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

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

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

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

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

Summary of findings

Overall summary

We rated Sturdee Community Hospital as **Good** because:

- Patients said they felt involved with the day-to-day running of the hospital and when planning their care needs.
- We observed staff interacting with patients in a positive way, there were a variety of activities available seven days a week. Staff said there had been a lot of positive change over the last 9-12 months.
- Staff and patients jointly facilitated a weekly program of interactive academic education sessions, these sessions contributed to staffs continuing professional development and patients' knowledge and skills portfolios.
- Staff used Health of the Nation Outcome Scales (HoNOS) and the recovery star to assess and record severity and outcomes for all patients. Staff carried out a range of audits and we saw how managers had made improvements.
- The hospital had a policy and procedure for carrying out observations. Staff kept up to date records of observations carried out. Staff and patients used and understood the personalised red, amber, green (RAG) rating to manage identified risks.
- Patients told us the variety and quality of food was good, and staff understood their needs. There was a range of activities available seven days a week and they were able to personalise their rooms and bed space.
- Senior managers held two daily morning meetings to discuss patient's needs, any concerns, or complaints and to address issues promptly. This ensured that all staff could attend the meeting.
- Ninety two percent of staff had attended mandatory training, 100% of clinical staff had completed medication management training, and 84% of staff had completed safeguarding adults and children level one.

However:

- Whilst the ligature audit included all ligature points, it did not give sufficient detail about how ward staff should manage the identified ligatures.
- Healthcare support workers we spoke with did not fully understand the purpose of their supervision.
- At the time of the inspection, the provider had not updated their statement of purpose to reflect their current service model. They informed us they were finalising this document and subsequently submitted it within ten days of the inspection.
- There was no protected nurse time during routine medication administration.

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	Good 	Long Stay rehabilitation mental health wards for working age adults

Summary of findings

Contents

Good

Sturdee Community Hospital

Services we looked at

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

Summary of this inspection

Background to Sturdee Community Hospital

Sturdee Community Hospital is part of the Inmind Healthcare Group. Located in Leicester, the hospital provides both locked and open rehabilitation for female patients with complex mental health disorder, some of whom are detained under the Mental Health Act 1983. Albert Chelliah was the registered manager Albert and Lynne Barnes was the nominated accountable officer for controlled drugs.

Since September 2016, the hospital had been operating as an all-female hospital. They had a 16-bedded ward known as Rutland ward; 9 supported self- contained flats known as Aylestone Unit; and the former Foxton ward was used as a rehabilitation therapy unit. We inspected all wards and the flats on this basis.

The provider had not updated the statement of purpose to reflect this service model and we informed them they needed to update this as soon as possible, subsequently the revised statement of purpose was received within ten days of the inspection.

At the time of the inspection, there was a total of 16 female patients, five patients in the semi-supported flats and eleven patients on Rutland ward. Of these patients 15 were detained under the Mental Health Act.

Sturdee Community Hospital is registered to provide the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury

Sturdee Community Hospital first registered with the CQC in April 2011. There have been three Mental Health Act reviews of the hospital in 2013, 2014 and 2015, and three CQC comprehensive inspections; the last comprehensive inspection of the hospital was in August 2015. Following this inspection, we served requirement notices in relation to breaches of regulations of the Health and Social Care Act (2008) Regulated Activities Regulations 2014. The breaches were in relation to:

- insufficient staffing levels
- low mandatory training figures
- no strategy to manage ligature risks
- patients not being able to have keys to their own bedrooms
- no quiet areas and reduced access to therapy rooms
- Foxton ward had no kitchen facilities to make drinks
- patients views were not being taken into account
- there were no discharge plans for patients and there were delayed discharges
- there was no identifiable registered manager
- staff did not know the service vision and values
- the provider was required to address reports of bullying and harassment
- no opportunities for enhanced training

We reviewed the breaches in detail at this inspection and found that the provider had taken actions to address the breaches and improve the care and treatment provided to patients.

Our inspection team

The team that inspected the service comprised a team leader Debra Greaves, one CQC inspection manager and three CQC inspectors.

