Good

Coveberry Limited

Uplands Independent Hospital

Quality Report

Uplands Independent Hospital
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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-116702092	Uplands Independent Hospital	Uplands Independent Hospital	PO16 7HH

This report describes our judgement of the quality of care provided within this core service by Coveberry Limited. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Coveberry Limited and these are brought together to inform our overall judgement of Uplands Independent Hospital.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good
Are services safe?	Requires improvement
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 / Deprivation of Liberty Safeguards

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Uplands Independent Hospital as good because:

- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national best practice guidance. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multi-disciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

However:

- The service did not maintain comprehensive ligature risk assessments.
- The service did not ensure all staff were up to date with mandatory training, and up to date training records were not readily available.
- The furniture and decor in the complex care ward appeared worn and in need of replacement. Although, work was underway to address this, and new furniture had been ordered.
- The service did not proactively engage carers.
- The service was not using standardised outcome measure for all patients.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Requires improvement

We rated safe requires improvement because:

- The service did not maintain comprehensive environmental ligature risk assessments and did not have a management plan to address shortfalls.
- The service did not ensure that all staff were up to date with mandatory training.
- The furniture and decor in the complex care ward appeared worn and in need of replacement. Although, work was underway to address this, and new furniture had been ordered.

However:

- Staff maintained the cleanliness of the environment. Staff observed the environment, mitigated blind spots, and had access to effective policies on patient safety and the use of observation.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services effective?

Good

We rated effective as good because:

Summary of findings

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess individual treatment outcomes. They also participated in clinical audit.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision, reflective practice sessions and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early on in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- The service was not using a standardised outcome measure for all patients. Standardised outcome measures are needed to objectively review patients progress and determine treatment efficacy for the whole service.

Are services caring?

We rated caring as good because:

Good

Summary of findings

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. Service users' views were incorporated, even when they differed from the clinical team's. Staff ensured that patients had easy access to independent advocates.

However:

- The service did not offer formal carers support or inclusion.

Are services responsive to people's needs?

Good

We rated responsive to people's needs as good because:

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.
- The wards met the needs of all people who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Good

We rated well-led as good because:

- Leaders had a good understanding of the service they managed and it adhered to a recognised model of rehabilitation care.Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for patients and staff.

Summary of findings

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that the majority of governance processes operated effectively.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However:

- Up to date records for staff training were not easy to access. This may have impacted upon the managers oversight of training compliance.

Summary of findings

Information about the service

Uplands Independent Hospital provides care and treatment to people aged over 18 who may be informal patients or detained under the Mental Health Act 1983. It offers assessment, treatment and continuing care for up to 30 people. At the time of the inspection there were 18 inpatients; 14 were detained under the Mental Health Act and four were informal. The hospital provides treatment for patients who require high dependency long stay and rehabilitation services. The hospital takes referrals from acute and low secure inpatient wards.

Uplands Independent 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.

Uplands Independent Hospital is based in a historic manor house on the outskirts of Fareham. It is set within its own grounds. When originally established, the service was set up to provide for patients who had long term mental health issues and was considered a placement for life. However, over several years the service has evolved to respond to developments in the way patients with mental health problems are cared for nationally.

The previous two CQC inspections resulted in the provider being told they must make improvements. Uplands Independent Hospital was last inspected in November 2015 and rated requires improvement. Following this inspection, we told the provider they must ensure all staff receive regular supervision and appraisal, and they must ensure policies on rapid tranquilisation were followed.

At the time of our inspection the hospital site was undergoing complete redevelopment and renovation. The hospital previously compromised of one ward. The new hospital design features a lockable 11 bed high dependency ward which has a higher level of physical security, an open complex care ward, and four self-contained rehabilitation flats. Uplands Independent Hospital had closed parts of the building to complete the work. When it was necessary for contractors to enter areas where patients received care, staff supervised them. The work is due to be completed in February 2019. The provider plans to offer a pathway which supports continuous progression towards independence for each patient.

The high dependency unit had an expected length of stay of one to two years. It will support patients to step down into complex care, community rehabilitation, or supported accommodation. The complex care unit will provide longer term rehabilitation and had an expected length of stay of up to three to five years. The self-contained flats had an expected length of stay of three months to two years. The complex care and rehabilitation flats will support patients to move into supported accommodation or residential care.

