Field 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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

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

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

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

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

Summary of findings

Overall summary

We rated Field House as requires improvement because:

- Although Field House was a community based rehabilitation unit, staff had not put a full therapeutic timetable in place for patients.
- Staff had not completed a systematic audit of ligature points across the whole hospital. There were poor lines of sight to aid staff observations of patients and staff did not follow the policy for completing patient observations.
- Staff had not recorded the correct form of medication in the controlled drug register and had not completed all health and safety checks in line with the provider's policy.
- There were restrictions on patients in place at the hospital. Patients did not have keys to their bedrooms, or other areas that they would be expected to in a community-based rehabilitation unit. Patients were randomly searched when returning from leave.
- Nurses had not always followed the procedure for administering medication to patients under the Mental Health Act and had not always followed their duty of candour following errors in a patient's care. This meant a patient was given medication without consent or following the safeguards to ensure it was in their best interest.
- Families and carers were not involved in planning patient care. Not all patients were happy to raise concerns about their care with staff.
- The hospital governance structure had failed to identify issues relating to the administration of medication and safety checks. Not all local risks were on the hospital's risk register.

However:

- The hospital was clean and tidy and staff had checked emergency equipment and medication in line with the provider's policy.
- There was enough staff on duty and all staff had completed their mandatory training. Staff only used physical interventions as a last resort and made safeguarding referrals as needed. Patients had a full assessment of their needs. Staff supported patients to access physical healthcare services and informed them of their rights under the Mental Health Act.
- There was a fortnightly community meeting for patients to express their view of the service. Staff encouraged patients to help develop their care plans and to access the community. There was an informal complaints log that showed how staff had responded to patients concerns. Staff felt listened to by the manager.
- The manager had a vision for the hospital and patients and staff had input into the development of the hospital.

Summary of findings

Contents

Requires improvement

Location name here

Services we looked at

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

Summary of this inspection

Background to Field House

Field House is an eight-bed community based rehabilitation unit service for women with a Mental Illness and/or Personality Disorder. This service is for people who cannot be discharged directly from high dependency to supported accommodation due to ongoing complex needs. The focus of this service is to facilitate further recovery, self-medication programmes, engagement in psychosocial interventions such as cognitive behaviour therapy and gaining skills for more independent living.

The service was bought by Elysium Healthcare in August 2017 and was closed for a period of refurbishment. The hospital then closed again in January 2018 for further refurbishment and was reopened to admit patients from 30 April 2018. However, the first patient was not admitted 27 July 2018. A key focus of this refurbishment has been to make environmental improvements to the service, particularly around widening corridors and making the environment safe.

The service is registered to provide the following regulated activities:

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

Field House had a manager, who is currently undergoing the CQC registration process.

There have been no inspections carried out at Field House since the change in service provision.

Our inspection team

The team comprised three CQC inspectors and two specialist advisors, who were nurses with experience in long stay/rehabilitation mental health wards for adults of a working age.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and spoke with to family members or carers of patients that had used or were using the service.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service
- spoke with the hospital director

Summary of this inspection

- spoke with six other staff members; including a doctor, nurses, an occupational therapist, a psychologist and a health care support worker
- attended and observed one multi-disciplinary meeting, the patients' morning planning meeting and the fortnightly patients' community meeting
- looked at three care and treatment records of patients
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We had mixed responses from patients about the quality of the service they received at Field House. Some patients did not feel that staff met their needs and they were too restricted by the hospital rules. Other patients felt staff responded to their needs and worked with the patient towards discharge.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Staff had not recorded environmental and health and safety checks in line with the provider's policy.
- Staff did not follow the provider's policy on the completion of patient observations which would have helped mitigate the poor lines of sight in the hospital.
- The hospital ligature point audit was incomplete and had not recorded all ligature points.
- There were blanket restrictions, rules that apply to all patients, in a setting, regardless of their risks.
- The controlled drug register did not match the form of medication stored in the controlled drug safe.
- Staff had not informed patients when mistakes were made in their care and treatment. They had not fulfilled their duty of candour.

However:

- The hospital was clean and tidy.
- Staff stored and checked emergency medication and equipment correctly and regularly to ensure it was in working order.
- There were enough staff on duty to keep patients safe.
- All staff had completed their mandatory training.
- Staff only used physical interventions as a last resort.
- Staff reported incidents and safeguarding alerts correctly.

Are services effective?

Requires improvement

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

- Patients did not have a full therapeutic timetable to ensure that they could recover and transition into the community or supported living placement.
- Doctors and nurses had not always followed the Mental Health Act guidance on consent to treatment when prescribing and giving medication.
- The service did not link care plan goals to outcome measures when reviewing how effective the service was.

