Rosebank 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?	Requires improvement
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated Rosebank House as requires improvement because:

- The nurse in charge carried a master key for the bedrooms, however other staff did not have master keys. We were concerned that not all staff could access patient bedrooms in an emergency. Communal bathrooms had nurse call buttons on the walls but not an emergency pull cord in reach of the bath.
- The provider offered 22 mandatory training courses. In five of these courses, staff compliance was well below 75%. Mental Capacity Act training was 35%, diabetes awareness was 35% and epilepsy awareness was 41%.
- We found capacity assessments in patients' notes differed to capacity assessments on patient medicine charts. We also found two cases where informal patients did not have capacity to consent to admission and treatment. The lack of robust recording procedures around capacity meant patients may be treated without valid consent.
- There were low levels of specialist staffing. The psychology post was vacant and the occupational therapist was part time. The provider did not offer specialist rehabilitation training for hospital staff. Supervision rates were very low and staff did not receive regular appraisals.
- The provider did not have clear policies on admission, eligibility and exclusion criteria for the service. Staff could not state where the service lay in the rehabilitation care pathway, which could lead to a lack of focus and direction.
- Staff reported there was a lack of consistency and direction around recovery based practice. During our inspection there were no structured activities planned at the hospital and some patients had little to occupy them.

However:

- Staff carried out regular ligature and environmental assessments that mitigated any risks identified. Staff completed regular health, safety and infection control checks.
- Staff regularly reviewed risk, and risk assessments for each patient were present, thorough and up to date. We saw detailed risk management plans for specific risks with individual patients.
- Staff reported incidents appropriately and the provider implemented processes to learn from incidents.
- Care plans were present and in date for all patients. Care plans were person centred and holistic. Staff reviewed and updated care plans on a regular basis. Staff monitored physical health care thoroughly and effectively.
- We witnessed caring and respectful interactions between staff and patients during the inspection. We spoke with four patients who all reported staff were supportive, kind and helpful. All four patients were offered a copy of their care plan.
- Staff encouraged patient involvement and feedback through community meetings, patient satisfaction questionnaires and comment boxes. The hospital provided regular access to advocacy. Patients knew how to make a complaint and staff dealt with complaints appropriately.
- Governance arrangements were improving. Incidents, staff vacancies, complaints and training levels were identified, discussed at local and organisational level and action plans implemented. This ensured standards and quality of the service improved.
- All staff reported being happy in their jobs and feeling supported by management.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Requires improvement

Rosebank House

Services we looked at

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

Summary of this inspection

Background to Rosebank House

Rosebank House is an independent hospital that provides inpatient rehabilitation for 13 adults with severe and enduring mental health problems. The majority of patients have been transferred from acute inpatient wards and have been assessed as needing further rehabilitation before moving on to more independent living.

The hospital accommodates up to four women and nine men. At the time of our inspection there were 12 patients.

Rosebank House 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

A new registered manager has been in post since May 2016.

Partnerships in Care Limited became the registered provider of Rosebank House in June 2015. This is the second inspection of Rosebank House under Partnerships in Care Limited. The last inspection took place in November 2015. At this inspection Rosebank House was found to be in breach of regulations 9 (person centred care), 10 (dignity and respect), 12 (safe care and treatment), 15 (premises and equipment), 17 (good governance) and 18 (staffing). CQC issued seven requirement notices.

At this inspection we were satisfied that these requirement notices had been met, apart from Regulation 18 (staffing).

The current inspection was unannounced.

Our inspection team

This inspection was led by Lynda Kelly, CQC inspector, assisted by another CQC inspector and two specialist advisors, one of whom was a mental health nurse and the other an occupational therapist.

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 asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all areas of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients

Summary of this inspection

- spoke with the registered manager
- spoke with nine other staff including a recovery lead, nurses, recovery support workers, doctors and domestic staff
- reviewed all 12 care and treatment records
- reviewed all prescription and medicine charts
- reviewed the findings of the most recent Mental Health Act review visit which took place 7 November 2016
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Patients reported staff were helpful, friendly and supportive. Patients said they could talk to staff and they liked staying at the hospital. Two patients said they did not want to leave. All patients we spoke to reported they had been given or offered a copy of their care plan. All patients said they felt safe in the hospital.

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:

- The nurse in charge carried a master key for the bedrooms, however other staff did not have master keys. We were concerned that not all staff could access patient bedrooms in an emergency. Communal bathrooms had nurse call buttons on the walls but not an emergency pull cord in reach of the bath.
- Mandatory training rates were below 75% compliance in some courses including the level two mental health certificate, diabetes awareness and safeguarding children.

