Garrow House

Quality Report

115 Heslington Road
York
North Yorkshire
YO10 5BS
Tel: 01904 431100
Website: www.northernpathways.co.uk

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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?	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 and Deprivation of Liberty Safeguards

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

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

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

Summary of findings

Overall summary

We rated Garrow House as good because:

- Staff assessed and managed the risk to patients from ligature points (places where patients might tie something to strangle themselves) effectively.
- Managers kept a register of risks that provided an overview of identified risks in the service.
- Staff assessed patients' needs before and on admission, including physical health assessments.
- Staff reviewed records regularly and completed good up to date risk assessments. Care plans were recovery orientated and personalised.
- Staff were respectful and caring when they spoke with patients and patients spoke in a positive way about staff. They said they felt listened to and staff treated them with dignity and respect. All patients and carers felt fully involved in care decisions.
- There was an effective incident reporting system in place and staff knew how to report incidents. Staff had de-briefs and shared learning from incidents.
- Staff understood their responsibilities in relation to the duty of candour. All patients knew how to complain and managers ensured patients had an apology.
- The service made appropriate checks when they recruited staff and all newly recruited staff received a local induction. Staffing levels were safe and recruitment was in progress for vacancies.
- All staff felt supported by managers and had access to regular supervision and appraisal.

However:

- Staff did not ensure that all equipment used for providing care and treatment was safe for use and didnot follow the correct policies and procedures for the safe management of medicines.
- Staff did not fully document care and treatment in relation to seclusion and restraint.
- Staff did not always ensure patients' rights under the Mental Health Act 1983 (MHA) were explained to them.
- There were difficulties recruiting nurses, which meant the service relied on the regular use of agency staff to maintain safe staffing levels.
- Not all policies were up to date.

Summary of findings

Contents

Good

Garrow House

Services we looked at:
Acute wards for adults of working age and psychiatric intensive care units

Summary of this inspection

Background to Garrow House

Garrow House is a 12-bed inpatient ward providing a national specialist personality disorder service for women commissioned by NHS England. It is run by Northern Pathways Limited, which is part of the Turning Point Group. The hospital is in the grounds of the York Retreat hospital on the outskirts of York in North Yorkshire.

The hospital had a registered manager at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Garrow House has been registered with the CQC since 13 December 2010. It is registered to carry out three regulated activities; (1) assessment or medical treatment for persons detained under the Mental Health Act 1983, (2) diagnostic and screening procedures and (3) treatment of disease, disorder, or injury.

Garrow House was inspected by the CQC on three previous occasions. The last inspection was on 14 October 2013 and found the service was compliant. This is the first inspection of Garrow House using the CQC's new method of inspection.

Our inspection team

Team leader: Jacqueline Bond, Care Quality Commission.

The team that inspected the service consisted of three CQC inspectors, one assistant inspector, a Mental Health Act reviewer, one specialist advisor, and a pharmacist.

Why we carried out this inspection

We inspected this service as part of our on going 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?

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

- visited the ward at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 10 patients who were using the service and two carers
- spoke with 17 staff members; including doctors, nurses, support workers, catering and housekeeping staff, pharmacist, social worker, and psychologist
- spoke with the acting manager of the ward
- received feedback about the service from two care coordinators and one commissioner

Summary of this inspection

- attended and observed two multi-disciplinary meetings and one therapy group
- looked at care and treatment records of 11 patients
- carried out a specific check of the medication management on the ward
- looked at six personnel files of staff
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Most patients we spoke with said staff were caring and were treated with dignity and respect. Ten patients said they felt safe on the ward but some said they were concerned that the high use of agency staff and other patients' behaviour sometimes made them feel unsafe.

All patients spoke highly about their relationship with the psychiatrist and felt fully involved in their care and treatment.

Patients said they would like access to the internet and a ward telephone to make personal calls.

All patients made negative comments about the food provided at mealtimes. Patients wanted more opportunity for self-catering and ordering take away meals.

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?

Requires improvement

We rated safe as requires improvement because:

- Nurses did not document risk assessments for patients who were self-administering their medication and did not document details of 'as required' medications in care plans.
- Nurses did not routinely monitor side effects experienced by patients who were prescribed anti-psychotic medication.
- Nurses had not carried out the required physical health monitoring consistently after one patient had received an injection.
- Several medication prescription sheets existed for each patient, and staff had not signed for two medication rounds at the time they dispensed the medication. There was an excess stock of medication and staff were unclear who had responsibility to ensure disposal.
- The service did not have calibration certificates for diagnostic devices and there was no evidence that first aid kits and fridge temperature checks were routinely completed. The manager was not able to provide evidence about how the service received and acted on medical device alerts.
- There were difficulties recruiting and retaining staff, which had resulted in a number of vacancies for qualified and unqualified nurses. This meant that managers maintained adequate staffing levels with regular use of agency staff.

