Garrow 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?	Requires improvement
Are services effective?	Good
Are services caring?	Outstanding
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:

- Garrow House had a strong, visible person centred culture and staff offered care that was kind. Women using the service were truly respected and valued as individuals and empowered as partners in their care.
- The service had a full range of rooms and equipment to support treatment and care. It was welcoming, clean and had pleasant furnishings. Equipment was checked regularly and well maintained. Although there were blind spots on the ward the service had clear, well communicated protocols that staff followed to lessen risk.
- The service used a recognised staffing tool to calculate staff numbers and skill mix. The service adjusted staffing levels to take account of case mix and ensured that service users could take leave and have access to an extensive range of activities seven days a week.
- The service had a proactive approach to anticipating and managing risks to women that used the service. Risks were clearly communicated and considered prior to, throughout and following admission. Risk management was integral to the service users' care and treatment.
- The service cared and treated the service user's physical and mental health needs and most care plans and risk assessment were completed collaboratively with service users and staff.
- The service had a thorough incident monitoring program and staff met regularly to discuss feedback. Staff visibly understood their responsibilities and acted accordingly.
- Staff induction included a range of training that helped them to understand the service users' needs. Staff were encouraged and supported to develop professionally and acquire new skills. Staff had regular access to supervision, team meetings and reflective practice sessions.
- Staff understood and applied the principles of the Mental Health Act, the Mental Health Act Code of Practice and the Mental Capacity Act. Staff knew who to contact for additional advice and support. Staff could clearly explain their understanding of seclusion in line with the Mental Health Code of Practice definition and it was recorded and completed in accordance with the code.
- All of the service users described staff as caring, supportive, respectful and interested in their wellbeing. The women told us that the service promoted independence. Staff were fully committed to working in partnership with the women and we saw this happening in all aspects of their care. Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated the service users.
- Garrow House had a clear admissions process that informed and orientated the women to the ward and the service. Women had multiple ways to feedback about the service and the service fully encouraged and supported the women to do so. The service implemented changes based on service user feedback.
- All patients and staff knew the senior managers at Garrow House and described them as available and approachable. They said they were able to speak up without fear of victimisation, felt fully supported and that managers listened.
- Staff morale on the unit was high. There was strong collaboration and support across all functions and a common focus on improving quality of care and people's experiences. Staff worked as an effective multidisciplinary team that focused on the recovery of the service users. There were no barriers between any of the disciplines and staff respected each other's contribution.
- Garrow House had good systems in place to run the service effectively. Governance and performance management arrangements were proactively reviewed.

However;

- Some Mental Health Act and 'use as required' medications care plans were generic and had not been updated to reflect the individual service users' needs. The service had not completed a risk

Summary of findings

assessment to determine the emergency medicines stock held in line with best practice guidance and daily checks had not identified defibrillation pads that had recently gone out of date.

- Medicines reconciliation was completed for all new admissions by the pharmacy service but this was not recorded in the care notes due to the pharmacy team not having authorised access to the provider's system.
- The service's environmental ligature assessment did not include the garden and outside environment where there were ligature risks.
- Informal patients' fob access did not include the front door so women in the service had to ask staff to leave the ward.
- There was limited evidence of discharge planning visibly recorded on the electronic records system and care plans did not reference section 117 aftercare.
- There was no process to review patterns and trends over time for informal concerns and the complaints policy did not provide clear timelines for investigation or time points to feedback to the complainant for formal complaints.
- Staff were unclear who the Freedom to Speak Up Guardian was within the Turning Point organisation.

Summary of findings

Contents

Good

Garrow House

Services we looked at

Tier Four Personality disorder services;

Summary of this inspection

Background to Garrow House

Garrow House is a 12 bedded specialist tier four personality disorder inpatient service that admits female patients from the Yorkshire and Humber region. Garrow House is run by Northern Pathways Limited; a partnership between the Turning Point Group and the Retreat hospital, York.

Garrow House has been registered with the Care Quality Commission since 13 December 2010 and is registered to carry out two regulated activities:

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

The hospital had a registered manager and a controlled drug accountable officer in place at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations regarding how the service operates. An accountable officer is a senior person within the organisation with the responsibility of monitoring the management of controlled drugs to prevent mishandling or misuse as required by law.

At the time of inspection the hospital was providing care and treatment for 11 patients.

The Care Quality Commission has inspected Garrow House on six previous occasions. The last comprehensive inspection (where we inspected the five domains of safe, effective, caring, responsive and well led) took place in January 2016. We rated the service good overall and issued one requirement notice for safe under Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Safe care and treatment. This was because:

- staff did not ensure that all equipment used for providing care and treatment was safe for use
- staff did not follow policies and procedures for the safe management of medication.

We rated effective, caring, responsive and well led as good and safe as requires improvement.

We also carried out two follow up inspections in November 2016 and June 2017 to see if improvements had been made.

At the November 2016 inspection, we found that the provider had not made all the required improvements identified within the requirement notices from the January 2016 inspection.

Following the inspection in November 2016, we issued the registered manager with a warning notice under Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Good Governance. This was because we found continued issues with staff compliance with hospital policies and procedures related to medicines management. We identified the following issues:

- The hospital did not have effective systems or processes to ensure that all staff complied with the hospital's medicines management policies and procedures.
- The hospital did not monitor and improve the quality and safety of the services sufficiently to ensure that medicines practices were safe for patients.
- The hospital did not adequately assess, monitor, and mitigate the risks relating to patients health, safety, and welfare. This included patients who received medication for rapid tranquillisation, anti-psychotic medication, and patients who administered their own medication.
- The hospital did not maintain accurate, complete, and contemporaneous records for patients who were prescribed medication.

At our focused inspection in November 2016 we did not fully inspect the safe and the well-led domain. However, our findings from the November 2016 changed the overall rating from good to not sufficient evidence to rate.

In June 2017 we carried out a focused inspection confirm if the provider had made all of the necessary improvements identified in the warning notice issued at the November 2016 inspection. We saw that although some improvements had been made, there were still

Summary of this inspection

issues with medicines management in the service. We issued a requirement notice under regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Good Governance because:

- The provider did not maintain accurate, complete and contemporaneous records in respect of each service user and of decisions taken in relation to the care and treatment provided.
- The provider had not kept a record of the initial risk assessment carried out at the multidisciplinary meeting regarding self-administration of medicines. Following the administration of rapid tranquilisation staff had not recorded the level of consciousness for patients, in particular when the patient had refused to have their observations taken.

During this inspection we saw that the provider had taken action to address the issues identified in the previous inspections.

Our inspection team

The team that inspected Garrow House comprised of two CQC inspectors, one member of the CQC medicines management team, one CQC assistant inspector and two specialist advisors with nursing and psychology experience.

Why we carried out this inspection

We inspected Garrow house as part of our ongoing comprehensive mental health inspection programme and to confirm if the necessary improvements had been made following the focused follow up inspections.

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 and asked a range of other organisations, including commissioners, advocacy groups, local authorities and patient participation groups for information regarding the service.

During the inspection visit, the inspection team:

- toured the hospital, looked at the quality of the environment and observed how staff were caring for women that used the service
- spoke with five women who were using the service and two family members
- collected feedback from four comment cards completed by women in the service
- spoke with the registered manager
- spoke with 16 other staff members; including a doctor, nurses, psychology staff, support workers, domestic staff, members of the pharmacy team, the activity coordinator, the involvement co-ordinator and students on placement in the service
- received feedback about the service from an NHS clinical network and the local authority
- attended and observed two handover meetings and one multidisciplinary meeting

Summary of this inspection

- attended and observed one team meeting and one referrals meeting
- attended and observed five service user groups including three meetings, a physical health clinic and a therapy session
- looked at six staff personnel files
- looked at 11 care and treatment records of women that used the service and reviewed associated the Mental Health Act paperwork
- carried out a specific check of the medication management and reviewed seven prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with five service users during our inspection, reviewed four comments cards and spoke with two family members.

All service users said that staff were caring and treated them as partners in their care. Service users told us that the service promoted their independence and that staff actively sought their views.

However two service users raised concerns regarding the use of agency staff at night. While they confirmed there had been no incidents, it made them feel uncomfortable.

The women in the service told us they contributed to their care plans, risk assessments and were able to input ideas about the development of the service and activities. All of the service users and families told us that there was an extensive range of therapeutic activities seven days a week.

The women using the service told us that meals could be improved. There were limited choices for vegans, the three weekly rotations could become boring and meals were frequently undercooked or overcooked. However, they also told us that they were able to cook for themselves and were able order food to be delivered.