However:

- The provider carried out regular ligature and environmental assessments and risks were mitigated. Staff completed regular health and safety checks, infection control checks and cleaning happened regularly.
- We reviewed all care records and found risk assessments present and up to date. Staff assessed and reviewed risk regularly and updated risk assessments appropriately. We saw detailed risk management plans for individual patients.
- Staff and patients reported feeling safe in the hospital. Staff used de-escalation techniques and told us they never used restraint.
- We found prescription and medicine charts in good order. Staff received appropriate training in medicine management. The provider responded immediately to our concerns regarding one patient on high dose antipsychotics and put an action in place to address this.
- Staff reported incidents and the provider implemented processes to learn from incidents.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

Summary of this inspection

- We found six assessments for capacity to consent to treatment dated differently in the care records to those on the drug charts. This meant staff could potentially dispense medicine without a valid consent.

- We found recent capacity assessments that stated two informal patients did not have capacity to consent to admission and treatment. This potentially meant they were being treated without due authority. We raised this immediately and the responsible clinician stated he did not agree with the outcome of these assessments and reassessed capacity of both patients and updated the records accordingly. We considered the processes around assessment and accurate recording of capacity led to confusion and potentially meant patients may be treated without valid consent.

- The psychology post had been vacant for eleven months and the provider employed a part time occupational therapist. Patients did not have access to individual psychological therapies or a full time occupational therapist.

- The provider did not offer specialist training in rehabilitation or recovery based practice. Hospital staff were not aware of National Institute for Health and Care excellence (NICE) guidance to inform practice.
- Staff did not receive regular supervision. Clinical supervision for qualified staff was lacking. Staff did not have regular appraisals and the provider did not provide reflective practice or peer supervision.

However:

- Care plans were present and in date for all patients. Care plans were person centred and holistic. Staff reviewed and updated care plans on a regular basis.

- Staff monitored physical health care thoroughly and effectively. Staff compiled detailed care plans around physical health issues such as epilepsy, diabetes and weight management.
- The hospital used outcome scales to measure progress and participated in clinical audits.

Are services caring?

Good

We rated caring as good because:

Summary of this inspection

- We witnessed caring and respectful interactions between staff and patients during the inspection. We spoke with four patients who all reported staff were supportive, kind and helpful.
- Staff orientated new patients to the hospital. They provided a welcome pack for each patient with relevant information and details about the hospital.
- The hospital held community meetings that encouraged patient involvement. Staff encouraged patient feedback during community meetings and provided a comment box for patients to give their views. The manager recently introduced a patient satisfaction survey.
- We spoke with four patients in the hospital and all four were offered a copy of their care plan.
- The provider offered access to advocacy on a regular basis. Contact details were easily accessible.

Are services responsive?

Requires improvement

We rated responsive as requires improvement because:

- Staff provided some in house activities but structured activities were not available all the time. There appeared to be a group of patients with little structure and meaningful activities. Staff reported a more structured recovery based approach was needed.
- The provider did not have clear policies on admission, eligibility and exclusion criteria for the service. Staff could not state where the service lay in the rehabilitation care pathway.
- Seven patients had been at the service over three years and three patients over 12 years.

However:

- The provider ensured discharges were well planned. There was evidence that discharge planning was improving. All patients had a discharge plan that was regularly reviewed. A local agency attended regular meetings to identify potential placements and facilitate discharge.

Summary of this inspection

- Staff knew the complaints policy and handled complaints appropriately. Patients knew how to make a complaint. The provider displayed information on how to complain in communal areas.
- Some patients attended a range of community activities such as work placements, voluntary work and community groups.

Are services well-led?

Good

We rated well-led as good because:

- The new registered manager oversaw governance arrangements. This included monthly operational and governance meetings with staff where information on quality and assurance were updated and shared appropriately. Deficits in training and supervision were recognised and action plans agreed.
- The manager completed a monthly ward to board report including issues such as vacancies, incidents and complaints. This ensured senior managers in the organisation were aware of any issues. The manager relayed any feedback to staff at the team meetings.
- All staff we spoke with reported being happy in their jobs and feeling supported by management. All staff knew how to raise concerns and felt safe to do so.

However:

- Staff were not aware of the organisation's vision and values.
- The hospital was not involved in any accreditation schemes and had little involvement in research.
- There was a lack of nursing leadership within the hospital and a lack of leadership around rehabilitation based interventions and philosophy.

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.

- There were four detained patients in the hospital at the time of our inspection. A Mental Health Act review visit took place on 7 November 2016. The reviewer found the legal paper work in good order. They raised some concerns about the recording of section 17 leave with the responsible clinician and these issues were resolved. The hospital accessed the local NHS trust's Mental Health Act administrator for support.
- Staff reminded patients of their rights on a regular basis. An independent mental health advocate visited the hospital monthly and patients could request an advocate at any time.
- The hospital provided mandatory training on the Mental Health Act. At the time of our inspection 76% of staff had received training. Some staff reported they would like more training in the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act and Deprivation of Liberty Safeguards training was mandatory. Staff we spoke with reported completing this training. However, we reviewed the training matrix which showed only 35% were up to date with this training.
- Staff showed an understanding of Mental Capacity Act issues and one recovery support worker advised they assessed capacity on a daily basis and in every interaction with patients.
- We reviewed all 12 care records and found recent capacity assessments covering consent to treatment and admission. However, these did not correlate with the capacity assessments attached to medicine charts in six cases. We were concerned that this may result in staff dispensing medication without valid consent.

