

# St Neots Hospital

## Quality Report

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

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



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 St Neots Hospital as requires improvement because:**

- Mandatory training levels for staff were low with less than 75% of staff having completed six of the ten mandatory training sessions, Mental Health Act and Mental Capacity Act training figures were particularly low.
- Not all staff were up to date with prevention and management of violence and aggression training.
- The service had a local safeguarding procedure that was unclear and did not comply with the Care Act guidelines. The service investigated safeguarding incidents internally and did not record outcomes fully.
- The service did not have a robust system for incident reporting and did not feedback learning from incidents to staff.
- Staff did not have access to supervision and team meetings in line with the hospital's policy.
- The service did not have a robust complaints procedure. Complaints were not answered within timescale and outcomes were not shared with staff.

- The service had not provided any psychological therapies for patients.

However:

- The service had identified a number of concerns prior to inspection and had implemented new systems and plans to address these at the time of inspection.
- Recruitment was in progress for new staff and we saw that the service had introduced regular supervision, training and team meetings.
- The service had safe staffing levels and managers regularly reviewed levels to ensure patients had sufficient access to nursing staff.
- The service had good medicines management systems in place.
- Patients reported feeling safe and cared for by staff. We found that staff were caring, respectful and compassionate.
- The service provided good access to physical healthcare and staff assessed and met patients' physical healthcare needs well.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to St Neots Hospital	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

### Detailed findings from this inspection

Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

Requires improvement 

# St Neots Hospital

## Services we looked at

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

# Summary of this inspection

## Background to St Neots Hospital

St Neots Hospital provides long stay and rehabilitation wards for adults with severe and enduring mental health needs. It specialises in caring for patients with complex mental and physical health needs including neurodegenerative disease.

St Neots Hospital has been registered with the Care Quality Commission under its current provider Elysium Healthcare since October 2016 for:

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

The service has a registered manager in post since registration.

The service has four wards for up to 38 patients:

- Cherry ward is an 8 bed ward for male patients
- Willow ward is a 12 bed ward for male patients
- Maple ward is a 11 bed ward for female patients
- Rowan ward is a 7 bed ward for female patients

At the time of inspection the service had 31 patients, with 20 being detained under Mental Health Act sections.

This location had not been previously inspected under its current provider.

## Our inspection team

Team leader: Joanna Thomas

The team that inspected the service comprised a CQC Inspection Manager, two CQC inspectors and two mental health nurse specialist professional advisors.

## 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.

During the inspection visit, the inspection team:

- visited all four wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- met with nine patients who were using the service
- interviewed the registered manager and each ward manager
- spoke with 19 other staff members; including doctors, nurses, occupational therapist, psychology assistant and healthcare assistants
- collected feedback from 15 patients using comment cards
- reviewed in detail 13 care and treatment records of patients

# Summary of this inspection

- carried out a specific check of the medication management on all wards and
- looked at a range of policies, procedures and other documents relating to the running of the service

## What people who use the service say

Patients told us they liked being at the hospital and that they felt safe and cared for.

Patients told us that staff were friendly and helpful and that they enjoyed spending time with staff both on the wards and out on excursions.

Patients told us the food was good, that they enjoyed the activities provided although sometimes they would like more activities and opportunities to go out of 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?

We rated safe as requires improvement because:

- The service had an environmental risk assessment in place; however, some of the ligature point risks had not been fully mitigated.
- Mandatory training attendance was low, with less than 75% of staff having completed six of the ten mandatory training sessions.
- The service local safeguarding procedure did not comply with guidance from the Care Act update in 2016.
- The service investigated its own safeguarding incidents and outcomes were discussed verbally with the safeguarding lead within the NHS trust with no written record.
- The service did not have a robust system for ensuring staff reported all incidents that required reporting.
- Learning from incidents was not fed back to staff.
- The service had a blanket restriction on access to the garden for patients.

However:

- Staffing levels were safe and reviewed regularly to ensure patients had access to one to one time with nurses.
- The service had not cancelled activities due to low staffing levels.
- The service had introduced a mandatory training plan over three days with staffing arranged so that all clinical staff could attend.
- The service was visibly clean and well equipped. Clinic rooms contained emergency equipment and medication that was checked daily.
- The service had a good medications management system in place.

