Shrewsbury Court Independent Hospital

Quality Report

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Date of inspection visit: 15-17 May 2017
Date of publication: 25/08/2017

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.

Summary of findings

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

Overall summary

We rated Shrewsbury Court Independent Hospital as good because:'

- Staff had completed monthly environmental assessments for all wards which included a comprehensive audit of potential ligature risks and had completed a programme of works to reduce or make-safe potential ligature points. Where these remained, a plan for mitigating these risks had been completed by staff and included as part of the audit.
- Shifts were covered by sufficient qualified and experienced staff.
- There was a qualified nurse on the ward area at all times. This was recorded on the daily shift planner. There were sufficient staff to safely carry out physical interventions and medical staff were available each day and on call at week-ends.
- Staff were up to date with all mandatory training as evidenced in the staff training matrix.
- All staff had completed safeguarding training and each ward had a named safeguarding lead.
- Staff were monitoring patients' physical health regularly, and all the wards had access to the practice nurse.
- Medicine prescribing practices were audited weekly by the pharmacist.
- Patients had access to individual and group psychology sessions.
- All staff had regular clinical and management supervision.
- Patients took part in a satisfaction survey in March 2017 with an 86% response rate, allowing the patients to have a voice and opinion on the hospital and their treatment.
- The ward used key performance indicators to assess the quality of the care given, this included the provision of personalised activities, 1:1 time and use of section 17 leave.
- Ward managers were the key decision makers for all ward based staff and they had access to administrative and managerial support when required.

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 	Start here...

Summary of findings

Contents

Good

Shrewsbury Court Independent Hospital

Services we looked at
Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to Shrewsbury Court Independent Hospital

Shrewsbury Court Independent Hospital is owned by the Whitepost Health Care Group and is situated in Redhill, Surrey. Most of the residents are from London, Surrey and the surrounding counties.

Shrewsbury Court Independent Hospital provides locked rehabilitation services for adults with a mental health diagnosis.

Lavender Ward is a seven bedded intensive recovery and rehabilitation ward for females.

Maple Ward is a thirteen bedded male ward specialising in complex needs.

Aspen Ward is a slow stream rehabilitation ward with beds for thirteen males.

Oakleaf Ward is a nine bedded male intensive recovery and rehabilitation ward.

Mulberry Ward is a five bedded ward for females, specialising in slow stream rehabilitation and complex needs. This ward was closed at the time of our inspection.

Fern Cottage is a three bedded step down ward.

Shrewsbury Court Independent Hospital was registered with CQC in 2013 for the following regulated activities:

• assessment of medical treatment for persons detained under the Mental Health Act,

• treatment of disease, disorder or injury

• diagnostic and screening procedures.

The hospital director and registered manager for the service has been in post since May 2016.

We last inspected this service as part of a comprehensive inspection in August 2015. The overall rating given was requires improvement with safe rated as inadequate.

During that inspection we found that the provider had breached regulations regarding ligatures, medication management and staffing levels. We asked the provider to take steps to address this and the provider responded by putting action plans in place. During this inspection we found that all our concerns regarding these matters had now been rectified and effective processes had been put in place to monitor and continuously improve.

Our inspection team

The team that inspected the service was comprised of Kelly Pain, lead inspector, a CQC inspection manager, three CQC inspectors and CQC Mental Health Act reviewer.

Why we carried out this inspection

We undertook this inspection to find out whether Shrewsbury Court Independent Hospital had made improvements to its services since our last comprehensive inspection in August 2015. At that inspection, we rated the hospital as requires improvement overall. The hospital was rated as inadequate for safe, requires improvement for effective, good for caring, requires improvement for responsive and requires improvement for well led.