However:

- Staff did thorough assessments of the risks to patients before and on admission to the ward.
- There was positive risk taking and patients were encouraged to take responsibility for their health and well-being.
- The environment was clean and tidy and environmental risk assessments were up to date. There was a system in place for reporting required estates work.
- All staff had a good understanding of safeguarding and their responsibilities in reporting concerns. The safeguarding lead provided additional support to staff.
- There was an effective incident reporting system and staff knew how to report incidents. De-briefs were offered and staff said they felt supported. Senior staff reviewed incidents and ensured learning from incidents was shared with the staff.

Are services effective?

Good

We rated effective as good because:

Summary of this inspection

- Staff did comprehensive assessments of patients and their care plans described how their physical, mental health and social needs were met. Records were up to date and stored securely.
- Staff held regular and effective multi-disciplinary meetings (MDT). Managers supported staff to have time for clinical supervision and there was a good working relationship amongst team members.
- Staff received an annual appraisal of their work performance and received regular managerial supervision. Records showed all staff had received appraisal once in the previous 12 months.
- Staff had access to relevant training to support them to improve their skills and knowledge and followed National Institute for Health and Care Excellence (NICE) guidelines relevant to the care they delivered.

However:

- Staff did not always follow the Mental Health Act 1983 (MHA) and the Code of Practice. For example, forms to authorise treatment under the MHA were not always in place, Staff did not complete Section 17 leave forms in a consistent way. (Patients detained for treatment under the Mental Health Act are allowed to leave the hospital only under the terms of Section 17). Staff did not record patient rights had been explained to them on a regular basis.

Are services caring?

Good

We rated caring as good because:

- Staff were respectful and caring when they spoke with patients and there was positive feedback from the patients we spoke with.
- Patients were present throughout their MDT meetings and were fully involved in the decisions taken about their care and treatment. All patients were involved in and knew about their care plans.
- All patients knew about and had access to an independent advocate who visited the ward. Detained patients had access to an Independent Mental Health Act advocate.
- There was a range of meetings and opportunities available to patients to provide feedback about the service. We saw that changes were made because of patient feedback.

However:

- Staff did not always ensure that patients' privacy and dignity was respected when carrying out one to one observations.

Summary of this inspection

Are services responsive?

Good

We rated responsive as good because:

- The service was recovery focused, staff, and patients made decisions about care together. Where it was appropriate, staff involved carers in these decisions.
- There was a good range of rooms and space available to support treatment and care including a clinical area, a craft room, communal dining area and therapy rooms and a chill out room. Patients had access to an enclosed outside garden area.
- Some rooms were accessible for people with impaired mobility and were available for confidential discussions.
- A wide range of information was displayed such as how to complain, advocacy services and local community resources.
- Staff were aware of their duty of candour. Managers dealt with complaints informally and in a timely manner and ensured patients received an apology.

However:

- Staff dispensed medication from a hatch in the communal area, which meant staff could not maintain patients' confidentiality when discussing medications.
- No patients were complimentary about the food provided at mealtimes and some said they would prefer to have greater choice of when they could have a takeaway. We learned the menu had not changed in the last one year.
- There was no payphone facility available for patients to make private calls.

Are services well-led?

Good

We rated well-led as good because:

- The service had clear governance structures in place and managers received information on performance that supported the development of the service. Staff were in post to lead on the development of the care pathway.
- Senior staff reviewed complaints and incidents in order to learn from them. Managers made sure patients were given an apology and action was taken to improve the service performance.
- Managers monitored training compliance and an action plan was in place to ensure that staff who had not completed required training were supported to do so.
- Staff actively involved patients in the service development including recruitment of staff and shared training.
- Managers were actively working to recruit to vacant posts and considering incentives to retain nurses.

