the MHA Code of Practice

- At the time of inspection, 24 of the 26 staff eligible had completed training in the Mental Health Act (MHA). Staff we spoke with demonstrated a good working knowledge of the MHA and the Code of Practice.
- There were 16 patients at the hospital at the time of inspection all of whom were detained on sections of the Mental Health Act.
- Sturt House shared a MHA administrator with Farmfield hospital. The administrator sent reminders to staff regarding approaching expiry dates for patients' detention periods and planned patients' tribunals and managers hearings.
- We reviewed the paperwork for six patients who were detained under the Mental Health Act. We found that the patient records were all kept in good order. Staff recorded in patients' electronic notes that they had discussed patients' section 132 rights with them, and we saw that staff discussed these rights with patients every month.
- Staff recorded arrangements for leave from the hospital (section 17 leave) on patients' electronic notes. Patients told us they could take their leave, including escorted leave, on nearly all occasions.

Good practice in applying the Mental Capacity Act

- At the time of inspection, 24 of the 26 staff eligible had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

- Staff we spoke with were aware of the principles of the MCA. We saw in care records that staff considered patients' capacity on a decision-specific basis. They recorded assessments regarding a patient's capacity to make a specific decision in the patient's care records.

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

Good 

Kindness, privacy, dignity, respect, compassion and support

- During the inspection we saw supportive and caring behaviour from the staff towards the patients. Staff interactions were kind and attentive and it was clear that the patients were confident in speaking to both the nursing and therapy staff.
- Patients told us that generally there were enough staff working on each shift to meet their needs, and that staff rarely cancelled meetings or activities.
- Patients were positive about the quality and choice of meals available and it was evident that communication between the patients and the chef was frequent and relaxed.
- The privacy and dignity of patients was being maintained and patients confirmed that staff were respectful of their personal space and would knock and wait for permission before entering their rooms.

Involvement in care

- The ward had a daily community meeting attended by staff and patients. We observed a meeting attended by 12 patients and six staff. The day's activities on the ward were discussed along with individual patient requests. The level of patient participation was high and the tone of the meeting was relaxed and respectful.
- Patients chose a positive statement each week which they spoke each time they contributed to the meeting. On the week of the inspection the phrase was: 'I will be bold'.
- The patients appointed a patient representative who chaired a patient involvement meeting one morning per week. The patient representative also took part in the interviews for the recruitment of new staff on the ward.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The service had a clear welcome pack for patients and carers which identified the members of the team and described treatments available to them at Sturt House.
- Patients were encouraged to take active roles in the planning of their care and supported by staff to take as much control of this process as they wished. There was a 12-week reviewing programme where patients actively reviewed their care plans, their activity plans and risk assessments with staff in 1:1 meetings and at larger multi-disciplinary meetings.
- We observed a patient chair his own care programme approach review meeting. He was encouraged and skilfully supported by ward staff throughout the course of the meeting.
- We observed active involvement from a patient in his six-monthly risk review meeting. The staff approach was supportive and encouraging and ensured that the patient's views and experiences were at the centre of the assessment and the review.
- Patients told us that they were encouraged to include carers and family in planning their care and treatment if they wished to. The staff had invited carers, along with patients, to contribute to a conversation about developing a service ethos for Sturt House
- There was a comfortable visitors room for patients to meet with family and friends.
- A patient satisfaction survey was last carried out by the hospital in May/June 2018. The issues that patients were least satisfied with were activities available on the ward at weekends and evenings, access to the internet and information about voluntary work. The provider had introduced changes following the feedback which included a new policy to allow patients to have their smart phones in their rooms and a revised activities timetable.
- The average bed occupancy for the hospital in the six months up to the date of the inspection was 86%. There were 16 patients on the ward at the time of inspection.
- All patients were funded by their local NHS clinical commissioning group. Patients were referred as part of their step-down pathway from more secure services or from community services where the referrer had identified that a patient needed ward-based rehabilitation.
- The hospital received referrals from a wide geographical area and this meant that patients could be a long way from their home area. Staff we spoke with told us that they considered retaining regular contact with services in a patient's local area was important in ensuring that they would have services identified when they were ready for discharge.
- Staff identified and maintained contact with community care co-ordinators and community teams in the locality to which the patient would be discharged. The community care co-ordinator's contact information was recorded in patient records and appointments between the patient and the community team were discussed at the morning handover. During our inspection we saw a community care co-ordinator attending a care review meeting with a patient and the hospital multi-disciplinary team.
- The admission criteria for the service included men who were 18 years and older with a history of serious and enduring mental illness which may have included challenging behaviours, sex offending history or substance misuse. Generally, patients would be detained under sections of the Mental Health Act.
- On admission, all patients received a ward orientation which included an information pack about the ward. Patients received an admission assessment by the hospital consultant and an initial physical health assessment. Within three months of admission every patient completed a model of human occupation (MOHOST) assessment with the ward occupational therapy staff.
- The average length of stay for patients at Sturt House was 907 days. This was within the normal range for a longer-term inpatient rehabilitation unit where stays of up to three years may be expected.
- Discussions and plans for discharge were begun by the ward staff with patients at the start of their admission and we saw these reflected in the patient care plans that we reviewed. The hospital social worker was involved in

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

Good 

Access and discharge

Long stay/rehabilitation mental health wards for working age adults

Good 

liaising with local services available on discharge such as supported housing. During our inspection hospital staff were meeting with staff from a local authority and a housing provider who had travelled to the ward to finalise a patient's discharge accommodation and support.