Following the August 2015 inspection, we told the provider it must take the following actions to improve its services:

- Ensure sufficient numbers of staff are deployed on the wards and ensure that patients are not left unattended. Staff left patients alone on the wards. Staff worked whole shifts alone

Summary of this inspection

- ensure all ligature points in the hospital are identified and risks mitigated. We found the ligature assessments on the ward did not include all ligature points. There was no identification or mitigation of ligature risks in the outside spaces of the hospital
- ensure clinic rooms are secure at all times and not accessible by patients. We found a clinic room was accessible from a patient-occupied corridor
- ensure restrictions are related to individual patient risk. We found blanket restrictions were in place across the hospital
- ensure that patients are treated with dignity, we found that there was not free access to food. Patients had to drink from a polystyrene cup. Patients could be seen from the road by members of the public when in the smoking areas of two of the wards
- ensure flumazenil is available. Flumazenil counteracts the effects of benzodiazepine medication, used to help reduce anxiety.

We also told the provider that it should consider taking the following action:

- Ensure physical observations are recorded in the appropriate area of patient records so results are easily accessible to the team. We found there was inconsistency in the recording of physical observations, which meant staff could not evidence they were being completed at the prescribed intervals
- ensure all staff are empowered to make safeguarding referrals and are aware of the local safeguarding authorities
- ensure staff understand how to use the Mental Capacity Act 2005. We found knowledge of statutory principles was very poor despite training being provided
- ensure there is somewhere safe and secure for patients to store their possessions

We issued the provider with two requirement notices at the previous inspection.

- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

Safe care and treatment

- Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014.

Dignity and respect

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?

During the inspection visit, the inspection team:

- visited all five open wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 17 patients who were using the service
- spoke with the registered manager, medical director, clinical services manager and managers for each of the wards
- spoke with 20 other staff members; including consultants, nurses, occupational therapist, psychologist and social worker
- received feedback about the service from one commissioner
- spoke with an independent advocate
- attended and observed two hand-over meetings, two planning meetings, one finance meeting and one multi-disciplinary meeting
- looked at 28 care and treatment records of patients
- looked at 32 patients prescription charts

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

Summary of this inspection

What people who use the service say

Patients told us that there was always enough staff to support their section 17 leave.

We were told that staff were very kind and patients felt safe on the wards.

Patients reported that the food was of good quality and that there was always a choice available

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 because:

- Staff could observe all areas of the ward from the nurse's station, directly or with the use of convex mirrors and close circuit television.
- Staff responded rapidly and effectively when alarms were activated.
- The clinic rooms contained emergency medical equipment including a defibrillator and epi-pens.
- The provider had estimated the average number of staff required in accordance with a ratio of three patients to one staff member, and the ward manager had authority to increase the levels of staffing in accordance with the circumstances of the ward.
- Patients told us that they regularly received 1:1 time with staff, and that they received their section 17 leave and that ward activities were never cancelled.
- All staff were trained in de-escalation techniques and were able to describe a range of techniques that would be used prior to using physical restraint.
- Up to date comprehensive risk assessments had been completed by staff in all of the 28 care records we reviewed.
- A clear record of contraband restrictions for each patient was listed in their care records and any restrictions were recorded and reviewed every month.
- Staff were aware of what to record and how to record incidents. If things had gone wrong with a patient's care or treatment, staff wrote a letter of apology to the patient.
- Staff held monthly incident management review meetings where action plans were formulated and they made changes to patient care due to lessons learned from reviewing incidents.

Are services effective?

Good

We rated effective as good because:

- All care plans were securely stored on the hospital's electronic record system.

Summary of this inspection

- Treatment plans were comprehensive and reflected the needs of the patients.
- Staff followed national institute for health and care excellence (NICE) guidance when prescribing medication.
- Ward based staff took part in clinical audits, including checks on the status of bedding, and missed doses in medicines management.
- A full range of appropriately qualified and experienced multidisciplinary staff including occupational health workers were available to the patients.
- All staff had undergone an induction programme and this was recorded on the training matrix.
- Each ward had a responsible clinician that led on all clinical care for the patients on their ward.
- Each ward held two effective handovers a day at the start of both day and night shifts.
- Multidisciplinary patient focussed meetings were held weekly on the ward.

Are services caring?

