Krinvest Limited

# Maple House Rehabilitation Unit

## Inspection report

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Date of inspection visit: 9 and 10 January 2024
Date of publication: 14/03/2024

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Good |
| Are services effective? | Requires Improvement |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Summary of findings

## Overall summary

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. The wards had enough nurses and doctors, who received the necessary supervision. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice.
- The ward teams included or had access to the specialists required to meet the needs of patients on the wards, although there were some vacancies. Staff worked well together as a multidisciplinary team, and with providers and services outside the hospital.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised with services that would provide aftercare. Discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- Managers did not always ensure that staff had received the necessary appraisal and training.
- The furniture and fittings on the wards were not always well maintained and fit for purpose.
- The use of individual and blanket restrictions were not always robustly reviewed.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Long stay or rehabilitation mental health wards for working age adults** | Good  | See the summary above for details. |

# Summary of findings

## Contents

# Summary of this inspection

## Background to Maple House Rehabilitation Unit

Maple House Rehabilitation Centre is an independent hospital provided by Krinvest Limited. It was registered with CQC in 2016 and has a registered manager. It is registered to provide the following regulated activities:

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

The hospital has up to 21 beds for men aged over 18 years. The service has 3 wards:

- Oak ward (6 beds) and Elm ward (9 beds) provide a high dependency rehabilitation service for men with mental health needs
- Maple ward (6 beds) provides a high dependency rehabilitation service for men with an acquired brain injury.

The service was last inspected in January 2018 when it was known as Ash House. It was rated as good overall, and good in all 5 key questions (safe, effective, caring, responsive and well-led).

**What people who use the service say**

Patients were positive about most aspects of the service.

Patients were positive about staff and said there was always someone available to talk to. Patients said they felt staff were kind and caring. Patients were generally positive about their care and the activities available and told us they felt safe.

Patients were usually involved in identifying their goals and writing their care plans. Patients had copies of their care plans and leave documents. Patients attended their ward reviews and completed a feedback form beforehand, which made sure their views and requests were included.

Patients had access to physical healthcare and were positive about the weekly GP session. Some patients were unhappy about the effects of the medicines they were taking and had raised this with staff.

Patients told us the building was clean, and staff were responsive when furniture needed to be replaced or maintenance was carried out. Patients personalised their bedrooms. The building was being repainted and patients were able to choose their own bedroom colour if they wished.

Patients could raise concerns and give feedback in the monthly community meetings. A patient representative attended the monthly clinical governance meeting to give feedback from patients.

Patients knew how to make a complaint. Patients said they were aware of advocacy service, and knew how to access it.

## How we carried out this inspection

This was a comprehensive unannounced inspection. We carried out this inspection because we had not inspected the service for some time.

# Summary of this inspection

Before the inspection visit we reviewed information that we held about the service.

During the inspection visit we:

- visited all 3 wards, looked at the ward environments and observed how staff were caring for patients
- spoke with 9 patients or their families
- spoke with 11 staff
- spoke with the registered manager
- reviewed 6 care records of patients
- reviewed other care related documents
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

## Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

**Action the service MUST take to improve**:

- The service must ensure that all staff receive a regular appraisal. (Regulation 18(2)(a))

**Action the service SHOULD take to improve:**

- The service should ensure that environmental risks are regularly reviewed and monitored, and appropriate action is taken to remove or mitigate them. (Regulation 15)
- The service should ensure that all fixtures and fittings are fit for purpose and well-maintained. (Regulation 15)
- The service should ensure that all staff are up to date with their mandatory training. (Regulation 18)
- The service should ensure that physical health monitoring, such as NEWS2, is recorded and followed-up in accordance with national guidelines. (Regulation 12)
- The service should continue to ensure that individual and blanket restrictions are regularly reviewed, including the use of scheduled 'movement breaks' to escort patients to the garden, and the impact of limiting items for one patient extending the restriction to other patients.

# Our findings

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| **Long stay or rehabilitation mental health wards for working age adults** | Good | Requires Improvement | Good | Good | Good | Good |
| **Overall** | Good | Requires Improvement | Good | Good | Good | Good |

# Long stay or rehabilitation mental health wards for working age adults

Good

| | |
|---|---|
| Safe | Good |
| Effective | Requires Improvement |
| Caring | Good |
| Responsive | Good |
| Well-led | Good |

## Is the service safe?

Good

Our rating of safe stayed the same. We rated it as good.

### Safe and clean care environments

**All wards were safe, clean, equipped, and mostly furnished, maintained and fit for purpose.**

### Safety of the ward layout

Staff completed and regularly updated risk assessments of all ward areas and removed or took action to reduce any risks they identified. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Environmental and ligature risk assessments had been carried out. Where risks were identified they were mitigated against, and patients were supervised in higher risk areas. The service provided a rehabilitation and recovery pathway for patients, with the aim of moving towards living in the community or in a less restrictive environment. There were risks and potential ligature points in the environment which had been risk assessed, and there was mitigation in place that took into account the patient group. If people were at high risk of ligaturing or severe self-harm, they would not be admitted to the service. We identified a potential risk in the building that was not included in the environmental risk assessment, which has now been addressed by the service.

