

Forest 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?

Are services effective?

Requires improvement



Are services caring?

Are services responsive?

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

During this inspection, we looked at the three questions, of safe, effective and well-led where we had previously identified concerns. We did not inspect caring and responsive.

We rated Forest Hospital as good because found the provider made the following improvements:

- All staff and patients were offered debriefing sessions and informed of feedback from incidents they were involved in. Staff received feedback of lessons learned occurring internally and externally to the hospital. We saw written evidence of lessons learned on incident reporting forms.
- The percentage of staff receiving an annual appraisal was in line with the organisation's targets. All staff we spoke with said they received an annual appraisal.

- The provider developed an audit process to monitor the use of the Mental Capacity Act within the hospital and staff knew who to approach for advice.

However:

- The quality of mental capacity assessments we saw were inconsistent and specific decisions were not recorded.
- Care plans we saw did not focus on the patient's strengths and goals and were not recovery orientated. The language used in care plans did not reflect that used by patients.
- There was no indication in patient care notes to remind staff to consider a further Deprivation of Liberty Safeguards (DoLS) authorisation when the current authorisation was due to end.

Summary of findings

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Good 

Forest Hospital

Services we looked at:

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

Summary of this inspection

Background to Forest Hospital

Forest Hospital, owned by Barchester Healthcare, is a 30 bed mental health independent hospital designed to provide accommodation, rehabilitation, personalised care and support for men and women over the age of 18. There are two single sex wards called Horsfall (female) and Maltby (male). At the time of inspection, there were 14 patients on Maltby ward and nine patients on Horsfall ward. The hospital, opened in 2013, shares a site with a 20-bed care home, which is a separate service. The hospital is set in large grounds with gardens, in a residential area and is served by public transport.

Forest Hospital is registered with the CQC to provide the following regulated activities:

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

Patients cared for at Forest Hospital:

- May be detained under the Mental Health Act (1983) sections 2,3,37 and 41 or informal.

- May be detained under Deprivation of Liberty Safeguards, which is part of the Mental Capacity Act (2005).
- Have a primary diagnosis of mental illness with complex needs.
- Typical diagnoses include dementia, Parkinson's, Huntington's Disease, Korsakoff's and Depression.
- May have a history of substance, drug and alcohol misuse.
- May have a history of sexual abuse or domestic violence.
- May be treatment resistant.

At the time of our inspection, the hospital director recently became the registered manager. There had been six inspections at Forest Hospital since registration with CQC; the last comprehensive inspection took place on the 7 to 9 March 2017. The most recent mental health act reviewer visit took place on the 4 April 2015.

Our inspection team

Team leader: Judy Davies

The team that inspected the service included two other CQC mental health hospital inspectors.

Why we carried out this inspection

At our previous inspection on 7 to 9 March 2017, we issued a requirement notice to the provider. The requirement notice related to regulations 9 (person centred care), 11 (need for consent), 17 (good governance) and 18 (staffing) Health and Social Care Act 2008 (regulated activities) Regulations 2014.

During that comprehensive inspection we found the following issues:

- Although we saw written evidence of lessons learned on incident reporting forms, four staff members we spoke with did not receive feedback from incidents and debrief sessions occurring at this hospital.

- Staff inconsistently recorded mental capacity assessments. The provider did not have an audit process to monitor the use of the Mental Capacity Act. Staff was unaware of the person within the organisation to contact for advice on the Mental Capacity Act.
- Care plans we saw did not focus on the patient's strengths and goals. The language used in care plans did not reflect that used by patients. Patients were not present nor invited to care programme approach meetings with no reasons given for this.
- Not all staff received an annual appraisal.

Summary of this inspection

Following this inspection, we issued a requirement notice. Our inspection on 20 November 2017 was to follow up the requirement notice and ensure the provider had made the necessary improvements.

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 both wards, looked at the quality of the ward environment, and observed how staff were caring for patients.
- Spoke with six staff members.
- Spoke with one carer.
- Interviewed the hospital and divisional directors who had responsibility for the service.
- Looked at six patient care and treatment records.
- Looked at nine mental capacity assessments.

Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

During the inspection, we approached two patients; however, they declined to be interviewed by CQC.

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 good in the March 2017 inspection. We did not rate it as part of this inspection. We found improvements had been made following the requirement notice.