Good

We rated caring as good because:

- All interactions observed between staff and patients were respectful and relaxed.
- Patients told us that all staff were kind and helpful.
- Patients were confident that they were able to keep their property and possessions safe on the ward.
- All wards had a patient representative who led the ward planning meetings and attended the hospital meetings.
- All care plans were signed by the patient and the majority had comments from the patient written on the plan.
- The hospital held quarterly carers forums in order to share information about the hospital and gain feedback from the carers.
- Risk assessments were informed by patients reporting how they were feeling with regard to particular risk factors, and risk assessments were updated accordingly.

Are services responsive?

Good

We rated responsive as good because:

Summary of this inspection

- Patients had access to the physical health care nurse.
- Patients were able to make calls from a cordless ward phone which could be used in the quiet room or in their bedroom.
- Meals were prepared from fresh ingredients in the kitchen on site.
- Patients were able to personalise their bedroom space.
- There was access to activities during the week chosen by the patients at their community meetings and each patient had an individualised activity plan.
- Access to a translation service was available to support patients at ward rounds.
- There were notices and leaflets for patients providing information on the Mental Health Act, medicines information and guidance on how to make a complaint.

Are services well-led?

Good

We rated well-led as good because:

- Staff were in frequent contact with the Clinical Services Manager and the Hospital Director who were both regularly present on the wards.
- The ward used key performance indicators to assess the quality of the care given, this included the provision of personalised activities, 1:1 time and use of section 17 leave.
- Ward managers were the key decision makers for all ward based staff and they had access to administrative and managerial support when required.
- Staff were able to submit items to the newly established risk register.
- We saw evidence that staff were open and transparent when things went wrong.
- Staff were able to input into service development and to give feedback on current service provision and treatment practices.

Detailed findings from this inspection

Mental Health Act responsibilities

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

There was a 90% completion rate for Mental Health Act training.

The hospital had a Mental Health Act law officer based on site who offered support and advice to all staff regarding the Mental Health Act and Code of Practice. They audited all detention paperwork regularly to ensure that it was up to date and correct.

All patients had completed Section 132 forms, informing them of their rights, and these had been updated every 3 months.

Staff had a good understanding of the Mental Health Act and the Code of Practice's guiding principles.

Consent to treatment and capacity assessments were completed and attached to medicine cards.

Detention paperwork was correctly completed and stored in the electronic patient records.

Patients had regular access to an independent mental health advocate (IMHA).

Staff recorded and audited all use of section 17 leave which included noting if patients had not used their leave.

Mental Capacity Act and Deprivation of Liberty Safeguards

CQC have made a public commitment to reviewing provider adherence to MCA and DoLS.

There was a 95% completion rate for Mental Capacity Act training.

All staff we spoke to understood the five core principles of the Mental Capacity Act and we saw information posters on the walls in the nurse's stations.

All patients had capacity to consent to treatment assessments recorded and discussions around decisions being made in their best interest were recorded.

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

All areas of the wards could be observed from the nurses' station, directly or with the use of convex mirrors and close circuit television. Staff also regularly checked corridors and would discreetly follow a patient if they moved out of view. The ward had a system for ensuring that members of staff were allocated to observations on a regular basis and this was noted on the shift planner so the nurse in charge could check.

The wards had wall-mounted nurse call alarms in each room. These were tested during the inspection. There was a rapid and effective response to the alarm from staff on other wards.

All the wards were gender specific, with no mixed sex wards or areas.

The wards were clean, well maintained and all furniture was in good condition. We saw cleaning staff on the wards during their morning shifts and saw the daily cleaning schedules. Each schedule included daily tasks and locations, and was signed by the cleaner and then checked and signed by a senior member of staff.

Each ward had a yearly control of substances hazardous to health (COSHH) risk assessment, with the last assessment having been completed on 8 May 2017.

All wards had completed monthly environmental assessments which included a comprehensive audit of potential ligature points. The hospital had completed a programme of works to reduce or make-safe potential ligature points. Where these remained, a plan for mitigating these risks had been completed and included as part of the audit.