Requires improvement



### Are services effective?

We rated effective as requires improvement because:

- Staff had not received supervision in line with service policy over the past year.
- The service had not had any psychological input or access to therapies in the six months prior to the inspection.
- The service did not provide sufficient occupational therapy input to provide all assessments for all patients.
- The service had not held staff team meetings over the past year.

Requires improvement



# Summary of this inspection

- Not all staff had access to specialist training in neurodegenerative disorders such as Huntington's Disease.

However:

- Patients had assessments and care plans recorded in their care records, which were regularly reviewed and updated.
- Patients had on-going physical healthcare monitoring and their physical health needs were fully met. Plans included risk of choking and falls prevention and these were copied into handover notes for easy access by staff.
- The service had commenced supervision and team meetings over the past two months.
- The service had good multi-disciplinary team working with all disciplines attending care plan reviews.
- The service commissioned a physiotherapist and speech and language therapist, and was actively recruiting permanent full time physiotherapist, speech and language therapist and a psychologist post at the time of inspection.

## Are services caring?

Good



We rated caring as good because:

- Patients were positive about the service. They told us they felt safe and cared for by staff.
- We observed caring and respectful interactions between staff and patients. Staff treated patients with compassion whilst maintaining patient's dignity and independence.
- The service provided an easy read admission pack to patients that explained who the staff on their ward were, including the doctor and care co-ordinators names; what the care plan approach was and when reviews would be held; details of advocacy services and details of how to complain.
- Patients told us they felt involved in care planning and decision making in treatment options.

However:

- Patient involvement in their individual care plans was not clearly recorded.

## Are services responsive?

Requires improvement



We rated responsive as requires improvement because:

- The service did not have a robust complaints procedure and did not answer complaints within their policy timescales.
- Not all staff were aware of the complaints process and feedback from complaints was not fed back to staff.

However:



# Summary of this inspection

- The service was accessible for patients with mobility issues.
- Bathrooms on all of the wards had wet rooms and assisted bath facilities.
- Staff monitored patient's nutrition and hydration needs and offered hot and cold drinks throughout the day.
- Patients told us the food was good and enjoyed themed days and events such as barbecues.
- The service employed activities co-ordinators who arranged activities for ward staff to deliver with patients. The activities co-ordinators and occupational therapy assistant held sessions in the sensory garden for patients.
- Patients were encouraged to personalise their bedrooms and bedrooms were comfortable and homely.

## Are services well-led?

We rated well-led as requires improvement because:

- The service lacked effective governance systems to ensure that staff training, meetings and supervision were happening in line with their policy.
- The service did not have effective governance systems regarding incident reporting, safeguarding reporting and complaints.
- Complaints and incidents were not reviewed for lessons learned and outcomes were not provided to staff.

However,

- The service had identified a number of concerns prior to inspection and had implemented new systems and procedures to address these. The service was undergoing extensive refurbishment and renovation work to improve facilities for patients and staff.
- The service was in the process of introducing a training plan that would provide staff with all mandatory training. Team meetings and supervision had started within the previous two months.
- The hospital director had implemented a new daily management handover system to improve communication and information sharing between staff.
- Staff reported high levels of morale and job satisfaction. Staff felt positive about the changes happening within the service over the past months

**Requires improvement**



# 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.

- Only 44% of staff had completed Mental Health Act training. Staff spoken with had a good understanding of the Act and its guiding principles.
- We reviewed nine medication charts and found that they all had the relevant consent to treatment and capacity assessment documentation attached.
- We reviewed 13 care records and found that all patients detained under the Mental Health Act had the correct detention paperwork and had their rights explained to them regularly.
- The Mental Health Act administrator applied for detention tribunals on behalf of patients who lacked capacity to do so themselves.
- The Mental Health Act administrator undertook regular audits of paperwork and had access to guidance from a Mental Health Act lawyer within the wider organisation.
- The service used an independent Mental Health Act advocacy service commissioned by the Local Authority.
- The service recorded all episodes of Section 17 leave in patient care records.






