Elsadene

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
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 gave an overall rating for Elsadene Hospital of **requires improvement** because:

- The staff team did not have access to records completed by the responsible clinician to ensure patients' treatment records held in the hospital were accurate.
- Patients were not protected from fixed ligature points. Staff were not clear about the steps they need to take to reduce the risk of ligature points to patients.
- The hospital was not compliant with guidance on same sex accommodation. Patients' sleeping and bathroom areas in the hospital were not segregated to ensure males and females were accommodated on separate floors and did not share bathroom facilities. Female patients did not have access to a female lounge.
- There were not effective governance arrangement to monitor and review the way the functions under the Mental Health Act were exercised.
- The revised Mental Health Act Code of Practice was not fully implemented and staff, including the hospital managers, did not receive training to help them implement the revised Code. There was a lack of clarity around arrangements and not enough trained hospital managers to ensure functions under the Act were followed
- Patients did not have access to occupational therapy to ensure that all patients have access to a range of activities which promote and assist their move to independent living.
- Patients did not have the opportunity to complete advanced decisions.
- The governance measures around controlled drugs were not sufficient to ensure they were stored safely.
- Staff did not record the use of oral Lorazepam when given for agitation as rapid tranquilisation.

However :

- The hospital have working positively towards meeting the requirements from this report. They provide care and treatment for people who had many previous placements which, for a variety of reasons, have not been successful.
- Patients were involved in all aspects of their care and support.
- Staff made comprehensive assessments of patients on admission including a good assessment of people's physical health needs.
- All staff contributed to incident reports on their paper based system and understood when to report an incident.
- Staff were kind and respectful to patients and recognised their individual needs.
- The manager and the deputy, who had worked together for many years, provided clear leadership.
- Staff morale was high and the team worked well together.

Summary of findings

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Elsadene Hospital

Services we looked at

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

Summary of this inspection

Background to Elsadene

Elsadene is an Independent Hospital for 13 patients run by Encompass. The hospital offers care and treatment for patients who are eithervoluntary or subject todetention underthe Mental Health Act (1983). They provide the following regulated activities: assessment or medical treatment for persons detained under the Mental Health Act (1983), diagnostic and screening procedures and treatment of disease disorder or injury.

The hospital provides beds for patients from Dorset as they were funded via a block contract from Dorset HealthCare University Foundation Trust (DHUFT). They provide rehabilitation for patients and admit both male and female patients.

Elsadene Independent Hospital has been registered with CQC since15 December 2010.There have been four inspections carried out at Elsadene Independent Hospital. The most recent inspection took place on 23 February 2014 and the hospital was fully compliant.

Our inspection team

The team comprised of Jacqueline Sullivan lead CQC inspector, another CQC inspector and a Mental Health Act reviewer.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that the service had sent to us about the progress they had made to meet the requirements and recommendation set at the last Mental Health Act inspection in 2014. We asked a range of other organisations for information and sought feedback from patients individually and at one focus group.

During the inspection visit, the inspection team:

- visited Elsadene Hospital and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with the manager and the deputy
- spoke with nine other staff members; including nurses and the consultant psychiatrist
- attended and observed a staff hand-over meeting.

We also:

Summary of this inspection

- looked at five treatment records of patients
- carried out a specific check of medicines management at the hospital
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients spoke positively about living at Elsadene and liked living there. Although one of the detained patients was less positive and wanted to move back to live in her own flat. Patients said that staff were helpful and supportive. They told us they found staff to be very caring and supportive. Most people told us they were involved in decisions about their care. Three patients said they were happy and content.

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:

- Elsadene ward had many fixed ligature points (a ligature point is a load-bearing wall fixture to which a patient can tie a cord in order to self-strangle). Staff observed patients on a minimum hourly basis however they did not keep records. Staff did not record patients' hourly activity as per their organisational policy. Staff had not carried out an audit of the many ligature points around Elsadene and there was no information or action to show how these would be managed safely.
- Elsadene was mixed sex and did not comply with the Department of Health (DoH) in relation to separate male and female areas. Men and women both had bedrooms on the first floor. There were also no separate areas or lounges for men or women
- The staff team only checked controlled drugs when administered and there were no routine stock checks between administration to ensure all the drugs were accounted for.
- Staff members were not recording oral Lorazepam as rapid tranquilisation when given for agitation.

However:

- Elsadene was clean and records relating to cleanliness were complete and up to date.
- Staff ensured that environmental risk assessments were undertaken annually.
- There were enough staff working at the hospital to meet the care and treatment needs of the patients.
- Staff knew how to make safeguarding alerts.
- All staff contributed to incident reports on their paper based system and understood when to report an incident.

Are services effective?