However:

- All patients had a comprehensive assessment and care plans that were recovery focused.

Summary of this inspection

- Staff supported patients to access physical health care and encouraged a healthy lifestyle.

Are services caring?

Good

We rated caring as **good** because:

- Staff gave patients an induction to the ward and an introduction leaflet upon admission.
- There was a weekly patient community meeting where patients could raise concerns.
- Staff supported patients to access services in the community.
- Patients were involved in developing their care plans.
- Patients had access to an independent advocate.

However:

- There was no evidence of family and carer involvement in planning patient care.
- Patients did not have keys to their bedrooms.

Are services responsive?

Good

We rated responsive as **good** because:

- Patients could personalise their bedrooms and remained in the same room throughout their admission.
- The hospital provided patients with an individual food budget.
- Staff encouraged patients to access the community for leisure, educational and employment opportunities.
- The hospital was accessible to patients with mobility needs.
- There was an informal complaints record that showed how staff had responded to patients concerns.

However:

- Not all patients felt staff would take complaints seriously or inform them of the outcome of their complaint.
- Staff had not made all patients aware that they did not need to contribute to communal meals.

Are services well-led?

Requires improvement

We rated well-led as **requires improvement** because:

- The governance arrangements had not identified that nurses were not following the Mental Health Act when administering medication and staff had not carried out routine health and safety checks in line with the provider's policy.
- The local risk register did not show all local risks.
- The hospital had not involved families and carers in the development of the service.

Summary of this inspection

However:

- Staff felt their opinions would be listened to and they could raise concerns with the manager.
- There was a performance dashboard that all staff could view to see how the hospital was performing.
- Patients and staff could influence the development of the service meetings and suggestion boxes and patients were fully involved in interviews for new staff.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. However, we found that doctors and nurses had not always followed the Mental Health Act guidance on consent to treatment when prescribing and administering medicines.

Patients had their rights explained to them and could appeal against their sections at Managers Meetings and Mental Health review tribunals. There was an independent mental health advocate available to the patients.

Patients had section 17 leave and staff recorded when patients used their leave and completed an assessment of patients before going on leave. Staff recorded this in the patient record.

Staff received training in the Mental Health Act and 91% of staff had received training at the time of our visit. There was a Mental Health Act administrator available to give staff advice about the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly.

Staff completed assessments of patients' capacity that were individual and decision specific. However, patients' capacity was not always regularly reviewed.

There had been no applications made under Deprivation of Liberty Safeguards since the hospital opened.

Staff received training in the Mental Capacity Act and 100% of staff had completed the training at the time of the inspection. Staff could get advice about the Mental Capacity Act from the Mental Health Act administrator.

Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

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

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

Requires improvement

Safe and clean environment

Staff did not always record that they had completed the environmental and health and safety checks in line with the provider's policy. Staff had not recorded that they had completed the weekly test for legionella and the weekly test of the fire alarm system for the two weeks prior to our visit. We saw that staff had completed fire alarm checks on 10 December 2018 and then on 27 December 2018. Staff recorded legionella tests on 04 December 2018 and then on the 27 December 2018.

There were limited lines of sight to allow staff to observe the ward safely. The hospital was over two floors with a large communal lounge area in the centre of ground floor. Bedrooms, kitchen, laundry, nursing office, managers office, activity and relaxation rooms were positioned around the central lounge. This meant that staff could only observe the room they were in or along corridors in a straight line. There was closed circuit television (CCTV) installed in some areas of the hospital, staff could check the CCTV in the nurses' office. However, when on the ward there were no mitigating fixtures (such as parabolic mirrors allowing observation around corners) in place to allow better monitoring of the area. The manager told us they had asked that the CCTV was improved to cover more of the hospital but this had not been agreed at the time of our inspection.

Staff were not safely managing the ligature risks and had not completed a ligature point audit (a ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation) in a systematic way that covered all areas of the hospital that patients accessed. The ligature audit did not include all ligature points in the areas that staff had reviewed, such as anti-barricade door mechanisms. The provider had not included areas it considered to be lower risk such as the upstairs bedrooms, corridor and lounge. There were high risk ligature points in these areas including door closures, television wall brackets and anti-barricade door mechanisms.

At the time of the inspection the hospital only admitted female patients and so complied with the same sex guidelines released by the Department of Health.

There was a personal alarm system throughout the hospital and the security lead issued an alarm to all staff at the start of the shift. Staff could use the alarm to request help in an emergency or more discreetly in non-emergency situations.

