Dartmouth House

Quality Report

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

Ratings

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

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

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

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

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 [Dartmouth House as good because:'

- Staff ensured the service was safe for patients by undertaking regular environmental risk assessments relating to potential ligature risks. They provided individual risk assessment for patients and ensured they used the part of the service which was most suitable for their needs. This could include a ligature free room or one with ligatures present for a patient due to be discharged into the community. The service was clean and furniture well maintained and the clinic rooms provided suitable equipment to meet the need of patients.
- Staff ensured care plans had been completed in a timely way. This included information which was holistic, person centred and recovery focussed. Staff reviewed care plans and risk assessments regularly in multidisciplinary team meetings. Staff attended handovers so that information about patients could be shared at the start of every shift.
- Patients stated that staff were caring and respectful. Staff knew patients well and used this as a basis for providing support that was supportive and responsive to patient need. Families and carers had been involved with permission of the patients.
- Patients had their own personalised bedrooms. The service provided quiet rooms and areas for visitors and patients had unrestricted access to the large outside space. The service provided rooms for patients who needed disabled facilities. Staff ensured the food met the dietary, religious and cultural needs of the patients and that they had a degree of choice in the food they had been offered.
- Dartmouth House had a good governance structure in place so that staff felt well supported and able to do their jobs to the best of their ability. Staff received mandatory training and could request specialist training elated to their roles. Staff knew the visions and values of the provider and demonstrated these in the support they offered to patients and each other.

However:

- Not all staff had received regular supervision as set out in the providers policy. The provider had identified the reasons for this and developed a plan for improving access to supervision for staff.

Summary of findings

Contents

Good

Location name here

Services we looked at

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

Summary of this inspection

Background to Dartmouth House

Dartmouth House is a long stay/rehabilitation unit for up to 16 men of working age. It is registered to provide care and treatment to people detained under the Mental Health Act. The philosophy of the service is to provide rehabilitation.

The unit opened in July 2016 and at the time of inspection had 14 patients. They provide care for male patients only, aged between 18 and 64 years old.

The service was last inspected in October 2016 when it was rated as good in all 5 domains. This resulted in it being taken out of special measures which were applied because of a previous inspection in July 2015. The organisation had undertaken extensive refurbishment work and changed their statement of purpose from offering care to females to offering care to a male patient group.

The service had a registered manager at the time of our inspection

Our inspection team

Team leader: Matt Brute

For this inspection our team comprised of;

- Two CQC Inspectors
- One expert by experience
- One specialist advisor
- One assistant inspector from the CQC

Why we carried out this inspection

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

How we carried out this inspection

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

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

'Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited the hospital and looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with 6 patients who were using the service;
- spoke with the registered manager;
- spoke with 7 other staff members including nurses, an occupational therapist, an activity worker, two health care assistants and the deputy manager.
- attended and observed the residents meeting;
- looked at 14 care and treatment records of patients:
- carried out a specific check of the medication management;
- looked at a range of policies, procedures and other documents relating to the running of the service;

Summary of this inspection

What people who use the service say

All of the patients we spoke to were complimentary of the staff and the service. They stated that they felt supported and cared for.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Dartmouth House had ligatures but the environment had been risk assessed and staff individually risk assessed patients according to their needs. Patients near the end of the recovery pathway had rooms that reflected risks that would be like a patient's own home.
- The service was clean and tidy and furniture had been well maintained. Staff ensured cleaning records had been completed.The clinic room was fully equipped to ensure patients received the treatment and monitoring required.
- Dartmouth House used bank and agency staff but ensured all staff received an induction to the service. Where possible they used staff, who knew the unit well.
- Staff used nationally recognised tools as part of a patient's risk assessment. These had been completed and staff reviewed them regularly in the multi-disciplinary team meetings.
- Staff reported incidents in line with the organisations policy. They received feedback through supervision, team and multi-disciplinary meetings.

However

- Staff had not ensured all equipment in the clinic room had been calibrated. This was raised with the manager at the time of the inspection and has since been rectified.

Are services effective?

Good

We rated effective as good because:

- Staff ensured care plans had been completed. These were individualised, holistic and recovery focussed. This meant patients' needs had been fully assessed and they received a service to meet these.
- Dartmouth House had an identified physical health lead so patients had full assessments and access to additional outside services such as a GP when required. Staff encouraged patients to consider issues such as healthier lifestyles.
- Patients had access to a wide range of staff including psychiatrist, nurses, occupational therapists and assistant psychologists which meant the service they received was holistic and patient centred. Staff communicated well and discussed patients at handover and in multi-disciplinary to ensure any changes for patients had been passed on.

Summary of this inspection

- Staff had been trained in the use of the Mental Health Act and the Mental Capacity Act. Paperwork was stored appropriately and patients had regular access to advocacy.

Are services caring?

Good

We rated caring as good because:

- Staff worked closely with patients. They were discreet, respectful and knew the needs of patients well. Patients we spoke to confirmed this was the case.
- Staff understood the need for confidentiality relating to patients and respected this. They did not pass on information without a patient's permission.
- Patients stated they had been involved in their care plans and received a copy if they wanted one. Staff noted in the records when a patient had refused a copy of the care plan and the reasons for this.
- Families and carers had been involved in meetings and care planning where appropriate and also felt supported by the service.

Are services responsive?