Families told us that staff had a great team spirit, were always available and were genuinely caring and interested in their loved one's recovery. They did say that they felt proactive communication from the service could be improved, but were aware that their loved one was being encouraged to manage their own independence.

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:

- The service had not completed an environmental ligature assessment of the garden area where there were ligature risks.
- The service held stock emergency medicines but did not contain all medicines recommended in national guidance and no risk assessment was in place to support this decision. Daily checks had not identified defibrillation pads that had recently gone out of date.
- Medicines reconciliation was completed for all new admissions by the pharmacy service but this was not recorded in the care notes due to the pharmacy team not having authorised access to provider's system
- Some care plans, for example, the use of as required medications and Mental Health Act, were generic and had not been updated to reflect the individual service users' needs.
- Informal patients' fob access did not include the front door so women in the service had to ask staff to leave the ward.

However;

- Garrow House was welcoming, clean and had pleasant furnishings. Although there were blind spots on the ward the service had clear, well communicated protocols in place that staff followed to lessen risk.
- Garrow House had a clean and tidy clinic room equipped with accessible resuscitation equipment; equipment was well maintained and clean.
- The service had safe systems in place for assessing the environment.
- The service used a recognised staffing tool to calculate staff numbers and skill mix. The service could adjust staffing levels to take account of case mix and ensured that service users could take leave and have access to activities.
- Staff could clearly explain their understanding of seclusion in line with the Mental Health Code of Practice definition and seclusion was recorded and completed in accordance with the code.
- Staff at Garrow House attempted to de-escalate situations to prevent the use of restraint. They described tools and techniques that helped to soothe the service users.

Summary of this inspection

- The service had a proactive approach to anticipating and managing risks to women that used the service. Risks were clearly communicated and considered prior to, throughout and following admission. Risk management was integral with the service users care and treatment.
- Good medicines management was supported by a range of policies which were regularly reviewed. The women who used the service were able to speak directly with a pharmacist or pharmacy technician if required.
- The service had a thorough incident monitoring program and staff met regularly to discuss feedback. Staff clearly understood their responsibilities and acted accordingly.

Are services effective?

Good

We rated effective as **good** because:

- Overall care plans were personalised, recovery orientated and had service user involvement. Service users had individual care plans that related to their specific needs.
- The service cared and treated the service user's physical health needs. Service users could access a weekly physical health clinic and a GP as well as specialists and an urgent care practitioner when required.
- The service collected and used recognised rating scales to assess and record severity and outcomes of the women using the service.
- There was a full range of experienced and qualified mental health disciplines and workers that provided input to service users' care.
- Staff induction included a range of training that helped them to understand the service users' needs. Staff were encouraged and supported to develop professionally and acquire new skills. Staff had access to supervision, team meetings and reflective practice sessions.
- Staff held regular and effective handovers and team meetings that women using the service were also able to attend.
- Staff understood and applied the principles of the Mental Health Act, the Mental Health Act Code of Practice and the Mental Capacity Act. Staff knew who to contact for additional advice and support.

Are services caring?

Outstanding

We rated caring as **outstanding** because:

Summary of this inspection

- There was a strong, visible person centred culture and staff offered care that was kind. Women using the service were truly respected and valued as individuals and empowered as partners in their care.
- All of the groups we attended fully supported the women and considered their views and thoughts. They were well facilitated and flowed naturally.
- All of the women described staff as caring, supportive, respectful and interested in their wellbeing. The women told us that the service promoted independence
- Garrow House had a clear admissions process that informed and orientated the women to the ward and the service.
- Staff were fully committed to working in partnership with the women using the service and we saw this happening in all aspects of their care.
- Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated the service users.
- Women had multiple methods to feedback about the service and the service fully encouraged and supported the women to do so. The service implemented changes based on service user feedback.
- We struggled to get feedback from the carers and families of women using the service however those that did who were highly positive about the service. They said staff had a great team spirit, were committed and genuinely caring.

Are services responsive?

Good

We rated responsive as **good** because:

- The service planned new admissions in advance. Staff assessed the suitability of the admission and collected information pertinent to the service user. Staff considered the dynamics of the existing service users and arranged a buddy for any upcoming admissions.
- The service actively worked with community mental health services to ensure that the women in the service were discharged appropriately. The average length of stay was better than average.
- The service had a full range of rooms and equipment to support treatment and care.
- The service provided a full range of varying activities seven days a week on and off the ward. All of the women we spoke with told us that there was always something to do and that they were involved in the decision making process.

Summary of this inspection

- Service users had access to appropriate spiritual support and were able to access interpreters and information leaflets in a variety of languages if required by a service user or their families.
- All service users knew how to complain and were encouraged to do so. Discussion of complaints and lessons learnt was a standing agenda item in weekly staff meetings and clinical team meetings.

However;

- Recording of discharge planning was limited on the electronic records system and care plans did not reference section 117 aftercare.
- There was no process to review patterns and trends over time for informal concerns and the complaints policy did not provide clear timelines for investigation or time points to feedback to the complainant for formal complaints.

Are services well-led?

Good

We rated well led as **good** because:

- Values were a standing agenda item at team meetings and the service encouraged staff involvement. Staff and women in the service had also created their own local values based on the Turning Point values to make these more meaningful to the service users.
- All patients and staff knew the senior managers at Garrow House and described them as available and approachable. They said they were able to speak up without fear of victimisation, felt fully supported and that managers listened.
- Garrow House had good systems in place to run the service effectively. Governance and performance management arrangements were proactively reviewed.
- Staff morale on the unit was high. There was strong collaboration and support across all functions and a common focus on improving quality of care and people's experiences. Staff worked as an effective multidisciplinary team that focused on the recovery of the service users. There were no barriers between any of the disciplines and staff respected each other's contribution.
- Garrow House was a reflective service that cared about its staff and service users. All staff told us that when incidents occurred on the ward, they were given debriefs and supported to reflect and learn from incidents.

Summary of this inspection

- The service had a bespoke training package that all staff covered as part of their induction. An evaluation of this cognitive analytic therapy training had been accepted to be published in the International JournalofCognitive Analytic Therapyand RelationalMental Health.

However;

- Staff were unclear who the Freedom to Speak Up Guardian was within the Turning Point organisation.
- Although the service's length of stay was appropriate and the service discussed discharge planning, we did not see this reflected in the care records we reviewed.

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.

Garrow House had a Mental Health Act lead that ensured women in the service were lawfully detained under the Mental Health Act. The lead examined detention paperwork on admission, ensured it was completed correctly, up to date and stored appropriately. All staff knew how to contact them for advice.

We reviewed Mental Health Act paperwork including section 17 leave forms, seclusion records, section132 paperwork and consent to treatment documentation, and saw that documentation was completed in accordance with the Act.

Women that used the service were aware of their rights and told us that staff informed them of their rights regularly. Informal patients were able to leave the service and were aware of their rights.

All of the service users knew about and had access to advocacy services. We saw that advocates helped service users to raise complaints and attended care programme approach meetings. We saw advocacy contact details on the ward and service users were provided with their contact details on admission.

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 Mental Health Act and how it applied in their practice.

The service completed audits on their adherence to the Mental Health Act and learning from audits was communicated at clinical team meetings. If there was any issue with staff understanding this was addressed at staff supervision.

Mental Capacity Act and Deprivation of Liberty Safeguards

When staff needed advice on the Mental Capacity Act they contacted the Mental Health Act lead. Garrow House provided mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The service had not made any applications to deprive any of the service users of their freedom because all of the service users were informal or admitted under the Mental Health Act. However staff understood their responsibilities regarding this if the current situation changed.

Staff considered consent and capacity issues as a multidisciplinary team and recorded consent in the notes on the electronic record system. Staff completed capacity assessments prior to service users taking section 17 leave and service users were supported to make their own decisions in line with the Mental Capacity Act.

Staff understood the Mental Capacity Act definition of restraint and recorded episodes on the incident management system. They were able to explain the principles and provide us with examples.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Personality disorder services	Requires improvement	Good	Outstanding	Good	Good	Good
Overall	Requires improvement	Good	Outstanding	Good	Good	Good

Notes

Garrow House is a Tier Four Personality Disorder Service

Good

Personality disorder services

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

Are personality disorder services safe?

Requires improvement

Safe and clean environment

Garrow House was welcoming, clean and had pleasant furnishings. There were blind spots in the layout where staff could not observe the women in the service at all times. However the service had lessened these risks using multiple approaches that included a zonal observation protocol where staff were present in communal areas at all times. They also completed individualised risk assessments for each service user that identified self harm and ligature risks. Staff and patients collaboratively completed individual recovery plans that highlighted the need to manage any risks in specific areas and they service used individually assessed key fob access that could restrict access for those at risk. For, example unescorted access to the upper floor.