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	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

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

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

Requires improvement

Safe and clean environment

- Rosebank House accommodated up to four women on the ground floor and nine men on the first floor. Issues raised at the last inspection in relation to same sex accommodation guidance had been addressed. The hospital complied with the Department of Health guidance on gender segregation. All bedrooms were en-suite and there was also a separate bathroom on each floor. There was a male only lounge upstairs and a female only lounge downstairs. The patient kitchen and dining area were communal. The laundry room was upstairs in the male corridor. Staff escorted female patients when using this room.
- Staff could not observe all areas of the hospital and blind spots were evident. Ligature risks were present in communal areas and patient bedrooms. Concerns raised at the last inspection in relation to this had been addressed. A thorough ligature risk assessment was undertaken and all ligature risks recorded. Management ensured this was checked monthly and updated accordingly. Staff mitigated risk of ligatures and blind spots by awareness of risks and individual patient risk assessments. Staff received training in using ligature cutters and these were easily accessible.
- Management completed annual environmental risk assessments and checked these weekly. This included safe use of lifts, patient bedrooms, slips, trips and falls and security of premises. Management also completed monthly health and safety audits, which included weekly fire checks, monthly emergency lighting and fire door checks. Any gaps were noted and actions identified and addressed.
- The staff room was on the first floor and the risk assessment noted this room should be locked. However, on the day of our inspection it was unlocked and a staff handbag was visible. This was a potential security risk for staff.
- All areas of the hospital were clean. Some areas of the hospital looked tired but were generally well maintained. Cleaning staff kept regular cleaning records and these were up to date. The cleaning roster included a deep clean schedule. The provider kept cleaning equipment in a separate room and hazardous substances in a locked cupboard in this room. Staff completed infection control audits monthly, these were up to date, and any actions completed. New staff completed infection control training as part of their induction. The concerns raised at the last inspection had been addressed.
- The clinic room included couch, blood pressure monitor and scales. We noted the scales had no sticker evidencing when they were last calibrated. Staff checked resuscitation equipment and emergency drugs weekly. Staff kept the drug cupboard in good order and all recorded drugs were present and in date. Controlled drugs were registered and in date. Staff checked the temperature of the clinic room and fridges daily. We noted the clinic room was cluttered with boxes, including boxes placed on the couch.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- The provider kept a hoist in the upstairs bathroom. Staff reported this was not currently in use but there was no record of when this was last checked.
- Staff carried personal alarms to summon help when needed. Patient bedrooms and en suites had nurse call buttons. Communal bathrooms had call buttons in reach of the toilet but not in reach of the bath. The nurse in charge kept a master key for all bedrooms. However, support workers on duty did not hold any keys so would not have easy access to patient bedrooms. We were told that the nurse in charge was always available however we were concerned that not all staff had immediate access to a master key in an emergency.

Safe staffing

- The provider ensured a minimum of three staff on each shift. A registered mental health nurse was always on duty. There were two shifts per day between 7am and 8pm and 8pm to 7am. During the day, shifts were staffed by one nurse and two recovery support workers. An extra recovery support worker worked 9am to 5pm Monday to Friday. The hospital manager and recovery lead also worked 9am to 5pm Monday to Friday providing additional cover. Night time shifts consisted of one nurse and two recovery support workers. Weekend shifts consisted of one nurse and two support workers.
- Staff and patients reported sufficient staffing levels. Staff held regular one to one sessions with patients, and leave and ward activities were rarely cancelled due to staff shortages. The manager authorised extra staff as appropriate in addition to regular staff.
- However, vacancy rates for nurses were high. There were five whole time equivalent nursing posts but only two staff in post. The hospital was recruiting for the vacant posts. There were nine recovery support workers in post and one vacancy. Staff reported nursing vacancies were an issue and reported more nurses would be useful.
- The hospital used bank and agency staff on a regular basis. Where possible the manager used staff familiar with the hospital and the patients. Staff confirmed regular agency and bank workers provided cover. However, on day one of our inspection the permanent nurse called in sick and an agency nurse not known to the service provided cover. We observed the agency nurse received an appropriate induction by permanent staff. One recovery support worker was also agency. On day two, a recovery support worker was agency.
- The registered manager and recovery lead provided on call support out of hours. A nominated on call manager was available over the weekend.
- The provider contracted the local NHS trust to provide medical cover. A consultant attended the hospital two days per week and an associate specialist attended three days weekly. The consultant informed the hospital of cover in his absence. The local acute psychiatric hospital provided medical cover out of hours.
- The provider listed 22 mandatory training courses. Staff compliance rates were over 75% in 16 of these courses and some were at 100%. However, training in the Mental Capacity Act was only 35%, safeguarding children 62%, diabetes awareness was 35%, epilepsy awareness was 41% and level two certificate in mental health awareness was 41%. The registered manager recognised these issues with training and recently implemented actions to improve compliance and recording of this.