All ward areas were clean, tidy and in a good state of repair. There was enough comfortable seating in the lounges to allow patients and staff to sit together. The hospital did not employ housekeeping staff and nursing staff and patients completed the cleaning. We saw records of cleaning that had some missing records but were completed in line with the provider's policy.

We saw that staff followed infection control guidelines. For example, there were hand cleaning gels at the entrance and exit which we saw staff use and medical equipment in the clinic room was clean.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

The clinic room had stocks of emergency medication which were in date and stored correctly. There was emergency resuscitation equipment stored in the clinic room correctly and checked regularly to ensure it was in working order.

Safe staffing

The provider had based the number of staff on each shift on the number of patients admitted. We reviewed the rota and saw that the agreed number of staff covered the shifts and there was enough staff on duty to provide safe care. At the time of our visit there was one whole time equivalent vacancy for a registered nurse and one and half whole time equivalent vacancies for health care support workers. The manager told us the provider's policy was to only recruit to 85% of the staffing establishment and use regular bank and agency staff to fill the remaining shifts. The manager told us this was so that they had bank and agency staff available that were familiar with the service when needed. We reviewed the rota for December and saw that the hospital employed agency staff on every shift.

Staff sickness was high. In the six months before our visit, clinical staff sickness was at 9% while the national NHS average is 4%. However, this related to small number of staff on longer term sickness not related to work issues. Two staff members had left in the six months prior to our visit.

The manager could adjust the number and mix of staff on duty to meet the needs of the patients. During our visit we saw that staff were on duty in addition to the core number to meet the current needs of patients and that the manager had increased staffing later in the day to support access to the community. We saw that when the manager used bank and agency staff who were familiar with the hospital.

There was a registered nurse on duty every shift over a 24-hour period. Patients had regular one to one time with their named nurse and the patients we spoke with confirmed this. Staff told us that they did not cancel community leave due to staff shortages and we saw patients accessing the community throughout our visit. However, some patients felt there was not enough leave available to them.

The level of staffing meant that staff could use physical interventions safely.

The hospital had a consultant psychiatrist three and a half day a week and could access psychiatric support outside these times via the provider's on-call rota. There were several other hospitals in the area provided by Elysium so a psychiatrist could attend when needed. The hospital had a service level agreement with a local GP surgery to provide support and staff would access emergency services to manage physical health emergencies if needed.

At the time of our visit all staff had completed their mandatory training. The manager told us that staff completed mandatory training as part of their induction to the service.

Assessing and managing risk to patients and staff

We reviewed three of the five care records and saw that staff had completed a risk assessment of all patients during the referral process. Risk assessments were up to date and reviewed regularly at the multi-disciplinary meetings and following an incident.

Nurses used a recognised risk assessment tool, they completed the risk assessment template on the electronic care record for all patients. Staff also completed specific risk assessments as needed such as the Historical Clinical Risk Management-20 (a recognised risk assessment for identify the risk of patients being violent).

Staff had identified and dealt with specific patient risks. There were management plans in place for staff to follow and the team discussed changes to risks at multidisciplinary meetings and shift handovers.

We reviewed general patient observation records and found that although they were all complete, staff had not followed the provider's policy. Staff had recorded that observations had taken place at regular intervals, for example every fifteen minutes. The policy states that observations should be carried out at irregular intervals within a specified time period. This is to prevent patients who may be intent on harming themselves from predicting when staff are due to complete their observations.

Staff enforced some blanket restrictions (rules that apply to all patients, in a setting, regardless of their risks) at the hospital. The nursing staff randomly searched patients when they returned from escorted or unescorted leave. A randomiser was used so that all patients pressed a button in the entrance area of the hospital to determine if they needed to be searched. Staff only searched bedrooms if they felt there was a need to search them. At the time of the inspection patients did not have free access to the kitchen

or kitchen cupboards containing food items belonging to the patients. Patients, including informal patients, could not freely access out door space. Patients had access to an unsecure garden. All patients, including informal patients, had to ask staff to give them access to the garden. During our visit the fence to the garden was damaged due to building work taking place on the hospital site. Staff were unaware of plans to repair the fence. Patient could access their bedrooms 24 hours a day.

The hospital was smoke free. Staff encouraged patients to use nicotine replacement therapy, such as nicotine patches or disposable e-cigarettes.

Informal patients could leave the hospital when they wanted to and the hospital displayed signs telling them this. However, if patients did not attend the morning planning meeting staff would not be allocated to support them in the community. This meant that informal patients who requested staff support when accessing the community did not always have staff allocated to them for support.

There was no seclusion room at the hospital.