The service also had mirrors in stairwells and the chill out room to allow full visibility. The service also had a thorough environmental risk assessment that identified the potential areas for harm in the ward including an environmental ligature assessment. The environmental ligature assessment did not include the garden area where there were blind spots and ligature risks. This did not meet best practice guidance. However we raised this with the registered manager who agreed to incorporate this into the assessment. The registered manager also offered assurance that women at risk of harm were always observed by staff and had individually assessed fob access to the garden area with close circuit television that was monitored in the nursing office. The service had two bedrooms fitted with door ligature sensor alarms where women at risk of ligature would be admitted to. Ligature cutters were available throughout the premises; in the nurse's office, staff room, reception and the clinical room. All staff could describe where these were located.

Garrow House had a clean and tidy clinic room equipped with accessible resuscitation equipment that was checked regularly; equipment was well maintained and clean. We checked the arrangements for managing medicines and equipment for use in a medical emergency. The service had stock emergency medicines; however, these medicines did not contain all medicines as recommended in national guidance. Best practice guidance recommends that where a service does not stock all the recommended medications, a risk assessment should be completed to support this decision. Daily checks of emergency equipment were carried out however we found defibrillator pads which had recently expired. Action was taken immediately by the provider to replace them on the day of inspection. There was no tag to identify easily when the resuscitation 'grab bag' had last been used and there was no calibration record testing the range of the blood monitoring machine; urinalysis sticks were also out of date. Urinalysis sticks were ordered immediately by the service. Staff told us that urine samples were sent to the local hospital for analysis. Height measurement equipment and an examination couch were available in the doctor's room.

The service did not have a seclusion room. The service had a chill out room that had previously been used to seclude women in the service when necessary. The room had an observation panel on the door, window and a mirror to view all areas of the room. However, the room did not have a bed, toilet, washing facilities, clock, or a two-way communication system because the room's primary

function was a quiet space for the women in the service to use. When staff secluded service users they followed their seclusion policy and considered the location of the seclusion to ensure patient safety was maintained.

The service followed infection control principles. The service had an infection control policy and completed infection control audits. Domestic staff completed checklists for daily cleaning and for weekly deep cleans of bedrooms. The domestic supervisor also completed monthly checks. There was hand hygiene gel available throughout the building.

Staff wore alarms and there was an allocated response team on every shift. Bedrooms and communal bathrooms had nurse call systems in place.

The service had safe systems in place for assessing the environment including fire safety. We reviewed health and safety files, certificates and policies. The fire safety policy provided during the inspection was out of date. It was due to be reviewed in September 2017 but this had not been completed. Following the inspection Turning Point explained that there had been a typing error with the review date and the policy was still in date. All other fire safety files, maintenance records, risk assessments and checks had been completed and were in date.

The service did not subscribe to the patient led assessments of the care environment system to assess the quality of the service users' environment; however, we saw no issues with the quality of the environment during our inspection.

Safe staffing

The service provided us with the following information during the inspection:

- Establishment levels: qualified nurses (WTE) - 10.6
- Establishment levels: support workers (WTE) - 15
- Number of vacancies: qualified nurses (WTE) - 1.4
- Number of vacancies: support workers (WTE) - 0
- The number of shifts filled by bank or agency staff to cover sickness, absence or vacancies between month period - 191
- The number of shifts that have not been filled by bank or agency staff where there is sickness, absence or vacancies in 3 month period - 0
- Staff sickness rate between April 2017 and March 2018 - 2.5% for short term sickness and 4% including long term sickness

The service also told us that the staff turnover rate between 1 March 2017 and 28 February 2018 was 24%. This percentage related to two whole time equivalent staff that had recently left the service.

The service used a recognised NHS safe staffing tool to determine the numbers and skill mix of staff on shifts. During the day shift (7:30 to 20:00) there was a minimum of two registered nurses and three support workers on shift. At night (19:30 to 8:00) there was a minimum of one registered nurse and three support workers. The service had also introduced an additional twilight shift because they had identified a rise in incidents in the evening. The service was able to adjust the staffing levels based on the needs of the women in the service. We reviewed rotas for the service and saw actual staffing levels met or exceeded planned staffing levels. Three of the senior management team were also qualified nurses who would work shifts when necessary in order to maintain the safe staffing levels. For example, when there was increased service user activity or sickness that could not be covered by existing staff, bank staff or agency.

Senior managers checked the staffing levels could be met on a daily basis for the day, night and the following day's shifts. All staff working 9:00 to 17:00 shifts met daily to identify times when the service needed additional staffing throughout the day. For example, to ensure commitments to leave and activities could be met. These additional staff would then facilitate this. Staff and women that used the service confirmed that leave and activities were rarely cancelled; when they were, this was normally related to incidents on the ward. In addition, staffing was planned and reviewed twice a week at clinical team meetings. Staff would identify where additional staff were required so that this could be provided. For example, where a service user had repeated leave over a long period, working towards unescorted leave. Staff working weekends completed the safe staffing tool and adjusted staffing levels accordingly.

When necessary, for example for increased observations, the service used agency and bank staff. Where possible, the service requested the same staff. This meant that they were familiar with the environment and service users. A number of the bank staff had historically worked on the unit and were familiar with the service users and local procedures.

Agency and bank staff completed an initial induction sheet to ensure that they were aware of the basic requirements of the service, including fire safety and observations, orientation to the unit and an introduction to the service users.

There was always a qualified nurse on each shift and staff were available in communal areas of the ward at all times. At the start of each shift staff completed an allocations board that identified who the point of contact was for each service user; this was then communicated to the staff and women in the service. Service users and staff told us that there were always enough staff on shift.

Staff told us that they rarely used physical interventions but when they did they had enough staff to carry them out safely.

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. The service had struggled to recruit a permanent consultant psychiatrist and had recruited a locum consultant psychiatrist for a seven-month period. During holidays and out of hours, the service had an agreement where a doctor from another mental health hospital would attend. The service always had an on-call manager available to contact out of hours.

Staff received appropriate mandatory training. The average mandatory training rate for staff was 84%.

Assessing and managing risk to patients and staff

Between the dates 15 September 2017 and 14 March 2018 Garrow House recorded one episode of seclusion. We reviewed the three most recent seclusion records and saw that seclusion was recorded and completed in accordance with the Mental Health Code of Practice. Staff could clearly explain their understanding of seclusion in line with the Code of Practice definition. (Whereby seclusion would have occurred if any service user was prevented from leaving an area or room in the service for the purpose of the containment of severe behavioural disturbance which was likely to cause harm to others.) This was particularly important as the service did not have a dedicated seclusion room. The service had a clear policy that staff followed. Staff ended episodes of seclusion at the earliest possible time; of the three records we reviewed the longest duration was one and a half hours.

Between the dates 15 September 2017 and 14 March 2018 Garrow House recorded 76 incidents of restraint on six different service users. No prone or rapid tranquilisation was reported to have been used during this time. Staff used physical intervention as a last resort and for the minimum length of time. The service provided prevention and management of violence and aggression training that 91% of staff had completed. We saw that episodes of restraint were documented on the incident reporting system and in the service users' care records.

Staff at Garrow House attempted to deescalate situations to prevent the use of restraint. For example, staff described triggers and distraction techniques such as the use of self soothe boxes with favourite and familiar items to help calm the women. Staff also described talking calmly with service users and using a quiet room when they needed space. Staff gave examples of sensory objects that helped to reduce the women's anxiety such as smelling salts with comforting smells, teddy bears and gel ice packs.

Women in the service had restraint plans in place. The restraint plans were informed by a questionnaire which the service users completed on admission to Garrow House. We saw that all of the women in the service had psychological formulations that informed these interventions. A formulationis a theoretically-based explanation of the information obtained from a clinical assessment. It offers a hypothesis about the cause and nature of the presenting problem. In addition, service users collaboratively completed a 'My Future Plan' document with staff that identified how they would like to be treated, in the event that they become significantly distressed and were unable to communicate themselves.

