Vision MH - Cornerstone House

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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

Overall summary

We rated Vision MH – Cornerstone House as good because:

- Care records and plans were all up to date, personalised, holistic, recovery orientated. Staff offered patients copies of their care plans and signed to say that had received or declined a copy. Care records showed that a physical examination had been undertaken and that there was on-going monitoring of physical health problems, which included monitoring of patients on medication.
- Staff completed a risk assessment of every patient on admission which was reviewed and updated after incidents.
- The service had its required established levels of staffing to meet the needs of the patients and offer 1:1 time with staff. Staff rarely cancelled escorted leave for patients due to staff shortages.
- Patients reported that they felt safe at all times. Staff were always in the day area and very supportive. When on 1:1 observations, staff treated patients with complete respect and care.
- Staff interacted with patients in a caring manner, remained engaged and interested in providing good quality patient care. We saw that staff were responsive to patient needs, discreet and respectful.
- Staff could not observe all parts of the wards due to its layout. Managers mitigated this risk by placing mirrors in corridors. Managers had identified ligature risks by carrying out a ligature audit; managers reduced these risks through a comprehensive refurbishment plan. A ligature point is a fixed item to which a person could tie something for the purpose of self-strangulation.
- There had been a total of 24 incidents of restraint between 26 August 2015 and February 2016 involving eight patients. Staff told us that the use of restraint was a last resort and that de-escalation techniques were used to distract and engage patients as a first response, this was evidenced in case records.
- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines. We reviewed all medication administration records (MAR) and found no errors or omissions of nurse signatures when the medication had been administered.
- Staff followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication and provided psychological therapies recommended by NICE.
- Staff had access to supervision every two months in line with the service policy. Staff attended weekly reflective practice meetings weekly which they found supportive, and enhanced their knowledge and clinical practice.
- Patients had access to the independent mental health advocacy (IMHA) services.
- The service had a range of rooms and equipment to support treatment and care. This included treatment rooms to examine patients, a gym, therapy kitchen, art room, group therapy room, and quiet room. Patients also had access to a large garden. Patients had individual therapy timetables that provide then with occupational and recreational activities.
- Managers completed comprehensive audits to ensure the service improved the care that staff provided to patients.
- Staff had the ability to submit items to the services risk register. The register highlighted control measures that were in place to mitigate the risk and planned measures to meet in order to reduce the risk within a set time frame.
- Staff reported that they were proud of their team and that they enjoyed their job. The team, including senior staff, were supportive and welcomed feedback and new ideas. Staff were able to describe their duty of candour as the need to be open and honest with patients when things go wrong.
- Managers ensured that staff met the minimum target of 80% forall mandatory training

However:

Summary of findings

- We found two errors in the controlled drug book. The error was an inputting error not a medication error, the service's pharmacist and staff rectified the error quickly to ensure that that the medication was reconciled.
- During the inspection, the registered manager reported that a medication error had taken place. The registered manager sought medical help for the patient immediately and provided a plan of the action taken to prevent this incident from reoccurring.
- Managers did not hold specific team meetings with nursing staff. Information was shared with them in the morning handover.

Summary of findings

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Good

Vision MH - Cornerstone House

Services we looked at

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

Summary of this inspection

Background to Vision MH - Cornerstone House

- Vision Mental Health Limited was registered to provide inpatient treatment for up to 26 people with a mental health diagnosis who may also be detained under the Mental Health Act 1983.
- At the time of inspection, there were 20 patients. Seventeen patients were detained under the Mental Health Act and three patients were informal, meaning they were there voluntarily. The service provided care and treatment for male and female patients.
- The service offered assessment, and multidisciplinary care and treatment based on recovery philosophy.
- The last inspection took place in October 2015 and the service was found to be non-complaint and were issued requirement notices for Regulation 15 and Regulation 12 of the Health and Social Care Act due to:

1. The provider did not have effective cleaning schedules in place to maintain the cleanliness of bedrooms and ensuite bathrooms.
2. One patient's bedroom was not fit for purpose. The patient was unable to open windows to have access to fresh air. A staff office had been built adjacent to the room which blocked out sunlight.
3. Recording of controlled medications. Signatures were omitted and medications did not reconcile.
4. Emergency medication that was held in stock had expired. Emergency equipment was not sterile.
5. There were no policies and procedures in place to inform staff when a patient required medical attention outside of the hospital.
6. Ligature points were identified throughout the hospital. The providers ligature assessment had been completed, but did not identify all ligature risks.

- During this inspection, we noted that managers had addressed all the areas of concerns and was now compliant with Regulation 15 and Regulation 12.