Since the service opened in August 2018 there had been 102 episodes of restraint, involving three patients. Two restraints were in the prone (face down) position. We reviewed these incidents and saw that they were unplanned and the staff moved the patient into the supine position (face up) in less than a minute. All incidences of physical interventions were reviewed by the multidisciplinary team. Staff always tried to use de-escalation techniques with patients prior to the use of restraint and staff used less intrusive holds before using floor restraints. We reviewed 10 incident forms that showed physical interventions were used as a last resort and only after de-escalation had been tried.

We saw evidence that staff followed National Institute for Health and Care Excellence (NICE) guidelines when administering rapid tranquilisation (when medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them) such as completing physical health observations to monitor for any adverse effects of the medication.

Safeguarding

All staff received safeguarding adults and children training. All staff we spoke to could explain how to make a safeguarding referral and what type of incident would trigger a safeguarding alert. The staff team had displayed the contact details for the local safeguarding teams in the ward office. The manager had contacted the local safeguarding team to introduce themselves and the service.

Relatives and children could visit the hospital. Staff organised child visits in the visitors' room in the entrance area to the hospital, which was located off the main ward area. The manager told us that it was the policy of the hospital to encourage visits to take place in the community whenever possible.

Staff access to essential information

The hospital used a secure electronic record system as the core patient record. Staff, including agency staff, were given access to the information and the manager could create logins for staff out of hours if required. Staff had to login into the system regularly or the system would lock them out which ensured only staff who should be access records could. The manager felt there was enough available computers for staff to access patient records but some staff told us they sometimes needed to wait to input records. The staff team had printed out some care plans and behaviour support plans to ensure they could be accessed at any time. These were all up to date and were replaced if a change was made to a care plan.

Medicines management

Staff mostly followed good practice in medicines management. We found that the doctor did not review as required medicines regularly. Four patients had not had as required medicine reviewed in the last 14 days although one was a nicotine replacement therapy. The controlled drug register was not locked away in the clinic room and one controlled drug was in a different form than recorded in the register. This meant the controlled drug register did not accurately record what was in the controlled drug cupboard and did not meet the National Institute for Health and Care excellence (NICE) guidance.

However, we reviewed five medicine records and all five were of a good standard. Staff had administered medicine in line with the prescription and British National Formulary guidelines. There were no gaps and where patients had not received their medicine, there were explanations for this. Nurses disposed of medicine correctly and documented this in the disposal book. Staff checked and recorded the

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

temperature of the drugs fridge and took action if needed. There were no patients receiving high dose anti-psychotic medication and the doctor kept the use of sedating medicine to a minimum. Patients' physical health was checked weekly and more often if need.

Track record on safety

The provider reported no serious incidents that needed investigation in the five months it had been open.

Reporting incidents and learning from when things go wrong

Staff knew what incidents they needed to report and how to report them. We reviewed three incident records and saw staff had taken appropriate actions including making referrals to the local safeguarding team. The multidisciplinary team reviewed all incidents in the morning team meetings. Managers gave staff de-briefs following incidents and informed them about any learning through team meetings, emails and supervisions. The staff supervision form prompted staff to use reflective practice, a way of studying your own experiences to improve the way you work, during supervision to see why things had gone wrong, what had caused an incident and how to prevent the same thing happening again. The manager had made some changes to the staffing following incidents. This included increasing staff numbers and changing shift patterns to ensure there were more staff available at busier times of the day.

Staff understood their responsibility to be honest with patients when things had gone wrong, sometimes called duty of candour. However, we found one incident where a patient had not received the correct treatment and should have been notified but staff had not advised the patient of this. The provider had a responsibility to provide care and treatment in a transparent way and to ensure register health professionals fulfil their duty of candour to the patient. The provider's duty of candour policy did not ensure that the health professionals followed their professional duty of candour.

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

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

We reviewed three patients' files and saw that they all had a comprehensive assessment of their needs. Staff helped all patients at Field House to register with a local GP who carried out the initial physical health assessment of the patient. The initial physical health assessment lacked detail and there were no identified actions from them. The manager told us they were meeting with the GP to improve this as there was a service-level agreement in place. Staff took physical health observations including weight, pulse and blood pressure weekly and more often if needed. Staff developed care plans and monitored any identified physical health needs such as diabetes.

All care plans we reviewed were comprehensive, recovery focused and included the patient's views. Staff recorded patients' views in the first person and they showed that patients had been involved in developing the care plan. Patients signed to say they had received copies of their care plans or staff recorded that they had refused to have a copy of their care plan.