The service had a clear risk management policy that referenced best practice guidance, had a flowchart detailing the escalation route and clearly defined roles and responsibilities. Service user risks were assessed pre-admission and throughout their stay. Staff used the short term assessment of risk and treatability tool to identify vulnerabilities and strengths. We reviewed all 11 service user's care records including risk assessments. All records showed that risks were completed and reviewed regularly, updated following incidents and discussed at multidisciplinary team meetings. Service users had detailed risk management plans in place that considered their opinions and feelings. We attended two handovers and saw that risks were highlighted and discussed to ensure all staff were aware of any changes. Risks informed the service users' safety plans, recovery star plans and

linked to their cognitive analytic therapy formulation. Cognitive analytic therapy is a psychological therapy that collaboratively looks at the way a person thinks, feels and acts, and the events and relationships that underlie these experiences.

Women in the service were individually assessed to identify what access they could safely have in the environment. For example, all of the women had individualised risk assessed key fob access to allow them access in the building. Where risks decreased, fob access was updated to allow more access to the higher risk areas such as the kitchen, garden or the upper floor. Informal patients were aware of their rights and could leave at will; posters displaying their right to leave were visible on the ward. Informal patients would inform staff of their plans to leave and staff would assess their health and unlock the front door. We queried if this was a blanket restriction with the registered manager because fob access did not include the airlock at the front door of the building. They told us this was because staff needed to be aware of what women were in the building in the event of a fire. However, to prevent the restriction of an individual's freedom, all fob access could have been determined on an individual basis. Information relating to the women's whereabouts was also available via the sign out book on the premises.

The service had clear policies and procedures for searching service users. Staff told us that they only searched the women that used the service when there was a suspicion that they had banned items in their possession. Searches were always conducted by two female members of staff and informal service users were able to decline. Staff told us that they also searched women that used the service and their belongings on admission to index their personal belongings in line with the service's admissions policy.

The service used zonal observations in communal areas until midnight. This meant that there was always a staff member in communal areas. Staff told us they changed duties on an hourly basis and we saw additional staff allocated to zonal observations when there was an increase in risky behaviour. Dependent on levels of risk the women could be placed on arm's length, eyesight, intermittent or general observations and there was a policy in place to support staff. Staff recorded observations on the service user's observation record at the timeframe that was associated with the observation level. For example, intermittent observations could be every five, 10 or 15 minutes. Staff described observing patients at arm's length and line of sight. The service also used closed circuit television in the garden and had a ligature assessment of the internal environment. The manager assured us that an external environmental ligature assessment would be completed.

The service used rapid tranquilisation in line with National Institute for Health and Care Excellence guidance. We reviewed seven medicines charts and four patient records in detail and found staff kept accurate records of the treatment patients received. We reviewed the most recent episode where a woman who used the service had been given rapid tranquilisation (this is where an injection is given to quickly calm an agitated patient). We found observations had been recorded in accordance with national guidance and the hospital policy.

We reviewed four care plans for medicines prescribed to be given when required. They were not detailed and were written in the exact same way. For example, we looked at one record where a woman was prescribed two medicines for agitation or anxiety. The care plan did not detail any of these medicines and did not specify which medicine was to be given first. Care plans did not clearly detail the rationale in which medications were to be used as recommended by best practice guidance. Care plans did not detail what de-escalation to attempt prior to administration. Therefore, if a member of staff unfamiliar with the service user administered medication, they could unnecessarily administer medication or cause additional stress by not using appropriate de-escalation techniques to prevent the use of medication.

We looked at two women who were prescribed a medicine which required regular monitoring of blood levels to ensure the treatment was safe and effective. We saw this monitoring had been completed at the appropriate intervals, and the results were recorded in the service's physical health file. We were told by staff that creams were given to the women who were prescribed them to apply themselves without staff presence. However, this was not clearly documented in the four records we looked at.

Medicines management was supported by a range of policies which were regularly reviewed. Medicines were supplied under a service level agreement with a local hospital pharmacy. Out of hours medicines required urgently could be sourced through FP10's, although this rarely happened. An FP10 is a prescription that can be

issued by a GP, nurse, pharmacist prescriber, supplementary prescriber or a hospital doctor in England. A pharmacist and pharmacy technician attended the unit weekly to deliver numerous functions. The pharmacist attended multidisciplinary team meetings at each visit and gave clinical advice to the registered clinician. The pharmacy technician provided a wide range of services such as screening medicine charts, assisting in self-administration assessments and assisting the unit in stock reconciliation. Medicines reconciliation was completed for all new admissions by the pharmacy service but this was not recorded in the care notes due to the pharmacy team not having authorised access to provider's system. The service reported a good working relationship with the pharmacy team and were happy with the service they provided. The women who used the service were able to speak directly with a pharmacist or pharmacy technician if required. The clinical lead had also recently completed a learning session relating to medicines within the unit.

We found that medicines were stored securely and were only accessible to authorised staff. There were appropriate arrangements in place for the disposal of medicines waste. We checked the arrangements for the storage of medicines which required refrigeration and found staff monitored fridge temperatures in line with national guidance. Support workers were trained to complete medicine's checking and countersign medicines that were dispensed by the qualified nurse on night shift.

Staff were trained in safeguarding awareness and knew how to make a safeguarding alert. Staff identified abuse and described symptoms such as a change in mood or behaviour, visible physical signs or increase in self harm or aggression. When service users disclosed pertinent information, staff would document it on the electronic record system, discuss with the service's social worker and make a referral to the local authority. Staff would also contact the police where there had been a serious disclosure. The service provided safeguarding awareness and safeguarding face to face training, 83% and 88% of staff had completed this training respectively. The training also included staff's responsibilities regarding the duty of candour. The service also had comprehensive policies for safeguarding children and adults. There were safe procedures for children that visited the ward. The service could use a room off the ward that opened on to a garden, and arrangements could also be made to use the family room at the neighbouring mental health hospital on the same site.

Between the 31 March 2017 and 31 March 2018 Garrow House notified the CQC of three safeguarding concerns.

Track record on safety

Between the period 1 February to 31 January 2018 the service reported one serious incident that involved an overdose of prescribed medication. Following this the service had introduced a system in the admissions process to ensure that any requests for additional medications prescribed external to Garrow House must be discussed with the Garrow House by the external organisation.

Reporting incidents and learning from when things go wrong

The service provided mandatory duty of care and handling incidents awareness training to staff that 78% of staff had completed. Staff knew what incidents to report on the electronic incident management system. We reviewed incident data between 1 October 2017 and March 31 2018. Staff reported incidents in line with the organisation's policy including violent and aggressive behaviour, medication, self-harm, safeguarding, security, incidents requiring treatment and issues relating to access to services, admission or discharge. The registered manager had created an incident review form that staff completed with detailed descriptions including an assessment of the service user's mood and mental state, changes to leave, observations or environmental access and if restraint, medication or seclusion was used. They also recorded any action taken with clear timeframes. For example, when information partner agencies were informed, or contact with family members. They attached investigations, discussion at meetings and notifications regarding the incident ensuring that a comprehensive, complete record was kept. This approach to incident recording was then adopted across the Turning Point organisation as a standardised process.

Staff were open and transparent and explained to patients when things went wrong. The service recorded incidents on the duty of candour log, incident management system and apologised to those involved. Duty of candour training was provided and staff understanding of the duty of candour was revisited annually as part of the appraisals process.

Good

Personality disorder services

The service had a thorough incident monitoring program and staff met regularly to discuss feedback. The manager reviewed the incidents reported via the incident reporting system each day, staff reviewed incidents twice a week at clinical team meetings and the service also held monthly incident review meetings. Meetings were minuted and copies were available to all staff on the shared drive. The service also sent email updates to staff. Incident review meetings reviewed incident types, locations of incidents and timeframes. They also reviewed the use of any restraint and rapid tranquilisation and held a personalised discussion and review of each service user and their safety plans. We saw that the service had introduced an additional twilight shift to their staffing rotas because they had identified a rise in incidents in the evening. Updates from the incident review meetings were a standing agenda item at team meetings and incidents were reviewed by the risk and assurance department at Turning Point and fed into the regional governance and board meetings.

Following incidents Garrow House debriefed and supported both staff and the women that used the service. When a serious incident occurred the service's psychologist held formal debrief sessions with staff and the clinical leads stepped in and supported service users on the ward to ensure staff had debriefs with their peers. The service also held weekly reflective practice meetings, weekly formulation, case management reviews and had recently introduced flash supervision sessions in addition to the regular supervision to offer support. Staff debriefed the women that used the service following incidents and encouraged them to reflect on incidents that they were involved in.

Are personality disorder services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

The service used the recovery star model to support rehabilitation across 10 life domains. The women in the service and staff collaboratively completed these within three months of admission, and reviewed them every six months, unless the need arose to be reviewed earlier. We reviewed 11 care records during the inspection and saw care plans were updated in line with the policy. Service users had separate care plans dependent on their needs, for example we saw care plans for self-medication, restraint, physical health, managing mental health, relationships, formulation, working and living skills. Care planning started in advance of the transition to the service.