Summary of this inspection

- Staff felt local managers were accessible and approachable. Staff described a supportive working environment and felt they could raise concerns without fear of victimisation.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- A Mental Health Act reviewer visited the service on 6 February 2015. During this inspection, we reviewed progress regarding past action points, interviewed staff, and patients, looked at four patient records, and found that actions from the previous report had been fully addressed.
- We saw T2 and T3 authorisation was located with medication charts and staff recorded patients' capacity to consent in all four records. Second opinions appointed doctor (SOAD) referrals were completed and staff had discussed the outcome of the SOAD visit with the patient.
- All patients knew about and had access to advocacy services. We saw an independent mental health advocate provided support to four patients.
- The service had support from a MHA administrator and all documentation was up to date, completed, and stored correctly. Staff did audits to ensure the MHA was applied correctly, however we found a number of issues had not been identified. In one record staff had prescribed medication outside the T2 form. This meant that this treatment was not authorised. Staff did not complete section 17 leave forms in a standardised way,for example; how many staff should escort leave or details of the conditions of the leave. Staff had not recorded that patient rights had been explained to them on a regular basis.
- All staff received training in the Mental Health Act 1983 and the code of practice. Staff we spoke with appeared to have an understanding of the MHA and how it applied in their practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

- As part of their training requirements, all staff were trained in the Mental Capacity Act 2005 and deprivation of liberty safeguards. We saw staff had completed e learning and or face-to-face training. Staff had a good understanding of this and how it applied in their daily work. We saw staff considered consent and capacity issues as a multi-disciplinary team and recorded consent in the notes.
- We saw there was no notice informing informal patients how to leave the building. We brought this to the attention of the manager and this was resolved before the inspection ended.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Acute wards for adults of working age and psychiatric intensive care units

Good

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

Are acute wards for adults of working age and psychiatric instensive care unit services safe?

Requires improvement

Safe and clean environment

- People accessed Garrow House through a secure air lock system from the entrance. Reception staff made patients and visitors aware of a list of items, which could not be brought, onto the premises.
- All areas appeared visibly clean and tidy with comfortable seating and furnishings. Visitors' access to bedroom and communal areas was restricted to the ground floor. Patients had Individual key fob access to areas within the house and garden depending on their risk assessment. CCTV monitored the external and garden areas.
- The service had a business continuity plan and a schedule of works planned for 2016. Managers held regular health and safety meetings.
- There were poor lines of sight throughout the building however, we observed nurses were always present in communal areas and observed patients according to their observation levels. Staff understood the observation policy and described the different levels of observation for patients. Bedroom doors had small viewing panels and some bedrooms were located close to the communal areas. We saw one bedroom door was open and a patient was sleeping. The patient was being nursed on "within eyesight" observations and the staff member observed from the communal area. This meant other patients might also see the patient in their room and staff did not protect the patient's dignity and privacy.
- Staff had identified places where someone intent on self-harm might tie something to strangle themselves and planned how to remove or reduce the risks. For example, bathrooms and bedrooms had been fitted with anti-ligature furniture.
- The ward had an identified chill out room, which contained a mattress. The door could be opened from inside and patients could not be locked inside. There was a viewing panel in the door and a mirror located in the corner of the room to provide a view of the room. Individual patients used the chill out room as somewhere to go to when they did not feel safe and could move freely in and out of the room. Staff supported patients during these times with individual support plans. Staff told us they had recently secluded one patient in the chill out room whilst awaiting transfer to a more suitable environment.
- The City of York Council awarded Garrow House a food hygiene rating of five (very good) on 28 October 2013. We saw there were hand-cleaning gels situated around the house and environmental and housekeeping records were up to date.
- Staff had access to personal alarms and knew how to use them. There were call systems in all rooms.
- There was a fully equipped clinic room with an accessible "grab bag" which staff checked regularly. However, we could not find calibration certificates for diagnostic devices such as the, blood glucose monitor, or electro-encephalogram. Staff did not routinely complete checks on first aid kits and fridge temperatures. Medication alerts were cascaded by

pharmacy staff and actioned if appropriate. The manager could not produce any evidence about how the service received and acted on medical device alerts. This meant that there was a risk some equipment for providing care or treatment may not be safe.