Why we carried out this inspection

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

Summary of this inspection

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited all three wards / units at the hospital, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 10 patients who were using the service
- spoke with four carers of patients who were using the service
- spoke with the registered manager, director of nursing and quality, relationship manager and clinical nurse manager
- interviewed 17 other staff members; including doctors, nurses, healthcare support workers, occupational therapist, clinical psychologist, administrators, housekeeper and chef
- spoke with the safeguarding lead, Mental Health Act administrator and health and safety leads
- attended and observed two multi-disciplinary briefing meetings
- observed one interactive education training session
- collected feedback from five patients using comment cards
- looked at 16 care and treatment records of patients
- carried out a specific check of the medication management including review of 12 prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

- We spoke with 10 patients and four carers. Patients said they felt safe in the hospital, and they told us they were pleased with the new interactive education sessions and increased focus on their physical wellbeing as well as their mental wellbeing.
- Patients told us the variety and quality of food was good, and staff understood their needs. There was a range of activities available seven days a week and they were able to personalise their rooms and bed space.
- Patients said they understood their rights under the Mental Health Act, and staff read them their rights in a way they could understand. They told us staff rarely cancelled section 17 leave, and if it was cancelled, they were informed why and offered an alternative activity.
- Three carers told us they were encouraged to be part of their relatives care programme approach (CPA) meetings. However, one carer said they only got one to two weeks' notice of their relatives CPA meetings and this was not long enough.
- Three carers, who had visited the hospital, said they felt welcomed by staff and comfortable asking questions of the doctors and nurses and raising concerns. They confirmed the ward environments were clean and tidy and there were always quiet areas available for private visiting.
- All the carers we spoke with told us they believed their relatives were well looked after and received good mental and physical health care, though one carer told us their relative had an ongoing foot problem. It had been difficult for her to get a general practitioner to see her for the ongoing treatment she believed she needed.

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?

Good

We rated safe as **Good** for Sturdee Community Hospital because:

- Staff carried ligature cutters and personal alarms. There was a patient call bell in all clinical areas. Staff managed patients' distress with de-escalation strategies and supported time out.
- Patients had up to date risk assessments and staff reviewed risk assessments regularly.
- Wards were visibly clean with good quality furnishings. The infection control policy was being followed and in date. The clinic room was fully equipped with accessible resuscitation equipment. Staff regularly checked and calibrated equipment and kept a record of this.
- There was adequate staffing for the number of patients at the time of the inspection. The hospital employed its own consultant psychiatrist who was also available outside of normal working hours and provided an on call duty service.
- Ninety two percent of staff had attended mandatory training, all clinical staff had completed medication management training, and 84% of staff had completed level one safeguarding adults and children training.
- Medicines were stored securely and in accordance with the providers' policy and manufacturers' guidelines, staff had completed prescription charts correctly.
- In the last 12 months, the service had reported five serious incidents. Managers had employed external investigators to carry out comprehensive investigations into all incidents.

However:

- While the provider had completed a ligature audit and patients had individual risk assessments in place, the only mitigation was recorded as "to be locally managed". The inspection team did not consider this sufficiently detailed information to manage the identified risks safely, because new or agency staff might not be aware of the individual risk assessments in place.

Are services effective?

Good

We rated effective as **good** for Sturdee Community Hospital because:

- Staff assessed patients' needs, and delivered care in line with individual care plans, which included physical healthcare needs. All care plans were in date and were holistic.

Summary of this inspection

- Staff followed National Institute for Health and Care Excellence (NICE) guidance for medications and psychological therapy. Staff used Health of the Nation Outcome Scales (HoNOS) and the recovery star to assess and record severity and outcomes for all patients.
- Patients received care and treatment from a range of professionals including nurses, doctors, psychologists, occupational therapy, technical instructors, and a social worker.
- Staff and patients jointly facilitated weekly interactive education sessions, this supported staff with their continuing professional development (CPD).
- The provider had Mental Health Act 1983 policies and procedures in place. A Mental Health Act administrator was available to offer support to staff and carried out audits of the MHA paperwork to ensure detentions remained legal.

However:

- Healthcare support workers we spoke with did not fully understand how their supervision related to their work role.

Are services caring?

Good

We rated caring as **good** for Sturdee Community Hospital because:

- Patients and carers told us staff were caring, mindful of their needs, and helpful. We saw staff interacting with patients in a respectful manner. We observed staff undertaking one to one observations in a caring manner, encouraging participation in activities.
- Staff actively encouraged patients to take part in care planning and to attend weekly multidisciplinary meetings.
- Sturdee Community Hospital held formal community meetings once weekly for patients from both Rutland ward and the Aylestone Unit and informal breakfast and evening meetings each day. Staff and patients used these meetings to discuss plans for the day ahead and to review how the day had been for the patients.

Are services responsive?