## Mental Capacity Act and Deprivation of Liberty Safeguards

- Only 37% of staff were trained in the Mental Capacity Act and staff we spoke with did not all have a good understanding of the Mental Capacity Act or its guiding principles.
- The service had a policy on capacity and Deprivation of Liberty Safeguards.
- Patients had capacity assessments that were reviewed when decisions needed to be made, to assess whether the patient had the capacity to make that decision.
- We found one patient record where the patient currently had capacity but did not have advance decisions for the future.
- The service used a spreadsheet to record patients who were subject to Deprivation of Liberty Safeguards (DoLS). Seven patients had current authorised DoLS in place at the time of inspection and three patients were waiting for authorisation for DoLS. The service recorded when applications were made to the supervisory body and the actions taken whilst waiting for authorisation.
- The Mental Health Act administrator covered Mental Capacity Act administration including auditing paperwork and had access to specialist advice from the organisation's Mental Health Act lawyer.

# 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	Requires improvement	

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

Requires improvement



### Safe and clean environment

- The ward layout had some blind spots making it difficult for staff to observe all areas of the ward; however, the provider had installed mirrors on two wards and planned to install mirrors for the other two wards as part of the ongoing refurbishment programme.
- Each ward had a number of ligature risks (fittings to which a person might tie something to harm himself or herself with). The service had completed an environmental risk assessment, which included all ligature risk points; however, some of these did not have adequate mitigation noted in the assessment. Staff amended this when brought to their attention.
- The service did not accept patients with a high risk of deliberate self-harm and had not had any incidents of self-harm using a ligature over the past year.
- The provider had designated each ward as female or male only. All rooms had en-suite lavatories and each ward had a shared bathroom.
- Each ward had a fully equipped clinic room that included emergency equipment and medication. The service checked these daily and kept records of checks completed.
- The ward areas were generally very clean and well maintained. Some of the shared bathrooms had used towels and toiletries in, which staff removed

immediately when brought to their attention. The service employed five housekeeping staff to maintain cleanliness and the service was visibly clean with cleaning in progress throughout the day.

- The service had an infection prevention and control management policy and staff had access to handwashing facilities. We observed staff following handwashing and infection control measures appropriately.
- Equipment was well maintained and checked regularly.
- Patient rooms including bathrooms all had nurse call pull cords, however the cords in two of the bathrooms had been cut to a height where patients could not access them. Staff replaced these at the time of inspection.

### Safe staffing

- Staffing numbers for each ward depended on the requirements of the ward on that day. The provider had plans to implement a safe staffing model.
- The service had undergone a recruitment programme and had two nurse vacancies at the time of inspection. This was a reduction from six vacancies over the previous three months.
- The service used a high number of bank and agency staff to cover shifts with 240 shifts covered by bank staff and 728 shifts covered by agency staff over the past six months. The service used block booking with agencies to ensure the same staff were used for the continuity and consistency of care.
- The service adjusted staffing levels daily for wards depending on patient need and levels of observations.
- The service held a monthly resource meeting to review staffing levels throughout the hospital. Ward managers were able to request additional staff when needed through the daily senior management team review.

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

Requires improvement



- One qualified nurse was on duty on each ward at all times.
- Staff had sufficient one to one time with patients and activities were rarely cancelled due to staff shortages.
- The service employed a consultant psychiatrist and a junior specialist doctor full time. The provider shared an on call duty psychiatrist across other services so that they could attend in an emergency.
- Figures provided by the service showed that less than 75% of staff had completed six of the ten mandatory training areas.
- The service had introduced a mandatory training plan over three days with staffing arranged so that all clinical staff could attend.