Requires improvement

We rated effective as **requires improvement** because:

- The manager had not ensured the Mental Health Act (1983) Code of Practice (Code) was fully implemented and staff had not received training to help them implement the revised Code and put in place certain policies, procedures and guidance to meet the Code. There was no plan to implement this training.
- There were not enough trained hospital managers. Whilst there were five trustees who could act as hospital managers there

Summary of this inspection

were only three who had been trained to carry out this function. This meant that if any of these people had other commitments, like holidays, they would then not have sufficient numbers. The Code states that the owners of an independent hospital need to have sufficient hospital managers who have various functions under the act. These functions include the power to discharge a patient.

- The provider did not have clear arrangements for hospital managers to delegate their duties and had no effective governance arrangement to monitor and review the way that functions under the Mental Health Act (1983) were exercised.
- The responsible clinician (RC) for detained patients recorded their notes within patients' electronic care records operated by Dorset Healthcare University Foundation Trust (DHUFT). Staff at Elsadene could not access the electronic record and no arrangements had been put in place to remedy this. We raised this issue during our last two Mental Health Act visits and the matter had still not been resolved.

However:

- Staff made a comprehensive assessment of patients on admission including a good assessment of people's physical health needs.
- The staff team received appropriate training, supervision and professional development.
- The staff team had a good understanding of capacity assessments and best interest meetings.

Are services caring?

Good

We rated caring as **good** because:

- Staff were kind and respectful to patients and recognised their individual needs.
- Staff involved patients in developing and reviewing their care plans.
- Families and carers were involved when this was appropriate.
- Staff ensured patients had 'one-to-one' time with them.

However:

- Staff could further develop patients' opportunities to have an advocate and make advanced decisions.

Are services responsive?

Requires improvement

We rated responsive as **requires improvement** because:

The range of activities available were not sufficient to assist patients develop skills to live independently.

Summary of this inspection

The care plans did not include detailed discharge planning and patients were rarely discharged from the hospital.

However:

The hospital provided care and treatment for people who had many previous placements which, for a variety of reasons, had not been successful.

The hospital had a wide range of rooms. The hospital had access to a large outside garden with a smoking area in the covered area outside the main door.

Patients had a choice of meals if they did not want the meal provided.

Staff knew how to support people who wanted to make a complaint.

Are services well-led?

Good

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

- Staff knew the vision and values of the organisation
- The provider had governance processes which identified where the hospital needed to improve
- The manager and the deputy, who had worked together for many years, provided clear leadership
- Staff morale was high and the team worked well together.

However:

- The manger had not ensured patients had sufficient activities to develop skills to assist them live independently.
- The manager had not ensured patients had clears plans in place about their discharge from the hospital.
- The manager had not ensured that the staff team could access the electronic records completed by the responsible clinician for detained patients.
- The manager had also not ensured that the Mental Health Act (1983) Code of Practice was fully implemented

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.

Patients were able to access tribunals and hearings. They were able to access leave. Capacity and consent was in line with the Code of Practice and the staff team demonstrated a good understanding of both. Records were well documented by the staff team.

The revised Code of Practice had not been fully implemented and staff had not received training to help them implement the revised Code. The revised Code requires hospital managers to put in place certain policies/procedures/ guidance see the Code of Practice at page 12 V.

Code of Practice at paragraph 38.3-38.4

There was a lack of clarity around the arrangements for hospital managers to delegate their duties. The Code of Practice at paragraph 35.7 and paragraph 37.9

There were no effective governance arrangement to monitor and review the way that functions under the Act were exercised. Code of Practice paragraph 37.11

The responsible clinician (RC) for detained patients recorded their notes within patients' electronic care records operated by Dorset Healthcare University Foundation Trust (DHUFT). Access to the electronic record was not available to staff at Elsadene and no effective arrangements had been put in place to deal with this. We have raised this issue during our last two visits and the matter has still not been resolved. Code of Practice at paragraph 24.45-47.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff told us they had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and knew how the legislation applied to their work with patients.

Overview of ratings

Our ratings for this location are:

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

Notes

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

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

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

Requires improvement

Safe and clean environment

- Elsadene occupied a detached house on three floors. The ground floor had two bedrooms (one ensuite) along with offices, communal lounges and the kitchen. The first and second floor contained bedrooms and shared bathrooms. There were no clear lines of sight due to this arrangement.
- Elsadene ward had many fixed ligature points (a ligature point is a load-bearing wall fixture to which a patient can tie a cord in order to self-strangle) which included door handles, bannisters, furniture, curtains and various fixtures and fittings. The only areas where attempts had been made to reduce the risk of ligatures was with collapsible shower and curtain rails.
- Staff observed patients on a minimum hourly basis, however records were not kept. As a result, they were unable to evidence that hourly observations took place and the management team had no way of knowing with any certainty that they had taken place.
- There was no audit of the many and various ligature points around Elsadene and no information available to show how these would be mitigated. Staff had identified ligature risks on a six monthly environmental risk assessment, which only identified the use of collapsible shower and curtain rails. Staff did not have any ligature cutters on the premises (cutters which can cut through tight cords or wires). We brought this to the attention of the management team and the matter was addressed immediately. We were told by the management team that patients who were actively self-harming and or at risk of suicide were not admitted to Elsadene.
- Elsadene ward was mixed sex and did not comply with the Department of Health (DOH) requirement for mixed sex environments. Staff had identified some of the shared facilities as female and male only. Staff told us that patients would quite often use the facilities without attention to which sex they applied. Women did not have a separate bedroom area or lounge. At the time of our inspection the top floor was male only. The first floor had both men and women occupying the bedrooms. Staff were present on the ground floor but not always on the first and second floor. We were unable to evidence that the use of observations was effective in managing a mixed sex environment as no records had been kept.
- The clinic room was small and cluttered. There was room for only one person at a time. Patients were examined in their bedrooms. Elsadene staff were trained in basic life support including use of a defibrillator machine and airways. In the event of a serious incident, staff would call the emergency services for additional assistance. Staff checked emergency equipment weekly and records showed these were up to date. Two qualified staff checked controlled drugs when possible. When two qualified staff were not available controlled drugs were signed for by a nurse and witnessed by a

health care support worker. Staff only checked controlled drugs on administration and no routine stock checks had been carried out. Staff had signed and witnessed all entries in the controlled drugs register.

- Elsadene had no seclusion room and patients were not secluded in their bedrooms or any other area.
- Elsadene was clean and records relating to cleanliness were complete and up to date.
- The manager had ensured that all of staff had been trained in infection control principles. Staff were reminded of effective hand washing techniques by signs. However, the hand sanitiser dispensers had been filed with moisturiser instead of sanitiser. We bought this to the attention of the management team and this was addressed.
- The manager had records which showed that all medical devices were checked regularly by an external company.
- Staff carried out environmental risk assessments annually. The last environmental assessment was done in October 2015 and reviewed, for example, security and maintenance issues, communal cleaning, water temperatures and clinical waste. The assessment had no reference to ligature risks other than the potential for patients to self-harm.
- Staff did not have personal alarms. Alarms were wall mounted with two located on the ground floor and one on each of the remaining floors. Patients had call systems in each bedroom and nurse call cords in the bathrooms and toilets.

Safe staffing

- The manager had ensured that Elsadene was fully staffed with no vacancies. Two staff had left in the past 12 months. One staff member was dismissed from post and the other left to undertake nurse training.
- Elsadene ran a three shift system; there was an early and afternoon shift and a night shift. A minimum of one qualified nurse was required for each shift supported by a specific number of health support workers that being three for the early shift, two for the afternoon shift and one for night shift. We reviewed rosters and found this to be the case.
- Bank and agency staff were used but this was minimal. In the first instance Elsadene's own staff would work bank if required. Elsadene always tried to use the same bank and agency staff for familiarity and consistency. All shifts had been filled over the last three months.
- The manager told us that they were always able to adjust staffing levels to address skill mix and clinical demand.
- Three patients and seven staff members confirmed that there were enough staff and patients could have regular one to one time with their named nurse.
- Staff worked flexibly to enable patients to go on activities such as the cinema in the evening where two staff members were needed for patient safety.
- Staff told us that patients' leave was rarely cancelled because of staff shortages.
- The manager ensured there were enough staff to safely carry out physical interventions if required.
- Psychiatric medical cover out of hours was provided through a local NHS organisation. GP cover was accessed through normal out of hour services through the local general practice.
- Staff statutory and mandatory training rates overall were good and covered infection control, manual handling, fire safety, safeguarding and medication management. All staff had completed training in mental capacity act, safeguarding, food hygiene, equality and diversity, health and safety, infection control, wheelchair security and evacuation management. However, only 65% of staff were up to date in the use of the defibrillator.

Assessing and managing risk to patients and staff.