At time of our inspection the high dependency ward was complete, work was underway on the complex care ward, and the flats were incomplete and unoccupied. The hospital was recruiting additional staff to support the new rehabilitation pathway.

The service has a registered manager in post.

Our inspection team

The team that inspected this service comprised of two inspectors and one specialist adviser with experience in long stay/ rehabilitation mental health wards for adults of a working age.

Summary of findings

Why we carried out this inspection

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

How we carried out this inspection

This was an unannounced comprehensive 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, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all areas of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service
- spoke with the registered manager and managers or acting managers for each of the wards
- spoke with 11 other staff members; including a doctor, nurses, occupational therapist, and a psychologist
- received feedback about the service from three care co-ordinators or commissioners
- attended and observed a hand-over meeting and morning planning meeting
- looked at six care and treatment records of patients
- looked at the assessment records of two patients referred to the service
- carried out a specific check of the medication management on both wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke to four current patients at Uplands Independent Hospital. The overall opinions of patients at Uplands Independent Hospital were positive and they were happy with the care they received.

Patients told us Uplands Independent Hospital had friendly staff and good quality food. Patients told us there was plenty of activities for them to do. Patients told us staff were available for one to one time and to escort them on leave.

One patient felt that it was not warm enough in their room and managers did not respond promptly enough when this was raised as a concern.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure comprehensive ligature risk assessments are maintained.
- The provider must ensure staff complete mandatory training.

Action the provider SHOULD take to improve

- The provider should ensure all renovation work is completed in the complex care wards as planned.

Summary of findings

- The provider should consider developing a proactive strategy for engaging patient's families, friends and carers.
- The provider should complete work to identify a standardised outcome measure which can be used across the hospital.
- The provider should consider participation in a standards-based quality improvement process that includes external peer-review.
- The provider should ensure systems used for capturing training data give the registered manager good oversight of training compliance.

Coveberry Limited

Uplands Independent Hospital

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Uplands Independent Hospital	Uplands Independent Hospital

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.

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice 2015. One out of 14 medicine records did not have the correct medicine dose listed on the attached 'Consent to Treatment' T3 form. Staff were aware of this error and had taken actions to address it.

Patients had their rights explained to them and could appeal against their sections. Patients could access an independent mental health advocate.

Patients had Section 17 leave and staff recorded when patients used leave and completed an assessment before patients went on leave.

Staff applied for a second opinion appointed doctor when needed.

There was a Mental Health Administrator available to give staff advice.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make decisions for themselves. Staff understood the providers policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly. If staff felt a patient had lost capacity, they reassessed the patient and took the necessary action for the patient to continue treatment.

The service did not have any patients subject to Deprivation of Liberty Safeguards authorisations.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safety of the ward layout

The managers considered the design and specification of the new ward areas to reduce and manage risks. Ligature points were covered throughout the renovated areas (a ligature point is anything which could be used to attach a cord, rope or other material for hanging or strangulation). However, in the older areas of the hospital there were ligature points, some of which could not be covered as they were subject to national heritage protection. These should have been subjected to risk assessment and management plans, but the service did not maintain comprehensive ligature risk assessments. The services current ligature risk assessment did not contain an updated action plan as per the providers own policy. It also did not reflect changes such as the anti-ligature fixtures and fittings in the high dependency unit, nor did it correspond to the new hospital layout. This could result in staff being unaware of new or existing ligature points on the wards.

The service had installed window restrictors throughout the hospital to prevent patients climbing out of windows and records showed these were inspected once per month.

The high dependency ward had fixtures and fittings designed to minimise or remove ligature risk, such as specialist door handles, sanitary ware, bedroom furniture, and curtain rails.

The high dependency ward had anti-barricade doors which allowed staff to open doors in both directions when needed.

Staff used individual risk assessments to manage risks posed by the conventional fixtures and fittings in the complex care ward. Staff used individual risk assessments to manage risks posed by protected architectural features which could not be altered.

Staff observed the ward environment and where possible blind spots were minimised. The hospital had installed CCTV cameras in the communal areas. The hospital had installed observation mirrors to increase line of sight on both wards. Staff monitored patient areas.