## Assessing and managing risk to patients and staff

- The service did not use seclusion and did not have a seclusion room.
- The service reported 54 incidents of restraint involving 13 patients over the past six months, none of these incidents involved prone restraint.
- Staff used de-escalation techniques with physical restraint as a last resort. However, only 66% of staff had up to date training in the prevention and management of violence and aggression.
- The service had a restrictive practise reduction programme that included the minimal use of restraint.
- We reviewed 13 care records and found that all patients had a risk assessment undertaken and staff had regularly reviewed these.
- The service provided unlimited access to the garden for male patients throughout the day and access to female patients on request as they were located on the first floor and needed staff to escort the to the ground floor. However, the garden door was locked in the late evening as a blanket restriction meaning patients including informal patients could not access the garden until the next morning.
- The service had a policy on rapid tranquilisation where staff administered medication as a last resort following de-escalation techniques. Records showed that staff offered patients oral medication in the first instance.
- The service had a local policy on safeguarding that had been written in 2012 and reviewed in 2017, however it did not comply with guidance updated in the Care Act in 2016.
- The local safeguarding procedure was to report incidents meeting an agreed threshold to the NHS trust

safeguarding lead and outcomes were discussed informally by telephone. The service did not record the outcomes or discussions of safeguarding incidents reported to the NHS.

- The service investigated its own safeguarding incidents with no external investigation taking place.
- The service used an independent pharmacy service for medication ordering and the pharmacy visited weekly to deliver medication and complete audits. Medications including controlled drugs were stored correctly in locked cabinets or fridges and staff monitored and recorded room and fridge temperatures.
- Patients had falls risk assessments and Waterlow pressure sore assessments where required and these were included in patient risk assessments in care records. Staff had produced care plans to manage the risk of pressure sores and falls.
- The service had a policy for children visiting to ensure visits did not take place on the ward.

## Track record on safety

- The service reported one serious incident in the past year, which involved the unexpected death of a patient from natural causes.

## Reporting incidents and learning from when things go wrong

- The service used an electronic system for reporting incidents.
- Staff we spoke with were all aware of what constituted an incident and how to report it.
- We saw incidents such as rapid tranquilisation noted in care records that had not been reported on the electronic system. There were also notes in handover meetings about incidents that needed reporting but it was not clear whether they had been reported at the time.
- Staff were able to give examples of occasions when they had informed patients about things that had gone wrong.
- Staff told us that until recently there had not been any systems in place for sharing learning from incidents and they had not received any feedback following incidents.
- The new hospital director had implemented a system for providing feedback and learning from incidents to all staff by emailing a daily briefing to ward managers for discussion in handover meetings.

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

Requires improvement 

- Staff meetings had not been taking place until the hospital director implemented these two months prior to the inspection. Staff meeting agendas included discussion around incidents and any learning arising from them.
- Staff told us that the staff nurse on shift held a debrief following an 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

- We reviewed 13 care records and found that they all had an assessment completed prior to admission. The service used a variety of assessment tools to ensure all patients' needs were identified.
- We reviewed 13 care records and found five did not all have full physical health assessments at admission recorded in their care records however we saw evidence of ongoing physical health monitoring, including assessments for risk of falls and pressure sores.
- The service used an electronic system for storing care records that all staff could access.
- Care and treatment records included comprehensive, personalised care plans that staff regularly updated. Care plans included physical healthcare needs such as observation of eating and drinking due to choking risk, and how to prevent falls. Staff copied these in to the handover folder on each ward for easy access.

### Best practice in treatment and care

- The service followed National Institute for Health and Care Excellence (NICE) guidelines on medicines management. There was one occurrence where observations following rapid tranquilisation had not been fully recorded in care records.
- The service used the Health of the Nation Outcome Scales to assess and record outcomes for patients.

- The service had completed five clinical audits over the past six months that included a medicines management audit, a controlled drugs audit and a medication errors audit.
- The service had not had any psychological input or access to therapies in the six months prior to the inspection. However, they had recently recruited a psychology assistant and were also in the process of recruiting a full time psychologist.
- The psychology assistant was implementing group sessions for patients including relaxation, managing emotions and behavioural activation therapy as well as helping with cognitive assessment tests.
- The service had commissioned a local GP surgery to provide ongoing physical healthcare monitoring and treatment and the GP visited the hospital weekly.
- There was two physical healthcare nurses to provide additional day-to-day care.
- Staff monitored patients' daily nutrition and hydration intake and recorded this in the daily report. Staff discussed this in handover meetings with actions subsequently recorded as to how to address low fluid and food intake.