Best practice in treatment and care

The hospital offered psychological therapies in line with NICE guidance including Cognitive Behavioural Therapy and Compassion Focussed Therapy. Each patient had an individual psychological therapy programme. The manager told us that activities such as education, employment and recreation were provided off site as this helped the patient prepare for discharge from the hospital.

At the time of our visit the hospital was using positive behaviour support as the model of care. Positive Behaviour Support is a person-centred approach for people who may be at risk of displaying challenging behaviours and focuses on teaching people new skills. Positive behaviour support is not recognised as a rehabilitation model. However, the service is also planning to train staff in the provider's rehabilitation model called work, interventions, skills, health and education known as WISH. This meant at the time of our inspection there was not a recognised rehabilitation model being used at the service and this meant that, the hospital did not provide a full range of activities for patients on a weekly basis. Staff had not

developed a full therapeutic timetable that addressed the patients' education, employment and recreation needs. The manager told us this was one of the hospital's improvement goals. However, it is essential that patients receive support to meet their social needs if they are to be successfully discharged from a rehabilitation service. The hospital had recently employed an occupational therapist to help address this issue and they were developing a programme for the patient that included activities such as cooking and budgeting.

Staff ensured patients accessed physical health care when needed. We saw evidence that the nursing team had assisted a patient to receive specialist care and had developed care plans to help meet the patient's physical health needs following discharge. Staff developed one physical health care plan that covered all the patient's physical health needs. Staff assessed and planned to meet patients' needs related to food and drink.

Staff worked to promote health living by encouraging patients to eat a balanced diet and encouraging them to give up smoking.

The service did use Health of the Nation Outcome Scales to identify whether treatments were effective. However, when we reviewed patients' records, staff had not linked goals in patients' care plans to outcome measure to help them review how effective the service was.

The hospital staff completed audits around medication and patient records and the hospital would take part in the provider's audit cycle. However, there had been no provider wide audits relevant to complete since the hospital had opened and had patients

Skilled staff to deliver care

The hospital employed a range of health care professionals who had the right skills and experience to work with the patient group. At the time of the inspection the hospital had nurses, a clinical psychologist, an occupational therapist and a consultant psychiatrist employed. A pharmacist visited the service to review medication monthly. If patients needed access to other professionals they would need to be referred to their local community mental health teams.

The manager ensured that all permanent staff had an induction to the provider and a local induction to the hospital. All agency staff received an induction to the hospital on their first shift and the manager kept a record of these inductions.

All staff had an identified supervisor and 83% of staff had received supervision in the last month. Appropriate discussions took place in supervision around patient care, staff development, performance issues and staff were given the opportunity to reflect on incidents. None of the staff had received an appraisal at the time of our inspection as it is the provider's policy to conduct appraisals between February and March.

There were no staff being performance managed. However, the manager was aware of the policies and where to get support from the provider if they need to performance manage staff.

Multi-disciplinary and inter-agency team work

There was a regular multidisciplinary meeting each day Monday to Friday. We observed one meeting and saw that staff discussed and reviewed all incidents in the past 24 hours, any new referrals and any patient updates. The hospital director, the consultant psychiatrist, the clinical psychologist, the occupational therapist, administration staff and the deputy manager when they were on duty attended these meetings. During the meeting, we saw that all staff showed each other respect and listened to each other's opinions.

The service had good relationships with other agencies. The hospital had a service level agreement with a local surgery to provide GP services to the hospital and they manager was developing links with the local safeguarding team and the police.

Adherence to the MHA and the MHA Code of Practice

Staff had completed training in the Mental Health Act. During this inspection 91% of eligible staff had completed the mandatory training in the Mental Health Act.

Staff did not always follow the Mental Health Act effectively. We reviewed five medicine records, four patients had either a T2 or a T3 form in place, a T2 form lists all the psychiatric medicine a patient has given consent to be given and a T3 form lists all the psychiatric medicine that a patient can be given if they withdraw consent or no longer have capacity to consent to treatment. A second opinion doctor

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

completes a T3 form. The consultant had not accurately recorded on a medicine record the form of medicine the second opinion appointed doctor had agreed. The nurse administering medication must check the T2 or T3 form each time they give the medication to ensure it can be given to the patient. We found that between 05 December 2018 and 07 January 2019 staff gave the medicine on 10 occasions incorrectly. When a nurse had identified the error, the consultant psychiatrist had put the correct the section 62(2) form in place, used to continue treatment to prevent harm coming to a patient while waiting for a second opinion appointed doctor to agree the treatment or not. This meant that staff did not safe did not always check the Mental Health Act paperwork correctly before giving medication.