The hospital provided same-sex accommodation. Patients had their own bedroom and en-suite bathroom. Female bedrooms were separated from common areas by a locked door. Staff and female patients had an electronic fob to open the door. Female patients could access a separate female only lounge. The service reported no same-sex accommodation breaches.

Patients, visitors and staff could easily call for help in an emergency. Staff carried emergency alarms which if activated notified staff across the hospital. Patients and visitors could use nurse call buttons which were located throughout the hospital. The service recorded tests of their nurse call bell and emergency alarm system.

Maintenance, cleanliness and infection control

The hospital wards appeared clean but were in varying states of repair. The high dependency ward had been renovated but the complex care ward was incomplete, and the furnishings and decoration were worn and in need of replacement. However, the manager showed us the renovation plans for the hospital and new furnishings had been ordered. The patients we spoke to did not express concerns about the condition of the environment.

Staff kept records of cleaning. We observed the hospital cleaners working throughout the day to maintain the cleanliness of the environment. The hospital held the maximum food standards rating of five.

Staff encouraged patients to clean and tidy their own bedrooms and en-suites as part of their rehabilitation. Staff assisted patients in maintaining cleanliness levels.

Staff adhered to infection control principles including hand washing. The service clearly displayed hand washing technique posters at basins. Staff could easily access hand washing basins or alcohol gel. Staff developed a hand hygiene training and awareness course for patients.

The service had up to date health and safety risk assessments, including fire, electrical, and water hygiene. Staff recorded regular fire safety checks, for example fire alarms and emergency lighting. Staff recorded regular water temperature readings to monitor for risk of legionella bacteria.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

During our last inspection in 2017 we found that the service did not check equipment in line with their policies. At this inspection we found staff regularly checked the safety and cleanliness of equipment. Staff recorded monthly checks of ward equipment, fixtures and fittings.

Clinic room and equipment

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. The provider kept all equipment well maintained and calibrated. Staff recorded daily checks of oxygen cylinders. Ligature cutters were accessible in the nursing offices.

Staff had access to sharps disposal and clinical waste bins. Staff had access to emergency bodily fluid spill kits. Staff had access to personal protective equipment, such as gloves and aprons.

Safe staffing

The service struggled to recruit registered nurses and had vacant posts. Leaders ensured vacant shifts were always covered with agency staff who had appropriate skills and were inducted to the ward.

The service had established safe staffing levels and ensured these were implemented. The service adjusted staffing numbers based on bed occupancy and the complexity of patient's needs. The hospital had a minimum of one registered mental health nurse and two support workers on each ward during the day. At night staffing was reduced, one registered nurse covered both wards. The number of nurses and support workers matched this number on all shifts.

Staffing levels supported patients to access daily one to one sessions and escorted leave. Staff told us they rarely had to cancel therapeutic groups or escorted leave due to staffing.

The service had enough staff to carry out physical interventions and staff had been trained to do so. Staff received training in de-escalation and physical restraint. Managers ensured the hospital had enough appropriately trained staff on shift to safely manage incidents.

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. The hospital accessed medical care via a local GP practice. The service employed two part-time consultant psychiatrists. The hospital had an on-call rota which ensured staff could always access support.

The service ensured Disclosure and Barring Service (DBS) checks were in place at the point of recruitment. All new staff were required to have two reference checks. Managers checked staff held and maintained professional registration.

Mandatory Training

The majority of staff were not up to date with mandatory training. Overall, staff in this service had undertaken 60% of mandatory training. Mental Health Act training compliance was 62%. Safeguarding training compliance was 75%, and Mental Capacity Act training compliance was at 92%. Mandatory training helps to ensure staff have the right skills and knowledge to safely meet the needs of patients.

We saw evidence of managers encouraging staff to complete mandatory training by sending reminders, providing protected time, and by providing additional training sessions. However, reports also showed a progressive dropping in training compliance since April 2018.

Assessing and managing risk to patients and staff

The service completed detailed risk assessments for patients referred to the service and updated inpatients records regularly. We reviewed the records of two pre-admission assessments and six full patient records, all identified risks and contained management plans. Staff updated patients risk assessments and management plans following incidents. Staff were aware of and dealt with any specific risk issues, such as falls.