### Skilled staff to deliver care

- The service employed one part time occupational therapist, one occupation therapy assistant, one activities co-ordinator and one psychology assistant who was new in post. Recruitment was in progress to employ a physiotherapist and speech and language therapist and the service commissioned these posts externally at the time of inspection.
- The service employed a part time occupational therapist, which meant that not all assessments were completed as the occupational therapy staff focussed on physical health assessments.
- New staff completed an induction that included e-learning and face to face mandatory training and orientation on the ward.
- The provider had a supervision policy stating all staff were to receive supervision on a monthly basis. Staff told us that they had not been receiving regular supervision and the records reviewed showed us that supervision was not happening on a monthly basis.
- The service had recently implemented a new supervision schedule and supervision was starting to take place.

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

Requires improvement 

- Team meetings had not been held previously but the service had since introduced these by the time of the inspection and two team meetings had occurred over the past eight weeks.
- All staff eligible for an appraisal had received one within the last 12 months.
- Not all staff had received specialist training in Huntington's disease. Staff told us they had requested this training. Data provided showed no training had been delivered since 2015.
- The provider had a staff performance policy and we saw evidence of this used to address individual performance concerns.

## Multi-disciplinary and inter-agency team work

- The service had multi-disciplinary input into care plan reviews, with the occupational therapist and psychology assistant attending meetings with medical staff.
- Staff held handover meetings twice a day
- The service invited care co-ordinators to care plan review meetings and kept them updated of any changes to patients' wellbeing.
- The service had good working relationships with local agencies such as the GP who visited weekly and other commissioned services such as the dietician and physiotherapist.

## Adherence to the MHA and the MHA Code of Practice

- Only 44% of staff had completed Mental Health Act training. Staff spoken with had a good understanding of the Act and its guiding principles.
- We reviewed nine medication charts and found that they all had the relevant consent to treatment and capacity assessment documentation attached.
- We reviewed 13 care records and found that all patients detained under the Mental Health Act had the correct detention paperwork and had their rights explained to them regularly.
- The Mental Health Act administrator applied for detention tribunals on behalf of patients who lacked capacity to do so themselves.
- The Mental Health Act administrator undertook regular audits of paperwork and had access to guidance from a mental health act lawyer within the wider organisation.
- The service used an independent Mental Health Act advocacy service commissioned by the Local Authority.
- The service recorded all episodes of Section 17 leave in patient care records.

## Good practice in applying the MCA

- Only 37% of staff were trained in the Mental Capacity Act.
- Staff we spoke with did not all have a good understanding of the Mental Capacity Act or its guiding principles.
- The service had a policy on capacity and Deprivation of Liberty Safeguards.
- Patients had capacity assessments that were reviewed when decisions needed to be made, to assess whether the patient had the capacity to make that decision.
- We found one patient record where the patient currently had capacity but did not have advance decisions for the future.
- The service used a spreadsheet to record patients who were subject to Deprivation of Liberty Safeguards (DoLS). Seven patients had current authorised DoLS in place at the time of inspection and three patients were waiting for authorisation for DoLS. The service effectively monitored DoLS applications, recorded when applications were made to the supervisory body and the actions taken whilst waiting for authorisation.
- The Mental Health Act administrator covered Mental Capacity Act administration including auditing paperwork and had access to specialist advice from the organisation's Mental Health Act lawyer.

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

Good 

## Kindness, dignity, respect and support

- Staff interacted with patients in a caring and compassionate way. Staff supported patients with their personal care respectfully, whilst maintaining patient's dignity.
- Patients told us staff were kind and that they felt safe and cared for at the hospital. Patients spoke of enjoying spending time with staff on the ward and out on escorted visits.



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

Requires improvement 

- Staff had a good understanding of patients' need. This was demonstrated in individualised care plans that included all areas of physical health, mental health and social needs.
- Care plans and risk management plan actions were copied into the daily handover sheet so that it was easily accessible for staff to see how best support each patient.