Our inspection team

Team Leader: Sarah Duncanson

The team included an inspection manager and three inspectors.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- inspected all areas of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;

Summary of this inspection

- spoke with 15 patients who were using the service and 1 patient who had previously used the service;
- interviewed the registered manager, nurse managers and hospital managers for the service;
- spoke with 15 other staff members; including doctors, nurses, occupational therapist, psychologist and non-executive directors;
- contacted four family members and received a letter from one family;
- reviewed 11 care and treatment records of patients and four physical health folders;
- carried out a specific check of the medication management for the service, which included 20 medication administration records;
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients reported they felt safe at Cornerstone house and that staff had supported them to change their lives. Some reported it was the best placement that they have had. Staff were approachable and treated everyone with dignity and respect.

Patients report that it did not feel like they were in hospital, more like a home, the furniture was new and clean. Patients enjoyed being able to walk out in the garden when they wanted.

Patients told us they were involved in their care plans and attended weekly meetings to discuss their care with the multidisciplinary team. They felt listened to and that staff understood their care.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Managers had identified ligature risks by carrying out a ligature audit; managers had reduced these risks through a comprehensive refurbishment plan. Staff could not observe all parts of the wards due to its layout. Managers mitigated this risk by placing mirrors in corridors.
- The service had its required established levels of staffing to meet the needs of the patients and offer 1:1 time with staff. If required, managers would book agency staff or bank staff to cover sickness in order to have the correct number of staff on duty. The duty rota showed the managers ensured that all shifts had the required number and grade of nurses required. Staff rarely cancelled escorted leave for patients due to staff shortages.
- Environmental risk assessments were comprehensive, undertaken regularly and reviewed when needed. These included services that were used by patients in the local community.
- Staff followed policies and procedures for observing patients. This included eyesight or arm's length observation or observation using Closed Circuit Television (CCTV). The service had a CCTV policy and sought patients consent prior to use. However, patients informed us they felt they had to sign a consent form allowing staff to use CCTV in their bedroom 24 hours a day. We raised this with the managers and they suspended the use of CCTV in the bedrooms during the day and are reviewing the CCTV policy to address the patients concerns.
- There had been one incident of long-term segregation and no incidents of seclusion between 26 August 2015 and February 2016.There was a total of 24 incidents of restraint, two of which were in the prone position in the same period involving eight patients. Staff told us that the use of restraint was a last resort and that de-escalation techniques were used to distract and engage patients as a first response, this was evidenced in case records.
- Staff knew what incidents to report and how to report them. The service used an electronic incident form. Staff received

Summary of this inspection

feedback from investigations of incidents in the morning handover report and the minutes of senior management team meetings. Managers offered a debrief to staff after serious incidents.

- Staff completed a risk assessment of every patient on admission. We reviewed 11 risk assessments and found that staff had updated them regularly and after every incident.
- The clinic held emergency drugs, the treatment room held resuscitation equipment that was accessible to all staff. The service's three consultant psychiatrists and an accident and emergency doctor provided on call medical cover to support staff in an emergency.
- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines. We reviewed all medication administration records (MAR) and found no errors or omissions or missing nurse signatures when the medication had been administered.

However:

- We found two errors in the controlled drug book. The error was an inputting error not a medication error, the service's pharmacist and staff rectified the error quickly to ensure that that the medication was reconciled.
- During the inspection, the registered manager reported that a medication error had taken place. The registered manager sought medical help for the patient immediately and provided a plan of action taken to prevent this incident from reoccurring.
- Compliance with mandatory training for staff was 80%. Staff exceeded this target for Mental Capacity Act (MCA) at 88% and for Mental Health Act (MHA) at 81%. Staff achieved 80% compliance for Deprivation of Liberty Safeguards, safeguarding, equality and diversity, manual handling, infection control and health and safety. The services compliance with prevention management of violence and aggression, breakaway was 85%.

Are services effective?

Good

We rated effective as good because:

- Care records and care plans were all up to date, personalised, holistic and recovery orientated. Staff offered patients copies of their care plans and signed to say that had received or declined a copy. Care records show that a physical examination had been undertaken and that there was ongoing monitoring of physical health problems, which included monitoring of patients on medication.

Summary of this inspection

- Clinical staff carried out comprehensive audits that had identified actions to be completed to improve practice and outcomes for patients.
- Staff followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. This included regular reviews and physical health monitoring such as electrocardiograms and blood tests.
- Staff provided psychological therapies recommended by NICE and used recognised rating scales to assess and record severity and outcomes for all patients.
- Patients had access to a team of multidisciplinary staff whom had a variety of skills and experience. All staff completed a 12 week induction programme and in house specialised training. Unqualified staff completed the Care Certificate standards.
- Staff had access to supervision every two months in line with the service's policy, attended reflective practice meetings weekly which they found supportive, and enhanced their knowledge and clinical practice.
- Managers had developed good working relationships with a partner at the local GP service. This improved access to the results of patients' investigations and blood tests.
- Overall, 81% of staff had been trained in the Mental Health Act (MHA). 88% of staff had completed training in Mental Capacity Act (MCA). Staff had a good understanding of the MHA, MCA and the code of practice.
- Consent to treatment and capacity requirements were adhered to, and copies of consent to treatment forms were attached to all medication charts where applicable.
- Administrative support and legal advice on implementation of the MHA was available within the service from a dedicated member of staff who completed regular audits to ensure that the MHA had been applied correctly. Staff ensured that detention paperwork was completed correctly, up to date and stored appropriately. Staff read patients their rights under the MHA explained to them on admission and routinely thereafter.
- Patients had access to the independent mental health advocacy (IMHA) services.
- Staff recorded capacity assessments in patients' case records for people who might have impaired capacity. Staff completed the assessments on a decision-specific basis about significant decisions.