Assessing and managing risk to patients and staff

- Staff confirmed risk assessments formed a clear part of the assessment for admission. Staff reported the hospital did not accept patients with a recent or significant history of self harm or violence. Patients had to have stable mental health prior to admission. However this was not stated in any admission or eligibility criteria.
- Staff used the short term assessment of risk and treatability (START) risk assessment tool. This evaluated risk across seven domains including violence to others, suicide, self harm and substance misuse. We reviewed all 12 care records and all 12 contained up to date risk assessments. Staff graded risk as high, medium or low and most were graded medium or low. Each risk identified had an intervention plan. We saw individual risks were followed through into the daily and nightly progress notes on care notes. Issues raised at the last inspection had been addressed and there was a clear improvement in risk assessments.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- We saw examples of very detailed risk management plans for individual patients such as a bathing risk management plan for a patient with epilepsy. Records confirmed staff discussed these with patients and they agreed to the plan.
- Staff reviewed risk regularly and discussed risk during shift handovers. All staff we spoke with reported awareness of individual patient risks and confirmed risk was regularly discussed in multi-disciplinary team meetings. We saw evidence that staff recorded risk reviews in the notes and interventions re-planned when circumstances changed.
- We saw evidence of positive risk taking with one patient in regards to graded support to improve road safety skills.
- Staff recorded alerts on the system appropriately. For example patients experiencing epilepsy, prescribed warfarin or detained under the Mental Health Act all had alerts on their care records which were immediately obvious to staff.
- Staff followed observation policies and observed all patients on an hourly basis in line with provider policy. Staff clearly recorded all observations in the care records. Concerns around observations at the last inspection had been addressed.
- Staff reported they never used restraint. Staff received conflict resolution and breakaway training to de-escalate any potentially volatile situation. Seclusion and long term segregation were never used. All staff we spoke to confirmed that the policy was to contact the police in the event of a volatile situation. This rarely happened. Patients confirmed they felt safe and had not experienced any aggression in the hospital.
- Staff locked the front door at 10pm for security reasons. Informal patients could leave at will.
- The registered manager confirmed they reported safeguarding concerns and alerts to the patient's care coordinator in the community mental health teams. The care co-ordinator followed through on the referral to the relevant local authority. The care co-ordinator updated staff at Rosebank House as appropriate. The registered manager informed us of two recent safeguarding concerns. One related to aggression from a member of the public to a patient and the other related to safeguarding children. Both were reported appropriately. All staff we spoke with were aware of safeguarding issues and gave examples of what to report.
- The policy on children visiting the ward stated children must be supervised by a responsible adult who is not a member of staff at all times.
- The two registered mental health nurses completed classroom based medicines competency assessment training which ensured safe dispensing of medicines. Other staff completed medication handling level two to support the nurses. Training records confirmed all relevant staff were up to date with this training. Staff checked the medicines management training for agency staff prior to employing them and we saw evidence of this in the induction files. We considered the concerns raised at the last inspection around medicine competency assessment for staff had been addressed. A pharmacist visited the hospital fortnightly to check and re order medication.
- We reviewed 12 medication records and prescription charts and found these in good order. All prescriptions were signed and dated, photo identification was present for all patients and allergies were recorded for all patients. Doctors did not prescribe hypnotics for longer than seven days. However, staff did not record review dates on PRN (as required medicines) care plans and staff did not use the Liverpool university neuroleptic side effect rating scale (LUNSERS) which was stated in the Partnerships in Care medicines policy.
- We found four patients prescribed more than one anti-psychotic medication. One of these was prescribed medicines above the British National Formulary (BNF) guidelines without referral for regular electrocardiograms (ECG). We discussed this with the responsible consultant psychiatrist who agreed with our calculation and agreed to arrange an ECG. Following our inspection the clinical lead informed us that further actions had been agreed for those patients on high dose anti psychotics. We were told that staff would use the local NHS trust high dose guidelines that included high dose monitoring forms and care plans attached to each medicine chart, regular reviews of medication in multi disciplinary team meetings, regular ECGs and regular monitoring of physical observations by nursing staff.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

Track record on safety

- Rosebank House reported one serious incident in the last 12 months. The registered manager reported this appropriately and arranged for an external expert to formally investigate. The report concluded there were no service level deficits, highlighted numerous areas of good practice and made recommendations for future practice.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents on the electronic system. They graded incidents in relation to severity. Staff were aware of what to report and gave examples such as seizures, agitation and medication errors. The registered manager reviewed and signed off all incidents. We reviewed three incident forms and saw immediate actions taken to deal with the incidents.
- Staff confirmed they discussed feedback and learning from incidents at team meetings. We saw minutes of team meetings that confirmed this. Most incidents were low level and did not require feedback. The manager reported incidents to higher management through the iris recording system which was captured in a monthly ward to board report. Serious incidents were reviewed at company board level.
- The manager informed us security briefings from across the organisation were shared with the team and accessed through the company intranet. We noted incidents were not on the agenda of the regional meeting.
- Staff reported managers offered support the day after the recent serious incident. Managers offered staff the option of counselling. Senior managers visited and offered support.