- There had been no incidents of restraint at Elsadene. All staff were trained in the management of actual and potential aggression (MAPA).
- We reviewed five care records and all records contained a risk assessment of the patient on admission which was updated regularly and after every incident.
- Staff used a recognised risk assessment tool to complete risk assessments.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- There were no blanket restrictions in place at Elsadene. Patients were able to make snacks and drinks at their leisure and smoking was allowed.
- There was no locked door at Elsadene and informal patients were able to leave at their will.
- There was a policy in place for the observations of patients. However, it did not require staff to record that they had observed patients every hour, which was the minimum requirement for patients at Elsadene. As a result, the management were not able to confirm or demonstrate that observations have taken place.
- Two patients at Elsadene had been prescribed 'as required' oral Lorazepam and we were told by staff that one patient received this when they were agitated. Staff were not recording oral Lorazepam given for agitation as rapid tranquilisation. The Department of Health, 'Positive and Proactive Care: reducing the need for restrictive interventions' guidelines state the use of medication to manage acutely disturbed behaviour (highly aroused, agitated, overactive, aggressive, is making serious threats or gestures towards others, or is being destructive to their surroundings), must be a very short-term strategy designed solely to reduce immediate risk; this is distinct from treating any underlying mental illness. The associated term 'rapid tranquillisation' refers to intramuscular injections and oral medication. We discussed this with the manager who addressed the matter. Senior management from the organisation told us the oral lorazepam was being used to treat an underlying mental illness as per Department of Health Guidance.
- Staff raised safeguarding concerns directly with the local authority. Staff were able to describe how and when to raise a safeguarding alert or concern.
- A local NHS service provided medicines. Staff stored all medicines in a locked cupboard and patients had their own medicines clearly labelled. Controlled drugs were secure and although Elsadene sometimes used health support workers to witness the administration of controlled drugs, records were complete. Staff stored all refrigerated medicines correctly and fridge temperature monitoring occurred daily; all temperatures were within normal range of two to eight degrees. A pharmacist attended weekly and completed an audit of medicine management. We saw records relating to the past six months and all were complete and staff had carried out any actions needed.
- There was a visiting room at Elsadene and we were told that child visits would be accommodated and supervised. However staff told us that there were few child visits with the last one being over two years ago.

Track record on safety

- Elsadene had one serious incident in the past 12 months. Staff told us they were well supported by the organisation post event and that learning had occurred as a result. For example, the choking policy had been reviewed and information advising staff how to assess patients for choking risks was available.
- Elsadene received information surrounding medical alerts. As a result, action was taken to remove specific food stocks that were being used by patients in another area inappropriately.
- Staff told us that, previously, patients had used fire exits to enter and exit the building. The provider had placed alarms on fire exits to stop this inappropriate use.

Reporting incidents and learning from when things go wrong

- The CQC received three notifications and no whistleblowing notifications between 07 July 2014 and 24 July 2015. The notifications were related to death of the patient from choking. The most recent notification was raised on 24 July 2015.
- The manager submitted an accident/incident report for quarter three ending September 2015. There were 24 accident/incident reports involving 21 service users received by the Health and Safety Department during the quarter there ending September 2015. Fourteen of the incidents included slips and falls, aggression, behaviour, absconding and monies down.
- All staff used the paper based incident reporting system. Staff were able to explain what should be reported and when.
- Staff we spoke with understood the term, 'duty of candour' and the importance of being open and honest with patients, their families, and other professionals.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- Staff received feedback from investigations of incidents both internal and external to the service.
- The provider had made changes at Elsadene following the serious incident in the past 12 months; they reviewed policies and guidance for staff about how to assess patients for choking risks had been added. Staff met to discuss this feedback at a staff meeting following the incident.
- Staff told us that they received debrief following a serious incident and this was the case after the incidents in the past 12 months. A psychologist facilitated the debrief and there were also debriefing meetings with the manager and other staff members.

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

(for example, treatment is effective)

Requires improvement

Assessment of needs and planning of care

- The manager ensured that patients' needs were assessed and care was delivered in line with their individual care plans. We looked at five records and saw that staff had assessed risks to patients' physical health and effective care management plans were in place. Patients' assessments were comprehensive and holistic. Staff worked within NICE guidelines in relation to physical health checks. All patients had a health check with their GP on admission and then yearly checks.
- Staff had implemented care plans that addressed patients' assessed needs for their daily lives. However they did not include information about patients' assessed needs for discharge. We saw that staff reviewed these on a regular basis and updated or discontinued as appropriate. Patients gave us examples of how their individual needs were met.
- Information was stored securely and was available to all staff in an accessible from. The consultant psychiatrist, who was acting as the responsible clinician (RC) for the detained patients recorded their notes within patients' electronic care records operated by Dorset Healthcare University Foundation Trust (DHUFT). Staff at Elsadene could not access these electronic records and no effective arrangements had been put in place to deal with this.
- In 2013 a Mental Health Act reviewer visited Elsadene and identified problems with the recording of contact between the consultant psychiatrist in charge of the patients' treatment and the patient. The manager submitted an action plan to CQC in January 2014 to CQC which stated records had been sent electronically and copied and placed on the patients' paper files. Elsadene completed an audit of the records and found they were not complete.
- In August 2015 a further visit by a Mental Health Act reviewer took place and staff at Elsadene still did not have access to patients' records held on the electronic patient records system (RIO). The manager provided an action plan dated September 2015 which stated they were in discussion with the DHUFT Mental Health Act administrator and responsible clinician. Elsadene recruited an administrative clerk whose role was to liaise with the RC's personal assistant to correlate and file records appropriately. The manager's action plan stated this would be in place by October 2015, however, this has not happened.