The ward had a weekly planning file which gathered together all the processes for checking the environmental and procedural security of the ward. When we looked at the folder we saw that the recording was completed consistently and staff used it as an effective check and balance to ensure all duties were carried out during the course of the shift.

Ward staff adhered to the hospital policy on infection control and we saw hand hygiene posters in all nurses' stations and bathrooms. We observed that during the medication round the staff ensured correct handwashing procedures between dispensing medication. There was a lead on each ward for infection control and monthly meetings were held and recorded.

The clinic rooms contained emergency medical equipment including a defibrillator and epi-pens. All had been checked regularly and were in date. Ligature cutters were stored within the nurses stations on all the wards so they were accessible if needed; however, staff advised that they were reliant upon emergency services for serious medical incidents.

Safe staffing

Long stay/rehabilitation mental health wards for working age adults

Good

The provider had estimated the average number of staff required in accordance with a ratio of three patients to one staff member, and the ward manager had authority to increase the levels of staffing in accordance with the circumstances of the ward.

There was adequate cover to enable medical staff to attend the ward in the event of an emergency as the ward had a dedicated responsible clinician allocated and based in the hospital. The out of hours procedure for contacting a medic was identified on a rota and staff would normally report an emergency to the dedicated nurse in charge of the hospital to liaise with the out of hours medic. We did see a rota on the ward indicating who the out of hour's medical cover was being provided by.

Patients told us that they regularly received 1:1 time with staff and that they received their section 17 leave and that ward activities were never cancelled.

Patients and staff reported that a qualified nurse would be on the ward area at all times. This was planned within the daily shift planner. There were sufficient staff to safely carry out physical interventions and medical staff were available each day and on-call at weekends.

Staff were up to date with all mandatory training as evidenced in the staff training matrix.

There were good policies in place for the safe observation of patients. This incorporated a minimum standard of having sight of the patient every 30 minutes during the day and hourly at night. Staff placed all new admissions on 15 minute observations or more frequent (constant) as required.

All staff were trained in de-escalation techniques and were able to describe a range of techniques that would be used prior to using physical restraint. There was no facility to seclude patients and staff advised that they had not used physical restraint in the past six months. Rapid tranquilisation was not used.

Medicines were managed safely and pharmacy services were provided on contract. The ward pharmacist visited weekly and undertook a medicines audit with a member of staff. There was evidence of pharmacy advice appended to medicine charts.

There were safe procedures in place to accommodate children visiting, using a quiet room adjacent to the ward area with staff in attendance.

Assessing and managing risk to patients and staff

We found that up to date comprehensive risk assessments were in place in all of the 28 care records we looked at. Risk assessments were informative, of a good standard and were regularly reviewed by staff. We found historical clinical risk management (HCR20) risk assessments and STARS assessment of suicide risk had been completed and a chronological history of risk factors and ratings were available for each patient.

When a patient had been identified as being at risk of falls, a comprehensive falls risk assessment had been completed.

A clear record of contraband restrictions for each patient was listed in their care records and any restrictions were recorded and reviewed every month.

All staff had completed safeguarding training and each ward had a named safeguarding lead. The social worker was identified as the safeguarding lead for the hospital and had regular meetings with the local authority safeguarding team.

Track record on safety

Incidents were clearly recorded with a severity rating. There had been six incidents since 01 Jan 2017. They comprised one serious staff assault, one medication incident, three accidents and one of patient alcohol use.

Reporting incidents and learning from when things go wrong

Managers shared information about incidents to staff via email, and at the ward team meeting. The ward submitted incidents information to the monthly clinical governance meeting.

Staff were aware of what to record and how to record incidents. If things had gone wrong with a patients' care or treatment, staff wrote a letter of apology to the patient.

Staff held monthly incident management review meetings where action plans were formulated and lessons were learned from ward- based and hospital wide incidents. Changes in care management arose as a result of lessons learned.

Long stay/rehabilitation mental health wards for working age adults

Good

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

Care plans were securely stored on the hospital's electronic records system.