Duty of candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- The registered manager demonstrated duty of candour in relation to the recent serious incident.

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

- Staff informed us that they completed a comprehensive assessment prior to admission of a patient. Staff discussed the assessment with the full multi-disciplinary team. The patient visited the hospital prior to admission and further assessment was undertaken.
- We reviewed all 12 care records and all had care plans present and in date. All care plans were holistic and personalised. Staff used the recovery star for each patient. The recovery star is an outcome measure that enables staff to support individuals to understand their recovery and progress across 10 domains covering the main aspects of people's lives, including living skills, relationships, physical health and self care. We considered concerns raised at the last inspection regarding person centred care plans had been addressed. The quality of the recovery star care plans varied dependent on the mental state, insight and motivation of individual patients.
- Staff regularly reviewed care plans. The multidisciplinary team reviewed care plans at weekly meetings and staff held three monthly individual care reviews with each patient. Staff also reviewed care plans in the six monthly care programme approach meetings.
- Staff effectively monitored physical health issues. All 12 care records contained evidence of ongoing physical health monitoring. We saw thorough physical health care plans around epilepsy, bathing care plans, diabetes, reduced mobility and weight management plans. There was evidence in the progress notes that staff were following these care plans.
- The local GP surgery provided ongoing physical health care and we saw evidence of staff arranging GP appointments, accompanying patients to the appointment and following up on recommendations.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- The hospital used the electronic patient record, care notes, to store information securely.

Best practice in treatment and care

- Staff referred to specialists for physical health care when appropriate. Staff referred one patient to a speech and language therapist due to a choking risk. The care records contained a detailed choking prevention plan.
- Medical staff reported using the National Institute for Health and Care excellence (NICE) guidelines in relation to prescribing medication. However all other staff we spoke to were not aware of any NICE guidance. Clinical staff recognised this needed addressing.
- The provider had a contract with the local NHS trust to provide psychology to the hospital. This post had been vacant for eleven months meaning the provider was unable to offer psychological therapies to patients.
- We saw evidence the provider used outcome measures to monitor progress. Staff used the recovery star with all patients. This covers ten domains including managing mental health, physical health, social networks and relationships. Staff recently started to use EUROqol, which is a standard measure of health outcomes and looks at issues such as mobility, self-care, activities and depression. We saw evidence that the contracted occupational therapist used FIM FAM which is a functional independence measure and functional assessment measure used to monitor outcomes. We considered concerns raised at the last inspection regarding lack of outcome measures had been addressed.
- The hospital participated in clinical audits and we considered concerns noted at the last inspection had been addressed. We saw Mental Health Act audits undertaken by the local Mental Health Act administrator office that identified full compliance with all standards. Staff participated in monthly infection control audits and weekly medication audits. The medicine audits had improved since the last inspection although two recent audits identified gaps with no accompanying action plan and one audit only half completed. The manager requested an external medicine audit but was unable to find any agency to carry this out. The manager also implemented local monthly audits looking at a range of issues such as carenotes dashboard, incident reporting and smoking cessation. The hospital also participated in the prescribing observatory for mental health (POMH-UK) which is an online audit of anti-psychotic usage.

Skilled staff to deliver care

- The staff team included a registered manager, a recovery lead who was a qualified nurse, nurses, recovery support workers, a consultant psychiatrist, associate specialist and occupational therapist. A pharmacist visited fortnightly. Occupational therapy was provided only three days weekly. The psychology post had been vacant for eleven months.
- The provider did not offer specialist training in recovery based practice or rehabilitation based interventions. Specialist training would ensure patients received appropriate support. One staff member reported recovery star training had been provided in the past but not recently. Recovery based practice was discussed at multi disciplinary team meetings and at team meetings.
- Staff supervision records from January 2016 to November 2016 evidenced very low rates of supervision. Between January and October 2016, most staff received only two to three supervision sessions. Two staff members received no supervision. The recovery lead who was the clinical lead for the team received no clinical supervision for the whole of 2016. The hospital did not provide or encourage peer supervision or reflective practice. The registered manager in post since May 2016 recognised this as a deficit and was taking steps to address this. He had raised concerns about supervision in his own supervision sessions, and team meeting minutes evidenced this issue being addressed with the staff team. A senior member of Partnerships in Care was to provide some clinical supervision. Supervision rates in October and November were improving.
- No data was available for appraisals and the manager reported no appraisals happened during 2016. He informed us he was addressing this issue.
- Staff accessed regular team meetings. These happened monthly and meeting minutes evidenced they were comprehensive and covered a range of topics. Nurses' meetings also happened monthly but between January and August 2016 these occurred every other month. Two meetings happened in September, one in October and

one scheduled for November. Minutes addressed issues such as supervision, medication assessments and care notes. The recovery support workers had not had any recent meetings but these were to be reinstated from November 2016.