Patients had their rights read to them in line with the provider's policy and this was recorded on the electronic patient record. Staff could see when a patient last had their rights read to them and when they were next due. Patients could appeal against their sections at managers' hearings and Mental Health Act Review Tribunals. Staff referred patients to independent mental capacity advocates and posters advising patients of the service were on display in the hospital. The consultant psychiatrist had given section 17 leave to patients, section 17 leave is a section of the Mental Health Act which allows the responsible clinician to grant a detained patient leave of absence from hospital. It is the only legal means by which a detained patient may leave the hospital, and they were using it regularly and staff kept records securely on the electronic recording system. Staff requested an opinion from a second opinion appointed doctor when necessary. The provider has a Mental Health Act administrator who could support staff with any concerns or advice.

Good practice in applying the MCA

Staff understood their responsibilities under the Mental Capacity Act and the provider's policies. Staff could get support and advice from the Mental Health Act administrator.

Staff had completed training in the Mental Capacity Act. During this inspection 91% of eligible staff had completed the mandatory training in the Mental Capacity Act.

There was evidence of patients having their capacity assessed in all three of the records we reviewed.

Assessments were specific to the individual patient's need. However, in one of the patient records staff had not regularly reviewed capacity, with the last review being on 07 July 2018.

There had been no applications under Deprivation of Liberty Safeguards since the hospital opened.

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

Good

Kindness, privacy, dignity, respect, compassion and support

All interactions we saw between staff and patients demonstrated that staff treated patients in a dignified and respectful manner. However, we had mixed reports about staff attitudes to patients. Two patients told us that the support workers including the agency staff were good but management was very cliquey. One patient told us they were not happy to complain to staff as they just stood up for each other. However, other patients felt the management team was approachable and acted on concerns.

Staff supported patients to access other services. For example, advocacy services, GP or local leisure facilities. However, one patients said they had needed to remind staff to refer them to services and that it had taken weeks for staff to do this. Staff understood the need to meet patients' spiritual, social and cultural needs.

Staff could maintain patients' confidentiality and privacy. All patients had a bedroom with an observation panel that could be locked and there were enough rooms for staff to meet with patients in private. Records were kept on a secure electronic system and paper records were kept in locked rooms.

Involvement in care

Involvement of patients

Staff provided patients with a good induction to the ward. Patients received a welcome pack on admission that included information about the hospital and the treatments available to patients. Staff gave all patients a

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

tour of the ward on admission and introduced them to the other patients and staff on duty. There were daily patient meetings to plan care for the day and a fortnightly patient community meeting that patients could use to discuss changes and general concerns. We attended this meeting on the day of the inspection to the service. Patients raised a number of ongoing concerns relating to some rooms not having TV aerials, one shower not working, no access to bedroom keys and the kitchen being very hot due to limited air conditioning. We saw that these had been raised at previous meeting and staff had reported what action had been taken to the patients.

We reviewed three patient records and saw that all patients had been involved in developing their care plans and risk assessments. Care plans and risk assessments were holistic and focused on developing the skills needed to improve independence. Staff had given or offered all patients a copy of their care plan.

Patients had access to an independent mental health advocate who had a weekly presence in the hospital. However, some patients told us that they staff had not told them of the advocacy service when they were first admitted to the hospital.

Involvement of families and carers

We could find no evidence of families or carers being involved in patient care. Two patients told us that their families had not been involved and that it was difficult for them to visit due to the distance from their home. We spoke with two families and had different responses. One felt they were involved and kept informed while the other said staff never contacted them and they needed to approach the staff for information.

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

Good

Access and discharge

Beds were available to patients when needed. The service had been open for nine months at the time of our inspection but had admitted patients for five of these nine months. The average occupation of the service was 15%, this was affected by the closure of the service for refurbishment. As an independent service the hospital would accept referrals from any area in the country. All patients had access to a bed on return from leave.

Staff admitted patients to a room where they could remain while they were inpatients at the hospital. Staff discharged patients at suitable times and the staff team would discuss and agree this with the patient. If a patient needs a higher level of support the staff team needed to refer the patient to the commissioners to agree a transfer.

In the past 12 months there had been no delayed discharges. The patient's named nurse worked with patients and their care coordinator to help plan for discharges.

Staff provided support to patients during transfer for treatment to acute hospitals for treatment.

The facilities promote recovery, comfort, dignity and confidentiality

All patient bedrooms in the hospital were single rooms with ensuite facilities. Patients could personalise their rooms with their own bedding, could put up pictures and had televisions and stereos. All rooms had a lockable cupboard to provide secure storage for the patient. However, patients had to ask staff to access these cupboards as they did not have their own key.