- All staff and patients received feedback from investigations and debriefing sessions. Staff recorded interventions on the provider's incident forms.
- Staff received feedback of incidents that occurred within the hospital and incidents occurring throughout the organisation.
- Staff were able to access different types of support following an incident.

Are services effective?

We rated effective as requires improvement in the March 2017 inspection. We found improvements had been made following the requirement notice, but:

- Staff did not always carry out mental capacity assessments in a consistent way. There were no indicators in patients' notes to remind staff to consider if a further Deprivation of Liberty Safeguards authorisation was required.
- Care plans we saw did not focus on the patient's strengths and goals and were not recovery orientated.

However:

- There were regular and effective multidisciplinary meetings attended by all staff and effective working relationships with teams outside of the organisation.
- Various health professionals provided input into the multidisciplinary team and the hospital was looking to review its participants.
- Staff received various types of supervision according to the frequency stated in the organisation's policy.

Requires improvement



Are services caring?

We rated caring as good in the March 2017 inspection. There were no regulatory breaches in this key question so we did not assess it at this inspection.

Are services responsive?

We rated caring as good in the March 2017 inspection. There were no regulatory breaches in this key question so we did not assess it at this inspection.

Summary of this inspection

Are services well-led?

We rated well-led as requires improvement in the March 2017 inspection. We found improvements had been made following the requirement notice.

- The hospital use key performance indicators to measure staff performance.
- Sickness levels had reduced and there were no reported cases of bullying and harassment
- All staff knew the organisation's values.
- Staff appraisal rates exceeded the organisation's target. All staff said they received an annual appraisal and mid-year review of their performance.

Good



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 this inspection, there were no detained patients at Forest Hospital.

Mental Capacity Act and Deprivation of Liberty Safeguards

At the time of this inspection, 89 percent of staff completed annual training on the Mental Capacity Act. Forest Hospital had a target of 85 percent of staff completing Mental Capacity Act Training. In the six months prior to the inspection, there were seven applications and six renewals for Deprivation of Liberty Safeguards. Five patients were subject to Deprivation of Liberty Safeguards on Horsfall and 13 on Maltby ward. Forest Hospital made Deprivation of Liberty Safeguards applications when required. We saw three awaiting applications made for detention under Deprivation of Liberty Safeguards. Staff we spoke with had a good understanding of the Mental Capacity Act and its five

statutory principles. However, staff did not always carry out mental capacity assessments in a consistent way. We saw no documentation of multi-disciplinary team discussions when authorisations were due to expire to consider least restrictive options. Only managers were informed via the information governance systems. Patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest. Staff approached the registered manager and clinical leads to get advice about the Mental Capacity Act. The divisional director completed an audit of the hospital's adherence to the Mental Capacity Act as part of their quality first audit.



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	N/A	Requires improvement	N/A	N/A	Good	Good
Overall	N/A	Requires improvement	N/A	N/A	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good 

Safe	
Effective	Requires improvement 
Caring	
Responsive	
Well-led	Good 

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

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew how to report incidents. Rehabilitation assistants said they reported incidents to the nurse in charge, who wrote the incident on a paper form. Clinical leads were responsible for inputting this data onto the provider's computer system within 72 hours. The registered manager created a trend analysis from information obtained from these incidents, which was sent to the governance group. The governance group reviewed this information and informed the hospital of these outcomes.
- All incidents that should be reported were reported. Staff gave examples of the types of incidents they reported such as trips and falls and patient-to-patient aggression.
- Staff were open, transparent and explained to patients when something went wrong. The hospital held weekly patient meetings, which obtained patients views and feedback. The registered manager said staff gave patients feedback on incidents they were involved in and invited them to debriefings. The provider gave staff information and training about Duty of Candour. The Duty of Candour aimed to help patients receive accurate and truthful information from health providers. The clinical leads and registered manager informed staff of lessons learned from Duty of Candour. We found evidence of Duty of Candour on incident reports. The provider had a Duty of Candour policy that was up to date.