Best practice in treatment and care

- The manager and the responsible clinician for detained patients confirmed that NICE guidance was followed for prescribing medication. We saw examples of this in patients' records. However they were not following nationally recognised practice about patient rehabilitation. Patients did not have a care pan with activities or interventions that focussed on their rehabilitation.
- Patients could access psychological therapies as part of their treatment. For example, a psychiatrist and psychologist was available on a part time basis to the team. However there was no occupational therapist in the team. Activities were nurse led and not focussed on patients' rehabilitation needs.
- The manager and the deputy kept an overview of the physical health needs of patients and ensured physical

health care plans were kept up to date. Staff ensured regular physical health checks took place where needed. Senior managers in the organisation monitored this.

- The staff assessed patients using the Health of the Nation Outcome Scales (HoNOS). These covered 12 health and social domains and enabled the clinicians to build up a picture over time of their patients' responses to interventions and the outcomes for patients.
- The management used a number of measures to monitor the effectiveness of the service provided. Staff conducted a range of audits on a weekly or monthly basis. We saw examples of audits of planned activities for patients, the explanation of people's rights, infection control and prevention measures, and physical health checks. Staff reported information from completed audits to the manager and governance staff in Encompass. The provider used the information to identify and address any changes needed to improve outcomes for patients.

Skilled staff to deliver care

- The staff working on the wards were nurses and health support workers. The hospital had a service level agreement with DHUFT for three hours psychiatry each week, psychology once a month or more if required by patients. There was a contract with a local GP to visit fortnightly and patients could also go to their local surgery where they could access occupational therapy for physical needs. The staff skill mix and input was not sufficient to ensure patients had an appropriate rehabilitation programme.The hospital was in the process of negotiating occupational therapy as part of the contract to provide activities for the patients.
- The staff team received appropriate training, supervision and professional development. They had developed an appraisal tool which the manager told us was to promote a positive emotional environment. Twenty four of the twenty six staff had an appraisal last year. Staff told us they had undertaken training relevant to their role, including safeguarding children and adults, fire safety, life support techniques and the use of physical interventions. Records showed that staff were up-to-date with statutory and mandatory training.
- Most staff told us they received clinical and managerial supervision every four to six weeks where they were able to reflect on their practice and incidents that had occurred in the hospital. Staff in the focus group we ran said they found supervision helpful.
- Staff had regular team meetings and staff told us they felt well supported by their manager and colleagues on the ward. Seven staff in the focus group said good team work was important to them and was one of the best things about the hospital.
- Senior staff told us that, at the time of the inspection, there were no performance issues in the staff team. The manager was provided with support through the human resources team at Encompass.

Multi-disciplinary and inter-agency team work

- People's records showed that there was effective multidisciplinary team (MDT) working taking place. Care plans included advice and input from different professionals involved in people's care. People we spoke with confirmed they were supported by a number of different professionals on the wards.
- There was no MDT meeting on the day of the inspection. However, we observed a staff handover and found the staff were effective in sharing information about people and reviewing their progress. Apart from the issue regarding the hospitals access to the electronic care records different professionals worked together effectively to assess and plan people's care and treatment.
- Minutes of patients' reviews showed inter-agency work took place, staff from the community resource, rehabilitation teams and care co-ordinators attended meetings on the ward as part of patients' admission and discharge planning.

Adherence to the MHA and the MHA Code of Practice

- The revised Code of Practice had not been fully implemented and staff had not received training to help them implement the revised Code. Updated policies did not take account of the revised Code.
- There were not enough trained hospital managers. Whilst there were five trustees who could act as hospital managers there were only three who had been trained to carry out this function. However, they were not always

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

available due to other commitments like holidays. The Code states that the owners of an independent hospital need to have sufficient hospital managers who have various functions under the act. These include the power to discharge a patient.

- There was a lack of clarity around the arrangements for hospital managers to delegate their duties.
- There was no effective governance arrangement to monitor and review the way that functions under the mental health act were exercised.
- However patients were able to access tribunals and hearings. They were able to access leave. Patient's capacity and consent was being considered and this was well documented by the staff team.