Staff could observe patients in all parts of the wards. Some areas of the wards had difficult to observe areas, but this was mitigated by the use of mirrors and staff observation.

The ward complied with guidance and there was no mixed sex accommodation. Only men were admitted to the service.

Staff had easy access to alarms, and patients had easy access to nurse call systems. The alarms and nurse call system were routinely tested and serviced.

### Maintenance, cleanliness and infection control

Ward areas were generally clean and fit for purpose, but not always well maintained and furnished. Most areas of the building were clean and maintained, but there were some signs of wear and some damage to walls and flooring. During the inspection we identified several items in need of replacement or repair. This included 3 fire doors that were in need

of replacement, damage to window restrictors, damage to the roof that was causing a water leak, 1 sofa with a large tear and another with signs of heavy wear. Managers were aware of these and had taken actions to respond when the building or items were damaged, to replace furniture that was found to be of unsatisfactory quality, and to mitigate against the risks presented whilst waiting for repair or replacement.

Staff provided and co-ordinated both scheduled and responsive repairs and decoration. There was a scheduled programme of environmental checks, and routine audits of fixtures and fittings. Actions from audits were monitored through the monthly governance meeting.

Staff made sure cleaning records were up-to-date and the premises were clean. Staff followed the infection control policy, including handwashing. Staff carried out a monthly environment cleanliness audit across the hospital. There were no significant problems identified, and where cleaning was required, this was carried out quickly. Staff encouraged and supported patients to keep their rooms clean and tidy. Staff carried out a quarterly audit of mattresses. Mattresses were replaced when required, or when a new patient was admitted.

### Clinic room and equipment

Clinic rooms were fully equipped and included accessible resuscitation equipment and emergency medicines that staff checked regularly. There was a clinic room on each ward. The clinic rooms were small, particularly on Oak Ward which had a separate room for carrying out physical health checks. Emergency equipment included oxygen and a defibrillator, which were checked weekly. However, on the first day of our inspection we found that 1 of the 2 defibrillators in the hospital was not working – this was replaced the following day.

Staff checked, maintained, and cleaned equipment. There were routine checks of the clinic rooms and equipment. There was a routine programme for testing and calibrating equipment. This also listed new equipment or equipment that was replaced each year, so did not require testing.

### Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

### Nursing staff

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses and support workers for each shift. Staffing levels were usually at least two nurses and six support workers during the day, and two nurses and five support workers at night. Staff adjusted staffing levels according to the needs of the patients. Additional staff were used to cover enhanced observations.

The service had low vacancy rates. There were no qualified nurse vacancies and three support worker vacancies, which were covered by bank staff who were familiar with the service. The service rarely used agency staff. In the three months up to the inspection there had been only two occasions where agency staff had been used.

The service had low turnover rates. Managers supported staff who needed time off for ill health. There were low levels of sickness.

Staff and patients told us the service was rarely short staffed. Patients had regular one-to-one sessions with their named nurse and key worker, which were documented in their care records. Patients rarely had their escorted leave or activities cancelled because there were not enough staff available. The service had enough staff on each shift to carry out any physical interventions safely, and this was planned into the off-duty rota.

# Long stay or rehabilitation mental health wards for working age adults

Good

Staff shared key information to keep patients safe when handing over their care to others.

### Medical staff

The service had enough daytime and nighttime medical cover, and a doctor available to go to the wards quickly in an emergency. **The service employed a full-time consultant psychiatrist who was the responsible clinician for all patients in the hospital. Out of hours medical cover was provided on a rota between Maple House and its two sister hospitals.**

**Patients had access to a GP, who visited the service once a week. The GP session was co-ordinated by the physical healthcare lead.**

### Mandatory training

Staff had completed and were up to date with most of their mandatory training. All staff had completed mandatory training, but some staff were overdue refreshers or updates. Where updates were overdue, most staff had sessions booked in the next month. Staff completed a range of mandatory training which included management of violence and aggression, basic/immediate life support, fire and safeguarding. Staff also completed training about self-harm awareness, and learning disability and autism awareness. New staff completed their mandatory training as part of their induction programme, and were expected to have completed all their face-to-face training by the end of 3 months.

Managers monitored mandatory training and alerted staff when they needed refreshers or updates. The provider had a training manager across Maple House and its 2 sister hospitals who oversaw training. Where there were gaps in training this was highlighted and monitored through the governance process and followed up with individual staff.