- There was evidence of change having been made because of feedback. For example, following feedback, the registered manager aimed to improve staff and patients' understanding of reporting safeguarding concerns. The registered manager put up posters informing staff, patients and carers the contact details of the multi-agency safeguarding hub. The registered manager and divisional director had a discussion with clinical governance team on the development of a new safeguarding alert system.
- Following our previous inspection in March 2017, staff received feedback from investigations of incidents both internal and external to the service. The registered manager and clinical lead said staff received feedback from investigations in handover meetings, team meetings, and the daily morning meeting. We saw evidence of feedback given to staff on incidents forms. Types of support offered to staff included self-referral to an employee helpline that offered counselling, referral for cognitive behavioural therapy sessions, and support from management with debriefing sessions facilitated by a psychologist.

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

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

- Staff completed comprehensive and timely assessments after admission. We looked at six patient records and

Long stay/rehabilitation mental health wards for working age adults

Good 

saw patients received a comprehensive physical and mental health assessment within 24 hours of admission. We saw staff followed this practice in line with the provider's admissions policy.

- Care records we saw showed staff carried out a physical examination on each patient and followed this up with ongoing monitoring of their physical health problems; however, staff recorded all patient physical health observations in one book. We saw evidence of staff completing monthly patients' physical health examinations. However, we saw staff recorded all physical health observations in a small book kept in the clinic room. We spoke to management who said staff were not permitted to do this and should record patients' physical health observations in individual patient files.
- At our previous inspection, not all care plans we saw focused on recovery or discharge. We found this issue had not changed. During this inspection, we saw six care plans that focused on patients' individual needs. For example, care plans covered patient's relationships with their family, friends and significant others. The multidisciplinary team completed monthly care plan reviews. All care plans were up to date and signed by staff. However, none of these care plans focussed on the patient's strengths and goals and none were not recovery orientated. It was unclear in these care plans whether the patient's own words were used, as the language used did not reflect this.
- All information needed to deliver care was stored securely and available to staff when they needed it. All patient records at Forest Hospital were paper-based. We saw patient records were safely stored in a locked cabinet in the nurses' office. These records were available to all staff when required. The registered manager said the organisation was in the process of looking for a suitable electronic patient records system to store patients' records.

Best practice in treatment and care

- We reviewed six patient medicines charts and saw evidence staff followed National Institute for Health and Care Excellence (NICE) guidance. We found the

psychiatrist followed NICE guidance CG42–Dementia. Forest Hospital had a contract with an external pharmacist who made regular medicines checks and looked at prescribing regimes.

- Staff were unsure which psychological therapies recommended by the NICE were on offer at the hospital. Staff said they did not use psychological therapies recommended by NICE in their practice and were unaware which therapeutic interventions were offered to patients. All staff said the hospital did not focus on patient rehabilitation, as most of the patients could not be rehabilitated due to their diagnosis.
- Patients had good access to physical healthcare including specialists when needed. Patients' physical healthcare was under the care of a General Practitioner (GP). Staff said GPs visited Forest Hospital and weekday GP cover was good.
- Physical healthcare examination was managed through a number of assessments and related care plans. For example, the national early warning score provided an overarching care plan to measure blood pressure, temperature and level of consciousness.
- We saw evidence of patient's nutrition and hydration needs assessed and met. For example, staff used the malnutrition universal screening tool, a five step-screening tool used to identify adults who were malnourished, at risk of malnutrition (under nutrition) or obesity. We saw staff complete, sign and update this assessment tool.
- Staff did not use a recognised rating scale, but this was due to change. The registered manager said the service was in the process of redesigning a benchmark rating scale to assess outcomes and assessment processes.
- Some staff were involved in clinical audits. The clinical leads were involved in clinical audits such as ligature and environment; general nursing staff were involved in completing a six month medications audit.

Skilled staff to deliver care

- Forest Hospital had a range of mental health disciplines and workers who provided input to the ward. The multidisciplinary team included a psychiatrist, occupational therapist and a clinical psychologist, who all worked one day a week, and nursing staff. Staff said

Long stay/rehabilitation mental health wards for working age adults

Good 

the psychiatrist was in the process of changing his working pattern from one to two days a week. The registered manager said the hospital were in the process of recruiting a speech and language therapist.