However:

- Managers did not hold specific team meetings with nursing staff. Information was shared with them in the morning handover.

Summary of this inspection

Are services caring?

Good

We rated caring as good because:

- Staff interacted with patients in a caring and respectful manner, remained engaged and interested in providing good quality patient care. We saw that staff were responsive to patient needs, discreet and respectful.
- Patients reported that they felt safe at all times. Staff were always in the day area and very supportive. When on 1:1 observations, staff treat patients with complete respect and care.
- Staff ensured that patients were actively involved and participated in care planning and risk assessment. Patients attended multidisciplinary meetings and discussed their care and progress with the team. All patients had advanced decisions in place.
- Family members reported that they trust staff as they are caring and managers are always available and very committed to their work. The staff made them feel included and involved in their loved one's care.
- Patients had access to independent advocacy when they needed it. The advocate would visit the service regularly.
- Patients were able to give feedback on the service through the monthly patient forum meeting, completing feedback questionnaires on the therapy that staff provided and satisfaction surveys. Patients were involved in recruitment Interviews of new staff for the service.
- Families told us that staff put in place discharge plans that were set at a pace that was right for the patients so they were successful.

Are services responsive?

Good

We rated responsive as good because:

- The average bed occupancy over the last 6 months was 87%. The service had four discharges since January 2016 and no admissions. The average length of stay for a patient was 25 months which included time to support extended discharge plans. Staff completed discharge plans that were comprehensive and staff supported patient's placements prior to discharge.
- The service had a range of rooms and equipment to support treatment and care. This included treatment rooms to examine

patients, a gym, therapy kitchen, art room, group therapy room, and quiet room. Patients also had access to a large garden. Patients had individual therapy timetables that provided them with occupational and recreational activities.

- The service had a five star food hygiene rating by the food standards agency, which staff displayed near the kitchen. Patients told us that the food was of good quality but they would like more variety. Patients could make hot drinks and snacks when they wanted. They could also cook an evening meal for themselves supported by staff in the therapy kitchen if they wanted.
- Information on treatments, local services, patients rights, and advocacy and how to complain were available in the main ward areas. They were available in different languages. Staff could provide interpreters and signers when required.
- Patients and families knew how to complain. Managers investigated all complaints fully and wrote letters to patients with the outcomes of the investigations.

However:

- The service did not provide full access to people requiring disabled access, as there was no lift to the upper floors. If patients could not access upper floors, staff would allocate a bedroom downstairs.

Are services well-led?

Good

We rated well led as good because:

- Managers completed comprehensive audits to ensure the service improved the care that staff provided to patients.
- Managers ensured that the majority of shifts were covered with a sufficient amount of staff of the right grade and experience.
- Staff reported incidents and managers signed off the reports ensuring that they were fully completed. Managers discussed the outcomes and lessons learnt from incidents and complaints in monthly governance meetings.
- Staff had the ability to submit items to the services risk register. The register highlighted control measures that were in place to mitigate the risk and planned measures to meet in order to reduce the risk within a set time frame.
- The sickness and absence rates were low at 1.5%. Managers completed return to work interviews when staff had been off work sick and referred staff to occupational health if needed.

Summary of this inspection

- Staff reported that they were proud of their team and that they enjoyed their job. The team, including senior staff, were supportive and welcomed feedback and new ideas. Staff were able to describe their duty of candour as the need to be open and honest with patients when things go wrong.
- Staff told us that they knew how to use the whistle-blowing process. They were confident to raise concerns with managers without fear of victimisation or repercussions. There were no bullying and harassment cases.
- A total of 61% of staff were involved in the staff survey. Managers shared the results of the staff survey with staff and completed an action plan to address the concerns raised.
- All staff received supervision, and 69% of staff had completed a yearly appraisal.
- Staff knew who the most senior managers in the organisation were and reported that they were very visible and approachable.
- Managers ensured that staff met the minimum target of 80% for all mandatory training.