Safe staffing

- Garrow House reported staffing levels for the three month period between the 7 September 2015 and the 7 December 2015. Whole time equivalent establishment levels: 12 qualified nurses, with five vacancies (42%), and 14 nursing assistants, with three vacancies (21%).There was a high use of agency staff. The number of shifts filled by bank or agency staff to cover sickness,absence, or vacancies was 300. The number of shifts that had not been filled by bank or agency staff where there is sickness, absence, or vacancies as zero. Garrow House reported a low total percentage of staff sickness over a 12-month period (3.5%). There was 36 substantive staff with 12 staff leavers in a twelve-month period, which resulted in a 39% staff turnover rate.
- Managers did not use a recognised tool to determine staffing numbers but there was an agreed daily minimum staffing establishment of two trained nurses and three support workers during the day and two trained nurses and two support workers at night. Staff worked two shifts starting from 7.30am until 8.00pm and 7.30pm until 08.00am.
- We carried out a review of the staffing level rotas during December 2015 and January 2016. The rotas showed staffing levels were frequently above the minimum establishment. Agency staff or regular staff worked additional hours and the manager adjusted staff according to the individual needs of the patients. This took account of increased observation levels or escorted visits away from the ward. The service used a single agency and one member of agency staff was contracted to work for a three-month period. There was always a qualified nurse present in communal areas and a manager on duty during the day. There was additional support available from members of the MDT who were not counted in the daily staffing levels. Managers provided 24 hour on call cover. Most people we spoke with said there was enough staff on duty and that activities or leaves were rarely cancelled due to staff shortages. However, all people we spoke with commented on the use of agency staff. Eight patients said they felt safe but two were concerned that the regular use of agency staff and other patients' behaviour meant they did not always feel safe.
- A locum consultant psychiatrist provided full time cover for the ward as well as on call cover. The service had previously used a number of locum psychiatrists and patients were concerned about the long-term arrangements for their replacement.
- Managers monitored compliance with mandatory training and we saw evidence of this in staff training records. Staff knew how to access training and said managers supported them to complete their training.

Assessing and managing risk to patients and staff

- Garrow House provided information about incidents of restraint and seclusion. Between 01 June 2015 to 30 November 2015, there were 50 incidents of restraints on 13 different patients in the last six months. One of these incidents involved the use of prone restraint. This happens when staff restrain a patient in the face down position. Staff supported patients to complete a restraint questionnaire and said they always used de-escalation techniques first. We reviewed one care plan where staff clearly documented restraint was to be used as a last report for a patient at high risk of self-harm. We spoke with seven patients about their experience of restraint. Most said they had the opportunity to discuss restraint afterwards and felt staff had responded in the right manner. However, staff did not keep detailed records of restraint in the care records, which meant it was difficult to review how staff made decisions, and carried out restraint.
- Garrow House reported no incidents of seclusion or long-term segregation between 01 June 2015 to 30 November 2015. The service did not have a seclusion room but provided an up to date seclusion policy that followed National Institute for Clinical Excellence (NICE) guidelines. We found staff had secluded one patient to the chill out room whilst awaiting transfer to a psychiatric intensive care unit. Staff we spoke with understood the patient had been secluded.
- Staff completed an evidence based risk assessment tool called the short-term assessment of risk and treatability tool. We looked at four patients' care records and found the risk assessments were completed prior to and on admission. The named nurse updated the care plan and risk assessment following the MDT discussion.

Acute wards for adults of working age and psychiatric intensive care units

Good

- We found there was a restriction on patients ordering takeaway food. Patients were allowed to order a takeaway meal on Saturday only. Staff said previously patients had a personal budget for their food and ordered takeaway food daily. They were concerned about long-term physical health effects this caused and wanted to support patients to make healthier choices. All patients told us they did not like the food provided at mealtimes and some said they would prefer to have greater choice of when they could have a takeaway.
- Staff understood the policy on observation and we saw this in practice. Staff discussed levels of observation with patients at weekly MDT meetings and nurses could increase levels immediately depending on individual risks.
- There was a policy to support staff to search patients' rooms and belongings. Staff based their decision to search patients on individual risk assessment. Patients said staff sometimes searched their bags and pockets in private on return from leave.
- All staff had received training in safeguarding and had a good understanding of safeguarding people from abuse and their responsibilities in reporting concerns. We saw staff raised safeguarding concerns with the local authority. There was an identified safeguarding lead who delivered training and supported staff.
- We looked at the medicine related records for all patients. A pharmacist provided support to the ward on a regular basis. They attended MDT meetings, provided teaching to staff, and spoke with patients about their medication. There was no identified nurse prescriber.
- We found good medicines management in place concerning medicines reconciliation and reviews. However, we found that staff did not document risk assessments for patients who were self-administering their medication and staff did not document details of'as required' medications in patient care plans. Staff did not routinely carry out side effect monitoring for patients prescribed anti-psychotic medication. Nurses had not carried out the required physical health monitoring consistently after one patient had received an injection.
- We found stock checks of controlled drugs were correct, however, there was an excess amount of medications that required disposal and staff were unclear who had responsibility to ensure disposal. We saw several medication prescription sheets existed for each patient, which meant nurses might miss out drugs. All nurses received medication related training. However, we found staff had not signed for two medication rounds at the time the medications were dispensed and incorrect doses of medication had been administered. This meant that practice was not in line with current guidelines and exposed patients to medication errors and harm.
- There were separate visiting facilities for any children who visited the ward and staff pre-arranged visits to ensure the room was available.
- All clinical staff reported they had received training in the management of actual or potential aggression and we saw the training records to confirm this.