Overall care plans were personalised, recovery orientated and had clear service user involvement. Care plans detailed what service users wanted to achieve, what they could do for themselves, what support they needed to achieve their goals and review dates. We saw detailed restraint care plans that included personalised triggers and grounding techniques and formulation care plans that emphasised coping strategies to minimise self harm. Self-care plans included personalised timetables, created with the occupational therapist, with a focus on budgeting, cooking and exploring voluntary work opportunities. We saw that the women completed chain analysis to help inform their care plans. This is a technique designed to help a person understand the purpose of a particular behaviour. However some care plans were more generic and were written about the service users, such as the use of as required medications and Mental Health Act.

All of the women in the service had a physical health care plan that monitored and reviewed their physical health needs. For example, the need for frequent monitoring, food intolerances, registration with diabetic clinic etc.

Every patient received a psychiatric, psychological and physical assessment on admission. We observed the weekly physical health clinic ran by the practice nurse and saw that physical health issues were respectfully discussed with the service users. In addition to the practice nurse and service users, a physical health project worker attended the physical health clinics. Their role was to ensure that any specific needs or actions were recorded, communicated and completed by themselves or another member of the staff team, for example, the completion of monthly physical baseline observations. In addition, all of the women in the service were registered with a local GP surgery with whom Garrow House had a service level agreement and could access urgent care practitioners.

Information needed to deliver care was stored securely and available to staff when they needed it. The service stored information on the electronic records management system, paper records and the shared drive. The service's policies detailed what information was to be recorded where and

staff understood the local systems and process for recording and accessing service user information, including new staff. The service kept paper copies to refer to in the event that the electronic system failed and because they found it the best format to involve the service users in discussion. The service was reviewing the appropriateness of its electronic care record system and had plans to implement a more usable electronic record package.

Best practice in treatment and care

Garrow House used cognitive analytic therapy as an overarching clinical model to develop a shared understanding, language and way of working with women using the service. Garrow house also held dialectical behaviour therapy groups and mindfulness and relaxation groups.

We reviewed 11 service user records and saw that all records collected and used recognised rating scales to assess and record severity and outcomes of the women using the service. For example, health of the nation outcome scale, the recovery star and the Liverpool University neuroleptic side effect rating scale for medication. We also saw that the service used the short term assessment of risk and treatability tool to measure outcomes. The service reviewed outcomes information every six months to measure the effectiveness of the services delivered and identify any patterns or trends that could inform future work within the service.

The women in the service had good access to physical healthcare; including access to specialists such as diabetes clinics or chronic obstructive pulmonary disease specialists when needed. Clinical staff participated in clinical audits. Qualified nursing staff told us that they completed medication audits and grab bag audits. One support worker described service user file audits and emailing the nursing staff with what needed updating or correcting. Staff also completed recovery star audits, risk assessment audits and commissioning for quality and innovation audits.

Staff regularly gave the women a standardised side effect assessment tool to check if they were experiencing adverse effects from their treatment. However, we saw that where side effects had been identified, this was not always followed up or discussed during ward rounds or multidisciplinary team meetings.

Skilled staff to deliver care

There was a full range of experienced and qualified mental health disciplines and workers that provided input to service users' care. These included a consultant psychiatrist, consultant psychologist, psychology assistant, occupational therapist, activities coordinator, service user involvement co-ordinator, pharmacy team, nurses and support workers.

Garrow House provided a full training program suitable for the needs of the service users and developed staff in the service. All of the staff told us that the training offered was helpful. Staff received a detailed induction that covered mandatory training and additional training such as cognitive analytic therapy training, dialectical behaviour therapy training, personality disorder training, personal boundaries training, search training, substance misuse training and motivational interviewing. Staff were also able to access additional training. For example, three staff were participating in a national six-month cognitive analytic therapy skills training programme. This included 20 sessions of cognitive analytic therapy supervision with a psychologist so that the service could further develop their ability to apply the therapy directly in their everyday work and case management .The clinical lead had recently completed their nurse prescriber training and two members of staff had recently been supported to attend the hearing voices training. Guest speakers were also arranged to provide additional such as eating disorder training.

Support workers were encouraged to develop and the service had supported four staff through assistant practitioner training and nurse training by providing financial support, study time and mentorship.

Staff were supervised, appraised and had access to regular team meetings. All staff had received an annual appraisal that aligned with the organisation's objectives and had a minimum of two line management sessions per year. These incorporated a review of the previous year and goal setting for the year ahead. Staff also had a mid-point review where goals were reviewed and additional support measures were identified if necessary. No staff in the service currently required performance plans.

Clinical staff had clinical supervision every four to six weeks and all staff could access flash supervision. During the inspection the clinical supervision rate for staff was 75% which met the provider's target.

Good

Personality disorder services

Multidisciplinary and interagency team work

The service held regular handovers and effective multidisciplinary team meetings. Nursing staff held a 30 minute handover at the start and end of each shift and staff also attended had a brief multidisciplinary team handover each morning. We observed two well attended multidisciplinary handovers and saw that staff discussed each service user individually and considered their risks, incidents, physical health, concerns, medication, observation levels and any required interventions and relevant safety plans. All staff groups attended. Staff identified and took action when they had observed deterioration in the service user's mental health. We saw that staff discussed the groups and activities planned for the day and that the registered manager completed the safe staffing tool.

The service also held more detailed multidisciplinary team meetings once a week so that service users were reviewed fully twice a month. However, if an incident occurred, the multidisciplinary team would review them sooner. The women that used the service attended multidisciplinary team meetings. We observed a full multidisciplinary team meeting and saw that service users were asked their opinions and views. Staff avoided the use of jargon and where there was any confusion, staff relayed information in a different way. Service users were fully involved in the discussions around risk assessments and care and treatment plans. We found the multidisciplinary team meetings to be service user led and interventions from staff were recovery focussed and not restrictive. For example, we observed a discussion regarding how the service users could be supported on their self-medication programme. The meeting discussed the use of cognitive analytic therapy maps and formulation as well as dialectical behaviour therapy for managing harmful thoughts. We observed good relationships between staff, and staff told us that they were able to disagree and challenge each other professionally.

In addition, staff would attend the clinical team meetings twice a week. Service users were also able to attend. These meetings reviewed any incidents, use of restraint, compliments and the women's needs. They also identified additional staffing needs to meet service users' plans, for example, ensuring a driver was available to take the women in the service on trips. We attended a clinical team meeting and saw that staff discussed how the service users were feeling, their triggers and what could be offered to the women to support them. We observed detailed discussions around home leave, discharge planning and saw that staff supported the women to complete claims and housing forms.

Staff invited care coordinators and community mental health team staff to care programme approach meetings. Where they were unable to attend the staff would arrange additional meetings to ensure the service users were supported in the community. The service worked with community teams and the service users to ensure the women had access to a GP when on extended leave.

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

Garrow House had a Mental Health Act lead that ensured women in the service were lawfully detained under the Mental Health Act. The lead examined detention paperwork on admission, ensured it was completed correctly, up to date and stored appropriately. We reviewed seven section 17 leave files that included authorisations and records that were filed securely in the nursing office. Leave requirements were clearly marked for each individual service user and risk review forms were completed and filed with the section 17 leave plans. Families were involved in leave arrangements.

All staff knew who the lead was and how and when to contact them for support and advice. The service provided mandatory training in the Mental Health Act, which included the Code of Practice and guiding principles; The service confirmed 81% of staff had completed this training. Consent to treatment and capacity requirements were adhered to and copies of consent to treatment forms were attached to medication charts where applicable. We reviewed consent to treatment documentation and found medicines were prescribed in accordance with the provisions of the Mental Health Act in all cases.

Women that used the service were aware of their rights and told us that staff informed them of their rights regularly. We reviewed section132 paperwork and saw that staff recorded when the women had accepted or declined to be informed of their rights; where a service user declined, staff would record another date to try.

We reviewed a recently completed audit and saw that the service reviewed adherence to the Mental Health Act. The service reviewed information relating to new admissions, renewals, manager's hearings or tribunals and the use of

any holding powers. Staff told us that they would attempt to talk with the service users before using their holding powers. Learning from audits was communicated at clinical team meetings and if there were any issues with staff understanding this would be addressed at supervision.

Women told us they had access to advocacy services when they wished. An Independent Mental Health Advocate is someone who is specially trained to work within the framework of the Mental Health Act to meet the needs of patients. Advocates attended multidisciplinary team meetings and we saw one instance where an advocate had helped a service user to complain.