Detailed findings from this inspection

Mental Health Act responsibilities

- Seventeen patients were detained under the Mental Health Act and three patients were informal, meaning they were there voluntarily.
- A total of 81% of staff had been trained in the Mental Health Act (MHA). Staff had a good understanding of the MHA and the code of practice.
- Staff adhered to consent to treatment and capacity requirements, copies of consent to treatment forms were attached to all medication charts where applicable.
- Patients had their rights read and explained by staff upon admission and routinely thereafter. Staff evidenced this in case records.
- Administrative support and legal advice on implementation of the MHA was available within the service from a dedicated member of staff.
- Staff ensured that detention paperwork was completed correctly, up to date and stored appropriately.
- Staff completed regular audits to ensure that the MHA was being applied correctly. The audits showed there was evidence of learning from these audits. The service's mental capacity and consent to treatment audit was carried out in May 2016 and showed that all patients had been read their Section 132 rights, had advocacy offered to them and a record made in case notes about medication.
- Patients had access to the independent mental health advocacy (IMHA) services. Staff kept records of which patients had requested access to the IMHA and when the IMHA had seen them.

Mental Capacity Act and Deprivation of Liberty Safeguards

- A total of 88% of staff had been trained in the Mental Capacity Act and when interviewed appeared to have a good understanding of MCA 2005, in particular the five statutory principles.
- Managers told us that Deprivation of Liberty Safeguards applications were made when required. However, there had been no DoLS applications made in the last 6 months.
- The service had a policy on MCA including DoLS, which staff are aware of and could refer to.
- Staff recorded capacity assessments in patients' case records for people who might have impaired capacity. Staff completed the assessments on a decision-specific basis about significant decisions.
- The service had a MHA administrator who staff would go to for advice regarding MCA, including DoLS if required. The administrator monitored staffs' adherence to the MCA across the service.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

- Staff could not observe all parts of the wards due to its layout. Managers mitigated this risk by placing mirrors in corridors and monitored the service using closed circuit television (CCTV).
- Managers had completed a ligature audit and identified potential ligature points throughout the service. Managers had reduced these risks through a comprehensive refurbishment plan. Taps, sinks, showers, pipework had all been changed to anti ligature, although window latches still remained a risk, managers planned to replace the windows in July 2016.
- The service complied with guidance on same-sex accommodation.
- The clinic held emergency drugs and the treatment room held resuscitation equipment that was accessible to all staff. Staff checked these regularly to ensure medication was fully stocked and in date and equipment was working effectively.
- The service did not have a seclusion room. All ward areas were clean, had good furnishings that were well-maintained.
- Staff adhered to infection control principles; we saw handwashing posters throughout the service.
- Equipment was well maintained and clean. The majority of the equipment was new and had been checked in line with portable appliance testing PAT guidelines.
- Cleaning records were up to date and demonstrated that staff regularly cleaned the environment. We saw a dedicated team of domestic staff working throughout the service during the inspection.
- Environmental risk assessments were comprehensive and undertaken regularly and reviewed when needed. These included services that were used in the local community, for example the local community swimming pool and MIND meeting room.
- Staff carried personal alarms, which were used to summon help in an emergency. There were call systems in the patients' bedrooms for patients to call for help if needed.

Safe staffing

- The established level of qualified nurses was 11. At the time of the inspection there were 10 staff in post. The vacant post had been recruited to and an additional two student nurses were due to start in September. The established level of nursing assistants was 22 and there were no current vacancies. Managers had an ongoing recruitment plan to ensure they recruited the required levels of staff.
- We saw records of shifts covered by bank staff, these records showed from February 2016 to April 2016, 53 shifts had been covered. Managers told us that bank and agency staff were rarely used and if required they would offer the shifts to bank staff first and then go to the agencies. The service used two agencies to ensure that staff were familiar to the service and the patient group. If bank or agency staff could not cover the shifts then managers would.
- Staff sickness rate was at 1.5% from 01 April 2016 to 18 February 2016, which is low compared to the national average of 5%. Staff turnover rate was 23.6% in the same period.

Long stay/rehabilitation mental health wards for working age adults

Good

- The duty rota showed the managers ensured that all shifts had the required number and grade of nurses required. Although we noted that not all night shifts had two qualified nurses on shift.
- The manager was able to adjust staffing levels based on the risk assessment of the patients or individual patient activity schedules.
- We saw that a qualified nurse was often in the communal areas of the service, although a support worker was present in the communal areas at all times.
- There were enough staff to provide patients with regular 1:1 time with their named nurse. Case notes evidenced when these sessions had taken place or when the patient had declined the session.
- Managers audited when escorted leave took place. From 12 February 2016 to 05 May, 835 hours of leave took place. Staff cancelled only eight hours of leave due to lack of staff.
- There were enough staff to safely carry out physical interventions. Records showed that physical interventions were rarely used within the service.
- Medical cover was provided by the three consultants and was available day and night. Managers had also employed an accident and emergency doctor one day a week to provide physical healthcare support and an on call service for patients when they harmed themselves.
- Compliance with mandatory training of staff was 80%. Staff exceeded this target for MCA at 88% and for MHA at 81%. Staff achieved 80% compliance for Deprivation of Liberty Safeguards, safeguarding, equality and diversity, manual handling, infection control and health and safety. The services compliance with prevention management of violence and aggression, breakaway was 85%.