Good

We rated responsive as **good** for Sturdee Community Hospital because:

- When the provider received a referral for a new admission, the consultant psychiatrist and a senior nurse carried out a comprehensive assessment of the patients' needs, to ensure the service could meet the patients' treatment requirements.

Summary of this inspection

- There was a wide range of rooms and equipment across the hospital, including activity rooms, therapy rooms and a gym. There was access to outside space and patients could make phone calls in privacy.
- Activities were available seven days a week. Staff supported patients to attend local churches and mosques, as the multi faith room was temporarily closed.
- The kitchen provided a wide choice of meals for patients. Patients said there was a variety of food and that it was of good quality. Hot and cold drinks were available throughout the day and night.
- Patients and carers told us they knew how to make a complaint, and staff knew how to handle complaints.

Are services well-led?

Good

We rated well-led as **good** for Sturdee Community Hospital because:

- The provider had strengthened their management structure, and introduced the roles of safeguarding lead, and health and safety leads. They were using the skills and knowledge of their organisations training manager and relationship officer to improve training and promote their service.
- The provider had a clear statement of their vision and values. Staff and patients told us they knew who the managers were. There were clear two-way communication systems between ward level, hospital level and board level
- Managers were aware of the shortfall of substantive staff and they were managing the issue in the short to medium term by appropriate use of bank and agency staff. They had recorded this on their risk register and explained their plans to address the issue.
- Senior staff said they generally felt supported by senior managers, and had sufficient authority to make prompt changes, such as increased staffing when required.
- Staff said there had been a lot of positive change over the last 9-12 months. Staff we spoke with were not aware of any bullying and harassment at the hospital, and they felt they worked well as a team.

However:

- The provider had not updated their registration, specifically their statement of purpose, to reflect their latest service model. They advised us this was in the process of being finalised and subsequently submitted this statement within ten days of the inspection.
- We observed how the nurse, responsible for administering medication, did not have protected time for this task, even

Summary of this inspection

though there were sufficient staff on duty to offer support. While there had not been any reported medication errors to date, this practice carried increased risk of such an error occurring. The inspection team brought this to the attention of the director of nursing and registered manager, who told us they would address the issue with immediate effect.

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.

- At the time of the inspection, there were 16 patients in total at the hospital, with 15 of those patients detained under the Mental Health Act 1983 (MHA).
- The provider had Mental Health Act 1983, policies and procedures in place.
- A MHA administrator was available to offer support to staff. Staff showed awareness of MHA principles and knew where to seek further advice. The MHA administrator carried out audits of MHA papers to ensure detentions remained legal.
- Staff completed contingency plans prior to patients utilising escorted section 17 leave. This meant that they knew what to do if something untoward happened.
- Staff attached consent to treatment forms to medication cards where necessary to show consent.
- Staff explained patients' rights in a way they could understand, in accordance with section 132 of the MHA. Patients had access to independent advocacy services, and staff encouraged them to seek support from this service.
- The hospital displayed information on access to independent Mental Health Act advocates on the wards
- Data provided at the time of inspection showed 86% staff had completed MHA training.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Data for the period November 2015 to October 2016 showed 88% of staff had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) training, and this training was mandatory.
- Staff were aware of their responsibilities under the MCA and DoLS, and understood how the guiding principles applied to their work roles; they knew where to get advice from regarding MCA and could refer to the policy if needed.
- During the period March 2016 to September 2016, Sturdee Community Hospital had made no DoLS applications.
- Staff completed capacity assessments where required, which were decision specific and filed in patients care notes. There were no best interest meeting records and staff told us they could not recall when the last best interest meeting had taken place.

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	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

- Patients told us they usually felt safe on the wards, and staff could observe all areas of the ward clearly.
- All staff carried personal alarms, which they used to summon help in an emergency, and ligature cutters and had received training on how to use them safely. There was a patient call bell in all clinical areas.
- While the provider had completed a ligature audit, (ligatures are places to which patients intent on self-harm might tie something to strangle themselves), and patients had individual risk assessments in place. The only mitigation was recorded as "to be locally managed". The inspection team did not consider this sufficiently detailed information to manage the identified risks safely, because new or agency staff might not be aware of the individual risk assessments in place.
- There were no seclusion rooms at the hospital, staff told us they managed patients' distress with de-escalation strategies and supported time out in the quieter parts of the ward or bedrooms.
- Wards were visibly clean, had good quality furnishings, the infection control policy was in date and staff demonstrated knowledge of infection control principles.
- The clinic room was fully equipped with accessible resuscitation equipment and staff kept emergency drugs in the dispensary on each ward. Staff regularly checked and calibrated equipment and kept a record of this.