We saw a good range of treatment plans. Patients had care programme approach (CPA) care plans which were reviewed at the regular CPA meetings, which included community team workers. Patients also had recovery plans which were focussed on the goals they had on the ward. Some patients had completed the recovery star, a self-assessment tool.

Staff were regularly monitoring patient's physical health and all the wards had access to the practice nurse. We saw that the modified early warning (MEWS) charts were completed weekly and health of the nation outcome scales (HoNOS) were used.

Best practice in treatment and care

There was evidence that staff followed national institute for health and care excellence (NICE) guidance when prescribing medication. Patients who were receiving high doses of anti-psychotic medication had appropriate health checks in place. The prescribing practices were audited weekly by the pharmacist.

Patients had access to individual and group psychology sessions, a physical health nurse was also employed to oversee the physical health care of all patients and advise staff on the on-going monitoring of physical health conditions and daily, routine monitoring.

Staff were using the Modified Early Warning Scores (MEWS) scale to monitor patients' physical health. Staff recorded patient readings daily for newly admitted patients, for the first seven days, and continued daily if there was an on-going physical health care condition.

Ward based staff took part in clinical audits including checks on the status of bedding, and missed doses in medicines management.

All staff were trained in and used the health of the nation outcome scales (HoNOS) to assess and record severity and outcomes for each patient.

Skilled staff to deliver care

A full range of appropriately qualified and experienced multidisciplinary staff including access to occupational health workers were available to the patients.

All staff had undergone an induction programme and this was recorded on the training matrix.

All staff had regular clinical and management supervision. We reviewed supervision records on the wards and these demonstrated that supervision was taking place regularly.

There was specialist training available to ward staff and ward managers. Deputy ward managers had received leadership and management training.

Ward managers told us poor performance was dealt with at supervision, and they were fully supported by human resources.

Each ward had a responsible clinician that led on all clinical care for the patients on their ward.

There was a social worker who acted as the hospital safeguarding lead.

Multi-disciplinary and inter-agency team work

Each ward held two effective handovers a day at the start of both day and night shifts.

There were twice weekly team meetings where all staff could meet to discuss patients, issues and general hospital information. Minutes were always taken and then emailed to all staff.

There were multidisciplinary patient focussed meetings. These were held weekly on the ward.

There was evidence of some effective working relationships with outside agencies. The hospital worked very closely with commissioning groups, local safeguarding teams and social services. The commissioners we spoke with felt the provider was very open and reliable.

Adherence to the MHA and the MHA Code of Practice

There was a 90% completion rate for Mental Health Act training.

Long stay/rehabilitation mental health wards for working age adults

Good

The hospital had a Mental Health Act law officer based on site who offered support and advice to all staff regarding the Mental Health Act and Codes of Practice. They audited all detention paperwork regularly to ensure that it was up to date and correct.

All the patient records included completed Section 132 forms, informing patients of their rights and these had been updated every 3 months.

Staff had a good understanding of the Mental Health Act and the Code of Practice guiding principles.

Consent to treatment and capacity assessments were completed and attached to medicine cards.

Detention paperwork was correctly completed and stored in the electronic patient's records.

People had regular access to an IMHA.

Staff recorded and audited all use of section 17 leave which included noting if patients had not used their leave.

Good practice in applying the MCA

There was a 95% completion rate for Mental Capacity Act training.

All staff we spoke to understood the five core principles of the Mental Capacity Act and we saw information posters on the walls in the nurse's stations.

All patients had mental capacity assessments to assess whether the patient had the capacity to consent to treatment recorded and discussions around decisions being made in their best interest were recorded.

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

Good

Kindness, dignity, respect and support

All interactions observed between staff and patients were respectful.

Patients told us that all staff were kind and helpful.

Patients reported that the staff were thorough in explaining the routine to them on admission, and orientated them to the ward and its personnel.

Patients were confident that they were able to keep their property and possessions safe on the ward.