Good practice in applying the MCA

- Staff received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew how the legislation applied to their work with patients. Two patients were currently subject to DoLS. The team had referred one person as there were concerns about their capacity to understand where they were accommodated. Patients' care records showed the staff team had a good understanding of capacity assessments and best interest meetings.
- The manager knew who to contact within the organisation for advice on the MCA and DoLS. The use of the MCA was not monitored by the manager.
- Staff were aware of the organisations audits to monitor the use of the MCA.

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

Good

Kindness, dignity, respect and support

- Patients were positive about the support they were given by staff. Patients said they had good relationships with staff and that they were involved in decisions about their care. One patient said staff helped them sort out receipts and reminded them to buy items they needed. We saw staff anticipated one patient's agitation as the noise levels in the room got slightly louder. They quietly verbally encouraged them to go into a calmer environment.
- Staff respected patients' privacy and dignity. They spoke to patients politely and ensured they knocked on bedroom doors before entering.
- Staff discussed patients in a respectful and knowledgeable manner during staff handovers and showed a good understanding of their individual needs.
- Despite the complex and at times challenging needs of a few of the patients the atmosphere was very calm and relaxed.

The involvement of people in the care they receive

- Patients were involved in decisions about their care. Patients said that their care plans were discussed and developed with them and they were encouraged to attend their review meetings. Patients did not have a copy of their plan to read. Staff said patients were offered them but this was not evident in the care files and staff could not name a patient who had one.
- Patients had access to advocacy services and there was information in the patients' folder in the corridor but few patients apart from those detained under the mental health act had an advocate.
- Patients told us about the opportunities they had to get involved in the organisation. Patients attended a weekly community meeting. One patient was very positive about the meeting and told us it helped them plan outings.
- Staff gathered the views of patients through the use of surveys. Staff discussed responses to surveys at team meetings and at the staff away day used this information to develop practice and make changes where needed.
- Few patients had advance decisions in place for how they would like to be supported if their mental health deteriorated. Staff stated that patients found it difficult to talk about these desicions so they didn't. We did not find any advanced decisions in the five patient care files we looked at. A senior staff member told us patients had advanced decisions on RiO but staff members.did not have access to them.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

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

(for example, to feedback?)

Requires improvement

Access and discharge

- The hospital provided care and treatment for people who had many previous placements which, for a variety of reasons, had not been successful. The majority of patients stayed for many years. Some patients stayed for the remainder of their lives and a few patients were discharged to more independent living such as supported living services. Patients could move into a two bedded bungalow adjoining the hospital . However there were rarely spaces. The last patient had been discharged in 2011 to hospital and then prior to this a patient was discharged to live in their own flat in 2008. There was no pro active approach to patient rehabilitation or focus on this pathway.
- The hospital provided beds for patients from Dorset as they were funded via a block contract from DHUFT.
- The manager ensured there was always access to a bed for patients on return from leave. For example, one detained patient had their own flat and they stayed there two nights each week. Their bed was held at the hospital for their return.
- Staff told us that it could sometimes be hard to find suitable placements for patients who are ready to move on from the hospital

The facilties promote recovery, comfort, dignity and confidentiality

- The hospital had a wide range of rooms and equipment which included 13 bedrooms, a lounge, dining room and small room to store and dispense medication. Staff used the large conservatory as a staff office as, the manager stated,they had outgrown the very small office and patients rarely used it. Patients also used the conservatory as the patient meeting room. Staff working in the conservatory could easily observe patients in the adjoining lounge. Staff used the dining room for arts and crafts. The manager was in discussion with the organisation to extend the home.
- There was a room for patients to meet visitors in private or they used their bedrooms.
- The majority of patients used their own mobiles to contact friends or family. They could make calls in the nurses' office if they needed privacy. Patients also had access to the office phone which they could take to their rooms.
- The hospital had access to a large outside garden with BBQ and a smoking area in the covered area outside the main door. There were two side gardens and one patient had their own garden shed where they spent time mending items.
- Either the cook or staff with food hygiene and preparation training cooked food on site. Patients gave us mixed feedback about the food. Some said they enjoyed it and two said they would like more variety. Patients could prepare hot drinks and snacks at any time.
- The community resources team had a weekly activity programme which was advertised in a folder in the corridor for patients to attend activities like cinema, knitting and walking. The hospital had a weekly art group. One patient attended an activity centre twice a week and another patient worked two hours in a local shop. The hospital did not have an occupational therapist so all activities were nurse led. Logs were kept of daily activities provided on the hospital and of who had participated. Staff told us that planned activities were rarely cancelled because of a lack of staff available to run them. Staff kept logs of daily activities provided at the hospital and who had participated. Staff told us that planned activities were rarely cancelled because of a lack of staff available to run them.
- The hospital did not provide any programmes to promote or assist independent living for patients who wanted to live independently. Staff provided a cooking activity but staff stressed this was an activity to complete a task like making gravy alongside a staff member. Two patients laid the table for meals.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- Nine patients responded to the 2015 patient survey about activities. The responses were mixed. Three patients stated they had been bored in the last year and four stated they had sufficient activities. Five patients said the staff gave them opportunities to access activities and two stated they had not sufficient opportunities. In order to address this the hospital completed an audit of activities for two weeks at the end of January 2015. The aim was to establish if activities reflected patient's preference and goals in their personal profiles, if patients received sufficient staff support and had opportunities to access the community. They concluded there was sufficient activities and support for patients. The manager stated the activities were up to the patient and some patients chose to do very little. However, the current programme of activities would not assist patients develop sufficient skills to live successfully in the community.
- In contrast to the daily activities the staff were proactive in arranging holidays and outings. In the last year there had been trips to Weymouth, local cinema and theatre.