Staff identified and responded to changing risks to, or posed by, patients. Staff used de-escalation techniques and patients could access a low stimulus room. Staff used structured patient observation to manage patient risk. Staff understood how patient observations could be used to manage environmental ligature risk.

The service had a policy for conducting and recording patient searches, including searches of males, females, and bedrooms. The service had a policy for liaising with the police.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

Leaders took account of existing patients vulnerability and risks when considering the suitability of new patients. Leaders travelled to assess patients to avoid problematic and unsafe admissions.

The service operated a stepped pathway that allowed for support to be decreased, or increased, when patients risks or needs change.

The provider had implemented a smoke free policy at the hospital. Patients were no longer allowed to smoke inside the building or ward gardens. In line with NICE guidance (PH48) staff provided smoking cessation support and nicotine replacement therapy for patients who wished to receive it. However, patients could smoke in designated areas in the hospital grounds, and at the time of our inspection many patients were using leave to do so.

Use of restrictive Interventions

There had been 64 uses of restrictive interventions such as restraint in the last 12 months. The majority involved light holds used as a last resort to provide essential personal care, or involved staff giving patients long acting antipsychotic medication via injection. Staff only used restraint when de-escalation had failed. Staff were trained to use correct physical restraint techniques. The service had no incidents of prone restraint in the last 12 months. The service did not have a seclusion room and there had been no incidents of seclusion (the supervised confinement of a person alone in a room, which may be locked, for the protection of others from significant harm).

During our last inspection in 2017, we identified issues with the recording of physical observations following use of rapid tranquilisation. At this inspection we found the service had appropriate policies and procedures in place and staff were aware of these. Staff followed NICE guidance [QS154] when using rapid tranquilisation.

The service gathered information on challenging behaviour, restraint, use of pro re nata “PRN” (as needed) medicines and use of rapid tranquilisation. The service sought to identify themes and learn from past incidents.

The service avoided use of blanket restrictions. When blanket restrictions were used these were necessary and proportionate. The service assessed the risk posed by personal items or hospital equipment to individual patients. The service currently did not allow patients to hold cigarettes on the ward due to multiple fire safety incidents. This followed the recent implementation of a smoke free policy. Managers planned to review this restriction.

Safeguarding

Staff knew how to protect patients from abuse and the service worked well with other agencies to do so. Staff had annual training on how to recognise and report abuse and were able to apply it. Management worked with the local authorities safeguarding team and reported concerns when needed. The service had a safeguarding policy which staff had read and could access.

The provider had clear procedures for children visiting the premises. This considered a person’s individual’s risk and history, mental state, the age of the child, and the prevailing factors of the hospital.

Staff access to essential information

Staff kept detailed records of patients care and treatment. Records were clear, up-to-date and easily available to all staff providing care. The provider gathered information from partner agencies as part of its initial assessment. Information recorded on paper was locked away securely in accordance with the providers policies.

Medicines management

Staff followed best practice for medicines management when storing, administering and recording administration. All prescribing was completed and monitored by a GP or Consultant Psychiatrist.

Staff received training on medicines administration. An independent pharmacist completed a weekly audit of the wards medicines management and staff addressed issues identified. The service had three medication errors reported in the last 12 months. Managers had acted to prevent reoccurrence of medicines errors.

Medicines were stored securely and in line with best practice guidance. Staff completed daily monitoring of storage temperatures and knew what to do if these were not in range.

Track record on safety

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

The service had no serious incidents in the last 12 months. The service had 382 reported incidents in the last 12 months. Managers categorised incidents, most reported incidents were for challenging behaviour.

Reporting incidents and learning from when things go wrong

The service had a strong culture of reporting and learning from incidents. For example, a staff member's Nursing and Midwifery Council registration lapsed, following the incident the service reviewed its processes and implemented new regular checks of staff registration. Staff knew what incidents to report and how to report them. Staff reported all incidents that they should report. Staff were open and transparent and gave patients a full explanation when things went wrong. Staff received feedback from investigation of incidents.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

We reviewed the care and treatment records of six patients. All the care plans we reviewed were holistic, recognising the full range of a patient's needs. All the care plans we reviewed were recovery orientated and personalised, reflecting the views of the patient and recognising their strengths and goals.