The mandatory training programme was comprehensive and met the needs of patients and staff. Managers had carried out a detailed training needs analysis in August 2023. This reflected the type of service provided, the needs of current patients, and a review of incidents that had occurred over the last year to identify training needs. A new provider of online mandatory training and a new induction programme had recently been introduced.

### Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.**

### Assessment of patient risk

Staff completed risk assessments for each patient before and on admission, using a recognised tool. Staff reviewed each patient's level of risk in the monthly multidisciplinary team meetings, or more often when required.

Staff used a recognised risk assessment tool. Staff used a variety of risk assessment tools, including the Short-Term Assessment of Risk and Treatability (START) risk assessment. Staff also completed specific risk assessments in relation to patients' physical health, such as their risk of falls or regarding their weight and diet. Individual risk assessments were carried out to balance least restrictive practice with risk to self and others, for example for access to mobile phones and potentially harmful items.

# Long stay or rehabilitation mental health wards for working age adults

Good

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Each patient had a risk assessment care plan that was individualised and person-centred. Individual risk assessments were carried out for a wide range of areas and care plans were developed in response to this. This ranged from an assessment of a patient's finances, to access to a door fob, to their mobility needs, and road safety.

Staff identified and responded to any changes in risks to, or posed by, patients. These were regularly reviewed, and consideration was given to maintaining safety and least restrictive practice. The service had some blanket restrictions. A list of these was maintained, and they were reviewed regularly in staff meetings, patients' community meetings and in the monthly clinical governance meeting.

Staff could observe patients in all areas of the wards. There were routine observations or checks carried out of all patients. Staff were aware of the environmental risks in the building and carried out regular checks of the environment for signs of damage.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

## Use of restrictive interventions

Levels of restrictive interventions were low. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. From the 1 April 2023 - December 2023 there had been 96 physical interventions, which were mostly redirection or low level holds. From the 1 January 2023 - 31 December 2023 there had been 8 incidents requiring physical restraint.

Staff participated in the provider's restrictive interventions reduction programme. The service's policies referred to best practice guidance from the Restraint Reduction Network. Staff had completed training in reducing and safely managing violence and aggression. Staff used verbal de-escalation and non-physical interventions where possible. Staff routinely reviewed restrictive interventions, and they were also reviewed in multidisciplinary meetings with oversight in the monthly clinical governance meeting.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. The provider had policies for the use of rapid tranquilisation. There had been no use of rapid tranquilisation from 1 January 2023 - 31 December 2023.

Staff used enhanced observations when required to keep patients and other people safe. From 1 April 2023 - 31 December 2023 this had varied from none to 3 per month. Patients on enhanced observations had care plans, and we saw an observation care plan that had been discussed with the patient, included their views, and explained the rationale for the observation and agreement as to how to maintain the patient's privacy and dignity during this.

The service did not use seclusion or long-term segregation.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role. All staff had completed safeguarding training, but some staff were overdue refreshers or updates. Where updates were overdue, most staff had sessions booked in the next month.

Staff knew how to recognise adults and children at risk of or suffering harm. Staff described potential safeguarding concerns and the actions they would take to respond to these. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The provider had a clear policy for the action staff should take in the event of a safeguarding concern. This was on display, and on the provider's intranet. Managers reviewed any themes from potential safeguarding concerns at the monthly clinical governance meeting.

### Staff access to essential information

**Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.**

Patient notes were comprehensive, and all staff could access them easily. Patient care records were paper-based and were stored securely in staff-only areas. The provider had plans to move to an electronic care records system, but this had yet to be implemented.

### Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Medical staff routinely reviewed each patient's medicines in the multi-disciplinary team meetings, and more frequently when necessary. Some patients were supported in the early stages of self-administering their own medicines.

Staff stored and managed medicines and prescribing documents safely. Staff completed medicines records accurately and kept them up to date. Staff used an electronic prescribing and medicines administration recording system. Staff checked and recorded the temperature of rooms and fridges where medicines were stored each day, and these were in the correct range. An external pharmacist visited the service each week and provided advice and monitoring of medicines and their management. The medicines audits were reviewed in the monthly clinical governance meetings.

Staff learned from safety alerts and incidents to improve practice. Safety alerts were included in the clinical governance meetings, and the information was shared with staff in team meetings and handovers.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Patients had individualised care plans for the use of 'PRN' or as necessary medicines. High dose antipsychotic therapy (HDAT) was not prescribed regularly, but when patients were prescribed antipsychotic medicines above the recommended limits, staff monitored their physical health in accordance with national guidance.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. All patients had their physical health monitored when they were admitted, and routinely afterwards. Staff used the National Early Warning System 2 (NEWS2) to record patients' physical health observations, such as blood pressure and pulse. When patients were prescribed medicines such as clozapine and lithium, additional physical health monitoring was carried out in accordance with national guidance.