Meeting the needs of all people who use the service

- The hospital was on three floors with bedrooms on the ground floor for patients who had limited mobility or who would benefit from being close to the office with access to increased staff observations. There was a lift to the first floors and a sit down chair lift to the upper floor. On the day of inspection the lift was broken. One patient who had recently fallen and had very restricted mobility whilst in recovery had been seriously affected by the lack of a lift. The patient could not use the stairs to reach their bedroom so they were supported and accommodated by another service. Although the lift was fixed at the inspection it had been broken for several days. The service had no clear emergency contingency plan to follow should the repair company delay its repair.
- Patients' individual needs were met, including their cultural, language and religious needs. Patients could request a visit from representatives from different faiths but none had chosen to do so in the last year. Patients had been supported to visit places of worship in the last year.
- The manager could access interpreters to help assess patients' needs and explain their rights, as well as their care and treatment. Leaflets explaining patients' rights under the Mental Health Act were available in the office and main corridor. These could be made available in different languages if required.
- Patients had a choice of meals. If patients did not want the meal provided they had to request an alternative as two choices were not provided. Patients' choices were reflected in the menu and ensured patients with particular individual needs or preferences ate appropriate meals. One patient had their own bespoke menu to follow a slimming plan. Patients had some involvement in choosing food and through discussions in the weekly meeting. Last year the cook had planned to provide patients with pictures of foods so they could make informed choices but this had not happened.

Listening to and learning from concerns and complaints

- There were no complaints made in the last twelve months.
- Patients could make a complaint via the service user feedback forms and monthly service user meetings. These were monitored by the manager and service development lead who also conducted board visits.
- Patients, relatives, and others involved in supporting patients were made aware of how to make a complaint at patient's admission and at reviews. Information on how to make a complaint and independent advocacy services were displayed in the corridor and office.
- Complaints were monitored as part of the organisational risk register and by senior managers in the organisation .
- Patients could raise concerns in community meetings and staff ensured complaints were acted upon.
- The complaints policy and procedure was part of staff induction process, and staff's understanding was reviewed through training, supervision and appraisals, so that all staff were aware of what to do if a service user made a complaint and how to support them.

The manager ensured that learning from complaints was discussed at team meetings and changes had taken place. For example, four patients had complained about the lack

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

of activities so the staff team recently completed an audit and review of activities to establish what patients were doing themselves (like going to local shops) and what the staff team could further develop as in house activities.

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

Good

Vision and values

- The manager knew the organisations values and vision. Seven staff who attended the focus group said they understood the vision and direction of both the organisation and the service. However, the vision did not focus on patients' rehabilitation. The manager had introduced an appraisal tool to ensure that staff reflect the organisations vision and values in their day to day work.
- The manager said communication from senior managers was effective. There were regular emails, visits and team development days where the organisation shared communications and invited comments from staff teams on the running of the service.
- The staff team had regular contact with senior managers who visited the hospital. The manager said they were very accessible. Staff members spoken with knew who senior manager were.

Good governance

- The manager had access to systems of governance that enabled them to monitor and manage the hospital and provide senior staff in the organisation with information. One example of this was the electronic staff record that monitored the training that staff had received and informed staff and their managers when training needed to take place.
- However the low level of discharge had not been monitored and addressed. The hospital recognised that the current staff skill mix did not promote patients' rehabilitation. At the time of inspection there was limited psychiatry and psychology time and no occupational therapist
- Data was collected monthly on performance and sent to senior managers at Encompass. Between August 2015 and October 2015 the manager completed a variety of audits which were sent to the organisation monthly. These included audits in infection control, medication monitoring, patients' medication records, safeguarding, the involvement of patients in the service, adherence to the mental health act, patient records, medical device and safety alerts, staff supervision, absences, accident and incident analysis. The organisation monitored the manager's completion of these audits and associated action plans. Managers could compare their performance with that of other services in the organisation and this provided further incentive for improvement.
- The manager said they had enough time and autonomy to manage the hospital. Where they had concerns, they could raise them. However the hospital did not have its own risk register and the organisational risk register was more in relation to risk of not completing audits targets rather than risks like the failure of the lift that impacted on individual patients. We brought this to the attention of the manager who stated they would start their own risk register.
- The governance arrangements could be further developed. The manager had not ensured that the staff team could access the electronic records completed by the responsible clinician for detained patients. The manager had not ensured that the Mental Health Act (1983) Code of Practice was fully implemented. They had not ensured patients had access to a programme of activities to promote their rehabilitation.