The involvement of people in the care they receive

All wards had a patient representative who led the ward planning meetings and attended the hospital meetings. The name of the individual ward representative was listed on a noticeboard in all ward communal areas.

A patient survey had been completed in March 2017 with an 86% response rate, allowing the patients to have a voice and opinion on the hospital and their treatment.

All patients had access to an advocate and there was advocacy information on all the ward noticeboards.

All care plans were signed by the patient and the majority had comments from the patient written on the plan. In the care records we found advanced directives relating the patient's treatment that had been written in the patient's own handwriting, signed and then scanned onto the electronic records.

The hospital held quarterly carers forums in order to share information about the hospital and gain feedback from the carers.

Risk assessments were informed by patients reporting how they were feeling with regard to particular risk factors, and risk assessments were updated accordingly.

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

Good

Access and discharge

People were not moved from one ward to another unless on clinical grounds. Some patients had been trialled on more independent wards but when they had not managed to sustain progress they had returned to their previous ward.

Long stay/rehabilitation mental health wards for working age adults

Good

We could see evidence that discharge planning was taking place but the hospital was very dependent upon funding agreements and they ensured that they established a safe and appropriate level of accommodation appropriate to the patient's needs .

The facilities promote recovery, comfort, dignity and confidentiality

All wards had a dining area, a lounge area and a quiet room. There was access to a range of other activity rooms in the occupational therapy area which also accommodated a gym.

The clinic room had an examination couch so patients could be seen in private and the patients had access to the physical health care nurse.

Patients were able to make calls from a cordless ward phone which could be used in the quiet room or in their bedroom. It was also used for receiving incoming calls from friends and family.

There was access to a garden space and a smoking area.

Patients reported that the food was of good quality and that there was always a choice available. Meals were prepared from fresh ingredients in the kitchen on site.

Patients had access to a kitchen area. They were able to make hot drinks and snacks at any time.

Patients had a key to their bedroom and a key to a lockable drawer in their rooms to keep their possessions safe. Patients were able to personalise their bedroom space.

There was access to activities during the week chosen by the patients at their community meetings and each patient had an individualised activity plan including cooking. The activities at the weekend were low-key and nurse led, for example popcorn and film night. Patients regularly visited a local day centre where they were able to interact with other people and feel more independent.

Meeting the needs of all people who use the service

An interpreting service was available to support patients at ward rounds if English was not their main language

There were notices and leaflets available for patients giving information on the Mental Health Act, and medicines commonly used in mental health treatment. There were also leaflets giving patients guidance on how to make a complaint to the hospital.

A multi-faith room was available for patients to use.

Listening to and learning from concerns and complaints

Patients told us that they knew how to make a complaint. One patient reported that he had made a complaint and that it had been appropriately investigated. The ward held a folder of on-going complaints and progress towards resolution.

A monthly ward-based, 'lessons-learned' meeting reported on both incident and complaint outcomes

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

Good

Vision and values

Staff were aware of the hospital values. These were posted in the staff office and were concentrated around giving high quality patient care.

Staff were in frequent contact with the Clinical Services Manager and the Hospital Director who were both regularly present on the wards.

Good governance

The hospital had systems in place to ensure their were sufficient staff, that there training was updated and they received on-going support.

Systems for providing assurance on the quality of care such as audits were also being used.

The ward used key performance indicators to assess the quality of the care given, this included the provision of personalised activities, 1:1 time and use of section 17 leave.

Ward managers were the key decision makers for all ward based staff and they had access to administrative and managerial support when required.

Staff are able to submit items to the newly established risk register.

Leadership, morale and staff engagement

Long stay/rehabilitation mental health wards for working age adults

Good

Staff reported feeling empowered to make decisions, and were able to raise concerns without fear of victimisation. Payment incentive schemes were being introduced to assist with recruitment and retention of staff. Morale appeared high

Staff were open and transparent when things went wrong. We found evidence of letters of apology sent to patients and held in their electronic care record.

Staff reported that they were able to input into service development and to give feedback on current service provision and treatment practices.