Assessing and managing risk to patients and staff

- There had been one incident of long-term segregation and no incidents of seclusion between 26 August 2015 and February 2016.
- Twenty four incidents involved the use of restraints, involving eight different service users between 26 August 2015 and 26 February 2016. Two of the incidents of restraint involved prone restraint and none resulted in rapid tranquilisation. Staff told us that the use of restraint was a last resort and that de-escalation techniques were used to distract and engage patients as a first response, this was evidence in case records.
- Staff completed an accident log if they had been injured at work. The log was comprehensive with action taken to support the member of staff, including referrals to occupational health and reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) if required.
- Staff completed a risk assessment of every patient on admission. We reviewed 11 risk assessments and found that staff had updated them at regular intervals and after every incident.
- Managers ensured that staff justified the use of blanket restrictions, during the inspection there were no blanket restrictions in place.
- The service had three informal patients; signs were in place to inform these patients of their right to leave the service at will.
- Staff followed policies and procedures for observing patients. This included eyesight or arm's length observation or observation using CCTV. The service had a CCTV policy and sought patients consent prior to use. However, patients informed us they felt they had to sign a consent form allowing staff to use CCTV in their bedroom 24 hours a day. We raised this with the managers and they suspended the use of CCTV in the bedrooms during the day and were reviewing the CCTV policy to address the patients' concerns.
- Use of rapid tranquilisation followed NICE guidance.
- Although the service did not have a seclusion room. Managers had a robust policy for seclusion that acknowledged at times that staff might need to use a bedroom to seclude a patient in an emergency. Although, this happened rarely, managers had written the policy in line with the MHA code of practice guidelines.
- A total of 88% of staff were trained in safeguarding. Staff told us that they knew how to make a safeguarding alert but rarely did as the managers would do it for them.
- Medicines were stored securely and in accordance with the provider policy and manufacturers' guidelines. Staff recorded the temperature of the room and refrigerator that stored medication daily to ensure the temperature did not affect the efficacy of the medication. We reviewed all medication administration records (MAR) and found no errors or omissions or missing nurse signatures when the medication had been administered.

Long stay/rehabilitation mental health wards for working age adults

Good

- We found two errors in the controlled drug book. The error was an inputting error not a medication error, the service's pharmacist and staff rectified the error quickly to ensure that that the medication reconciled.
- During the inspection, the registered manager reported that a medication error had taken place. A night nurse had administered a control drug. They had completed the control drug book but did not sign the MAR chart. The nurse on the day shift checked the MAR chart, saw that the medication had not been signed for, and administered it to the patient prior to checking the control drug book. This meant that staff had given the patient double the amount of medication. The registered manager sought medical help for the patient immediately and provided the plan of action taken to prevent this incident reoccurring.
- Staff complete a risk assessment prior to a child visit the service. When children visit the service, the visit took place in the quiet room, therapy room, garden or community to ensure the child's safety is maintained.

Track record on safety

- In the last 12 months there had been one serious incident requiring investigation. Managers had completed a full investigation and an action plan was in place to reduce the risk of the incident being repeated. This had been appropriately notified to the Care Quality Commission.

Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report them. The service used an electronic incident form. Staff would complete part A of the form and managers would complete part B. This meant that managers had an overview of incidents and ensured that all actions to reduce the risk of repeated incidents had been implemented by staff to maintain the safety of patients. An audit completed in March 2016 showed that staff had completed all incidents forms in patients' case notes. Staff had improved results of this audit from 66% to 89% by completing all incidents the same day on which the incident had occurred.
- Managers completed a quarterly incident report. The report from January to March 2016 showed that 182 incidents had occurred. 50 incidents were due to self-harm, 39 for verbal abuse, 25 were due to a personal accident, and 67 other incidents occurred, which included: absconding, patients making sexualised comments and palming medication. The outcome of the report showed that 18 patients (75%) had fewer than 10 incidents. Six patients were involved in 117 incidents (64% of the total), three of these had been moved.
- Staff were able to describe their duty of candour as the need to be open and honest with patients when things go wrong. We saw evidence of this through the outcome of complaints and investigations.
- Staff received feedback from investigations of incidents in the morning handover report and the minutes of senior management team meetings.
- There was evidence of change having been made as a result of feedback.
- Managers offered staff a debrief after serious incidents. If required, managers would refer staff to occupational health for additional support.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff completed comprehensive assessments for all service users, which were completed within a timely manner.
- We reviewed 11 care records and plans and they were all up to date, personalised, holistic, recovery orientated. Staff offered patients copies of their care plans and signed to say that had received or declined a copy.
- Care records show that a physical examination had been undertaken and that ongoing monitoring of physical health problems took place. In the treatment room, all patients had a physical health folder. Staff recorded weekly physical observations, blood pressure, temperature, pulse and weight. Staff used the national early warning sign form to indicate if a patient was becoming unwell. Staff kept electrocardiogram (ECG) and blood results in the folders. If patients were on a high dose of anti-psychotic medication, the folders had a care plan and recording chart to ensure that staff monitored them closely.