Track record on safety

- There were no serious incidents reported at Garrow House within the 12 months prior to inspection. Staff knew how to report incidents and accidents. Staff completed an electronic incident form, which managers and the risk and assurance team received. We reviewed three electronic incident forms that confirmed this happened.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to report incidents and could describe what to report. Managers discussed incidents at monthly clinical governance meetings and any learning from errors were discussed in staff meetings. We saw minutes of the meetings, which confirmed staff discussed incidents relating to restraint, self-harm, aggression, and medication.
- Staff described their duty of candour as the need to be open and honest with patients when things go wrong.
- Managers supported staff following incidents with the opportunity for a de-brief at the end of every shift and individual supervision. We heard an example following a recent incident when staff were supported with a debrief.

Are acute wards for adults of working age and psychiatric intensive care unit services effective?
(for example, treatment is effective)

Acute wards for adults of working age and psychiatric intensive care units

Good

Good

Assessment of needs and planning of care

- Staff held regular multi-disciplinary team meetings to discuss referrals to the service and completed a comprehensive assessment of patients' needs before admission to the ward.
- We reviewed four care plans and found all were person centred and up to date. Every patient had a comprehensive assessment of clinical needs and risks. This included a physical health assessment and ongoing monitoring of physical health problems.
- The service used the recovery star model to support rehabilitation and staff involved patients in their care planning. Patients and staff worked on a recovery wall hanging to illustrate how the recovery model applied in the service.
- Information needed to deliver care was stored securely and readily available. However, staff needed to look in both the paper and electronic files to access information about patients' care and treatment.

Best practice in treatment and care

- Staff offered psychological therapies as recommended by NICE guidance such as Dialectical Behaviour Therapy (DBT) groups. This is a therapy that helps people learn new skills to help them cope when they feel suicidal or want to harm themselves. Staff referred patients for individual psychotherapy to a local service.
- Staff supported patients around employment, housing, benefits and local community groups and college courses as part of their recovery. We saw 10 patients had an individual housing needs assessment with recommendations made for appropriate local support.
- An identified member of staff carried out routine physical health care checks every six months. This exceeds the yearly requirement recommended by national guidance. Staff recorded patients' weights and monitored body mass index in their physical health files. We reviewed 11 patients care records and found that every patient had a physical health check on admission, which included blood levels and an electro cardiogram. The GP carried out annual health checks and reviewed any chronic physical health problems. Staff referred any patients who required specialist intervention such as a dietician to the local hospital. The pharmacist carried out physical health audits.
- All patients received care under the care programme approach (CPA) and the reviews of their care were carried out according to the CPA guidelines. Staff measured outcomes by recording health of the nation outcome scales on admission and at every CPA review.

Skilled staff to deliver care

- Patients had access to a range of disciplines through multidisciplinary working including medical, nursing, psychology, and social work staff. Others included a pharmacist, a nurse consultant, a housing support worker, and an involvement worker, and clinical development specialist.
- The occupational therapist post was vacant which meant the service did not provide occupational therapy assessments. The manager had recently appointed an activities co-ordinator to support activities such as walking and craft groups.
- The psychologist post was temporary however, managers had appointed a permanent psychologist to start in February 2016.The psychiatrist was a locum, and the manager said there had been historical difficulties recruiting a permanent psychiatrist.
- The psychologist was part time and offered psychological assessments to all the patients. Where the psychologist identified that patients' needed longer term psychological therapy, the psychologist referred patients to a local psychology service. We saw that 10 women had a psychological assessment and one patient was receiving treatment from the local service. However, one patient said they were unhappy with the lack of psychological therapies and one carer felt there was a lack of psychological therapies available to support patients.
- All staff had received training to support them in their work including risk assessment, relational skills, dialectical behaviour therapy, formulation, and training in the knowledge and understanding framework (KUF). This is training developed jointly by the Department of Health and the Ministry of Justice to support people to work more effectively with people with personality disorder. We spoke to staff who found this training to be very useful in their daily work.

Acute wards for adults of working age and psychiatric intensive care units

Good

- Staff appraisal compliance was 100% and we viewed six records for staff, which showed that managers monitored supervision and appraisals. However, the documentation used in appraisals and supervision did not link clearly to the organisations visions and values.