Safe staffing

- The established level of qualified nurses across the hospital at the time of the inspection was 24 whole time equivalents. At the time of the inspection, there were three whole time equivalent qualified nurse vacancies and three whole time equivalent healthcare support worker vacancies.
- Baseline staffing was two qualified nurses and five healthcare support workers per daytime shift, plus multi-disciplinary team colleagues including occupational therapists and a clinical psychologist. Overnight staffing was one qualified nurse to two healthcare support workers.
- The provider varied the number of staff on duty depending on patient numbers and needs. The provider had identified staffing, recruitment and retention on their risk register along with their recruitment strategy to address the risk. Senior managers discussed staffing strategy at their regular quality governance framework meetings.
- Staff told us they felt safe working at the hospital and could access additional staff as and when required, using their own staff bank or known agency staff. Managers discussed staffing levels daily in the briefing meetings and deployed staff to take into account individual patient need and risk. Staff discussed their staffing strategy at the hospitals integrated governance committee meeting.

Long stay/rehabilitation mental health wards for working age adults

Good

- Between July 2016 and September 2016, known bank or agency staff had filled 279 shifts to cover vacancies or sickness. This is a significant proportion of shifts having to be covered. However, management had put in place a management strategy to attract more staff that are qualified and the issue was on their risk register and reviewed at regular management meetings.
- Staff turnover at the hospital for the period October 2015 to September 2016 was 47% across all grades. Managers said this was due in part to their service reorganisation, while wanting to ensure they had the right staff with the right skills and attitude to meet the complex needs of their patients.
- Sturdee Community Hospital employed its own consultant psychiatrist. The doctor was also available outside of normal working hours and provided an on call duty service alongside another colleague from another hospital within the Inmind Healthcare Group.
- Staff were encouraged to remain visible and on the ward and there was a qualified nurse in the communal areas at all times. However, we observed how, when administering medications, the administering nurse did not have protected time for this task. Both other staff and patients were interrupting them. While there had not been any recorded medication errors to date, this practice did carry a high risk of medication error occurring in future. The inspection team brought this to the attention of the director of nursing and registered manager, who told us they would address the issue with immediate effect. Managers assured us there were always two qualified members of staff administering controlled drugs.
- Ninety two percent of staff had attended mandatory training, which included safeguarding adult's level one, immediate life support, management of actual or potential aggression (MAPA), and infection control. One hundred percent of staff had trained in medicine management.

Assessing and managing risk to patients and staff

- There had been 34 incidents of restraint involving nine different service users. Three of these restraints had been prone restraint for the shortest time possible before the patient was turned. We saw how staff had documented these restraints in the care record including the physical health monitoring and support required following administration of a restraint procedure.
- Staff completed individual risk assessments for patients. We reviewed 16 risk assessments; staff had updated and reviewed them regularly. Staff used a red, amber, green (RAG) rating system and updated this on a daily basis. All patients had an individual RAG rating indicating their level of risk. All patients and staff understood the levels of risk and had easy access to their individual RAG rating.
- Before patients went on escorted section 17 leave staff completed contingency plans. This meant that they knew what to do if anything untoward happened.
- There were no blanket restrictions in use at Sturdee Community Hospital. Informal patients could leave the ward at will, but did have to ask a staff member to unlock the main door to the ward.
- The hospital had a policy and procedure for carrying out observations. Staff carried out enhanced observations of patients and kept up to date records showing interventions used to engage the patient.
- Data provided at the time of inspection showed 84% of staff had received safeguarding adults and children level one.
- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines. Staff had correctly completed the 16 prescription charts we had reviewed. A community-based pharmacy provided services and completed medicines management audits, and shared their findings with the ward teams. There was evidence that the fridge temperatures were checked daily on each ward which were all within normal range.
- There was a visiting policy to include children, and a family room was available, which was child friendly.

Track record on safety

- In the last 12 months, the service had reported five serious incidents. One involved a police incident, one involved a patient who had died. Two incidents involved allegations of sexual assault against staff. One incident involved an allegation against a relative.