Long stay/rehabilitation mental health wards for working age adults

Good

- The information needed to deliver care and treatment effectively was stored securely within computer-based records. The information was available to staff when they needed to deliver care.

Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence (NICE) guidance when prescribing medication. This included regular reviews and physical health monitoring such as electrocardiograms and blood tests.
- The service provided psychological therapies recommended by NICE. This included mindfulness, mentalisation-based treatment, and cognitive behavioural therapy.
- Psychologists used a range of tools for carrying out assessments for patients. For example, The Wechsler Adult Intelligence Scale (WAIS) and the Generalized Anxiety Disorder 7 Scale (GAD-7). Once completed, staff were able to plan care and treatment, including therapy that meet the needs of the patients.
- Occupational therapists completed the model of human occupation screening tool (MOHOST). This meant that staff a good understanding of the needs of each patient when taking on a different task or when in different settings. For example self-care skills, education, work or social interaction. This allowed staff to provide support and encouragement to the patient to increase their skills.
- The service had three care pathways which patients accessed to support their rehabilitation. These services included: mentalisation-based treatment for patients with a diagnosis of personality disorder, a recovery pathway for longer stay patients with a focus on building a quality of life by gaining living skills such as cooking and the recovery focus pathway for shorter stay patients.
- Staff ensured patients had access to physical healthcare. Staff registered patients with a local general practitioner (GP) on admission. Managers had employed an accident and emergency consultant to support the service with patients who harmed themselves.
- Staff used recognised rating scales including health of the nation outcome scales, social functioning questionnaires, and Camberwell assessment of need short appraisal schedule to assess and record severity and outcomes for all patients.
- The service completed a variety of audits, which clinical staff participated in. These included infection control, service user rights, care plan and risk assessment audits. All audits were comprehensive and had identified actions to be completed to improve practice and outcomes for patients.

Skilled staff to deliver care

- The team consisted of nurses, occupational therapists, doctors, support workers, and psychologists. Managers referred patients for specialist assessments such as physiotherapy and speech and language therapy if required. This meant that patients had access to a variety of skills and experience for care and treatment.
- Managers and staff we spoke with were experienced and qualified. In house specialist training was provided, including wound care. Staff who offered supervision to others had training in clinical supervision. Some staff had completed a qualifications and credit framework (QCF) level 5 diploma in care management.
- Staff received a 12 week induction before they commenced work at the service. The induction included an introduction to the service's policy and procedures, mandatory training reviews with supervisors and 360 degree feedback. Three support workers had completed the Care Certificate standards and nine support workers were working towards this.
- Managers had completed a supervision structure so that all staff knew who their supervisor was. Records showed that all staff had supervision every two months, which was in line with the service's supervision policy.
- Sixty nine percent of staff had a completed an annual appraisal. 31% of staff had not been in post for 12 months and therefore were not eligible to have their appraisals completed.
- Managers did not hold specific team meetings with nursing staff. Managers shared information with staff in the morning handover. Managers ran weekly reflective practice meetings, which was well attended by nursing staff.
- Managers addressed poor staff performance promptly and effectively with the support of human resources.

Multi-disciplinary and inter-agency team work

- Staff attended two multi-disciplinary meetings. One meeting was for patients with enduring mental health problems and the other was for patients with a diagnosis of personality disorder.

Long stay/rehabilitation mental health wards for working age adults

Good

- Staff reported that handovers between shifts were effective. The notes taken in handover were comprehensive, and showed that staff had discussed staffing levels for the shift and allocated fire warden and safety coordinator duties. Staff discussed individual patient's observations levels, planned community leave, risks, physical health concerns and medication.
- Staff had access to a weekly reflective practice group which they found very supportive and enhanced their knowledge and clinical practice.
- There was effective working relationships including good handovers with other teams such as general practice, patient's home area teams.
- Managers had developed good working relationships with a partner at the local GP service. This improved access to results following patients' investigations and blood tests. Managers reported good working links with the local authority when dealing with safeguarding issues.

Adherence to the MHA and the MHA Code of Practice

- A total of 81% of staff had been trained in the Mental Health Act (MHA). Staff had a good understanding of the MHA and the new code of practice 2015.
- Staff adhered to consent to treatment and capacity requirements, copies of consent to treatment forms were attached to all medication charts where applicable.
- Staff read patients their Section 132 rights to them on admission and routinely thereafter. Staff evidenced this in case records.
- Administrative support and legal advice on implementation of the MHA was available within the service from a dedicated member of staff.
- Staff ensured that detention paperwork was completed correctly, up to date and stored appropriately.
- Staff completed regular audits to ensure that the MHA was being applied correctly. Records showed there was evidence of learning taking place following the audits. The service's mental capacity/ Consent to Treatment audit carried out in May 2016 showed that all patients had been read their Section 132 rights, had advocacy offered to them and a record had been made in case notes about medication.
- Patients had access to the independent mental health advocacy (IMHA) services. Staff kept records of which patients had requested access to the IMHA and when the IMHA had seen them.