At our last inspection in 2017 we found staff were not recording patients views on their care plans. At this inspection we found staff reviewed care plans with patients. Staff offered all patients a copy of their care plan. We spoke to four patients who told us they understood their care plan.

Staff developed care plans that met the needs identified during the assessment. We found patients care plans focused on building the skills, knowledge, and confidence needed for recovery. All patients care plans focused on developing independence.

Staff assessed patient's physical health. In line with NICE clinical guidelines [CG178] staff carried out physical health checks of patients prescribed anti-psychotic medication, such as blood tests and monitoring of heart functioning. When needed staff developed care plans for conditions such as epilepsy, diabetes, and chronic obstructive pulmonary disease.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The services expected lengths of stay, goals for recovery and levels of functioning were designed to reflect CQC guidance on inpatient rehabilitation services. Hospital policies and procedures incorporated relevant NICE guidance.

The service was focused on meeting the needs of the local population, reducing the need for 'out of area' placements.

The service offered psychological therapies, this included groups and individual work. Staff provided groups on relaxation, managing relationships, and managing emotions. Individual therapy was person-centred and used resources from cognitive behavioural therapy, acceptance and commitment therapy, and dialectical behaviour therapy.

The service offered a programme of occupational therapy, this included groups and individual work. The service supported patients to attend local college courses and community groups. The service supported individuals to develop skills of daily living, such as cooking, money management, and personal care.

Staff ensured patients had good access to physical healthcare, including access to specialists when needed. Staff monitored patient's physical health and supported them to live healthier lives, for example by managing cardiovascular risks, healthy eating schemes, and smoking cessation programmes.

We found some patients were wearing unclean or worn clothing. One staff member told us they felt patient's personal hygiene was not as good as it could be. We saw evidence that staff assessed, care planned and provided support to patients with personal care. Staff prompted patients with personal hygiene, but patients were not always fully engaged with this.

Staff followed NICE guidance on prescribing medicines. We looked at all the current patient's medication charts, staff followed best practice guidance.

The service was not using standardised outcome measures for all patients across the hospital. However, managers were reviewing new outcome measures to identify one which was meaningful for the service. The service also completed outcome measures to assess the effect of specific occupational and psychological therapy interventions.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet patients' needs. The service employed a registered manager, a deputy manager, a Mental Health Act administrator, two part-time consultant psychiatrists, a clinical psychologist, an assistant psychologist, an occupational therapist, two nursing clinical leads, one registered mental health nurse, and fifteen clinical support workers. The service accessed pharmacy support via a private arrangement. The service was looking to recruit more staff from a range of professional backgrounds.

Staff were experienced and qualified. The service provided specialist training to staff when required, for example staff received training on dysphagia (difficulty swallowing).

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Managers provided new staff with personalised induction plans. Managers paired new staff with more experienced colleagues when they joined the team. Managers supported staff to complete the care certificate programme.

At our last inspection in 2017 we found most staff were not receiving supervision and appraisal regularly. Managers now provided staff with regular supervision and appraisal. We found 87% of staff had received supervision and appraisal in line with the providers policy. Managers identified learning needs of staff and provided them with opportunities to develop.

Multi-disciplinary and inter-agency team work

Staff held regular and effective multidisciplinary meetings. Staff attended weekly clinical and monthly business meetings.

Staff shared information about patients at effective handover meetings within the team. Staff shifts crossed over to allow staff to handover effectively.

The service had effective working relationships with other relevant teams such as local GPs, and community mental health rehabilitation teams. Partner agencies told us Uplands Independent Hospital worked well with them.

Adherence to the MHA and the MHA Code of Practice

The service provided staff with training on Mental Health Act. At the time of our inspection 62% of staff were up to date with this training. We found all staff had a good understanding of the principles of the Mental Health Act.

Staff had access to the support of a Mental Health Act administrator based at the hospital. Staff completed regular audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits.

The provider had relevant policies and procedures which reflected the most recent guidance for the Mental Health Act. Staff had access to a copy of the Mental Health Act and its Code of Practice.