- The provider ensured new staff received an appropriate induction. This included an appropriate induction for bank and agency workers. Issues raised at the last inspection regarding inadequate inductions for temporary workers had been addressed. The induction checklist included a tour of the hospital, introduction to patients, fire procedures, health and safety issues, service specification, observation policy and working practices. We spoke with one agency worker who confirmed this happened. We also witnessed an induction for an agency member of staff.

Multi-disciplinary and inter-agency team work

- The hospital held regular multi-disciplinary team meetings attended by nurses, recovery support workers, doctors, an occupational therapist, a pharmacist and the registered manager. Staff sought the views of the wider staff team for input, for example, there was a weekly form for the housekeeper to fill in evidencing her interactions with patients. The multidisciplinary team discussed each patient fortnightly ensuring regular reviews of their care.
- An external agency working closely with the local authority attended multi-disciplinary team meetings to discuss discharges and identify suitable placements for patients.
- Staff handovers happened twice daily at each shift change. Staff discussed each patient, any risk factors and activity plans for the following shift.
- Patient's care co-ordinators from the community mental health teams attended six monthly care programme approach meetings at the hospital.
- Staff reported visiting potential placements with patients and building up better links with housing and care providers.
- The manager attended regular regional meetings with other providers within Partnerships in Care.

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

- There were four detained patients at the time of our inspection. Rosebank House accessed the Mental Health Act administrator of the local NHS trust. On 7 November 2016 a Mental Health Act reviewer from the Care Quality Commission visited the hospital and found that the legal paperwork for detained patients were present and in good order.
- Section 17 leave was authorised via an electronic form. The Mental Health Act reviewer found sometimes these forms did not specify whether the patient should be accompanied, escorted or unescorted while on leave. They raised this with the responsible clinician on the day who amended the forms.
- Staff we spoke to reported having training in the Mental Health Act but two staff members said they would like more information and training. The training matrix stated 76% of staff received training in the Mental Health Act at the time of our inspection.
- Staff reminded patients of their rights under the Mental Health Act on a regular basis. An independent mental health advocate visited the hospital monthly. The hospital displayed information on patient rights and access to advocacy in communal areas for patients to access.

Good practice in applying the Mental Capacity Act

- Mental Capacity Act and Deprivation of Liberty Safeguards training was mandatory. Staff we spoke to reported completing this training. However, we reviewed the training matrix which showed only 35% of staff were up to date with this training.
- Staff showed an understanding of Mental Capacity Act issues and one recovery support worker advised they assessed capacity on a daily basis and in every interaction with patients.
- Our review of the care records showed recent capacity assessments by medical staff for consent to treatment and admission. However, we noted two informal patients with capacity assessments dated October 2016 which stated neither had capacity to consent to treatment or admission. We immediately raised this with the hospital manager as this potentially meant patients were being treated without due authority. The responsible clinician stated he did not agree with these assessments and would reassess the capacity of both

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

patients the following day. We were informed this assessment resulted in one patient having capacity to consent to admission and treatment and one having capacity to consent to admission but not treatment. We were informed treatment was being continued under best interests and that this was recorded in the notes.

- We noted that capacity to consent to treatment and admission was attached to all medicine cards which is good practice. However, more recent assessments of capacity were found in patient care records and as stated above these did not always correlate with each other. We found six care records where the capacity assessments on the medicine charts were dated differently from the assessments in care records. We were concerned that staff were dispensing medication using old capacity assessments. These may not match the most recent assessments that potentially meant patients were treated without a valid consent.

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

Good

Kindness, dignity, respect and support

- We spoke with four patients in the hospital. Patients reported staff were helpful, friendly and caring. They said staff were respectful and would always knock on bedroom doors before entering. One patient reported staff had helped him increase his confidence by being available to talk to when needed.
- We witnessed staff and patients interacting throughout both days of our inspection. Staff were responsive and caring towards patients. Staff actively supported one patient when they asked for help to take a shower.
- Staff provided a mindfulness box that contained encouraging messages for patients to take.