# Long stay or rehabilitation mental health wards for working age adults

Good

## Track record on safety

### Reporting incidents and learning from when things go wrong

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. Staff reported serious incidents clearly and in line with the service's policy. Incidents were reported and analysed in the monthly clinical governance meeting, which included by the type of incident, time of day, and location. This information was summarised so it could be compared from month to month. The most common type of incident in 2023 was verbal aggression, followed by security issues which may relate to smoking and vaping. There were some incidents of physical aggression, and low levels of self-harm and the use of physical interventions or restraint by staff.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff had completed training on the duty of candour, and new staff completed this during their induction. Managers monitored the use of duty of candour at the monthly governance meetings.

Managers investigated incidents thoroughly. Managers debriefed and supported staff after any serious incident. Staff met to discuss the feedback and look at improvements to patient care. Findings of serious incidents was shared with staff, which may include in handovers, by email or at team meetings.

There was evidence that changes had been made as a result of feedback. For example, the risk register had been updated following security incidents, and changes had been made to the search policy.

The service had had no never events on any of the wards.

## Is the service effective?

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

### Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.**

Staff completed a comprehensive mental health assessment of each patient. This started with their pre-admission assessment, and continued when the patient was admitted to the service. The assessment was carried out by the multidisciplinary team that included doctors, nurses, psychology and occupational therapy.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. This included a comprehensive physical health assessment.

# Long stay or rehabilitation mental health wards for working age adults

Good

Staff developed care plans for each patient that met their mental and physical health needs. Care plans were personalised, holistic and recovery-orientated. They included the patients mental and physical health care needs and a positive behaviour support plan. Patients also had individualised care plans related to areas such as leave medicines, security and discharge. Most patients were involved in the development of their care plans, and their views and goals were discussed in one to one sessions with their key worker and named nurse.

Staff regularly reviewed and updated care plans when patients' needs changed. Care plans were routinely reviewed in the multidisciplinary team meetings, and as necessary outside this.

### Best practice in treatment and care

**Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.**

Staff provided a range of care and treatment suitable for the patients in the service. Patients were assessed by the psychology and occupational therapy staff, who then developed appropriate care and treatment plans. The psychologist provided both individual and group sessions for patients, and support sessions for staff. The occupational therapy assistant, under supervision from an occupational therapist, worked with patients to support them to develop their skills and follow their interests. There was a general programme of activities, and others tailored to individual patients. This included a range of activities both inside and outside the hospital. Leisure and distraction activities were provided in addition to practical skills such as cooking and budgeting. A physical activity co-ordinator led on supporting patients with exercise, which included activities inside and outside the hospital such as walking, bike rides, swimming and going to the gym.

Staff delivered care in line with best practice and national guidance. The care model was person centred and recovery orientated. It focused on individual and achievable goals that incorporated coping skills and improvement strategies. Patients had road goal maps that clearly set out what they wanted to achieve. The road map set out what the patient needed to do to achieve their goals, and any barriers that may affect this. The aim was often to be discharged from hospital, but they also had short, medium and long-term objectives written as SMART (specific, measurable, achievable, relevant, time-based) goals.

Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required. All patients had a physical health assessment, and care plans developed from this. A GP held a session at the hospital once a week that was co-ordinated and supported by the physical health lead. Staff had received additional training in specific health conditions, and procedures such as phlebotomy, to support this role. Patients were referred to and supported to attend external appointments if they needed specialist physical healthcare assessment and treatment.

Physical health observations (such as blood pressure and pulse) were recorded using a recognised tool called the National Early Warning Score 2 (NEWS2). Observations were routinely and regularly taken. However, they were not recorded consistently, and action was not always taken or documented as indicated by the tool. For example, if the tool indicated that the observations should be repeated, or escalated to another healthcare professional. Other physical health monitoring was being carried out as required. For example, all patients had electrocardiograms (ECGs), and

patients who were on specific medicines had the necessary additional monitoring and blood tests carried out in accordance with national guidance. Staff used recognised tools to monitor and promote patients' physical health, such as the Lester tool which is a framework for promoting cardiometabolic health in people with psychosis and schizophrenia.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Staff helped patients live healthier lives by providing advice or supporting them to take part in programmes such as to lose weight or stop smoking. The monthly governance meeting had a standing agenda item that looked at harm reduction, and included reducing smoking and alcohol/substance misuse, and weight management and fitness. Healthy options were provided on the menu, and patients who made their own food were given advice about making healthier choices. Patients could be referred to the weight loss service provided by the local authority if they had a body mass index (BMI) of 30 or over. Patients were offered and encouraged to have flu and COVID vaccinations.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The multidisciplinary team used Health of the Nation Outcome Scales (HoNOS), or HoNOS-ABI (acquired brain injury), which is a recognised tool to measure the health and social functioning of people with a mental illness. The psychology and occupational therapy teams used a range of research-based therapeutic scales depending on the needs of the patient. The primary outcome measure used by the psychology team was Clinical Outcomes in Routine Evaluation (CORE), and others tailored to individual patients. Occupational therapy used various assessments to determine each patient's interests, skills and abilities, including the Model of Human Occupation Screening Tool (MOHOST).