- Staff were experienced and qualified. Staff said their team was established and had many years work experience working at the hospital and with adults who had experienced mental health problems. The hospital employed nursing staff that were qualified in both general and mental health nursing. Rehabilitation assistants had the opportunity to complete qualifications such as the Care Certificate and apprenticeships.
- Staff received an appropriate induction, which followed Care Certificate standards. The induction period for staff was eight days. Staff completed their induction received a pack that included activities sheet. The activities were mapped to the Care Certificate standards.
- Staff were supervised, appraised and had access to regular team meetings. The registered manager was responsible for supervising clinical leads, the psychologist and the occupational therapist. Clinical leads supervised qualified nurses and qualified staff supervised rehabilitation assistants.
- Staff received the frequency of supervision as stated in the provider's supervision policy. Barchester Healthcare's reflective supervision policy stated every person should have opportunities to take part in regular supervision activities, at least six times a year. Staff we spoke with said they received supervision according to the policy.
- Following the inspection on 7 to 9 March 2017, we found the percentage of non-medical staff that had an appraisal was 89%. Staff said they received an annual appraisal that was reviewed every six months. Staff were offered specialist mental health training to support their role. Nursing staff and rehabilitation assistants could access specialist training such as catheterisation and dementia awareness training. A general nurse was due to complete non-medical prescriber course. A non-medical prescriber is a term used to describe any prescribing done by a healthcare professional other than a doctor or dentist.
- Management addressed poor staff performance promptly and effectively. The registered manager said between July and November 2017, the hospital used the provider's capability procedure with three staff

members due to performance issues. The hospital used performance improvement plans to manage poor performance. Management reviewed these plans frequently, if staff demonstrated improvement in their performance, these plans were closed.

Multi-disciplinary and inter-agency team work

- Handovers took place between care staff twice daily at shift changes. This meeting gave incoming staff information about any changes in patient care needs. Handover meetings between shifts were informative and well run. We found incoming staff had information about each patient in terms of their mental health, and progress on the previous shift. Staff recorded tasks for the incoming shift to ensure the patient received appropriately coordinated and effective support. The form was securely stored in the nurses' office.
- Forest Hospital had weekly multidisciplinary team meetings, staff said these meetings were effective in overseeing patient care.
- The hospital attempted to work effectively with community mental health teams. For example, staff invited community mental health care co-ordinators to multidisciplinary meetings to discuss the patient's care and treatment. Staff said care coordinators frequently attended multidisciplinary and care programme approach meetings.
- There were effective working relationships with team outside the organisation. The registered manager gave examples of the effective working relationships developed with commissioners and local authorities.

Adherence to the MHA and the MHA Code of Practice

- At the time of this inspection, there were no detained patients at Forest Hospital. Staff received advice on the Mental Health Act from the Mental Health Act administrator who was based at the hospital. At the time of this inspection, 92% of staff received annual training on the Mental Health Act and its updated code of practice. Staff we spoke with had an understanding of the principles surrounding the Mental Health Act.

Good practice in applying the MCA

- At the time of this inspection, 89% of staff received annual training in the Mental Capacity Act. Forest Hospital had a target of 85% of staff completing Mental Capacity Act Training.

Long stay/rehabilitation mental health wards for working age adults

Good 

- In the six months before this inspection, there were seven applications and six renewals of Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, Maltby ward had 13 patients and Horsfall had five patients subject to DoLS.
- Staff had a good understanding of the Mental Capacity Act and its five statutory principles. They gave various examples of using the Mental Capacity Act within their roles. Forest Hospital had a policy on the Mental Capacity and Deprivation of Liberty Safeguards which staff were aware of.
- During the inspection on 7-9 March 2017, staff did not consistently assess and record capacity to consent appropriately. At this inspection, we saw this practice had not changed. We read nine capacity assessments from both wards relating to five patients. None of the assessments we saw identified the specific decision to be considered. In three assessments, we found the dialogue between staff and patient relating to the specific decision was missing.
- There was no indication in patient care notes to remind staff to consider a further Deprivation of Liberty Safeguards (DoLS) authorisation when the current authorisation was due to end. We looked at one patient's care records whose authorisation was due to end in two days following the inspection. We read the multi-disciplinary team notes and found there was no discussion about a DoLS authorisation expiring. The ward round document had pre-printed headings which included mental capacity assessments and reviews. We saw no documentation of multidisciplinary team discussions when authorisations were due to expire to consider least restrictive options. There was no indication in the care records whether a referral had been made for another DoLS authorisation or if there was consideration to co-ordinate a Mental Health Act assessment or for the patient to remain at the hospital on an informal basis. We spoke with the divisional director and registered manager who said they received an alert on their governance system when authorisations were due to expire.
- Staff knew where to get advice about the Mental Capacity Act. Staff said they would speak to the clinical leads and registered manager for advice on the Mental Capacity Act. The registered manager said staff could receive advice on the Mental Capacity Act from the head of regulation.
- People were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest. We saw evidence of best interest decision meetings in patient's files. These assessments showed patients, carers, advocates and the multidisciplinary team involved in supporting patients making significant decisions.
- We saw issues such as restraint managed within an appropriate legal framework. Relevant care plans quoted relevant legal definitions found within the Mental Capacity Act code of practice.
- Forest Hospital made Deprivation of Liberty Safeguards applications when required. During this inspection, we saw three awaiting applications made for detention under Deprivation of Liberty Safeguards. The registered manager said clinical leads were responsible for contacting local authorities to discuss the progress of these applications.
- Forest Hospital had arrangements in place to monitor adherence to the Mental Capacity Act. The registered manager said the divisional director completed an audit of the use of the Mental Capacity Act during the quality firsts visits, completed every other month.