Good practice in applying the Mental Capacity Act

When staff needed advice on the Mental Capacity Act they contacted the Mental Health Act lead. Garrow House provided two mandatory training courses regarding the Mental Capacity Act. One course was combined with the Mental Health Act training and the other was combined with the Deprivation of Liberty Safeguards training. The service told us 81% and 83% staff had completed this training respectively. Adherence to the Mental Capacity Act was monitored by the Mental Health Act lead. Between the 11 September 2017 and 9 March 2018 Garrow House had made no Deprivation of Liberty Safeguards applications, as service users were informal or admitted under the Mental Health Act. However, Garrow House had a clear policy on the Mental Capacity Act including Deprivation of Liberty Safeguards which staff could refer to for additional support if necessary.

We saw staff considered consent and capacity issues as a multidisciplinary team and recorded consent in the notes on the electronic record system. We also saw completed capacity assessments on the back of section 17 leave forms. Service users were supported to make their own decisions.

Staff understood the Mental Capacity Act definition of restraint and recorded any episodes on the incident management system. They were able to explain the principles and provided us with examples.

Are personality disorder services caring?

Outstanding ☆

Kindness, dignity, respect and support

There was a strong, visible person centred culture and staff offered care that was kind. Women using the service were truly respected and valued as individuals and empowered as partners in their care. We observed the involvement group and saw that the women's views were actively sought. Where the women identified problems staff listened, supported and reassured them providing them with practical suggestions such as group attendance. We observed a relaxation group held in a dedicated space with good quality equipment. Staff checked on the service user's progress, gave patients' choices and engaged thoughtfully with the women attending. We also attended the start of day group and daily planning meeting and saw that the service users were encouraged to share their thoughts, views and plans. All of the groups we attended fully supported the women and considered their views and thoughts. They were well facilitated and flowed naturally. Staff understood the individual needs of the patients and responded appropriately to them. The women's emotional and social needs were highly valued by staff and were embedded in their care and treatment.

We received four comments cards from the women using the service. The women said that staff treated them well, the environment was safe and clean and that that the pace of the treatment promoted independence.

We spoke with five women using the service. All of the women described staff as caring, supportive, respectful and interested in their wellbeing. Service users told us they had enough one to one time with their named nurse. They told us that most of the staff were regular and that senior staff were accessible and always available. Two of the service users raised concerns regarding the use of male agency staff at night. While they confirmed there had been no incidents, it made them feel uncomfortable.

The service did not subscribe to the patient led assessments of the care environment system to assess the privacy, dignity and wellbeing of the women using the service. However, we saw no issues in any of these areas during the inspection and found the service to be wholly patient centred.

We reviewed the latest service user satisfaction survey from December 2017. We saw that overall the responses were positive. The women knew who the members of the nursing team were, felt involved in their care planning and were happy with the support received from Garrow House. Most of the service users were positive about the environment and furnishings and felt listened to, valued and respected. There were mixed reviews on whether the service users would recommend the service to their friends or family. However, this appeared to be in relation to the ward having an unsettled patient group and was still a positive result overall.

The involvement of people in the care they receive

Garrow House had a clear admissions process that informed and orientated the women to the ward and the service. Prior to admission new service users met with the consultant psychiatrist and one of the qualified nurses. The women were provided with information about the service and had an overnight stay on the ward to meet staff, including their named nurse, and other service users. They attended groups so that they had an understanding of the programme and were allocated a buddy so there was someone familiar on the ward when they arrived. Following this the service users would have a graded transition to the service using extended leave. On admission all service users received an information pack. This included information about Garrow House, their care plan and treatment, their rights, activities and groups, how to complain and advocacy contact details. Women had access to advocacy if they wished. We saw posters around the ward with advocacy contact details, attended multidisciplinary team meetings and saw one complaint that an advocate had supported a service user to raise.

All service users were actively involved in their care plans and risk assessments. Their views were sought at multidisciplinary team meetings and a variety of participation groups. The women completed surveys to ascertain how they felt about the risk assessment process, their involvement, their understanding of the process and areas where the process could be improved to maximise their involvement. The women told us that the service promoted independence. Staff were fully committed to working in partnership with the women using the service and we saw this happening in all aspects of their care. We viewed 11 care plans and saw that women contributed to them. There were handwritten signed entries and most of the service users input was written by them or collaboratively with staff. However, some care plans were more generic and were written about the service users, such as the use of as required medications and Mental Health Act.

Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated the service users. Women had multiple methods to feedback about the service and the service fully encouraged and supported the women to do so. In addition to a number of groups where the women could feedback, (daily morning planning meetings, twice weekly start of the day meetings, twice weekly clinical team meetings, the weekly community forum and the daily end of day group), the management team at Garrow House also held a weekly drop-in session for the women. Women could attend as a group or on an individual basis. This provided an opportunity to discuss any feedback they had directly with the management team. For example, some of the service users fed back that they felt the observations levels were too often for them. Following discussion with all of the service users, the women had agreed to put together a proposal that highlighted the benefits of less frequent checks to take to the Clinical Governance group for review. Women attended the monthly therapeutic team meetings to feedback on activities, quarterly workshops to review and discuss activities and added suggestions to an ideas book at any time. The service also held an annual satisfaction survey and had also created a care plan survey to gather feedback.

The women actively participated in decisions about the service. They were involved in the interviewing of new staff and offered suggestions about how to improve the service. The service held a weekly involvement group where the women were supported to be involved in the ongoing development of the service. A service user representative also attended the monthly clinical governance meetings to discuss any issues, put forward proposals and be involved in discussions around the service. For example, the women wrote and presented a proposal to the clinical governance group about them having a peer support group. They included research on the benefits of a group facilitated by an external expert by experience, the aims of the group and how it would work within the service. We saw that this had been accepted, and the women now had a monthly peer support group with an external facilitator. We also saw that the service reviewed its success with the woman that

attended. Another example of the women in the service contributing in decision making was a proposal for the creation of a sensory garden. With the help of the activities coordinator they were planning the design, budgeting the costs, creating a business case and presenting their project plan to the registered manager.

We reviewed the latest service user satisfaction survey from December 2017. The results highlighted that none of the women had a copy of their recovery plan. This had changed by our inspection; women had copies of their care plans in their bedrooms and all of the women we spoke with told us they had or were offered a copy. Garrow House provided recovery star and recovery planning training sessions to staff that highlighted the need for all women to have a copy of their recovery plans.

We struggled to get feedback from the carers and families of women using the service. There were no visits during our inspection and families and carers were unwilling to be contacted by telephone to discuss their loved one's care. We did however speak with two family members who were highly positive about the service. They explained how well their family member was progressing and said that staff were always available to support and update them when they visited or called. They did say that they felt proactive communication from the service could be improved, but were aware that their loved one was being encouraged to manage their own independence. They told us that their family member always had activities and that the service allowed people to recover in a safe way. They said staff had a great team spirit, were committed and genuinely caring. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.

We saw that care plans identified family members and that families participated in section 17 leave arrangements. There was care planning that related to how to manage relationships, evidence of ongoing work with family members that included staff attending home visits and details of family members visiting the service. We reviewed meeting minutes from multidisciplinary team meetings and clinical team meetings and saw that family involvement was discussed. Staff told us that the service had previously attempted a carer's forum, but this had not been successful.

Are personality disorder services responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

The Royal College of Psychiatrists recommends bed occupancy rates of 85% or less, saying that lowered bed occupancy rates enables local timely admissions and provides optimal support for patients. Between 3 September 2017 and 25 February 2018 the average bed occupancy rate was 82%. This was well within recommended guidelines. This also ensured that the women had their own bedrooms to return to when they had been on leave. The service did not admit women to the service that lived outside the Yorkshire and Humber catchment area.

There were no of out of area placements attributed to Garrow House in the last six months. Staff planned new admissions in advance. Staff assessed the suitability of the admission and collected information such as service user history, risk assessments and information from care programme approach meetings. They started risk assessments and care plans prior to admission. We attended a referrals meeting and saw that staff considered the dynamics of the existing service users and arranged a buddy for an upcoming admission.

The women in the service only moved bedrooms during an admission when it was in the interests of the patient. For example, when an individual's risk decreased they might move upstairs as part of their care pathway. The service users were fully involved in their discharge arrangements and staff at Garrow House considered their needs when considering the best time to discharge them. For example, if a family member worked then they would identify the best time with them and the service user so that the service user was appropriately supported.