Managers used results from audits to make improvements. The service had an audit schedule to monitor a range of areas that included patients' records, medicines, and equipment. Staff took action to address any gaps or concerns following the audits, and the findings were reviewed and monitored in the monthly clinical governance meeting.

### Skilled staff to deliver care

**The ward teams included or had access to the range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They had not always supported staff with appraisals and supervision. Managers provided an induction programme for new staff.**

The service had access to a range of specialists to meet the needs of the patients on the ward, but there were some vacancies. The service had a psychologist and was in the process of recruiting for a psychology assistant. The service had a vacancy for an occupational therapist (OT) which managers were in the process of recruiting to. The service had an occupational therapy assistant (OTA) who was supervised by a manager who was also a registered OT. Patients had access to physiotherapy and speech and language therapy through their GP. The provider also had a regional speech and language therapist who could provide support.

Managers made sure staff received any specialist training for their role. The consultant psychiatrist provided training to staff about acquired brain injury. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had completed training to meet the needs of patients, for example learning about diabetes and epilepsy, and how to take blood. Some staff had completed training to take on additional roles, such as supporting the GP sessions and physical activity training.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work. The induction programme had recently been updated and included mandatory training and supervised time on the wards.

Managers did not always support staff through regular, constructive appraisals of their work. Only 49% of clinical staff employed at the end of 2023 had received an appraisal during that year.

Managers provided staff with regular clinical supervision of their work. Staff said they felt supported, and that the frequency of supervision varied from 6 weeks to 3 months. Managers told us that supervision should occur at least every 3 months. New staff received an induction pack that said they would receive supervision every 4 weeks during their induction. The staff handbook, for all staff, did not refer to the expected content or frequency of supervision. Records showed that supervision was completed throughout the year. In quarter 1 (1January 2023 to 31 March 2023) 94% of staff had had supervision, in quarter 2 (1 April 2023 to 30 June 2023) 68% of staff had had supervision, in quarter 3 (1 July 2023 to 30 September 2023) 77% of staff had had supervision, and in quarter 4 (1 October 2023 to 31 December 2023) 95% of staff had had supervision. Managers provided staff with a mix of individual and group supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Minutes were shared with staff by email.

### Multi-disciplinary and interagency team work

**Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.**

Staff held regular multidisciplinary team (MDT) meetings to discuss patients and improve their care. The frequency of the MDT meetings was weekly when a patient was admitted, and then reduced to fortnightly and monthly over time. More frequent reviews would be carried out when required.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Handover meetings between shifts were recorded on paper or electronically on each of the wards. They included key information about each patient, an update on their mental and physical health, any observation levels or leave, and any notable incidents or events.

Ward teams had effective working relationships with other teams in the organisation. Nurses and support workers were usually based on one ward but would move to the other wards when required. Other healthcare staff such as doctors, occupational therapists and psychologists, worked across all 3 wards.

Ward teams had effective working relationships with external teams and organisations. Staff worked with other professionals involved in each patient's care, such as community mental health teams, care co-ordinators, physical healthcare services, and services that patients would be supported by following discharge. When a patient was preparing for discharge staff worked collaboratively with the patient's future placement. A GP held a session at the hospital once a week, which was co-ordinated by the physical healthcare lead.

# Long stay or rehabilitation mental health wards for working age adults

Good

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

**Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.**

Staff received and kept up-to-date with training on the Mental Health Act (MHA) and the MHA Code of Practice. All staff had completed training on the MHA, apart from 3 new staff who were due to complete it as part of their induction programme. Staff had access to support and advice on implementing the MHA and its Code of Practice. Staff knew who their MHA administrator was and when to ask them for support. A MHA administrator covered the provider's 3 hospitals in the North West, and was based at Maple House.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the MHA Code of Practice. Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Patients had access to information about independent mental health advocacy. Information about the advocacy service was on display, and patients were referred to advocacy by staff.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand. This was repeated as necessary and recorded clearly in the patient's notes each time. This was monitored by the MHA administrator and through the monthly clinical governance meetings.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Staff and patients told us leave was rarely cancelled, other than for clinical reasons.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Patients who were admitted to the service were usually detained under the MHA. If a patient became informal during their admission, staff would explain to them their rights as an informal patient.

Patients had regular Care Programme Approach (CPA) meetings. These included discharge planning, and any aftercare available to patients who qualified for it under section 117 of the MHA.

Managers and staff made sure the service applied the MHA correctly by completing audits and discussing the findings. The MHA administrator and the external pharmacist carried out audits. These were presented and reviewed in the monthly clinical governance meeting. Where any gaps or issues were identified, these were highlighted and actions taken, which were followed up through subsequent meetings.