Long stay/rehabilitation mental health wards for working age adults

Good

- Managers had employed external investigators to carry out comprehensive investigations into all incidents and saw the actions taken by the provider in response to those investigations to minimise the risk of similar events happening again.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to do this. Staff reported incidents using an electronic reporting system.
- Senior managers discussed incidents daily in team briefing meetings and shared the management plans with the ward teams to manage any potential risks to patients or staff.
- Senior managers discussed serious incidents at their corporate integrated governance meetings and shared the learning from the investigations across all the Inmind Healthcare Groups' locations. This learning was cascaded down to staff in Sturdee Community Hospital through the daily team briefing, local integrated governance committee meeting and community meetings when appropriate.
- Debriefs were available to staff and patients following incidents.

Duty of Candour

- We saw evidence in minutes of various meetings where the provider had upheld their duty of candour, a legal requirement of mental health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.
- Staff were able to describe their duty of candour and the need to be open and honest with patients when things go wrong.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff completed comprehensive assessments for all patients. We reviewed 16 care plans, they were all in date, personalised, holistic, and recovery orientated. Patients signed their care plans and indicated if they wanted a copy or not.
- Care records showed staff undertook and reviewed physical healthcare assessments regularly. These included identification of high doses of anti-psychotic medication prescribed by the doctor, where ongoing monitoring of physical health was required.
- The information needed to deliver care and treatment was stored securely, but remained easily accessible when authorised staff required it. Care records were paper based, orderly and information was generally easy to find.

Best practice in treatment and care

- We found evidence that the hospital followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medication, managing borderline personality disorder, and managing psychosis and schizophrenia in adults.
- Staff used Health of the Nation Outcome Scales (HoNOS) and the recovery star to assess and record severity and outcomes for all patients.
- The clinical psychologist provided family therapy as well as one to one therapy, in line with National Institute for Health and Care Excellence (NICE) guidance. They also supported staff with debriefing after serious incidents.
- Patients nutritional and hydration needs were met and recorded in the care records, and the chef was included in the morning briefing sessions to offer advice and support where patient specific nutrition plans had been indicated.
- Staff had ensured all patients had registered with a local GP. The organisations relationship officer and other managers held regular meetings with the general practitioners they used. Staff referred patients to specialist services for treatment when necessary, for example podiatry and dentistry, and supported them to attend physical health appointments if required.

Long stay/rehabilitation mental health wards for working age adults

Good

- Staff carried out a range of audits including, physical health monitoring, care plan audits, medication management, and infection control audits. We saw how managers had made improvements following audits.

Skilled staff to deliver care

- Patients received care and treatment from a range of professionals including nurses, doctors, clinical psychologists, occupational therapy technical instructors, and a newly appointed social worker.
- Clinical staff said the induction programme prepared them to undertake their role. The induction programme included all mandatory training requirements. All new bank and agency staff were expected to have completed the hospitals induction programme, and senior managers monitored this.
- All new and existing healthcare support workers were encouraged to undertake the national care certificate training though this was not a mandatory requirement for Sturdee Community Hospital staff.
- The provider told us they were supporting staff to undertake continued professional development through their weekly interactive academic teaching sessions. Qualified staff were encouraged to take extended scope practice, medication prescribing and leadership programmes. The training policy supported these statements, however, two staff members we spoke with told us training, other than mandatory training and the in house teaching sessions, was difficult to access. One staff member told us they had taken up additional role specific training but had to pay for the training themselves.
- While data provided at the time of the inspection showed 100% of staff had received supervision in the previous six weeks some staff we spoke with told us they did not understand the relevance of their supervision on their work role.
- Policy stated that qualified staff should receive a minimum of four supervision sessions in any one year and other staff should receive a minimum of three supervision sessions per year. The inspection team doubted that this frequency would be sufficient to allow staff to embed learning in their daily practice.
- Individual supervision records were kept by the supervisors, and copies were not available in the HR record, or routinely given to the supervisee. This meant that in the absence of the supervisor, no one could access the records if required to do so.
- Doctors and qualified nurses had completed their revalidation processes when required.
- Managers said they had support to manage poor performance promptly.

Multi-disciplinary and inter-agency team work

- All staff attended a range of in house meetings including daily briefings, community meetings, and integrated governance meetings. We reviewed minutes of these meetings and found issues identified had been actioned.
- Staff held two weekly multidisciplinary team (MDT) meetings to discuss patients care and treatment. Patients and their carers were encouraged to attend and received support by their key worker or advocate as appropriate during the meeting.
- Community mental health workers, general practitioners, and care coordinators were invited to attend multidisciplinary team meetings. An administrator recorded these meetings and circulated copies of the updated care plans to all relevant persons, including general practitioners and community mental health workers.
- Managers explained how they had engaged in a series of community meetings with police, local service providers, and local councillors to promote integration and positive attitudes towards people with mental health conditions.