Staff upheld patients' rights under the Mental Health Act. Staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required, and recorded that they had done it. Patients could access independent advocacy. Staff requested reviews by a second opinion appointed doctor when necessary.

Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) where this had been granted. Patients told us they were able to take Section 17 leave regularly.

Staff correctly stored copies of patients' detention papers and associated records. Staff had access to copies of leave papers and consent to treatment documents.

The service ensured informal patients were aware of their rights. The service provided written information to informal patients on their rights. The service had posters telling informal patients that they could leave the ward freely.

Good practice in applying the MCA

The service provided staff with training on the Mental Capacity Act. At the time of our inspection 92% of staff were up to date with this training.

Staff understood the principles of the Mental Capacity Act. Staff assisted patients to make specific decisions about their care for themselves. Records showed decision-specific mental capacity assessments and best interest's meetings were completed when needed.

The provider had relevant policies and procedures which reflected the most recent guidance of for the Mental Capacity Act, including deprivation of liberty safeguards. Staff were aware of this policy and had access to it. The service displayed posters explaining the principles of the Mental Capacity Act.

The service had arrangements to monitor and audit application of the Mental Capacity Act. The service reviewed clinical applications of the Mental Capacity Act via team meetings. A pharmacist ensured all patients medicines records had appropriate consent to treatment arrangements in place.

The service had no current deprivation of liberty safeguards applications. Managers understood how to make deprivation of liberty safeguards application.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, privacy, dignity, respect, compassion and support

We observed staff displaying positive attitudes and behaviours when interacting with patients. Staff listened, were respectful, supportive, and promoted patient recovery. Notably, we spoke to two support workers who were highly compassionate.

We spoke with four patients who described staff as approachable and helpful. Patients reported they got along well with most staff.

Staff sought to accommodate patient's needs. For example, staff accommodated individual dietary preferences, and delivered support at a time that suited individuals routines. Staff planned activities based on patients likes and needs.

Staff supported patients to understand and manage their care, treatment and condition. Staff offered daily one-to-one sessions to patients. Staff supported patients to make short, medium and long-term goals. Staff supported patients to make choices about their care and treatment.

The service had clear confidentiality policies in place that were understood and adhered to by staff. Staff maintained the confidentiality of information about patients.

Staff provided patients with information about confidentiality, data protection and information sharing. Staff sought patients consent to share information with other agencies.

Involvement in care

We found that patients were orientated to the service and were given information on what help they would receive.

Patients told us they were involved in developing their care plans and understood their care and treatment. Patients care plans were written in the first person. Staff encouraged patients to contribute to their daily records.

Patients were encouraged to provide feedback on the care and treatment they received via community meetings and feedback forms. We found that staff took on board feedback and acted upon it. For example, staff had made changes to the menu and groups in response to patient feedback.

All patients had a recovery and risk management plan in place which reflected the individual's preferences, recovery capital and goals. Patients were regularly involved in reviewing their care and treatment.

Involvement of families and carers

The service did not have a specific programme for promoting the involvement of families and carers. However, staff invited family members who were already actively involved to meetings. Staff updated family members when the person had provided consent to do so. Staff could refer people for carers assessments.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

The service had beds available and were operating below their maximum capacity to allow for renovation work to take place. At the time of our inspection there were 18 patients at the hospital.

The service worked with partner agencies to coordinate admissions and discharges. For example, social services and community mental health teams. The hospital focused on meeting the needs of local patients and supported partner agencies to repatriate out of area patients.

The service aimed to complete a comprehensive assessment and provide a decision within two weeks of receiving a referral. Staff gathered information on the person referred, completed a face-to-face assessment, and then discussed if they could meet the persons needs in a multidisciplinary team meeting.

The service allocated beds to patients based on clinical need and did not move them between wards unless it was justified and in the interests of the patient. The service did not use patient's beds whilst they were on leave.

The service made contingency plans with partner agencies to ensure patients could be quickly transferred to acute or secure beds in an emergency.

The hospital had an average length of stay of 1704 days. Patient lengths of stay ranged from several days to several years. Four patients had lengths of stay which exceeded those expected under the new model. However, these patients had been present before the redevelopment work began. All patients had recovery orientated care plans which supported patients to move on.