## The involvement of people in the care they receive

- The service provided an easy read admission pack to patients that explained who the staff on their ward were, including the doctor and care co-ordinators names; what the care plan approach was and when reviews would be held; details of advocacy services and details of how to complain.
- Care and treatment records did not record that patients were involved in their individual care planning; however, patients we spoke with told us they were involved in agreeing care plans and knew what was in their care plans.
- An independent advocate visited the hospital on a weekly basis. Staff also helped patients to access other advocacy services.
- Wards held community meetings weekly where staff asked patients for their opinions and feedback. We saw some areas where patient requests such as food and activities were actioned quickly. However, we also saw some requests such as a bench provided for the garden and tablecloths for the dining table were not actioned for over 12 weeks.
- One patient with current capacity to make decisions did not have an advance decision in place for their care once they no longer had the capacity to make their own decisions.

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

Requires improvement 

- The average bed occupancy over the last year was 73%, with Cherry ward having 85% occupancy, Willow ward 61% occupancy and Maple ward 72% occupancy. Figures were not available for Rowan ward as this was a newly created ward.
- The average length of stay for the past year was 1668 days for male patients and 2590 days for female patients. The long stay of patients was due to patients' complex needs.

## The facilities promote recovery, comfort, dignity and confidentiality

- Each ward had a clinic room to examine patients, a lounge area including dining space for patients to watch television or take part in ward activities.
- The service had separate male and female gardens but held events where all patients could interact in the larger male patients' garden, such as barbecues and themed events.
- The service had a separate sensory garden, which patients could access, and where staff ran gardening activities.
- The female wards had a bedroom converted into an additional lounge space that could be used for quiet space or to meet visitors.
- All wards had payphones that patients could use.
- The service employed two chefs, who had attended dysphagia and maintaining dignity training and so ensured that the food provided was suitable for patients with a risk of choking to eat safely.
- The chef received feedback from community meetings about patient's food preferences and included these in menu choices where possible.
- Patients we spoke with were happy with the food available and enjoyed the monthly themed events held, such as barbecues in summer.
- Wards had a kitchen area that patients did not have access to but could request hot and cold drinks as well as snacks at any time.
- Staff offered patients hot and cold drinks throughout the day to ensure hydration levels were sufficient.
- The service encouraged patients to personalise their bedrooms. Those we saw were homely and personal.
- Wards had a safe in the nurse office for patients to store personal possessions and money.

## Access and discharge

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

Requires improvement



- The service employed two activities co-ordinators who planned suitable activities in conjunction with the occupational health assistant. Timetables of activities were available on each ward which ward staff then facilitated with the support of the activities co-ordinator.

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

- The service was accessible for patients with mobility issues.
- Bathrooms on all of the wards had wet rooms and assisted bath facilities.
- Patients on the first floor female wards could access the garden using the lift.
- The service provided a pack of information to patients on admission including easy read guides on treatment and services available, as well as advocacy services and how to complain.
- Some staff were trained in British sign language to aid communication with patients with impaired hearing.
- Patients could access spiritual and religious services locally escorted by staff and a chaplain visited weekly to hold services.

## Listening to and learning from concerns and complaints

- The service registered formal complaints using the electronic reporting system.
- The service received four formal complaints over the past year, three of which were upheld and one partially upheld. One complaint was not fully responded to until seven months after the complaint was submitted.
- Patients could complain informally through the community meetings or submit a written complaint through ward staff.
- Patients spoken with knew that they could complain to staff and felt happy to do so but did not seem familiar with the formal complaints procedure.
- Each ward had a logbook for written complaints. Some staff were not aware of this and the complaints log on Maple ward contained an unanswered complaint from May 2017. This was brought to the attention of managers.
- The service did not feed back to staff on the outcomes or wider learning from complaints.

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

Requires improvement



### Vision and values

- Staff embodied the organisation's vision of "Putting the patient at the heart of all aspects of hospital life" and we observed person-centred care being the focus of staff.
- The service had a new hospital director in post who staff described as being visible on the wards and visiting each ward daily.
- Staff told us that they had one visit from senior managers within the wider organisation and expected further visits in the future.