## Good practice in applying the Mental Capacity Act

**Staff supported patients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.**

Staff received and kept up-to-date with training in the Mental Capacity Act (MCA) and had a good understanding of the 5 principles when assessing mental capacity. All staff had completed training on the MCA, apart from 3 new staff who were due to complete it as part of their induction programme.

# Long stay or rehabilitation mental health wards for working age adults

Good

Patients were usually detained under the Mental Health Act. There was a clear policy on the MCA and Deprivation of Liberty Safeguards (DoLS), and staff knew where to get accurate advice on the MCA and DoLS. There had been no DoLS applications made in the last 12 months. However, the use of DoLS had been considered for some patients prior to discharge to accommodation in the community.

Staff gave patients support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. This included decisions about money, future accommodation, and physical health conditions and treatment. Staff assessed and recorded capacity to consent when a patient needed to make an important decision. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes. Staff involved families in the decision making, but if this was not possible patients had an independent mental capacity advocate (IMCA) to represent their interests. Best interest meetings had involved staff from Maple House, and professionals from outside the service.

The service monitored how the Mental Capacity Act was used, and any best interest meetings through the monthly clinical governance meeting.

## Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good.

### Kindness, privacy, dignity, respect, compassion and support

**Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.**

Staff were discreet, respectful, and responsive when caring for patients. Staff gave patients help, emotional support and advice when they needed it. Patients were positive about staff and said there was always someone available for them.

Staff supported patients to understand and manage their own care treatment or condition. Patients told us there was written information available, but they usually spoke directly with staff to get information.

Staff directed patients to other services and supported them to access those services if they needed help. Patients had access to physical healthcare when they needed it. Patients were generally positive about the activities and support that was available to them.

Staff understood and respected the individual needs of each patient. Care plans were person-centred and recovery focused.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

# Long stay or rehabilitation mental health wards for working age adults

Good

## Involvement in care

**Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had access to independent advocates.**

## Involvement of patients

Staff introduced patients to the hospital as part of their admission. Patients usually spent some time at the hospital before they were admitted.

Staff involved patients and gave them access to their care plans and risk assessments. Each patient had a care plan, and most patients said they were involved in their care. All patients had a folder that contained information such as care plans, leave documents, and decisions about any restrictions.

Staff supported patients to make decisions on their care. Patients attended a multidisciplinary team meeting to review their care every 2 to 4 weeks. Staff supported patients to complete a feedback form before the meeting. This helped ensure that their views and requests were included, and not forgotten.

Staff made sure patients understood their care and treatment, and found ways to communicate with patients who had communication difficulties. Staff had adapted documents for individual patients, so that it was easier for them to understand.

Patients could give feedback on the service and their treatment and staff supported them to do this. A patient survey had been completed by over 75% of patients. The survey was short, but the feedback was generally positive. Patients attended a monthly community meeting to give feedback about the service, and action had been taken as a result of this. This included reviewing menus, planning activities, and issues with the environment. A patient representative attended the monthly clinical governance meeting to present feedback from patients.

Staff made sure patients could access advocacy services. Access to the advocacy service had changed, and was now by referral only. Information about the advocacy service was on display. Patients told us they were aware of the advocacy service.

## Involvement of families and carers

**Staff informed and involved families and carers appropriately.**

Staff supported, informed and involved families or carers. Patients were supported to maintain contact with their families. Families and carers were generally positive about the service that was provided to their relatives. Some families and carers described the significant positive impact the service had had on their relatives and how it had improved their relative's quality of life. Families and carers were positive about the staff, and the communication they had with the service. They felt able to raise any concerns, and that these would be responded to and dealt with. Families and carers were invited to meetings about their relative's care, and provided with updates about their relative, if the patient was in agreement with this.

Staff helped families to give feedback on the service. A family, friend and carer survey had been carried out in August and September 2023. The feedback was generally positive, and where specific concerns were identified this were followed up directly. Actions were identified from the survey, which were due to be monitored and followed up through the monthly governance meeting. Families and carers were invited to an annual carers event.

# Long stay or rehabilitation mental health wards for working age adults

Good

## Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

### Access and discharge

**Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.**

Managers regularly reviewed the length of stay for patients to ensure they did not stay longer than they needed to. Staff told us the suggested length of stay was 18 to 24 months, however this varied from patient to patient, and some patients had been at the hospital for several years.

Managers and staff worked to make sure they did not discharge patients before they were ready.

Patients had planned periods of leave before they moved to a different service. When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons or it was in the best interest of the patient. Staff did not move or discharge patients at night or very early in the morning.

If the service could no longer meet the needs of a patient, for example if they needed care in a psychiatric intensive care unit, they would be transferred to a hospital in their home area. Staff worked with commissioners to ensure this was carried out quickly and supportively. There had been occasions when this transfer had been delayed, and staff had provided support to the patient at Maple House until a suitable bed became available.

### Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed and took action to reduce them. Patients did not usually have to stay in hospital when they were well enough to leave. Managers told us that there were 3 patients who were ready to move on from the hospital, but appropriate accommodation had yet to be identified.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Patients had a care programme approach (CPA) meeting 3 months after they were admitted, and then every 6 months. The patient, their families, and care co-ordinators and community staff were invited to the meeting to discuss the patient's progress, care plan, and discharge planning.

Staff supported patients when they were referred or transferred between services. Patients visited and spent time at the place they were moving onto, to familiarise themselves with it before they were discharged.

### Facilities that promote comfort, dignity and privacy

**The design, layout, and furnishings of the hospital supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks. When clinically appropriate, staff supported patients to self-cater.**

# Long stay or rehabilitation mental health wards for working age adults

Good

Each patient had their own bedroom, which they could personalise. All bedrooms were single and had an ensuite shower and toilet. Patients had a secure place to store personal possessions. Patients had their own key fob to access their bedrooms and other areas of the service.

Staff used a range of rooms and equipment to support treatment and care. Patients participated in activities such as exercise, cooking and computer sessions onsite.

The service had quiet areas and a room where patients could meet with visitors in private. The service had a visitors' room on the ground floor.

Patients could make phone calls in private. Most patients had their own mobile phone, and access to this was individually risk assessed by the multidisciplinary team.

The service had an outside space that patients could access. The garden was on the ground floor, so there was no direct access from the middle and top floors. Access to the garden was always escorted by staff, and there were usually set times every 2 hours for 'movement breaks' to go into the garden. Patients usually had leave outside the building, so they could go outside the hospital. At the time of inspection about half of the patients had unescorted leave, and the remainder usually had access to escorted leave with staff.

Patients could make their own hot drinks and snacks but were sometimes dependent on staff to do this. Each ward had a kitchen where patients could make drinks and snacks. Staff risk assessed whether the kitchen was open or locked. At the time of inspection all wards had open kitchens throughout the day but on Maple ward some patients were assessed to require staff support to access the kitchen safely. Individual risk assessments and restrictions for some patients may mean that access to items was limited for all patients on that ward.

The service offered a variety of good quality food. Food was cooked onsite and was tailored to patients' needs. Patients were asked for their input into the menu. Catering staff were aware of patients' needs and preferences, for example if they had any allergies, health conditions such as diabetes, or dietary preferences such as vegetarian food.

### Patients' engagement with the wider community

**Staff supported patients with activities outside the service, such as work, education and family relationships.**

Staff made sure patients had access to opportunities for education and work. Staff completed an assessment with patients about their interests and what they wanted to do in the future. Patients could access online courses, and some patients had attended a local college. Some patients volunteered at local charity shops and organisations.

Staff helped patients to stay in contact with families and carers. Patients and their families were encouraged and supported to stay in touch. Families visited patients at the hospital, or some patients visited their families at home or met with them in the community.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients usually had leave outside the hospital, either on their own or supported by staff. Patients were supported with activities in the community. This included visiting local cafes, shops and facilities. Some patients had participated in a local sponsored walk to raise money for charity.

# Long stay or rehabilitation mental health wards for working age adults

Good

## Meeting the needs of all people who use the service

**The service met the needs of all patients, including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.**

The service supported and made adjustments for disabled people and those with communication needs or other specific needs. Not all areas of the building were accessible for someone in a wheelchair or with limited mobility, but there were some accessible facilities. There was a lift to all floors, but narrow corridors and doors may make this difficult to navigate. Staff obtained the necessary mobility aids and supports when required. This included bed raisers, walking aids and elevated chairs and toilet seats.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Communication aids were used when necessary. This included communication card and adapted printed materials.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients could get help from interpreters or signers when needed. Patients usually spoke English as their first language. Managers told us they could access information in other languages and interpreters if required.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. All patients had their dietary needs and preferences assessed, and kitchen staff planned and provided food and meals accordingly.

Patients had access to spiritual, religious and cultural support. Patients could attend local religious services if they wished. There was a visitor and multi-faith room in the hospital.

## Listening to and learning from concerns and complaints

**The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.**

Patients, relatives, and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Patients raised concerns and complaints in the patients' community meetings.

Staff understood the policy on complaints and knew how to deal with them. Managers investigated complaints and identified themes. The service had low levels of formal complaints. There had been 6 complaints from April to December 2023. There were no specific themes from these complaints.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. When complaints were raised in community meetings, these were followed up with individual patients and in future meetings.

Managers shared feedback from complaints with staff and learning was used to improve the service. Where there was any learning, managers shared this with staff through handovers and team meetings.

The service used compliments to learn, celebrate success and improve the quality of care. Managers shared compliments from patients and others with staff.