When a service user could not be managed in the service they would require admission to a psychiatric intensive care unit. Between 1 August 2017 and 31 January 2018 the service had not admitted any patients to a psychiatric

intensive care unit however the registered manager told us that they ensured transfers were within the service user's locality so that they were able to maintain contact with friends and family.

Delayed discharges can occur when a service user has no package of care to return to in the community or bed to move to if needed. This can cause distress to service users and delay further admissions. Between 1 January 2017 and 28 February 2018 the service had no delayed discharges. The service actively worked with community mental health services to ensure that the women in the service were discharged appropriately.

Garrow House's average length of stay was better than average. Between 14 March 2017 and 13 March 2018 the average length of stay for women that used the service between was 616 days.

There was limited evidence of discharge planning recorded on the electronic records system however we saw that discharge planning was discussed and recorded in multidisciplinary team meetings. We saw that some of the women completed 'My Future Plan' documents, that staff arranged housing assessments and considered family dynamics. We also saw that the service planned and ensured that service users used extended leave to make sure they were ready for discharge. We reviewed five care plans of women who would be eligible for section 117 aftercare services but did not see specific reference to this. Section 117 aftercare is where families, carers and service users can get free help and support after they leave hospital.

The facilities promote recovery, comfort, dignity and confidentiality.

The service had a full range of rooms and equipment to support treatment and care. For example, the service had activity rooms for arts and crafts, a chill out room, a clinic room for medications, lounge areas for socialising and watching television and women with lower risks had unrestricted garden, kitchen and laundry access. Women with restricted kitchen access could get themselves hot drinks and snacks from a beverage bay with staff support. The service had meeting rooms, quiet areas for service users and areas for the women to meet with visitors. We saw that women had personalised their bedrooms and all rooms had en-suite bathrooms. All service users had a lockable cupboard in their bedrooms and key fob access to their bedrooms so were able to securely store their belongings. In addition, the women had their own lockable kitchen cupboards to store their food.

Women using the service could make a phone call in private. They were allowed mobile phones and could use a cordless ward phone. The service also had a payphone in a corridor with a hood for privacy although this was not working during the inspection.

The service did not subscribe to the patient led assessments of the care environment system to assess the quality of the service users' environment. However, the local authority had completed a food hygiene audit in March 2018 and scored the service 4 out of 5. We spoke with four women in the service that told us the food was not always of good quality. They told us that there were limited choices for vegans, the three weekly rotations could become boring and that meals were frequently undercooked or overcooked. However, they also told us that they were able to cook for themselves and were able order food to be delivered.

The service provided a full range of varying activities seven days a week. All of the women we spoke with told us that there was always something to do and that they were involved in the decision making process. The service had a monthly activities timetable that was reviewed by the women and staff at the monthly therapeutic team meeting and held quarterly therapeutic workshops to identify what could be improved. The women would also make suggestions at community meetings or via ad hoc discussions with staff. Activities were available both on and off the ward. For example, off the ward, the service organised trips to the local Buddhist centre, a local wildlife park, trips to the seaside, Sunday lunches at local restaurants, walking and swimming groups, shopping trips, visits to the cinema and weekends away in log cabins. Some of the service users also participated in a regional involvement strategy group. On the ward, there was a good mix of therapeutic activities. These included the start of the day group, planning meetings, relaxation and mindfulness groups, dialectical behaviour therapy group, skills for living groups, craft groups, coffee mornings and hot chocolate group. The service also provided a peer support group that was facilitated by an external expert by experience. The service also held quizzes where the service users had created the questions, bingo and arranged impromptu

barbeques. We saw an information pack that staff could review that detailed all of the information on the therapeutic activities offered. This included details of the evidence base, group protocols and when groups were open or closed.

Meeting the needs of all people who use the service

The service had made adjustments for those requiring disabled access. There was an accessible bedroom available on the ground floor with larger en suite and a lift so that service users could access the facilities upstairs. We saw that care plans identified needs under the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users, carers and parents with a disability, impairment or sensory loss.

The service user population matched the local demographics of Yorkshire and the Humber. The service was able to request interpreters or signers via Turning Point to communicate with families, carers and service users. The service was also able to request information leaflets in a variety of languages and meals that met the dietary requirements of different religious and ethnic groups. Service users had access to appropriate spiritual support. For example, the service users visited a local Buddhist centre. A chaplain from another hospital also visited and staff told us that arrangements could be made for other spiritual needs.

The service audited equality and diversity for both the staff and women who worked and lived in the service. The audit reviewed the environment to identify if building alterations were required and reviewed group meeting minutes and the therapeutic programme to identify feedback. The service made reasonable adjustments for staff and women in the service. All local policies included an equality impact assessment and protected characteristics were incorporated into the 'My Future Plan' so that the women's needs could be met. Staff completed e-learning in equality and diversity and were aware of patients' rights under the Equality and Human Rights act.

Listening to and learning from concerns and complaints

Between 1 February 2017 and 31 January 2018, the service received three complaints; two of which were upheld and zero were referred to the Ombudsman. We reviewed these complaints and saw that they related to agency usage, staff being disrespectful to a service user and the service's response to a physical health issue. In response to agency usage the provider offered agency qualified nurses temporary contracts, included them into the rota, gave them named nurse responsibilities and fully involved them into the multidisciplinary team.

None of the service users we spoke with had raised a complaint, however all of them knew how to raise complaints and felt that they would be listened to. Staff collected feedback from compliments and complaints boxes located in communal areas each week. There were posters around the building advising service users how to raise complaints within the organisation and the women and staff held a weekly community forum meeting where service users would review previous complaints and raise any new complaints or compliments. Service users were encouraged to access advocacy to support them when raising a complaint. Staff logged formal complaints and compliments on the incident reporting system. Between 10 March 2017 and 9 March 2018, the service logged six compliments.

When service users raised informal concerns, these were recorded on the electronic notes system. However, unlike the formal complaints, there was no process to review patterns and trends over time from these individual entries.

We saw that discussion of complaints and lesson learnt were a standing agenda item in weekly staff meetings and clinical team meetings. Garrow House had a clear complaints policy that supported staff to manage service user complaints and staff understood it, however we did not see clear timelines for investigation or time points identified to feedback to the complainant. Staff could also raise complaints in the same way, or via induction and line management reviews. Staff told us that information and learning from complaints was also relayed to them via emails and recorded in the communication book.

In addition the Garrow House monitored complaints via the service user satisfaction survey. The service told us that all of the seven women who completed the survey answered that they were aware of how to raise a complaint. Of these only one had actually done so in the timeframe specified, and they stated that they were happy with the outcome.

Good

Personality disorder services

Are personality disorder services well-led?

Good

Vision and values

The service followed Turning Point's vision and values:

- We believe that everyone has the potential to grow, learn & make choices
- We are here to embrace change even when it is complex & uncomfortable
- We all communicate in an authentic & confident way that blends support & challenge
- We deliver better outcomes by encouraging ideas & new thinking
- We commit to building a strong & financially viable Turning Point together
- We treat each other & those we support as individuals however difficult & challenging

Values were a standing agenda item at team meetings and the service encouraged staff involvement. For example, the service held a competition to create a mnemonic to improve staff awareness of the values. The winner was awarded a prize voucher. Values were also incorporated into the staff appraisal system; staff were asked to demonstrate how they displayed them.

Staff and women in the service had also created their own local values based on the Turning Point values to make these more meaningful to the service users. These values were used to underpin the ethos of the service, were incorporated into the 'Mutual Expectation' document and displayed on artwork throughout the service.

- Growth - On the path to moving on, becoming informal, managing medication, growing as a person, being open to change, build confidence
- Achievable - Everything is achievable if you try, Making realistic goals for each individual, Seeing family, Discharge
- Respect - Learn to respect other people, learning to respect ourselves, learn to take care of ourselves better, Being able to have open and honest conversations, Women to be fully involved in their care
- Responsibility - Taking responsibility for our actions, Taking care of ourselves, Taking ownership and responsibility for our own care
- Opportunity - Opportunity to learn new things, Build confidence, Opportunity to go places e.g. Section17, seeing family, Opportunity to change and better yourself
- Wellbeing - Taking care of ourselves, take responsibility for our own wellbeing, looking after our mind and body

All patients and staff knew the senior managers at Garrow House and described them as available and approachable. Turning Point's head of clinical services visited regularly and additional senior leaders had also visited Garrow House. For example, board members had previously held drop in sessions for the women and staff and the chief executive had lunch with the women and staff.

Good governance

Garrow House had good systems in place to run the service effectively. Governance and performance management arrangements were proactively reviewed.