Good practice in applying the MCA

- A total of 88% of staff had been trained in the Mental Capacity Act and when interviewed appeared to have a good understanding of MCA 2005, in particular the five statutory principles.
- Managers told us that Deprivation of Liberty Safeguards applications were made when required. However, there had been no DoLS applications made in the last 6 months.
- The service had a policy on MCA including DoLS, which staff are aware of and could refer to.
- Staff recorded capacity assessments in patients' case records for people who might have impaired capacity. Staff completed the assessments on a decision-specific basis about significant decisions.
- The service had a MHA administrator who staff would go to for advice regarding MCA, including DoLS if required. The administrator monitored staff adherence to the MCA across the service.

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

Good

Kindness, dignity, respect and support

- Staff interacted with patients in a caring and respectful manner, remained engaged and interested in providing good quality patient care. We saw that staff were responsive to patient needs, discreet and respectful. We saw staff approached all patients differently in order to meet the patient's needs. This showed that staff were aware of individual patient needs.
- Patients reported that they felt safe at all times. Staff were always in the day area and very supportive. When on 1:1 observations staff treated patients with complete respect and care. Some patients at the service harmed themselves and staff supported them and had the skills and knowledge to deal with the injuries.

Long stay/rehabilitation mental health wards for working age adults

Good

- The service had a pet cat, which patients said they enjoyed as it helped them when they were had a difficult day.
- Family members reported they trusted staff as they were caring, and managers were always available and very committed to their work. The staff made them feel included and involved in their loved one's care. If they phoned the service there is always someone to speak to that knew the patient and offered them support.

The involvement of people in the care they receive

- Staff ensured that patients were actively involved and participated in care planning and risk assessment. All 11 records evidenced this. Patients attended multidisciplinary meetings and discussed their care and progress with the team.
- Patients had access to advocacy when they needed it. The advocate visited the service regularly.
- Managers held family meetings four times a year so that family members were involved in the service and the patient's needs.
- Families told us that staff put in place discharge plans that were set at a pace that was right for the patients so they were successful.
- 24 families and carers were asked to take part in the families and friends test questionnaire and 13 took part. The results showed that most of the families were extremely likely to recommend the service to others.
- Patients were able to give feedback on the service through the monthly patient forum meeting. We saw minutes of this meeting which showed it was well attended by the patients and staff. They discussed a variety of topics and allowed patients to make suggestions on how the service could improve.
- Patients completed feedback about the therapy they were offered. This feedback included whether or not the patient understood the session, found the session useful in their recovery, enjoyed the session and if the therapy team should keep it on the timetable.
- Staff actively encouraged patients to be involved in decisions about their service by helping to recruiting staff.
- Patients took part in a survey about the service. The results showed that 77% were happy with the service, felt safe and cared for. Staff had ensured that this survey was available in an easy read format so that all patients could take part.
- Staff supported patients to complete advance decisions. We reviewed these and found that all patients had one in place that was fully completed.

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

Good

Access and discharge

- The average bed occupancy over the last 6 months was 87%.
- The service had four discharges since January 2016 and no admissions.
- The average length of stay for a patient was 25 months.
- The service ensured that all patients had access to a bed on return from leave.
- Staff discharged patients at an appropriate time of day. Discharge plans were comprehensive and included the views of the patients. Staff supported patients by ensuring they visited placements prior to discharge or by providing extended periods of section 17 leave.
- In the last year, the service had four delayed discharges. This was due to not being able to find a suitable placement in the community or funding issues.

The facilities promote recovery, comfort and dignity and confidentiality

- The service had a range of rooms and equipment to support treatment and care. This included treatment rooms to examine patients, a gym, therapy kitchen, art room, group therapy room and quiet room. Patients and families reported the service felt like a home not a hospital.
- There was a quiet room that patients could use to meet visitors. Outside of therapy times, patients could also use the therapy rooms for other purposes.
- Patients had full access to mobile phones and could make phone calls in private. There was also a landline phone in the day area that patients could use at no cost.

Long stay/rehabilitation mental health wards for working age adults

Good

- Patients had access to a large garden. Due to the current building works, some of the garden was not accessible but this did not affect the patients' access due to the size of the garden. When the building work has been completed, managers plan to landscape the garden.
- The service had a five star food hygiene rating by the food standards agency, which staff displayed near the kitchen. Patients told us that the food is of good quality but they would like more variety. They agreed to have puddings at weekends only as part of their healthy living plan.
- Patients could make hot drinks and snacks when they wanted. They could also cook an evening meal for themselves supported by staff in the therapy kitchen if they wanted.
- Patients were able to personalise bedrooms and had somewhere secure to store their belongings.
- Patients had individual therapy timetables that provide then with occupational and recreational activities. The occupational therapy assistants worked weekends, which meant that patients had access to activities seven days a week. Staff used local community amenities to support activities, for example they hired the local hall to hold the drama group in and supported patients to attend local Alcoholics Anonymous or Mind, the mental health charity.