There was a range of rooms available to patients and staff. The hospital had two lounges, a relaxation room, a clinic room, a room used for therapy sessions and a visitor's room. However, some patients told us the ward was noisy and staff did not allow them to shut the door to the main lounge to reduce the noise from the rest of the hospital.

Patients had access to a mobile phone to make private calls.

Patients had access to an unsecure garden. All patients, including informal patients, had to ask staff to give them access to the garden.

Patients cooked their own food, as part of the rehabilitation model. The hospital gave patients a budget of £37.50 a week from the hospital to do their food shopping with. Patients could contribute £10 a week to have a pizza night and Sunday lunch as a group. Some patients told us that this was compulsory and that they did not want to

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

contribute. We spoke to the manager who told us that it was the patients' choice but we could not find this documented in the patient induction leaflet. This meant that some patients contributed to the group meals when they did not want to. The manager told us they would tell all patients they could choose to pay the £10 or not. Patients had access to food and drink 24 hours a day but needed to request access to the kitchen from staff.

Patients' engagement with the wider community

Nurses encouraged patients to take part in work and educational programmes as part of the rehabilitation model. The staff would encourage all activities to be in the community as this would help the patients when they were discharged in to the community.

The staff team told us they supported patients to keep in contact with families, carers and friends. The manager told us they would support patient to make phone calls and to visit. Feedback relating to this was mixed, two of the patients we spoke to and one of the family's said staff did this well and two patients and one family we spoke to said they did not give enough support.

Meeting the needs of all people who use the service

The hospital could make reasonable adjustments to cater for patients with physical disabilities. Staff could provide care for patients on the ground floor and there was a lift to the upstairs and adaptations could be made to bathrooms.

There was information available to patients about treatments, patient rights, local services and how to complain about the service. Staff could make information available in different format, such as other languages and we saw that staff had given information in an easy read format. Staff could access interpreters for patients if they needed to.

Patients catered for their own dietary needs. Staff supported patients to meet any cultural or religious needs around diet.

Staff encouraged patients who were able to access the community to meet their spiritual needs. However, there were no plans in place to meet the spiritual needs of a patient that could not access the community.

Listening to and learning from concerns and complaints

There had been no formal complaints since the service had opened. Patients had made informal complaints. Some patients told us that management did not always take complaints seriously and that patients did not always get feedback when they raised concerns with the manager. We reviewed the informal complaints book and saw that staff had logged all the complaints raised and the outcome recorded including speaking with the patients.

Some of the patients told us they would be concerned about making complaints as some of the staff team appeared cliquey. However, we saw that patients had made complaints and staff had responded appropriately when this had happened and feedback to the patients. For example, the manager had not attended the weekly patient community meeting the day of our inspection because patients had complained that they felt the managers presence prevented patient speaking honestly.

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

Requires improvement

Leadership

The hospital manager could demonstrate the knowledge and skills needed to carry out their role. For example, they were developing links with the local safeguarding teams and teaching the local GP surgery about the needs of people using their service. The manager could explain the service model and how staff worked to achieve positive outcomes for the patients. For example, staff encouraged patients to access the community and use community facilities rather than using the hospital as a base for activities. However, this was still in development as the hospital had only recently employed an occupational therapist to help develop these plans.

The hospital manager was available on the ward. Patients could knock on the manager's office door and speak to them directly. Some patients told us they felt the manager was hard to approach but we saw patients approach the manager and speak to them directly during our visit.

Vision and strategy

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

The manager had a vision of the service, which was to promote patient independence in the hospital and the community to prepare them for discharge, which linked with the provider's vision. However, the manager had not put all the ideas in to practice. For example, patients had been waiting to get keys to their bedrooms and the kitchen since the service opened in July 2018 and this had an impact upon their independence.

Staff understood the vision of the service and told us they could contribute to development of the service through team meetings and supervisions. Staff could explain how they worked to give good quality care and were looking forward to training on the new WISH rehabilitation model the service was planning to use.

Culture

Staff told us they felt respected and valued by the hospital manager. Staff were happy to work at the hospital. They could raise concerns with the manager without fear and knew where to access the whistle blower policy if the need to raise concerns.

The manager could explain how they could access support for performance management issues. They had organised reflective practice session with member of the staff team to build working relationships and help staff understand each other's opinions.

At the time of our inspection, sickness was at 9% which was high compared to the national average for a similar NHS service which was 4 %. However, this related to two staff on longer term sickness. The provider offered support for staff's physical and emotional wellbeing through a 24-hour phone line and occupational health service. The provider also offered maternity packages above the statutory minimum and other incentives to staff.