- The hospital reported one patient had a delayed discharge in the last six months. The patient had waited longer than was expected for permission from the Ministry of Justice to commence overnight leave to their new accommodation. Staff told us that delays could also happen when trying to identify suitable housing in the patient's local area due to shortages and high demand for supported accommodation.

The facilities promote recovery, comfort, dignity and confidentiality

- The patients had open daytime access to a ward garden which had seating and a sheltered area. Patients could use e-cigarettes in this area.
- The hospital grounds were extensive and protected by an alarmed fence and CCTV. The grounds were used by patients to take exercise.
- The patients had access from the hospital grounds to a pathway which led to a local village with amenities.
- There was a small lounge area on the first floor where we saw patients watching television. At the time of inspection, the main lounge on the ground floor was sparsely furnished with mostly single seats dispersed around the large room. The television had recently been broken and had not yet been replaced. The room appeared to be infrequently used by patients.
- The flooring and the walls in some of the busiest areas of the ward were showing wear and tear. These areas had limited decoration such as prints, posters or noticeboards to add interest for the patients. The manager told us that the refurbishment of these areas was a priority.
- There was a multi-faith room for patients on the ground floor. This room also was used as a quiet room for visitors.
- All patients had keys to their rooms and a lockable space in their room for personal items.
- Patients told us that they were supported to attend religious services if they wished to do so.

- There were two patient payphones located in the hallways of the ward. Staff told us that patients could use the ward portable phone if they wanted to have more privacy.
- Patients could use a basic personal mobile phone and from October 2018 the hospital policy was changing to allow patients access to their own smart phones in bedrooms.
- There was a computer room where patients had supervised access to the internet. Patients had given feedback in the patient survey that they wanted improved access to the internet. The hospital had commissioned the installation of Wi-Fi in the building and patients would be allocated personal log-ins dependent following an internet access assessment with staff.
- The occupational therapy staff supported patients in a dedicated kitchen area to become more independent with menu planning, shopping and meal preparation.
- The ward dining room was small and located in the main kitchen area. The hospital had scheduled works to make this room larger and place a partition between the kitchen and the eating area.

Patients' engagement with the wider community

- As part of the activities schedule patients had an opportunity to attend a community social group in Reigate called Stepping Stones. The aim of the group was to build confidence and self-worth through social contact and activities.
- Patients told us that as part of the mission fit programme that they were regularly using community gyms and swimming pools.
- Although the hospital was in a rural setting, patients told us that when they had leave they could walk down to the nearby village where there were shops and other facilities.

Meeting the needs of all people who use the service

- There was information available to patients on ward notice boards and on admission patients were given an information pack about the hospital. Information included how to raise complaints, safeguarding information, the contact numbers for advocacy services and information about the Mental Health Act and the Mental Capacity Act.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The presentation of information to patients on the ward noticeboards was split over the two floors of the ward and appeared more random than co-ordinated as to what information was located on which noticeboard.
- There was a general advocacy service for patients. An advocate visited the ward each week to be available to patients and they had information about how to contact the advocate whenever they needed advice or support.
- The hospital had an adapted bathroom and a lift which meant that the ward area was accessible and useable for a patient with mobility difficulties or who required a wheelchair.

Listening to and learning from concerns and complaints

- The service held a monthly patient's forum meeting which was chaired by an independent advocate. Any concerns and complaints raised by patients at this meeting were discussed at the Sturt House governance meeting and we saw that 'you said we did' responses were shared with patients as an outcome.
- There was an informal ward complaints log where patients' minor concerns were recorded with the hospital response. Patients were also given information about how to raise formal complaints and this was also posted on the ward noticeboards.
- The most frequent reported concern was about access to smoking and we saw that there was information for patients about the impact of smoking and the effects of nicotine. A nicotine replacement therapy and an e-cigarette use policy was in place for patients. Patients had also complained at times about staff attitude when enforcing hospital policies and we saw that there were discussions about these boundaries with patients at venues such as the daily patient meeting.
- We reviewed three formal complaints received by the hospital in the six months prior to the inspection. We saw that the complainant's concerns had been taken seriously and appropriately investigated within the guidance set out in the hospital policy.
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Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good 

Leadership

- There was a clear organisational structure at Sturt House and the roles of professional and managerial leads comprising the multi-disciplinary team were defined.
- We observed that the senior team were knowledgeable about the patient needs, and were maintaining effective processes to manage and support the running of the hospital. The senior team were appropriately qualified and they had significant experience of delivering mental health services.
- We observed that the hospital director, ward manager and consultant psychiatrist were frequently present on the ward and their interactions with staff and patients were warm and respectful.