## Is the service well-led?

# Long stay or rehabilitation mental health wards for working age adults

Good

Good

Our rating of well-led stayed the same. We rated it as good.

## Leadership

**Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.**

Managers had the skills, knowledge and experience to perform their roles. Staff and patients were positive about local managers and found them accessible and approachable. Staff and patients had limited contact with managers outside the hospital.

Leaders had a good understanding of the services they managed. They were knowledgeable about the service, including the areas where it performed well, and the areas where it could improve.

Staff had access to development opportunities when available. Managers and staff had worked at the provider's other hospitals. The registered manager worked across two of the provider's hospitals.

## Vision and strategy

**Staff were not always clear about the provider's vision and values, but they still applied them to the work of their team.**

Managers told us that the organisations goals were to provide high quality patient care, ensure patient safety, promote staff wellbeing and maintain efficient operations. The staff handbook laid out what the overall vision of the service, and its recovery focus for its patients. Staff were aware of the service's values but referred to them as being on the intranet or something they looked at during induction. However, staff had a person centred and recovery approach towards patients, which demonstrated they were fulfilling the organisation's values.

## Culture

**Staff felt respected, supported and valued. They could raise any concerns without fear.**

Staff were positive about the culture in the hospital and felt that staff worked well together. The most recent staff survey had had a 70% response rate, and although some responses were negative or neutral, the majority of the feedback was positive.

Staff felt able to raise concerns, and told us that they would be confident to take these further if they did not think issues had been addressed locally.

Staff were primarily based on one ward but moved between wards, and from day to night shifts, so there were a mix of staff working in the unit. Staff spoke positively about patients and had a patient-centred approach. Managers had carried out a closed culture audit, which covered five key areas: experiences of care, use of restrictions and restraint, physical environment, skills and experience of staff, and management and leadership. The audit had identified the service as being at low risk of developing a closed culture.

# Long stay or rehabilitation mental health wards for working age adults

Good

## Governance

**Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.**

The provider had a governance structure for monitoring quality, risk and performance. A monthly governance meeting took place in the hospital that fed into the corporate governance structure. Managers attended the quarterly regional governance meeting, and fedback any key information into their local governance meeting.

The Maple House governance meeting had a comprehensive standing agenda that reviewed new and routinely gathered information and followed up on actions from previous meetings. The standing agenda included a broad range of clinical and general governance areas, from patient information and feedback to maintenance and finance. A patient representative attended part of the meeting to provide a patient voice. The meeting was attended by managers and staff from different areas of the service.

## Management of risk, issues and performance

Managers had access to the risk register which was updated as required and reviewed at the monthly governance meeting. Risks were added and removed, and the risk level was graded, in response to new information and action taken. The risk register was linked to and included broad concerns from the corporate risk register, in addition to risks specific to Maple House. For example, the current need to replace 3 fire doors and the mitigation that was in place to address this whilst they were on order.

The service had processes for managing health and safety within the service. Staff carried out routine monitoring and testing of utilities and equipment. The service had business continuity plans to support managers and staff in the event of an emergency, such as if there was a power cut or the building needed to be evacuated.

Staff kept a maintenance log that was routinely updated. This included a rolling programme of routine testing of equipment and facilities, such as for fire testing, portable appliance testing (PAT), legionella, and servicing of the lift and nurse call system.

Managers completed key performance indicator reports for the commissioners of the service. There were no significant concerns in the reports from April to December 2023.

## Information management

**Staff collected analysed data about outcomes and performance.** Managers had access to information to support them in their management role. Managers collated information that was reviewed in the monthly governance meeting. Managers completed key performance indicator reports for the host commissioners of the service. There were no significant concerns in the reports from April to December 2023.

Staff had access to the equipment and information technology that they needed to do their work. Staff were positive about the electronic medicines system that was used for prescribing and recording the administration of medicines. Care records were currently paper-based, but the provider was preparing to implement a computer-based system.

Staff made notifications to external bodies as needed. This included making referrals to the local authority safeguarding teams and sending notifications to the Care Quality Commission (CQC) when required.

# Long stay or rehabilitation mental health wards for working age adults

Good

## Engagement

**Managers engaged with commissioners and other care providers to meet the needs of their patients.** Host commissioners carried out routine visits to the service in accordance with their role. At the time of the inspection there were no specific concerns raised with us about the service.

Information was shared with staff and patients about the service. Patient and staff surveys were carried out and the findings shared. Staff received and shared information through handovers, emails and staff meetings. Patients received information through the community meetings, and there was information on display. Patient and staff surveys were carried out and the findings shared.

## Learning, continuous improvement and innovation

The service was not part of a recognised accreditation scheme. However, managers had recently registered with the Royal College of Psychiatrists' Accreditation for Inpatient Mental Health Services (AIMS) and were planning to undertake the initial self-assessment part of the scheme.

Staff were not undertaking any research at the time of our inspection.