### Good governance

- The service did not have effective governance systems in place to ensure mandatory training, supervision and team meetings took place in line with hospital policy.
- The service did not have effective governance systems in place to ensure safeguarding, complaints and incident reporting were completed in line with hospital policy.
- The service had identified these as a concern prior to our inspection and supervision and team meetings had been introduced within the last two months. The service had also introduced a mandatory training plan to increase numbers of staff attending each training session.
- The hospital director had implemented a new daily management handover system to improve communication between clinical staff and managers. Each ward emailed a handover sheet to the hospital director every morning, the hospital director reviewed all incidents and staffing levels and email all managers and MDT staff an overview with actions required and learning points for discussion in ward handover meetings. This ensured that any incidents not logged on the electronic reporting system would be identified at an early stage.
- The service had implemented senior management team meetings to review risks, incidents and audit outcomes.



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

Requires improvement 

- Ward managers had sufficient authority to manage staffing levels and could request additional staff when required.
- The service was in the process of introducing a dashboard on the electronic record system that would evidence performance indicators.

## Leadership, morale and staff engagement

- Maple Ward had the highest level of sickness within the service at 17% and Willow Ward had 13% sickness. The service had two members of staff on long-term sick, which contributed to these percentages.
- The service had not recorded any bullying or harassment cases over the past year and staff did not report any incidents of feeling bullied or harassed.
- Staff told us they were aware of the whistleblowing policy and felt safe to raise any concerns without fear of victimisation.

- Staff reported high levels of morale and job satisfaction. Staff told us that there had been many changes in the service over the past few months and although they did not always feel informed about changes that were happening, they thought the changes were positive.
- Staff told us that they worked well together as teams and supported each other.
- The service had recently introduced an 'employee of the month' scheme where staff could nominate each other, to increase staff feelings of morale and appreciation.
- Staff were not involved in decision making on service development but could see that the changes happening were positive. Staff felt that the introduction of team meetings would increase their ability to give feedback and input.

## Commitment to quality improvement and innovation

- The service was undergoing refurbishment and renovation to upgrade the wards including patient bedrooms and bathrooms. The works planned to create a new sensory room, provide a designated child visiting space and improved garden access for all patients.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

**A rating of requires improvement will result in an action the provider MUST take.**

#### Action the provider **MUST** take to improve

- The provider must ensure that all staff receive mandatory training to support staff to carry out their role safely and effectively.
- The provider must ensure all staff have supervision and team meetings in line with their own policy.
- The provider must ensure there are effective systems in place to safeguard patients using the service.
- The provider must have effective systems in place for the reporting of incidents and ensure that staff learn from these.
- The provider must have effective systems in place for complaints and ensure that staff learn from these.

- The provider must ensure that all patients have access to psychological therapies.
- The provider should ensure that staff have access to specialist training in neurodegenerative disorders in order to support patients.
- The provider must have effective governance systems in place.
- The provider must review the use of blanket restrictions.

### Action the provider **SHOULD** take to improve

- The provider should ensure that patient involvement is documented in care plans.
- The provider should ensure that a full range of occupational therapy assessments are available for patients.

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

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- **The provider did not ensure that patients had access to psychological therapy.**

**This was a breach of regulation 12**

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- **The provider did not ensure there were effective systems and procedures in place to prevent abuse of patients**

**This was a breach of regulation 13**

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

- **The provider did not have a effective system in place for answering complaints.**

**This was a breach of regulation 16**

This section is primarily information for the provider

## Requirement notices

### Regulated activity

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

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider did not ensure that all incidents were reported via their internal reporting process and that wider learning was fed back to staff.
- The provider did not review blanket restrictions.
- The provider did not have effective governance systems in place.

This was a breach of regulation 17

### Regulated activity

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

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The provider did not ensure that all staff were able to access supervision.
- The provider did not ensure that staff completed mandatory training.

This was a breach of regulation 18