The involvement of people in the care they receive

- Patients visited the hospital for a day prior to admission, then stayed one night and then stayed for a week before being formally admitted. Patients received a welcome pack on admission and we saw this in patients' rooms. The welcome pack included the philosophy and aims of the hospital, information on the recovery star and an induction checklist. This covered a tour of the hospital, fire exits, medication times and other information such as community meetings. The welcome pack also included house rules that patients developed in a community meeting. Staff allocated each patient a key nurse and recovery support worker on admission.
- Staff and patients reported community meetings happened fortnightly. However between Jan and August 2016 only two months had fortnightly meetings with August having no meetings. This improved from September onwards with three meetings in September, four in October and two scheduled for November. The occupational therapist headed the meetings and patients were encouraged to chair them but did not always volunteer. Staff took minutes and documented an action plan including who was responsible for the actions and timescales. Staff displayed the minutes on the communal notice board for all patients to see. The minutes addressed community issues such as arrangements for a firework display and halloween themed evening. The meetings also covered organisational issues such as information on the impending change of provider.
- Staff encouraged feedback from patients. Staff asked patients at community meetings if they felt safe and if staff were responsive to their needs. The hospital provided a comments box in the communal entrance for patients to give feedback. The manager had recently introduced a patient satisfaction survey and ten out of the 12 patients had completed this. Staff discussed these with the patients and acted on the findings, such as implementing new rules for dimming lights in the evening to minimise disruption.
- We spoke with four patients in the hospital. Staff offered all four a copy of their care plan. All reported they had been involved in developing their care plans and one patient said they had been given a choice of medication.
- We reviewed 12 care records. Staff had completed the recovery star with all patients and encouraged patient to record their views. Patients' views ranged from declining to complete this section to positive views for

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

each of the sections of the recovery star. We saw evidence of direct quotes in one care plan from a patient about what they would like to happen in the event of a seizure.

- Two patients told us their family and carers were involved in their care. Care records evidenced some carer involvement in patient reviews.
- Patients had access to advocacy. An advocate visited the hospital monthly and attended more frequently if needed. Staff displayed information and contact details for advocates in communal areas.

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

Requires improvement

Access and discharge

- The statement of purpose for Rosebank House stated new admissions were for adults aged 18 to 65 with an expected length of stay of between 18 months and three and half years. It did not state any eligibility or exclusion criteria but staff informed us new referrals underwent thorough risk assessments and recent history of self harm or violence precluded admission. People with a primary diagnosis of learning disability were not admitted. It was not clear where the provider saw Rosebank House as part of a whole rehabilitation system to manage people with complex mental health problems. Staff were not clear exactly what kind of rehabilitation service they were providing.
- At our inspection four patients were over the age of 65. Seven patients had been there over the three year intended stay and three of these had been there over 12 years.
- Rosebank House admitted two new patients during 2016. At the time of our inspection 12 out of the 13 rooms were occupied. One patient recently went on section 17 leave to a new placement and the plan was for discharge shortly. The manager recently completed five new assessments. Three of these would be suitable for admission.
- Staff reported most patients moved on to residential care or supported living. Few moved to independent living. Staff reported a recent improvement in discharge planning. A local organisation linked to the local authority attended multi-disciplinary meetings to identify potential placements and facilitate discharge. Staff reported this was a positive step.
- Staff reported discharge planning began on admission and this was evident in the care records. All patients had discharge care plans with a target date for discharge. However, some of this was aspirational due to the ongoing level of patient illness and difficulty in finding suitable move on placements. This was especially so for patients who had been there a long time.
- The provider ensured they planned admissions and prepared patients for admission and discharge. The hospital never moved patients to another hospital other than for clinical reasons and patient beds were always available on return from leave. In the event of deterioration in mental health, the hospital arranged for a transfer to the local acute mental health ward. This rarely happened but worked effectively when needed.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had a female and male lounge and communal dining and kitchen area. The male lounge was relatively small and did not have enough seats if all patients were there at the same time. There was an activity room for arts and crafts and access to a computer. However, a large table took up much of the space in this room giving little room for other activities. The hospital provided a quiet room for patients to use with visitors. Patients also saw visitors in communal areas if appropriate. Patients accessed the hospital garden and money was available to revamp the outside space.
- Patients used their own mobile phones but had access to a pay phone with a privacy hood if needed.
- Patients had keys to their bedrooms unless their risk assessment stated otherwise. Patients were able to personalise their rooms and use their own furniture if they wanted. The hospital provided individual patients with locked cupboards in the communal kitchen. Patients could access drinks and snacks at all times.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- Kitchen staff involved patients in choosing menus and encouraging healthy eating. Notice boards displayed the day's menu. Cultural needs were taken into account. Patients spoke positively about the food provided. Staff encouraged patients to cook and shop for themselves.
- Staff reported they provided a range of activities. The occupational therapist ran walking groups, one to one cooking, gardening groups and reading groups. The occupational therapist provided one to one work when required. Staff reported patients were encouraged to access community resources such as pottery groups, language lessons, and social clubs. We saw evidence in the care records of patients shopping at supermarkets with staff and encouragement to manage their own washing and cooking.
- Two patients attended a local work placement specifically for people with disabilities and two patients attended courses at the local recovery college. One patient recently attended an interview for some part time work and was successful.
- During the two days of our inspection there were no in-house activities for patients. The occupational therapist did not work on these days but each patient had an activity plan in place. However, we saw patients sitting in lounges and corridors with little to occupy them. Staff reported patients needed more recovery focussed interventions and there was a lack of consistency around recovery focussed work. When staff did provide activities, patients were not necessarily encouraged to attend. Staff reported activities should be more tailored to individuals and a more structured routine established.