Meeting the needs of all people who use the service

- The service did not provide full access to people requiring disabled access, as there was no lift to the upper floors. If patients could not access upper floors, they would be allocated a downstairs bedroom.
- Information leaflets were available in languages spoken by people who use the service. For example, staff gave a patient Section 132 rights leaflet in Urdu.
- Information on treatments, local services, patients' rights, and advocacy and how to complain were available in the main ward areas. They were available in different languages. Staff could provide interpreters and signers when required.
- Managers provided a choice of food to meet dietary requirements of religious and ethnic groups. The cook attended community meetings monthly to discuss the menu and what the patients would like to eat.
- Staff ensured that patients had access to appropriate spiritual support. They supported patients to attend the local church or temple.

Listening to and learning from concerns and Complaints

- In the last 12 months, there had been seven complaints made. Data provided showed managers upheld three complaints, one was partially upheld, and three were not upheld. The complaints outlined concerns about inappropriate comments made by staff, access to specific staff when distressed, granting of Section 17 leave and medication not being available. If required managers ensured changes were made to the running of the service were made as a result of these. No complaints had been referred to the Ombudsman. Managers wrote letters to patients with the outcomes of complaints.
- Information about making complaints was displayed in the hospital. Patients and families knew how to complain. They reported they always received a letter with the outcome of the complaint once staff had carried out the investigation.
- Staff knew how to handle complaints appropriately and supported patients to make complaints if they wanted to.
- Staff received feedback on the outcome of investigation of complaints in the morning handover meeting and senior management team meetings.

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

Good

Vision and values

- The service's vision and values were displayed around the service. Staff knew and agreed with these values.
- The team's objectives reflected the organisation's values and objectives to improve the service and care provided to the patients.
- Staff knew who the most senior managers in the organisation were and reported that they were very visible and approachable.

Good governance

Long stay/rehabilitation mental health wards for working age adults

Good

- Managers ensured that staff received mandatory training and met the minimum target of 80% compliance.
- All staff received supervision and 69% of staff had completed a yearly appraisal.
- Managers ensured that the majority of shifts were covered with a sufficient amount of staff of the right grade and experience. If they were not covered they managers covered the shift themselves or booked agency and bank staff to ensure that that they had the required amount of staff on duty.
- Staff reported incidents and managers signed off the reports ensuring that they were fully completed. Managers completed audits to ensure that staff fully completed incident forms within set time frame.
- Staff carried out comprehensive audits to ensure the service improved the care that staff provided to patients.
- Managers discussed the outcomes and lessons learnt from incidents and complaints in monthly meetings. Executive directors reported that senior managers had a willingness to learn from incidents and were open to making changes to the building in order to improve the safety of patients and staff. Managers shared the minutes of these meetings within the team. However, managers did not hold staff meetings that nursing and support workers attended.
- Managers ensured that staff were trained in safeguarding the MHA and MCA. Although they had not met the compliance rate of 80%, staff appeared to have a good understanding of all three subjects.
- Managers had administrative staff to support them.
- Staff had the ability to submit items to the service's risk register. At the time of the inspection there were 11 risks identified. Managers identified two of the risks as a high risk, non-compliance with health and safety standards and failure to meet the needs of patients with a dual diagnosis. The register highlighted control measures that were in place to mitigate the risk and planned measures to meet in order to reduce the risk within a set time frame.
- Managers used the audits to monitor areas where improvement was needed and re-audited to monitor progress.

Leadership, morale and staff engagement

- Sixty one percent of staff were involved in the staff survey. Managers shared the results of the staff survey with the staff and completed an action plan to address the concerns raised.
- Managers completed return to work interviews when staff had been off work sick. The sickness and absence rates were low at 1.5%. Managers referred staff to occupational health if need. One member of staff told us that managers provided and paid for private healthcare in order for them to get the care they needed. This was supported by those human resource records inspected.
- There were no reported bullying and harassment cases.
- Staff told us that they knew how to use whistle-blowing process. Although they were confident to raise concerns with managers without fear of victimisation or repercussions.
- Staff reported that they were proud of their team and that they enjoyed their job. The team including senior staff were supportive and welcomed feedback and new ideas. We saw that morale was high and that staff were committed to making the service the best it could be.
- Staff were able to describe their duty of candour as the need to be open and honest with patients when things go wrong.
- Staff were offered the opportunity to give feedback on services via the staff survey and input into service development.

Outstanding practice and areas for improvement

Outstanding practice

- Managers had employed an accident and emergency consultant to support the service with patients who harmed themselves. The consultant provided call cover when required and provided training for the staff on wound care to support patients.
- Staff supported patients to complete advanced decsions. We reviewed these and noted that all patients had advanced decisions in place.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that they hold regular meetings for nursing staff.
- The provider should ensure they have robust systems in place to minimise any errors in medication administration.