Adherence to the MHA and the MHA Code of Practice

- At the time of the inspection there were 16 patients, 15 of whom were detained under the Mental Health Act 1983 (MHA).
- The provider had Mental Health Act 1983, policies and procedures. Consent to treatment forms were in the care record.

Long stay/rehabilitation mental health wards for working age adults

Good

- An MHA administrator was available to offer support to staff. Staff showed awareness of MHA principles and knew where to seek further advice. The MHA administrator carried out audits of MHA papers to ensure detentions remained legal.
- Before patients went on escorted section 17 leave staff completed contingency plans to take with them. This meant that they knew what to do if something untoward happened.
- Staff attached T2 and T3 treatment forms to medication cards where necessary to show consent.
- Staff explained patients' rights in a way they could understand, in accordance with section 132 of the MHA. Patients had access to independent advocacy services, and staff encouraged them to seek support from this service.
- The hospital displayed information for patients about how to access independent mental health act advocates.
- Data provided at the time of inspection showed this to be 86% staff compliance.

Good practice in applying the MCA

- Data for the period November 2015 to October 2016 showed 88% of eligible staff had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) training, and this training was mandatory.
- Staff were aware of their responsibilities under the MCA and DoLS, and how the guiding principles applied to their work roles; they knew where to get advice from regarding MCA and could refer to the policy if needed.
- During the period March 2016 to September 2016, Sturdee Community Hospital had made no DoLS applications.
- During the period March 2016 to September 2016, there had been 34 incidents of restraint involving nine different service users. Three of these restraints had been prone restraint for the shortest possible time. We saw how staff had documented these restraints in the care record and patients given support during and following the restraint procedure.
- Capacity assessments, were decision specific, and filed in patients care notes. We did not see any evidence to show that best interest meetings had taken place and staff told us they could not recall the last such meeting.

Equality and Human Rights

- Data for the period November 2015 to October 2016 showed 100% of staff had completed equality and diversity training, which was mandatory.
- Staff and clients told us they felt respected by each other, and clients said staff were not judgemental of them.
- Policies relating to equality and diversity were in place. All policies contained an equality impact statement. The provider told us they also used the culture of care barometer to collate equality and diversity information. We saw no blanket restrictions at Sturdee Community Hospital.

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

Good

Kindness, dignity, respect and support

- Patients and carers told us staff were caring, mindful of their needs, and helpful.
- We saw staff interacting with patients in a respectful manner.
- We observed staff undertaking one to one observations in a caring manner and encouraging participation in activities. We observed staff supporting patients to attend activities both on and off the ward.
- The provider had commissioned a patient evaluation report in 2016. An independent advocacy service had completed the report. The results showed that 81% of patients felt the hospital was sensitive to their needs, though 54% of patients felt staff did not take into account their views and wishes. Eighty one percent of patients felt staff protected their privacy as much as possible, and 18% of patients felt they could not get information when they wanted it.

Long stay/rehabilitation mental health wards for working age adults

Good

The involvement of people in the care they receive

- Prospective patients were encouraged to visit Sturdee Community Hospital, meet staff, and ask questions before accepting a placement.
- Staff actively encouraged patients and their families, if agreed with the patient, to take part in care planning and to attend their fortnightly multidisciplinary (MDT) meetings. The administrator recorded these meetings for the care record and circulation as necessary.
- There were posters displayed on both wards advising patients how to access advocacy services. The advocate visited the wards regularly to talk with patients.
- Sturdee Community Hospital held formal community meetings once a week for patients from both Rutland ward and the Aylestone Unit. There were also informal breakfast and evening meetings held daily. Staff and patients used these meetings to discuss plans for the day ahead and to review how the day had been for the patients.
- Patients jointly planned, facilitated and attended the weekly interactive academic teaching sessions with staff on a Thursday morning. One patient told us how they used any certificates of attendance from these sessions in their portfolio of achievement.