When patients moved or were discharged, this happened in a planned and coordinate way with the involvement of care coordinators. Discharges were not delayed other than for clinical reasons.

The facilities promote recovery, comfort, dignity and confidentiality

Patients had their own bedrooms which they could personalise. Patients had keys to lock their bedroom door. Bedrooms on the first floor had partially frosted windows to protect dignity.

Staff and patients had access to an adequate range of rooms and equipment to support treatment and care, including a clinic room, group and therapy rooms.

Patients could make phone calls in private. Patients had mobile phones and could access a small phone booth in reception.

Patients could access quiet areas within the building. There were spaces where patients could meet visitors. Patients had access to outside space.

The food was of a good quality and reflected patient preferences as well as their cultural and dietary needs. Patients could make their own hot drinks and snacks. Staff supported individual patients to prepare their own breakfast and lunch.

Patients' engagement with the wider community

Patients accessed community groups, college courses and were encouraged to develop new knowledge and skills.

Patients could maintain contact with family and friends. However, there was not any family or friend engagement programmes which might help to develop or restore relationships.

Meeting the needs of all people who use the service

The service made adjustments for disabled persons, for example the hospital had bedrooms with widened door frames, a lift, wet rooms and other features which supported access for disabled persons.

The service could meet the needs of different ethnic groups and to those for whom English is not the first language.

Listening to and learning from concerns and complaints

The service had a complaints policy in place. Management kept detailed records of each complaint received. The service had received seven complaints in the last 12 months, two complaints were partially upheld, four remained open for remedial action. The service had also received eight compliments in the last 12 months.

Patients knew how to make a complaint and staff knew their responsibilities in relation to dealing with complaints.

The service investigated and fed back the outcomes of complaints openly and acknowledged when mistakes had been made and where the service needed to improve.

Are services responsive to people's needs?

Good

By responsive, we mean that services are organised so that they meet people's needs.

Outcomes from complaints were discussed in team meetings and clinical governance groups to share learning.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Leadership

The management team provided clinical leadership for staff. Managers led by example. Managers had the skills, knowledge and experience to perform their roles. The service had a cohesive senior team which included a consultant psychiatrist.

Staff told us the managers were accessible. Staff said they felt supported by managers.

The service had a registered manager who acted as the point of contact for all ward operational matters. The registered manager controlled a budget and had the authority and administrative support to lead the team.

Managers could demonstrate knowledge of the depth and breadth of the service provided. Senior staff spoke informatively of their plans to provide a high-quality rehabilitation pathway for patients. Managers described the eligibility criteria for new referrals, expected lengths of stay, the type of rehabilitation ward they managed, and a clear process regarding discharge planning.

Vision and strategy

Staff at all levels of the organisation contributed to the development of the vision and values for the service. The services values were; friendly, positive, empowering, innovative and person centred. Staff believed in the services vision and values and applied them in practice.

Senior managers engaged with staff, patients and stakeholders to share the services vision and values. For example, holding team away days, producing a written charter for patients, and meeting with commissioners to share the purpose of the service.

Culture

Team morale was good. Staff felt supported and respected. Staff were proud of their work and achievements. Staff appeared compassionate and devoted to providing high quality care.

The service wanted to change the culture to become more rehabilitation focused. Staff reported the change in culture had been difficult but was now embedded. Staff felt the change in culture had improved patient care.

The team worked together well. Staff believed in taking a multidisciplinary approach and valued the contribution of their colleagues. However, staff reported agency staff were not always committed to the services values.

The service had a whistle blowing policy and staff were aware of this. Staff could raise concerns via supervision and staff meetings and did so when needed. Managers listened to and acted upon staff concerns.

The service had policies and procedures for managing poor staff performance. There was one case of performance management in the last 12 months, following investigation a staff member was dismissed. Managers could access a human resources department for specialist advice and support.

The registered manager provided appraisal, personal development planning, training, supervision and support to staff. We found 87% of staff had received supervision and appraisal in line with the providers policy.

Staff sickness rates were above average when compared to similar providers. At the time of our inspection staff sickness was at 25%. The registered manager was taking actions to reduce sickness absence.