The service offered regular supervision to clinical staff which was recorded, held flash supervision, weekly reflective practice sessions, weekly formulation and case supervision. All staff had received an appraisal that linked to the values of Turning Point and Garrow House.

The service monitored and ensured that staff had appropriate mandatory training. The average mandatory training rate for staff was 84%. Induction training covered an extensive range of therapies that related to the women's treatment and staff were able to access specialist training and develop professionally.

The service never worked below their minimum staffing numbers and had experienced, skilled staff. Senior managers and additional non-nursing staff would work on the ward to ensure that therapeutic activities were delivered and that service users were safe. When bank or agency staff were used, they were familiar with the environment and the service user group. The registered manager had enough authority and support to perform their role and lead the service.

Garrow House was fully focused on the needs and recovery of the service users and staff, carers and patients told us that they had enough time together.

The service had rigorous risk assessment protocols and a thorough incident management process. Risks were

reviewed and discussed with service users and were well communicated to staff at a variety of meetings and handovers. Risk informed the women's care plans and safety plans were put in place appropriately. All staff knew what incidents to report and staff provided detailed descriptions that identified assessments completed, investigations and actions taken.

Staff in the service understood their responsibilities in relation to safeguarding, the Mental Health Act and the Mental Capacity act. All staff knew who to contact for advice and could clearly describe the processes. All of the policies that we reviewed were clear and well written and offered additional support to staff. However, the complaints policy did not identify clear timelines for any investigations or time points identified to feedback to the complainant.

Learning from incidents and formal complaints was embedded into the culture and practice of the service. However, analysis of trends relating to informal complaints, although recorded and discussed, was not as apparent.

Staff participated in clinical audits such as file audits, recovery star, risk assessment audits and commissioning for quality and innovation audits. The manager also used key performance indicators to gauge the performance of the team and the service delivered. The registered manager worked closely with the commissioners of the service and provided them with monthly data submissions. The service also used Turning Point's internal quality assurance tool to assure themselves of performance and the six items on the Garrow House's risk register reflected staff's. However, although the service's length of stay was appropriate and the service discussed discharge planning, we did not see this reflected in the care records we reviewed.

Although the service had made improvements in medicines management arrangements we still had concerns. We identified that the service had not completed a risk assessment to determine the emergency medicines stock held in line with best practice guidance and daily checks had not identified defibrillation pads that had recently gone out of date. We saw that 'when required' care plans lacked personalised details around which medicines were to be administered on what occasion. This information aids staff in the safe administration of when required medicines however all care plans we looked at did not follow national guidance.

Leadership, morale and staff engagement

Leaders inspired and motivated staff to succeed. They had developed a culture that was focused on the needs of the service users. All staff described good relationships with managers. Staff of all levels said they were able to speak up without fear of victimisation, felt fully supported and that managers listened. Garrow House's Freedom to Speak Up guardian was a senior manager from the Turning Point organisation, but not all staff were clear who this was. The role of the guardian is to encourage and enable staff to speak up safely within their own workplaces. However, staff clearly understood how to whistle blow using alternative routes. They described how they were able to speak with their line manager or approach the CQC with concerns. There were no bullying and harassment cases in the service or staff being performance managed. Sickness rates and absence rates were low and the service ensured they were fully staffed when absences occurred.

Staff morale on the unit was high. There was strong collaboration and support across all functions and a common focus on improving quality of care and people's experiences. The service worked as an effective multidisciplinary team that focused on the recovery of the service users. There were no barriers between any of the disciplines and staff respected each other's contribution. Staff were able to take the initiative and contribute to developing themselves and the service. The service had developed an extensive range of activities, including weekends away for service users. All staff were able to attend governance meetings and undertake specialist training to help develop their in their roles. For example, Garrow House had developed support workers to become qualified nurses and three staff were completing their cognitive analytic therapy training to be able to deliver therapy sessions. Staff told us that they were allowed time for learning and that there were training opportunities available. The service sought feedback from its staff and its service users through a variety of mediums.

Garrow House was a reflective service that cared about its staff and service users. All staff told us that when incidents occurred on the ward, they were given debriefs and supported to reflect and learn from incidents.

We reviewed the latest staff survey from April 2017 that 98% of staff had completed. The survey was extremely positive in most areas. For example, 100% of staff surveyed felt that they were treated with respect by everyone that worked in

the service, 100% felt that the service was well led and 84% of staff would recommend the service as a good place to work. However, in response to the question, is this safe service, only 48% agreed. We queried this with the registered manager because that contrasted with what staff told us during the inspection. They explained that during the time of the survey there were high levels of incidents being managed in the service. Discussion with the staff identified that staff were concerned that some of the women may hurt themselves or others. In response the service had adapted the induction process to further explain the use of positive risk taking and staff told us that they felt the admissions process had improved and the service felt safe. When things went wrong, staff were open and transparent with patients.

The service held an annual awards ceremony and had an employee of the month scheme where colleagues and management nominated individuals for their good work. The leadership strived for continuous improvement and staff were accountable and acknowledged for delivering change.

Commitment to quality improvement and innovation

The service used cognitive analytic therapy as an overarching clinical model to help the development of a shared understanding and way of working with women in the service. It was used in individual and group therapy, formulation and case management and within staff supervision and consultation. The service also had a bespoke training package that all staff covered as part of their induction. An evaluation of this cognitive analytic therapy training had been accepted to be published in the International JournalofCognitive Analytic Therapyand RelationalMental Health.

Garrow House did not participate in any accreditation schemes; however, they were planning to enter their work for risk assessment and management into the Association for Psychological Therapies Awards for Excellence.

Outstanding practice and areas for improvement

Outstanding practice

- All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting showed the levels of harm and near misses, which ensured a robust picture of quality. The service had created an incident review form that staff completed with detailed descriptions. This included an assessment of the service user's mood and mental state, changes to leave, observations or environmental access and if restraint, medication or seclusion was used. They also recorded any action taken with clear timeframes. They attached investigations, discussion at meetings and notifications regarding the incident ensuring that a comprehensive, complete record was kept. This approach to incident recording was then adopted across the Turning Point organisation as a standardised process.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high- quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Staff received a detailed induction that covered mandatory training and specific training in relation to the women's condition and their therapy. Staff were also able to access additional training. For example, three staff were participating in a national six month cognitive analytic therapy skills training programme. The clinical lead had recently completed their nurse prescriber training and two members of staff had recently been supported to attend the hearing voices training. Guest speakers were also arranged to provide additional training such as eating disorder training. All staff were encouraged to develop and the service had supported four staff through assistant practitioner training and nurse training by providing financial support, study time and mentorship.
- We reviewed the latest staff survey from April 2017 that 98% of staff had completed. The survey was extremely positive in most areas. For example, 100% of staff surveyed felt that they were treated with respect by everyone that worked in the service, 100% felt that the service was well led and 84% of staff would recommend the service as a good place to work.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that emergency medicines stock is risk assessed in line with best practice guidance.
- The provider must ensure that service users' care plans detail the rationale in which 'when required' medications are to be used as recommended by best practice guidance.
- The provider must ensure that service users' care plans detail what de-escalation techniques are attempted prior to medicines administration.
- The provider must ensure that medicines and equipment checks are completed and actioned.

Action the provider SHOULD take to improve

- The provider should ensure that the recording processes for side effect monitoring and medicines reconciliation are reviewed.
- The provider should ensure that self-administration paperwork for women who administer creams themselves are reviewed.
- The provider should ensure that the garden and grounds are included in the environmental ligature assessment in line with best practice.
- The provider should ensure that discharge planning is clearly recorded on service users' care records.
- The provider should ensure that all policies and procedures are in date.
- The provider should ensure that individualised fob access for informal service users in relation to the front door is reviewed.

Outstanding practice and areas for improvement

- The provider should consider reviewing the recording process for informal concerns.
- The provider should consider reviewing the formal complaints process in relation to investigation timelines for feedback.
- The provider should consider reviewing how to raise awareness of the role of the Freedom to Speak Up Guardian as an alternative route to raise concerns with staff 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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment.** **The provider did not ensure that care and treatment was provided in a safe way for service users.** **How the regulation was not being met:** • The service had not completed a risk assessment to determine the emergency medicines stock held in line with best practice guidance. • Care plans did not clearly detail the rationale in which 'when required' medications were to be used as recommended by best practice guidance. • Care plans did not detail what de-escalation to attempt prior to medicines administration. • Daily checks had not identified defibrillation pads that had expired. **This was a breach of regulation 12 (1).**

This section is primarily information for the provider

Enforcement actions

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.