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

Good

Access and discharge

- Data for the period April to September 2016 showed bed occupancy at 82% for Rutland ward and 28% for Aylestone unit. The average length of stay was 246 days and there was no waiting list for Sturdee Community Hospital.
- Following a referral to Sturdee Community Hospital, the consultant psychiatrist and senior nurse or clinical psychologist met with the patient to assess their suitability for admission. Senior staff reviewed medical reports from referring agencies and invited patients to visit the hospital. Following this assessment, and if the patient and their families or carers were happy with the admission, then the formal admission process was implemented. This included further assessment of the patients mental and physical care needs, recovery goals and detailed risk assessment.
- Staff explained how patients recovery plans helped them to move from the locked rehabilitation Rutland ward to the semi supported flats in Aylestone unit, prior to taking up community placements. One patient explained how she had used the opportunities provided by the staff to gain skills and confidence to be more self-sufficient; she said the opportunity to move from Rutland ward to Aylestone unit had been an important step in her recovery.
- Key workers and patients jointly formulated initial discharge plans as part of the ongoing patients' recovery focussed work. The key worker and patient formulated detailed discharge plans, when they had found a suitable community or other placement.
- Managers told us about one delayed discharge due to the complex nature of the patients' care needs and how a previous placement had broken down. They explained the measures put in place to support the patient to make a successful transition from hospital to community placement.

The facilities promote recovery, comfort, dignity and confidentiality

- Sturdee Community Hospital had a range of rooms and equipment to support treatment and care. This included quiet rooms for family visits, activity rooms, therapy rooms and a gym. Patients had access to outside space. Patients could make phone calls in a private room, which contained a pay phone.
- The multi faith room was closed at the time of the inspection. Staff told us they generally supported patients to access community places of worship instead, and they could arrange for local faith leaders to attend the hospital if requested by patients.
- The staffed kitchen provided a wide choice of meals for patients, and we saw evidence this choice extended to catering for specific dietary requirements. Patients said

Long stay/rehabilitation mental health wards for working age adults

Good

there was a variety of food and it was of good quality. The food hygiene rating as at October 2016 was five indicating very good. Hot and cold drinks were available throughout the day and night.

- Patients were able to personalise their bedrooms, and had a lockable cupboard to store their possessions.
- Staff and patients formulated programmes of weekly activities at community meetings and morning meetings. Staff displayed copies of the weekly activity programs in main ward areas, and patients had copies of their own specific activity plans, including leave plans and arrangements. Activities were available seven days a week.

Meeting the needs of all people who use the service

- There were accessible bathing and toilet facilities on the ground floor for anyone with mobility needs. There was no multi-faith room available at the time of the inspection, though staff told us they could arrange and support patients to attend places of worship as required.
- Patients had been able to access occupational therapy assessment, and we saw how, staff had provided patients with specialist equipment to help them be more independent with activities of daily living and personal care.
- We saw leaflets explaining what treatments, medication, and community activities, were available to patients. Information explaining patients' rights under the Mental Health Act, and how they could access independent advocacy. Staff told us they could provide this information in different languages and large font as required, and interpreters could be booked as needed.

Listening to and learning from concerns and complaints

- Data for the period October 2015 to September 2016 showed there had been 10 complaints. Six complaints had been upheld, three not upheld and one had been partially upheld. There had been no complaints referred to the ombudsman.
- Patients and carers told us they knew how to make a complaint, and staff told us how they handled complaints in line with hospital policy. We saw evidence of complaints having been investigated and tracked through, including a revised letter of response to complainants that considered the requirements of the provider under their duty of candour.
- Managers gave staff and patients feedback from complaints investigations, as part of either community meetings or integrated governance meetings. However, some staff we spoke with told us they did not seem to receive very much feedback at all, while another staff member told us they got too much information.
- We saw evidence of managers having escalated complaints to organisational board level for cross service discussion and learning lessons. Managers had subsequently brought the learning from these meetings back to Sturdee Community Hospital.

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

Good

Vision and values

- The provider had a clear statement of their vision and values based on growth, recovery, ownership, warmth, time and healing. We saw posters around the hospital explaining these values and staff demonstrated knowledge of the values. Team objectives and changes made within the service in response to reorganisation, and feedback from incidents and complaints reflected the vision and values of the hospital.
- Staff and patients told us they knew who the senior managers were and frequently saw them on the ward. Senior managers told us how they sometimes covered the ward areas for a period in the morning to allow all staff to attend team briefings. Both patients and staff said they felt comfortable approaching senior staff to discuss any concerns.