Managers acted to cover and fill vacant posts. The service was advertising vacancies. The registered manager used agency staff to cover unfilled shifts who knew the patients and service.

Governance

The provider had oversight of the hospital. The registered manager submitted monthly reports on health and safety, incidents, human resource, occupancy, compliance, safeguarding, complaints and compliments, regulatory visits, operational visits, and staffing.

Information moved freely between the board, divisional committees, quality meetings, and staff and patient groups. Managers and compliance staff had access to governance data which was stored electronically.

Staff completed regular audits. For example, staff audited infection control, hand hygiene, use of person personal protective equipment, waste management, patient care plans and risk assessments, equipment and the environment, and medicines. Audits were sufficient, and staff acted on the results when needed.

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Senior managers organised groups to review and update policies and procedures. The policies we looked at were up to date or were scheduled for review.

The service ensured essential information, such as learning from incidents and complaints, was shared and discussed. All incidents were classified and reviewed for learning and identification of trends. Managers acted to address themes or concerns.

The service had sufficient governance measures to ensure compliance with the Mental Health Act 1983.

The provider had a dedicated compliance team to complete regular clinical audits and service inspections.

Management of risk, issues and performance

The service kept service level and corporate risk registers. Risk registers identified concerns, assessed potential impacts, and named individuals responsible for managing risk. The service regularly reviewed its risk registers. Staff could escalate concerns when required. Staff concerns matched those on the risk register.

The service had written plans for emergencies, for example adverse weather.

The service did not maintain up-to-date ligature risk assessments for the hospital environment.

Information management

The service had systems in place to manage confidentiality of patient records. The provider had a procedure for managing breaches of confidentiality. The service had no reported breaches of confidentiality in the last 12 months.

Patient records were accessible, organised, and contained accurate information. Patient records were paper based and were stored securely in the two nursing offices.

Staff could safely dispose of confidential information. The service used locked confidential waste bins, the contents of which were destroyed by a third party.

The service had developed an information sharing and confidentiality guide for service users. Guides were openly displayed and explained patients' rights.

Staff made notifications to external bodies when needed. For example, contacting the CQC of notifiable events, and making safeguarding referrals to the local authority.

Staff had access to the equipment and information technology they needed to do their work. However, staff told us additional computers would be helpful. Management had plans to provide additional computers as part of the refurbishment.

The two wards had different approaches for recording some patient information. The systems currently in place across both wards appeared adequate and were not overly burdensome for staff. Managers had a service improvement project underway to address differences in recording practice.

The manager had access to most of information they needed to monitor the quality and effectiveness of the service. However, the service stored face-to-face and e-learning data separately. When we asked for up to date training data the manager did not have this to hand. The services mandatory training compliance was low, this could be impacting on the managers oversight.

Engagement

Managers regularly engaged with staff and patients on the hospitals redevelopment. For example, managers made project plans readily available, issued regular bulletins, and progress was regularly discussed in staff and patient meetings.

Staff encouraged patients to feedback on the service. For example, patients could provide feedback during one-to-one discussion, community meetings, and feedback sheets. Staff acknowledged and acted upon patient feedback.

Managers engaged with external stakeholders. For example, managers met quarterly with commissioners and local head of safeguarding to review the quality of care being provided. Managers worked with care managers and care coordinators.

Management recognised the contribution of staff at all levels in the organisation and wanted staff to feel valued. The provider held annual staff recognition and rewards ceremonies since 2015.

The provider wanted staff to understand how they fitted into the wider business. Senior managers engaged staff by providing team away days.

Learning, continuous improvement and innovation

Are services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Managers used service improvement projects to develop the service. Managers used a recognised model for service improvement.

Staff had opportunities to make improvements and to innovate. For example, ward staff met to identify and plan areas for improvement. Managers supported staff to develop their ideas for the service.

Uplands Independent Hospital is not currently participating in an accreditation scheme. However, managers hope to join a national accreditation scheme organised by the Royal College of Psychiatrists that works with services to improve the quality of inpatient rehabilitation wards.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not adequately assess and consider the environmental ligature risks posed to service users receiving care and treatment. The provider did not ensure persons providing care or treatment had completed up to date mandatory training to allow them to safely practice. This was a breach of regulation 12(2)(a)(c)