Meeting the needs of all people who use the service

- People with physical disabilities could access the hospital. There was a lift to the first floor and one male bedroom on the first floor was adapted for disabled access. The ground floor was accessible for people with disabilities. The hospital contained bathrooms suitable for people with disabilities on both floors.
- The provider displayed the rights for detained and informal patients in communal areas. Notice boards displayed information on local services and the advocacy service. However, information displays looked tired and uninspiring.
- Staff provided patients with information on treatments and medication as appropriate.
- Staff supported patients to access spiritual support if required.

Listening to and learning from concerns and complaint

- The provider's complaints policy was present and up to date. Staff showed awareness of the policy.
- There were no formal complaints over the last 12 months. Staff recorded all informal complaints. We reviewed the informal complaints folder and saw evidence of staff recording complaints appropriately, action taken and feedback given as appropriate. For example, a couple of patients complained about the hourly night time observations. Staff discussed this at the community meeting to explain the reasons for this and agreed to buy a new torch that would be less intrusive.
- Patients we spoke to knew how to make a complaint. The provider displayed information on how to complain on communal notice boards and included a complaints leaflet in the welcome pack. The concerns raised at the last inspection had been addressed.

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

Good

Vision and values

- Staff we spoke to did not know the organisation's vision and values. The manager informed us that the company was being newly formed but that all staff had been updated and informed of all changes. Some staff were still feeling uncertain about these changes.
- Staff reported they knew the senior management team and senior managers visited the hospital.

Good governance

- The registered manager was appointed May 2016 and governance arrangements showed improvement since the last inspection. The manager held monthly

operational and governance meetings with staff. We reviewed the minutes and found these to be thorough. The manager was especially aware of training and supervision issues within the service and was addressing this with the team.

- The manager attended regular regional meetings with another local provider within Partnerships in Care where they discussed governance issues.
- The registered manager introduced a system of senior management checks on a weekly and monthly basis to look at issues such as incidents, financial audits, training matrix checks, complaints and quality of work. We saw evidence of a commitment to improve standards and quality across the hospital.
- The registered manager produced a monthly ward to board report that detailed issues such as complaints, incidents, referrals and discharges, staff vacancies. This ensured senior managers were kept informed of hospital activity and monitored this on a monthly basis.
- The provider arranged compliance visits from senior managers to check on progress. Two visits happened during 2016. We reviewed the report from one of these visits and found it comprehensive, detailed and thorough. It assessed against 12 care standards and detailed findings and areas of improvement. We saw action plans addressing each issue identified.

Leadership, morale and staff engagement

- All staff we spoke with reported being happy in their jobs and feeling supported by management. All staff knew how to raise concerns and felt safe to do so.
- Staff reported sickness rates were low.
- One staff member reported leadership training and opportunities were available.
- There was a lack of clinical leadership within the hospital and a lack of leadership around rehabilitation based interventions and philosophy.

Commitment to quality improvement and innovation

- The hospital had not participated in any accreditation schemes for inpatient rehabilitation.
- The manager reported one patient agreed to be involved in an external psychology research project.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure mandatory training is completed and up to date for all staff.
- The provider must ensure capacity to consent to treatment and admission is agreed with the responsible clinician and that the most up to date capacity assessments are attached to medicine charts.
- The provider must ensure there are sufficient numbers of specialist staff suitable for a rehabilitation environment. The psychology post had been vacant for eleven months and the occupational therapist was part time.
- The provider must ensure staff receive specialist training to carry out their role.
- The provider must ensure they provide staff with regular supervision and appraisals.

Action the provider SHOULD take to improve

- The provider should ensure there is easy access to patient bedrooms in an emergency and should consider whether the current alarm system is sufficient.
- The provider should ensure there is a clear admission and eligibility protocol, including any exclusion criteria. This should reflect an awareness of the care pathway offered.
- The provider should ensure recovery based activities are available and encouraged for all patients.
- The provider should consider participating in accreditation schemes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: Dates of capacity assessments to consent to treatment and admission attached to medicine charts did not match the dates of these assessments in the care records. Two records stated two informal patients did not have capacity to consent to admission and treatment in the care records but did have capacity on the medicine charts. This meant patients may be treated without a valid consent. This was a breach of regulation 11 (1) (2)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: There were insufficient numbers of specialist staff for a rehabilitation environment. The occupational therapist was part time and the psychology post had been vacant eleven months. Staff were not up to date with mandatory training in some courses. Staff did not receive specialist training in rehabilitation or recovery orientated interventions Staff did not receive regular supervision or appraisals. This was a breach of regulation 18 (1) (2) (a)