Vision and strategy

- The senior team spoke confidently about the strengths of the service. They could describe openly the areas in which they wished to see improvements and demonstrate that they had strategies to make the changes.
- Staff we spoke with described the service as a rehabilitation service offering a recovery focussed treatment programme. The provider had produced a clear service description stating the model of care, the criteria for admission to the hospital and the outcome measures used to mark patient progress to discharge in to the community. The hospital managers shared this document with referrers and other stakeholders.
- The staff were positive about the change to the new provider which had happened since the last inspection. They said that generally their experience was that the values of the new provider, Elysium, had a beneficial impact on the hospital.

Long stay/rehabilitation mental health wards for working age adults

Good 

- It was evident that staff were working in a compassionate and collaborative way to help patients build skills and confidence and this extended in to supporting patients to have an active role in making decisions about their care and treatment.
- The ward had started an initiative with staff and patients, and carers and care co-ordinators, to create a unit philosophy to help guide the model of care and treatment offered to patients.

Culture

- Staff were positive about the atmosphere and the ethos of Sturt House. They spoke warmly about the support they received from colleagues and the senior team.
- We spoke with staff who rated their morale as high.
- Staff were receiving regular supervision, training and appraisal.
- Staff we spoke with told us that they felt confident about raising any concern they had to senior staff. All staff were aware of the organisations whistle-blowing policy.

Governance

- There was a clear governance and reporting structure within the hospital and up to the larger organisation. There were daily patient community meetings and a weekly patient involvement meeting. Issues from these meetings were included in discussions at the hospital monthly governance meeting. There was also a regular ward management meeting and a weekly multidisciplinary review of a dashboard of patient information indicators at the MDT Wednesday handover.
- The hospital director reported monthly hospital performance data, managerial and clinical, to the regional lead and this was then prepared for a report to the Elysium board.
- We reviewed the minutes of recent governance meetings and saw that they were well attended and covered a broad range of domains including safety, security and risk; policy updates; staffing, recruitment and supervision; quality improvement and audit; patient and carer experience, and issues from external agencies such as clinical commissioning groups and regulators.

Management of risk, issues and performance

- The staff had access to a dashboard of information which was mostly drawn from patients' electronic

clinical notes. This showed a broad range of patient-related indicators and helped staff with planning and reviews for patients. Information included in the dashboard was current risks, scheduled patient meetings such as monthly ward rounds and six-monthly care planning approach reviews (CPA), section 17 leave due and taken, physical health checks due, the community care co-ordinator contact details and current discharge plans.

- The hospital risk register was divided into three domains: quality, people and business. It had last been reviewed in August 2018. All high risks had mitigating actions assigned to them which had reduced the risks to a medium status. Key managed risks were risk of fire due to contraband tobacco and lighters entering the building, risk of patients who self-harm, the impact of patients' chronic health conditions on their wellbeing and staff recruitment.
- The senior team we spoke with could articulate the service's risks and the mitigations and strategies that were in place to further reduce and manage them.

Information management

- The provider was making good use of the reporting features of the patient electronic clinical records system, Care Notes. The team at Sturt House had received training in using the Care Notes systems and were at varying degrees of confidence in using it. The records system was used effectively to review a large range of patient information by the MDT once per week. This gave an overview to all the professionals of patient priorities in their mental health including the Mental Health Act, physical health, activities and care plans, including plans for discharge.
- All staff were up to date with their training in information governance which was a mandatory training.

Engagement

- The most recent staff survey had been completed in July 2018. The results showed that 29 out of 34 staff were positive about the support they got from their line manager, 27 out of 34 staff said that they would recommend Sturt House as a place to work, and 24 out of 34 staff believed that the environment was open and honest. An action plan was prepared for staff's lower

Long stay/rehabilitation mental health wards for working age adults

Good 

scores which included wanting more career progression within the organisation, improving the link between the Elysium board and the ward, and more training opportunities to develop staff potential.

Learning, continuous improvement and innovation

- Sturt House was taking part in the Elysium annual audit cycle. A recent audit that had been completed was of consent to treatment and compliance with the Mental Health Act Code of Practice.
- Sturt House was working towards full accreditation with the Royal College of Psychiatrists quality network for mental health rehabilitation services in 2019. This was a quality assurance process that would review and benchmark the service with similar specialist mental health providers.

Outstanding practice and areas for improvement

Outstanding practice

We saw that the culture of Sturt House was to place the patients at the centre of planning and directing their own care to the level of their abilities. We saw that they did this skilfully and effectively by having a clear reviewing process and by building patients' confidence in participating in it. It was evident in the way staff

supported patients to have control of the 12-week review timetable for care plans, the activities timetable, risk reviews, and in the implementation of the care programme approach. Staff supported patients in 1:1 meetings and in the larger review meetings to ensure that their voice and experience was always to the fore.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that plans to refurbish the common areas, including installing a water boiler for hot drinks, are completed.
- The provider should organise and display patient information effectively on both floors of the ward.