Multi-disciplinary and inter-agency team work

- Staff had access to regular team meetings and we saw minutes of monthly staff meetings to support this. We observed a clinical team meeting where staff worked well together to share relevant information to deliver effective care and treatment. Staff supported patients to invite relevant people to their CPA meetings and we saw a care-co-ordinator attended. A review of care records, discussions with staff and observation of practice confirmed regular and effective MDT meetings took place.
- Staff registered all patients with a local GP. They visited weekly and managed the physical aspects of the patients care. Staff communicated with the GP on a regular basis including ringing up for advice and sharing appropriate information.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- All patients knew about and had access to advocacy services. We saw an independent mental health advocate provided support to four patients.
- The service had support from a MHA administrator and all documentation was up to date, completed, and stored correctly. Staff did audits to ensure the MHA was applied correctly, however we found a number of issues had not been identified. In one record, staff had prescribed medication outside the T2, T3, and Section 63 forms. This meant that this treatment was not authorised. Staff did not complete section 17 leave forms in a standardised way, for example; how many staff should escort leave or details of the conditions of the leave. Staff had not recorded that patients had their rights explained to them on a regular basis.
- All staff received training in the Mental Health Act (MHA) and all staff appeared to have a good understanding of the MHA and how it applied in their practice. For example, staff recognised that a patient had been secluded and kept records in the patient's notes. The manager was aware that the episode of seclusion should be recorded according to the MHA Code of Practice and we saw an order had been placed for an appropriate seclusion recording book

Good practice in applying the Mental Capacity Act

- All staff had completed e-learning and or face-to-face training in the Mental Capacity Act 2005 and deprivation of liberty safeguards. Staff had a good understanding of this and how it applied in their daily work. We saw staff considered consent and capacity issues as a multidisciplinary team and recorded consent in the notes.
- We saw there was no notice informing informal patients how to leave the building. We brought this to the attention of the manager and this was resolved before the inspection ended.

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good

Kindness, dignity, respect and support

- We observed interactions between staff and patients in communal areas, group sessions, and reviews. Staff spoke with patients in a respectful and appropriate manner.
- Staff supported patients to be involved in their care and treatment such as helping to identify whom to invite to their multi-disciplinary meetings. Staff also offered a support group to patients following MDT meetings.
- Most patients said they were treated with dignity and respect and felt the staff were caring. Comments included "they are good staff" "some are fantastic" and "have helped me a lot". All patients and carers spoke very highly of the psychiatrist and commented "he listens" "he is superb" and "he always contacts me" However; some patients said, "Agency staff are not good".
- We saw patients' bedrooms were personalised and patients had individual keys to access their bedrooms whenever they wanted. Bedroom doors had small viewing panels and some bedrooms were located close to the communal areas. We saw one bedroom door was

Acute wards for adults of working age and psychiatric intensive care units

Good

open and a patient was sleeping. The patient was being nursed on "within eyesight" observations and the staff member observed from the communal area. This meant other patients could also see the patient in their room and staff did not protect the patient's dignity and privacy.

The involvement of people in the care that they receive

- Staff and patients completed a range of documents together including an initial recovery plan, recovery star, restraint plan, and my shared pathway. Staff supported patients to be fully involved in their care and treatment.
- Staff changed the multi-disciplinary team meeting process to take account of patients' views. We saw patients used a feedback sheet at their MDT meeting and we observed patients were fully involved in their MDT discussions. Nine patients knew about their care plan and their recovery star and all patients told us they felt fully involved in their care and treatment.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

- Garrow House reported an average bed occupancy of 91.5% over the last six months. This is higher than the national recommended occupancy of 85%. Guidance from the Royal College of Psychiatrists states that the optimum bed occupancy rate should not exceed 85%. Extended periods of high occupancy rates can potentially affect quality and safety on inpatient wards.
- Staff held weekly referral meetings with commissioners to discuss referrals to the service before patients were admitted.
- Staff did a comprehensive assessment of patients' needs before admission to the ward using the risk assessment tool. If staff felt that the service was not able to meet the patients' needs, they made recommendations to the referrer.
- Garrow House stated a target of 14 days between the time of referral and initial assessment. The actual average time was 16.1 days. The manager clarified this was delayed as Ministry of Justice approval was required for one patient which delayed the assessment process. There were no identified targets from assessment to treatment. Staff expected the average length of stay for patients was 18 months to two years duration.
- Staff supported patients to think about discharge from the start of their admission. The service was recovery focused. Staff took positive risk taking and encouraged patients to take personal responsibility. The housing and resettlement worker supported patients in their pathway and ensured there was a robust assessment of appropriate housing and support needs in preparation for discharge. Patients we spoke with knew about their recovery plans.
- Garrow House reported no delayed discharges over the last six months. A delayed discharge occurs when a patient who is clinically ready for transfer from a service continues to occupy a bed in the service. We saw that patients had a named worker in the community and they remained involved in the patients care. Staff ensured that weekly MDT and regular CPA meetings took place.
- We saw evidence that staff had actively sought an appropriate place when a patient required a short-term admission to a psychiatric intensive care unit.