Governance

There was a set agenda for hospital and provider governance meetings, this included learning from incidents and complaints and the hospital linked in to the provider's governance structure. The hospital manager had ensured that staff made changes as a result of learning. For example, following a safeguarding alert staff had made changes to how they supported a patient.

However, the governance structures were not always effective in auditing practice. Staff had not completed routine health and safety checks in line with the provider's policies. We also found errors on prescription charts and this had not been identified by the governance structures in place. Therefore, there were no action plans in place to prevent this happening again.

The staff team understood the importance of working with external services and made referrals when needed. For example, staff made safeguarding referrals and liaised with primary health care providers.

Management of risk, issues and performance

There was a local risk register in place that staff could add items to. The local risk register fed into the provider risk register and the hospital manager could escalate items to the provider risk register. However, the local risk register only included general risks such as medication errors rather than locally identified risks that might include lack of CCTV in the lounge and patients not having keys to access their bedrooms this meant the service did not have a general over view of the local risks.

Information management

The hospital had an information dash board for key pieces of information such as the amount of leave a patient had, number and type of incidents and staff supervision rates. This dashboard drew information directly from the systems used to record this information such as the patient record or the incident reporting system. No patient identifiable information was on the dashboard.

The hospital manger had access to information to help them do their job. For example, a dashboard showed staff sickness rates and how the team was performing against key performance indicators such as how much meaningful activity patients engaged in and the length of stay of each patient.

Engagement

Staff received information about the provider via emails and team meetings and patients were given information about service developments at the weekly community meetings. However, we did not see evidence that the manager had passed information on to families and carers. The hospital had not conducted a friends and family survey since opening in July 2018.

Staff and patients could make suggestions on the development of the service via patient and team meetings.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

Patients were involved in interviewing potential new staff and the manager gave us examples of patients giving positive and negative feedback that influenced whether applicants were offered a job.

Learning, continuous improvement and innovation

The hospital had a quality improvement plan. There was a standing agenda item on the team meeting to discuss items on the quality improvement plan so all staff would have an opportunity to contribute. The quality improvement plan included the need to increase meaningful activities on the ward to 30 hours a week for each patient and identifying and reducing restrictive practice.

Since the ward opened in July 2018 staff had not been involved in any national audits, research and the service was not working toward a national accreditation scheme.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider MUST ensure all environmental and health and safety checks are carried out in line with their policies.
- The provider MUST ensure there is a comprehensive and systematic ligature point audit for the hospital that cover all patient areas and identifies all possible ligature risks.
- The provider MUST ensure patient observations are carried out in line with their policy.
- The provider MUST ensure that restrictions on patients are based on an assessment of the individual risk posed by each patient and blanket restrictions are kept to a minimum
- The provider MUST ensure that doctors and nurses always follow the Mental Health Act when prescribing and administering medication.
- The provider MUST ensure the controlled drug register accurately reflects the medication held in the service.
- The provider MUST ensure all staff understand and follow their duty of candour.
- The provider MUST ensure governance procedures are robust and identify improvements needed in practice.

Action the provider SHOULD take to improve

- The provider SHOULD ensure patients have keys to their bedrooms where it is risk assessed to be safe.
- The provider SHOULD ensure patients have a full therapeutic timetable.
- The provider SHOULD ensure patients' progress is measured by a recognised outcome scale.
- The provider SHOULD ensure patients' families and carers are involved in their care with the patient's consent.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014: Safe care and treatment. Environmental and health and safety checks were not carried out in line with the provider's policies. The ligature point audit did not cover all patient areas in the hospital and did not identify all ligature points. Patient observations were not carried out in line with the provider's policies. Doctors did not always follow the direction of the SOAD when prescribing medication. Nurses did not complete the correct checks when administered medication under the Mental Health Act. The controlled drugs register had recorded medication in the wrong form. This was a breach of regulation 12 (1) (2) (a)(b)(d)(g)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA (RA) Regulations 2014: Safeguarding service users from abuse and improper treatment. The provider had blanket restrictions in place that did not consider the level of risk presented by the patient group receiving care in the hospital or the individual risk level of patients. This is a breach of regulation 13 (1) (4) (b)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour **Regulation 20 HSCA (RA) Regulations 2014: Duty of candour** A patient was not told that an error had occurred with their medication. This was a breach of regulation 20 (1)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) 2014: Good governance.** Governance process had not identified that medication was been given against the permission of the SOAD, health and safety checks and patients observations were not being carried out in line with the provider's policies. The local risk register did not include all identified local risks. This was a breach of regulation 17 (1)(2)(b)