Leadership, morale and staff engagement

- The hospital was well managed. There was evidence of clear leadership from both the manager and the deputy who had worked together for many years and provided continuity for patients. They were visible in the hospital during the day-to-day provision of care and treatment. Both the manager and deputy were accessible to staff and were proactive in providing support. The culture was open and encouraged staff to bring forward ideas for improving care. For example they were looking at ways they could involve patients in the running of the hospital. However there was a lack of leadership around the culture and programme of rehabilitation for patients.

Long stay/rehabilitation mental health wards for working age adults

Requires improvement

- The staff we spoke with were positive about working in the home and staff morale was high. When asked how much they rated their job satisfaction and engagement the staff members, in the focus group, rated it ten out of ten. They told us they felt able to raise concerns, report incidents and make suggestions for improvements. They were confident they would be listened to by their line manager.
- Sickness and absence rates for the last year was 7%. The manager said that they were looking into staff sickness levels with a view to supporting staff to reduce these levels. Staff turnover rate for the last twelve months was low at 4%. Staff members told us it was a stable happy staff team.
- At the time of the inspection there were no grievance procedures being pursued within the hospital and there were no allegations of bullying or harassment.
- Staff were able to describe the whistleblowing process and the whistle blowing policy. Staff said they had access to some leadership training and development. Although there were few secondments available staff had access to diplomas leadership courses. All staff spoke highly of the manager and deputy.

Commitment to quality improvement and innovation

- The staff team participated in the national audit of schizophrenia and the learning disability census.
- The manager said that the new appraisal tool which mirrored Bournemouth University student assessment tool was shortly going to be rolled out to other units within the organisation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that patients are protected from the ligature points. Staff must be clear about the steps they need to take to reduce the risk of ligature points to patients.
- The provider must ensure they are compliant with guidance for same sex accommodation. They must ensure that sleeping and bathroom areas in the hospital are segregated to ensure males and females are not accommodated on the same floor and share bathroom facilities. The provider should ensure female patients have access to a female lounge.
- The provider must ensure that the staff team have access to records completed by the responsible clinician to ensure patient's treatment records held in the hospital are accurate.
- The provider must ensure that there are effective governance arrangement to monitor and review the way that functions under the Mental Health Act are exercised. The provider must ensure the revised Code of Practice is fully implemented and staff, including the hospital managers, receive training to help them implement the revised Code.
- The provider must ensure patients have access to a range of activities which promote and assist their move to independent living.
- The provider must ensure that the staff mix of the MDT is sufficient to ensure patients rehabilitation needs are met.

Action the provider SHOULD take to improve

- The provider should ensure patients have the opportunity to complete advance decisions if they wish to.
- The provider should develop their governance measures around controlled drugs to ensure their safe storage.
- The provider should ensure staff record the use of oral Lorazepam when given for agitation as rapid tranquilisation.
- The provider should there is a clear vision and strategy about how patients progress through the hospital towards independent living.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients are not protected against the risks posed by ligature points. Although numerous ligature risks had been identified in the hospital staff were not able show a clear plan on how they were being managed or mitigated on a day to day basis. This is a breach of Regulation 12 (2) (a) HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Patients privacy and dignity were not being protected against the risks associated with mixed sex accommodation. This is a breach of Regulation 10 (1) (2) (a) HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The staff team did not have full information about patient's treatment and care at Elsadene to enable them to meet patients care and treatment needs safely.

This section is primarily information for the provider

Requirement notices

The staff team did not ensure patients had sufficient activities to promote independent living. There was not sufficient information about discharge planning in patients' care records.

This is a breach of Regulation 9 (3) (g) HSCA (RA) Regulations 2014 Person-centred care

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Patients who were detained under the Mental Health Act were not protected as there was no effective governance arrangements to monitor and review the way the functions of the Act were exercised. This is a breach of Regulation 17 (2) (a) (b) HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing The staff team did not have sufficient staff who were suitably qualified, competent and skilled to meet patients rehabilitation needs. This is a breach of Regulation18 (1) HSCA (RA) Regulations 2014 Staffing.

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.