The facilities promote recovery, comfort, dignity and confidentiality

- Garrow House had a full range of rooms, which staff used for individual and group work. Patients had access to activity rooms and there was a programme of activities available. Patients could access the garden, which included a smoking area. There was an identified visiting area away from the main ward, which carers said was clean and comfortable. However, the room used to dispense medication was located in the lounge/dining room and staff dispensed medication from a hatch in the door. This meant that staff might not be able to maintain patients' confidentiality when they dispensed medication.
- There was no payphone facility available for patients to make private calls and patients said they could use the ward phone for discussions with professionals. Most patients said they had a personal mobile phone but may not always have sufficient credit to make a call. The

service did have internet access; however, patients could not use the computer for social media sites. These meant patients may not always be able to contact family and friends.

- Patients had access to food and drinks throughout the day and night. They could purchase their own food in addition to choosing from a weekly menu. Staff and patients prepared and ate a weekly social meal and we saw this considered religious need. Patients said they would like the opportunity to cook as part of their rehabilitation. Catering staff delivered food on a trolley from the York Retreat Hospital at mealtimes. No patients were complimentary about the food provided and we learned the menu had not been changed in the last year.
- We saw that patients were able to personalise their bedrooms and had a secure place to store their belongings.
- We saw the daily activities displayed in the communal area and scheduled activities took place during the inspection. Activities included walking and swimming groups, crafts and cookery groups and a healthy living group. Weekend activities included a breakfast group and a take-away and DVD night. Patients told us activities took place during the week but there was less to do at weekends and they felt bored then.

Meeting the needs of all people who use the service

- Garrow House was accessible for people with impaired mobility and there were identified rooms to use if required.
- Patients received a welcome guide on admission to the ward and staff orientated patients to the ward and the service.
- Menu choices took account of any special dietary requirements and staff supported patients to access their spiritual needs.
- Staff held weekly community meetings on the ward and we observed the daily meeting where staff and patients discussed the day's events, leave requests, and planned activities in a collaborative way.
- Patients and staff had been involved in devising the visitors' procedure. Patients attended local patient representative groups and could feedback information at the weekly involvement meeting.
- Information about advocacy and how to complain was clearly displayed in the ward. All patients told us they were aware of the advocacy service and how to complain.
- All carers we spoke with said they had been involved in the patients care and had attended MDT meetings. Carers said the doctor always kept them informed when appropriate.
- Staff regarded patients as "the heart of the service" and spoke about the importance of good relationships and establishing trust. Staff said patients were included on the interview panel for staff recruitment, and there was joint risk assessment training with staff and patients.
- We saw that staff asked for patient feedback and displayed the outcomes on a "you said we did" board.
- Patients completed the Friends and Family Test on discharge from the service and we saw most were likely or very likely to recommend the service.

Listening to and learning from concerns and complaints

- Garrow House reported no formal complaints during the last twelve months. There were six informal complaints during the period 20 June 2014 to 23 October 2015. The compliments and suggestions, concerns and complaints policy was out of date but managers resolved complaints informally and escalated in cases of unsatisfactory outcomes. Staff kept complaint documentation in the individual patient file. We reviewed two complaints, which showed evidence that managers documented meetings and patients were satisfied with the outcomes and action taken. However, managers did not keep a central log of informal complaints and did not carry out any audits or reviews of how staff handled complaints. This meant staff may not be to be aware of any emerging themes and lessons learned.
- Comments boxes and the complaints procedure were clearly displayed in communal areas. Patients told us they knew how to complain and we observed staff responded promptly to a complaint raised during the inspection. A carer told us they were satisfied with the response from the service after raising a complaint. This meant patients' concerns and complaints were listened to and responded to and used to improve the quality of care.

Acute wards for adults of working age and psychiatric intensive care units

Good

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good

Vision and values

- Managers gave new staff an employee handbook, which contained information about the organisations vision and values. The vision was "to constantly find new ways to support people to discover new possibilities in their lives". The values were; "we believe that everyone has the potential to grow, learn and make choices; we all communicate in an authentic and confident way that blends support and challenge; we are here to embrace change even when it is complex and uncomfortable; we treat each other and those we support as individuals however difficult and challenging; we deliver better outcomes by encouraging ideas and new thinking".
- Staff had to complete an induction checklist with their manager, which asked staff about their knowledge of the core values and vision of the organisation and how they could be applied. The vision and values of the service were displayed but staff were not able to tell us the organisation vision and values. There was no link in the supervision and appraisal process to the vision and values.
- All staff could name their local service mangers and said they were highly visible and accessible. Not all staff could recall contact with senior managers from the organisation and some felt the service was isolated.