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

Rated as good in the March 2017 inspection, not assessed at this inspection

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

Rated as good in the March 2017 inspection, not assessed at this inspection

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Good 

Vision and values

- All staff knew and agreed with the organisation's values. Staff said the organisation's values were "by putting quality first into everything we do for individuals we support their family and our teams, we aspire to be the most respected and successful care provider." Two staff members said there were posters with the organisation's values on both wards and in staff areas.
- Forest Hospital's team objectives reflected the organisation's values and objectives. Staff from all disciplines said they could contribute to the running of the service on a daily basis and that their views were valued.
- Staff knew who the most senior managers in the organisations are and these managers had visited the hospital. Staff said the divisional director visited the wards every two months. Staff members said senior management were approachable and encouraged staff to raise concerns and comments.

Good governance

- Forest Hospital completed key performance indicators on staff performance. The registered manager and clinical leads followed the provider's governance system by completing monthly clinical key performance indicators, for example, infection control and physical intervention. Forest Hospital staff passed the outcomes to the provider's lead nurse and divisional director, who then presented the information to the clinical governance group. Outcomes from clinical governance meetings were feedback to the registered manager by the divisional director.
- Most staff completed mandatory and legislative training. At the time of this inspection, 91 per cent of staff completed the provider's mandatory and legislative training. We looked at staff training records, which showed staff completed online training and face-to-face training arranged by the provider.

- Staff received supervision and an annual appraisal. Staff received various forms of supervision such as clinical, management and reflective. Eighty-four per cent of staff received an annual appraisal. Staff we spoke with confirmed they received frequent supervision and annual appraisals.
- Staff received training in the Mental Health Act revised code of practice. At the time of this inspection, 92 percent of staff completed training on the Mental Health Act. We found the hospital had access to a Mental Health Act administrator and a governance system to use which supported staff use the Mental Health Act within the hospital. We saw the provider had policies and procedures had a current review date and met the requirements of the updated Mental Health Act code of practice.
- The service carried out clinical audits. For example, the registered manager, clinical leads and mental health act administrator completed clinical audits such as environmental risk assessment and Mental Health Act. Registered general nurses completed a medicines audit every six months, all were forwarded to clinical governance.
- Staff learned from patients' feedback and staff received feedback from incidents and complaints. All staff said they learned from incidents and complaints occurring within the team and organisation at team meetings and the organisation's weekly bulletin. We looked at the service's incident form, which documented lessons learned from incidents, feedback to patients and carers and staff debriefing. All staff said they received feedback; learning lessons from incidents and debriefing sessions from management.
- Staff completed safeguarding training and knew how to make a safeguarding alert. At the time of this inspection, 98 percent of staff completed level two safeguarding children and adults training. Staff we spoke with showed an understanding of the safeguarding process, an awareness of the safeguarding policy and knew how to identify abuse.
- Although we saw nine mental capacity assessments of an inconsistent quality, staff had an understanding of implementing the Mental Capacity Act. The provider

Long stay/rehabilitation mental health wards for working age adults

Good 

completed audit every other month on the use of the Mental Capacity Act within Forest Hospital, staff would speak to the clinical leads and registered manager for advice.