Good governance

- At the time of the inspection, the hospital was and had been operating as an all-female hospital. It had a 16-bedded ward known as Rutland ward, nine semi-supported self- contained flats known as Aylestone

Unit. The former Foxton ward was, being used a rehabilitation therapy unit. The providers' web site and patient information leaflet made similar statements. This was significantly different to the statement of purpose previously submitted to CQC. The inspection team advised the provider that under the requirements of their registration with CQC they should have informed CQC of these changes when they had occurred. The provider told us they were finalising this statement and subsequently submitted the revised document within ten days of the inspection ending.

- Managers used key performance indicators to gauge the performance of the wards this included mandatory training, MHA compliance managing sickness and absence rates and carrying out clinical audits. This information was stored on spreadsheets, and authorised personnel could access and update the spreadsheets when required.
- Managers were aware of the shortfall of substantive staff. They were managing the issue in the short to medium term by appropriate use of bank and agency staff. They had recorded this on their risk register and explained their plans to address the issue. Managers told us and staff confirmed they were encouraged and enabled to maximise shift time on direct care activity, as opposed to administration tasks.
- Audits were in place, for example, infection control, medication management, controlled drugs, and care planning. We saw managers had completed the ligature audit and taken some actions to mitigate the risks such as installing a convex mirror and boxing in the staircase. However, managers had used the statement, "to be managed locally", to mitigate many of the other identified risks. The inspection team did not think sufficiently detailed to be an effective mitigation.
- Managers reviewed and signed off actions from incidents. The senior staff team fed-back the outcomes of the investigations to other staff at team briefings and the integrated governance meetings.
- Staff said that they generally felt supported by senior managers, and had sufficient authority to make prompt changes. For example by increasing staffing levels to meet the enhanced observation needs of patients.
- Managers reviewed the risk register in monthly meeting to address the identified issues. Staff said that they could raise issues at ward level for inclusion in the hospital risk register. There were clear two-way communication systems between ward level, hospital level and board level.
- Data provided at the time of inspection showed 96% of staff had up to date annual appraisal and 100% of staff received supervision. Supervisors recorded supervision and appraisal in paper based format, and the training lead logged the date of when supervision had taken place on a central database.

Leadership, morale and staff engagement

- Data for the period July 2016 to September 2016 showed overall sickness rates to be 4%. Managers told us this was about average for their service.
- Staff said there had been a lot of positive change over the last 9-12 months, they felt management were more prepared to listen to them and staff morale was good. Staff understood the need for being open and honest with patients, colleagues, and carers when anything went wrong.
- Staff acknowledged there had been reports of bullying in the past but since the service reorganisation had taken place they were not aware of any bullying or harassment in recent times, and they felt they worked well as a team. There were opportunities for staff to engage in further development, though two staff we spoke with told us accessing further training was sometimes difficult.
- Staff were aware of the hospitals whistle blowing policy and told us they felt confident to use it if necessary. There had been no cases of whistle blowing in the last 12 months.
- Managers told us they were due to complete a staff survey in the next few weeks.

Commitment to quality improvement and innovation

- Sturdee Community Hospital was not part of any national service accreditation scheme or peer review scheme. However, management told us they had commissioned an independent review of these schemes to see which, if any, would be of benefit to their service.
- Managers explained how the organisation expected all hospital directors in the group to have identified quality

improvement plans. Minutes of meetings showed managers discussed improvement plans at board level every quarter, and management monitored progress of the plans through corporate governance meetings.

- Managers told us they had worked hard over the last year to respond to feedback from previous inspections, complaints, and serious incidents, and acknowledged that they still had further actions and plans to be developed and embedded in practice. They had produced several action plans we were able to monitor during the inspection.
- We saw they had strengthened their management structure, introduced the roles of safeguarding lead, and health and safety leads, and were making more effective use of their organisations training manager and relationship officer.
- We saw evidence of the changes managers had made, including improved communication systems, the introduction of RAG ratings to manage risk, and establishing the interactive accredited education sessions jointly planned, and delivered by staff and patients working together. We saw evidence of them promoting positive physical health care and education amongst both patients and staff.

Outstanding practice and areas for improvement

Outstanding practice

Staff and patients jointly facilitated a weekly programme of interactive academic education sessions, these contributed to staff's continuing professional development and patients' knowledge and skills portfolios.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the ligature audit contains sufficient detail to show how ward staff will manage the specific ligature points.
- The provider should ensure all staff understand the purpose of supervision and that supervision records are easily accessible if required.
- The provider should ensure they advise CQC of all changes to their statement of purpose in a timely manner.
- The provider should put in place measures to ensure that the nurse administering routine medications can do so without interruption or distraction.