Good governance

- There were good governance arrangements in place for new employees. New staff had to complete an induction checklist with their manager, which covered areas such as training and supervision and awareness of policies. Managers required newly recruited staff to provide appropriate documents before starting work and we saw managers documented this in all staff personal files.
- All staff received training and managers had access to an electronic monitoring system, which gave them oversight of staff performance. We saw a training action plan identified any gaps in training
- All staff received an annual appraisal with reviews recorded. Managers ensured suitable supervision arrangements were in place and we saw supervisors documented outcomes for all staff.
- There was sufficient numbers of staff on duty at all times and always at least one qualified nurse and a manager on duty. We saw staff were available to carry out observations and be involved in direct care with patients. However, the number of staff vacancies meant that the service relied on the regular use of agency staff or regular staff to work additional hours. The manager said the service was actively recruiting and had identified staffing on the risk register. The manager described how the service was reviewing recruitment and retention in an effort to attract and retain staff for the future.
- There were good governance arrangements in place to monitor performance and clinical care. We saw minutes of regular meetings between staff and management and how staff addressed local issues.
- Not all policies were in date. For example, we saw that the policy for managing compliments and suggestions, concerns and complaints was due for review in June 2012. The policy for professional boundaries was out of date and due to be reviewed in March 2015
- There were good systems in place regarding patient involvement, incident reporting and safeguarding processes. All patients and staff said they could raise issues if required and felt confident managers would take action.
- All staff had received training in the Mental Capacity Act and the Mental Health Act 1983. However, we raised a number of issues relating to how the service was not meeting the Mental Health Act Code of Practice.
- The manager felt they had sufficient authority in their role and administrative support was available if needed.

Leadership, morale and staff engagement

- Several staff reported they had worked at Garrow House for a number of years and enjoyed working there. Some staff spoke about how the difficulties of recruiting staff and the lack of opportunity for career progression in the service affected their morale. However, managers were aware of the difficulties and were actively trying to recruit and retain staff. All staff spoke very highly of the managers and stated they were very accessible and supportive.

Acute wards for adults of working age and psychiatric intensive care units

Good

- Staff understood their roles and the roles of others in the team. All staff spoke positively about how they supported each other and worked well as a team. Most staff said they would recommend the service to family or friends in need of treatment or as a place to work in the most recent Friends and Family Test.
- Most staff felt the ward was isolated from senior managers in the organisation.

Commitment to quality improvement and innovation

- Garrow House was commissioned to provide a women's personality disorder service in April 2015. Historically Garrow House provided a low secure service for women, which meant the service had been in transition during 2014/2015. The service had used outcome measures such as the Health of the Nation Outcome Scales and The Manchester Care Assessment Schedule to support the transition. The service had reviewed some policies and procedures in line with the change to the service specification and we saw evidence that it continued to develop practices and processes.
- There was evidence of local audits such as audits of clinical files and medication audits and the service participated in a number of Commissioning for Quality and Innovation (CQUIN) reports in 2014-2015. This is a framework, which encourages care providers to continually improve how care is delivered.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- Ensure that all equipment used for providing care and treatment is safe for use.
- Ensure all nurses follow policies and procedures for the safe management of medication.

Action the provider SHOULD take to improve

- Ensure patients have access to a ward telephone to make personal calls.
- Review the menu provided to patients at mealtimes, opportunities for self -catering and ordering takeaway meals.
- Maintain a central log of informal complaints and monitor for any emerging themes and lessons are learned.
- Ensure staff fully record the details of restraint.
- Ensure all staff adhere to the requirements of the Mental Health Act and Mental Health Act code of practice.
- Ensure all policies are up to date.
- Continue to recruit to vacant posts to minimise any adverse impact of the use of agency and locum staff and the absence of an occupational therapist.
- Review how staff maintain patients' privacy, dignity, and confidentiality when carrying out observations and dispensing medication.
- Ensure the vision and values are embedded in the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff did not ensure that all equipment used for providing care and treatment was safe for use. This was a breach of Regulation 12 (1) and (2) (e) Staff did not follow policies and procedures for the safe management of medication. This was a breach of Regulation 12 (1) and (2) (g)