- Staff said they maximised shift time on direct care activities; however all patient activity sheets we read were incomplete. All staff said they spent time completing activities with patients with supervision from the occupational therapy team. However, we read ten patient activity sheets, which were all not fully complete. On one form the only activity a patient did was smoking. Two staff members said there were few patient activities because the hospital employed one occupational therapy assistant and qualified staff spent most of their time in the nurses' office.
- Forest Hospital used key performance indicators to gauge performance of their staff. The registered manager said the provider used key performance indicators to measure staff performance and we found evidence of key performance indicators used within the providers' clinical governance system.
- The registered manager was able to submit items to the provider's risk register; however, other staff members were unable to.
- Managers based at Forest Hospital had sufficient authority and administration support. The registered manager and clinical leads were able to authorise the use of bank and agency workers. Administrative support was provided by the hospital.

Leadership, morale and staff engagement

- At the time of writing this inspection report, the provider was in the process of completing the annual staff survey.
- Sickness levels at Forest Hospital were on a downward trend. From 1 January to 31 October 2017, long term sickness levels was three percent and short term sickness was two percent. The registered manager said previous sickness levels was six percent.
- The provider had key performance indicators to measure sickness levels. The registered manager said since the last inspection, the provider had introduced key performance indicators such as appraisal rates, supervision, sickness, mandatory training, usage of agency staff and staff exit interviews.

- There were no allegations made by staff of bullying and harassment. There were no grievance procedures pursued by staff. Staff said there had been incidents in the past three months of bullying and harassment, but this had ended due to management changes.
- Staff were able to use the whistle blowing procedures and would raise concerns without fear of victimisation. The provider had information about whistleblowing on notice boards on the ward area and in reception to advise staff on the process.
- Staff we spoke with said morale and job satisfaction was good. Staff said the team worked together and were supportive.
- There were various opportunities for leadership development. For example, qualified nursing staff had the opportunity to complete training on leadership and management. The training called The Barchester Way; Igniting Leadership was a leadership programme for first line leader and mentors at Barchester Healthcare.
- Staff were open and transparent and explained to patients when something went wrong. Weekly patient meetings took place to promote the views and feedback of patients of the service. The provider gave staff information about Duty of Candour. The clinical leads and registered manager informed staff of lessons learned from Duty of Candour. The provider had a Duty of Candour policy that was up to date.
- All staff said they had the opportunities to give feedback to management about the service and input into service development.

Commitment to quality improvement and innovation

- At the time of writing this inspection report, the provider was in the process of completing the annual staff survey.
- Sickness levels at Forest Hospital were on a downward trend. From 1 January to 31 October 2017, long term sickness levels was three percent and short term sickness was two percent. The registered manager said previous sickness levels was six percent.
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Long stay/rehabilitation mental health wards for working age adults

Good 

since the last inspection, the provider had introduced key performance indicators such as appraisal rates, supervision, sickness, mandatory training, usage of agency staff and staff exit interviews.

- There were no allegations made by staff of bullying and harassment. There were no grievance procedures pursued by staff. Staff said there had been incidents in the past three months of bullying and harassment, but this had ended due to management changes.
- Staff were able to use the whistle blowing procedures and would raise concerns without fear of victimisation. The provider had information about whistleblowing on notice boards on the ward area and in reception to advise staff on the process.
- Staff we spoke with said morale and job satisfaction was good. Staff said the team worked together and were supportive.
- There were various opportunities for leadership development. For example, qualified nursing staff had the opportunity to complete training on leadership and management. The training called The Barchester Way; Igniting Leadership was a leadership programme for first line leader and mentors at Barchester Healthcare.
- Staff were open and transparent and explained to patients when something went wrong. Weekly patient meetings took place to promote the views and feedback of patients of the service. The provider gave staff information about Duty of Candour. The clinical leads and registered manager informed staff of lessons learned from Duty of Candour. The provider had a Duty of Candour policy that was up to date.
- All staff said they had the opportunities to give feedback to management about the service and input into service development.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure the hospital demonstrate and apply good practice in using the Mental Capacity Act.

Action the provider **SHOULD** take to improve

- The provider should ensure there is a system within patient care notes that notes to remind staff to consider a further Deprivation of Liberty Safeguards authorisation when the current authorisation was due to end.
- The provider should ensure all patients have care plans in place that contain patients' views, strengths and goals.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Staff did not always consistently carry out mental capacity assessments in a consistent way. This is a breach of Regulation 11 (1) (3)