Good

We rated responsive as good because:

- Patients had their own rooms which they had personalised in the way that they wanted. Patients always had their own room to return to after a period of leave. They had unrestricted access to a large outside space. This had been set up so that patients detained under the Mental Health Act could access it at any time without supervision giving patients a sense of freedom.
- Dartmouth House had converted several rooms so that they would be suitable for patients requiring disabled facilities. Staff had access to interpreters and signers for deaf patients as required.
- Staff provided a choice of food which met with the cultural, religious and dietary requirements of the patients using the service.
- Staff discharged patients at a time of day to suit their needs. Staff supported patients throughout the process to ensure the discharge was successful for the patient.

Are services well-led?

Good

We rated well-led as good because:

- Staff knew and understood the providers visions and values. They demonstrated these through the support, care and encouragement offered to patients.

Summary of this inspection

- Staff felt well respected and supported by managers. They worked well together as a team to ensure the needs of patients had been met. Staff sickness levels had been relatively low for this type of service.
- Staff knew how to raise a concern and felt confident to do this. They knew that managers would listen to them and act in a way that was appropriate to the concern raised.
- Dartmouth House had a good governance framework in place to ensure consistency in the delivery of the service to patients.

However:

- Staff had not always received regular supervision and numbers for this were low. Managers had identified the reasons for this and had put a plan in place to ensure staff received supervision regularly.

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.

There were 14 patients' resident at the time of our inspection. Thirteen had restrictions placed upon them under sections of the Mental Health Act.

We reviewed the Mental Health Act paperwork and found that it was in order. The act appeared to be applied correctly in all cases and the paperwork was complete and stored appropriately. In cases where documentation was required to be attached to medication records this was the case.

Mental Capacity Act and Deprivation of Liberty Safeguards

We checked paperwork relating to the Mental Capacity Act. We found that it was filled in correctly and stored appropriately.

We found that capacity had been considered in all cases and where appropriate the act was being applied correctly.

There were no cases where the Deprivation of Liberty Safeguards was being used.

Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

Safety of the ward layout

- Staff undertook regular checks of the care environment and when required updated risk assessments. Ligature risk assessments were in place and updated annually or when circumstances changed.
- The ward layout meant that there was clear line of sight in all communal areas but there were some blind spots in bedroom corridors and stair cases. These were mitigated by ongoing risk assessment and patient monitoring.
- There were ligature risks present throughout the unit but these had all been identified in the ligature risk assessment. They were mitigated through patient monitoring. In bedrooms, ligature risks had been factored in as part of the rehabilitation process. Rooms for newly admitted patients were ligature free and all fixtures and fittings were specific to reducing ligature risks. For patients who were further along their recovery pathway, the rooms had fixtures and fittings that mirrored what would be found in their own homes. These were managed through robust risk assessment and patient monitoring.
- Dartmouth House was a unit specifically for men and as such complied with all guidance on same sex accommodation.
- Staff had access to personal alarms which were tested regularly.

Maintenance, cleanliness and infection control

- All areas around the unit were clean and well presented. The furniture was in good condition and all furnishings and fixtures and fittings were well maintained.
- Cleaning records were present and up to date. They showed that cleaning happened regularly.
- All staff we observed adhered to infection control principles.

Seclusion room (if present)

- Dartmouth House does not have a seclusion room and does not use seclusion as part of any management plan.

Clinic room and equipment

- The clinic room was fully equipped with accessible resuscitation equipment including oxygen that was in date. There was no emergency medication stored in the clinic. If this was required staff would have called for an ambulance.
- Staff maintained equipment and kept it clean and tidy. Though there were calibration stickers that were in date on the machine for taking blood pressure, there were no stickers on other clinical equipment such as the thermometer and weighing scales. This was pointed out to staff at the time of our inspection and this was rectified two days later. We were provided with documentation to provide evidence of these checks as soon as they were completed.

Safe staffing

Nursing staff

Long stay/rehabilitation mental health wards for working age adults

Good

- The organisation had calculated the number and grade of staff by undertaking a benchmarking exercise and comparing staffing levels of similar units.
- The number of nurses and health care assistants on the rota matched substantive staffing numbers on all shifts.
- The ward manager or nurse in charge could adjust staffing levels and arrange the use of bank or agency staff to take into account of the case mix and keep staff and patients safe.
- When agency or bank staff were used they were given an induction on their first shift on the ward. Where possible the organisation chose to use staff that were familiar with the patient group.
- A qualified nurse was always present in communal areas of the ward.
- Staffing levels allowed patients to have one to one time with their named nurse.
- Staff shortages rarely resulted in escorted leave or ward activities being cancelled. In cases where clinical need resulted in staff being unable to facilitate leave or sessions, they were postponed and delivered later.
- Staffing levels and training figures meant that there was always enough staff on duty to carry out physical interventions safely.

Medical Staff

- There was adequate medical cover throughout the day. Dartmouth House had its own consultant and shared a speciality registrar with another hospital in the organisation. They could attend the unit as and when required. All patients had a GP identified. There was also an assistant psychologist on site. There was also input weekly from a sessional clinical psychologist. During the night any medical cover would be provided by the emergency services.

Mandatory training

- Staff had received a full induction package upon starting with the organisation. Ongoing mandatory training was in place and each member of staff had their training needs identified in their personnel record.
- At the time of our inspection there were no mandatory training subjects that were below 75% compliance. Training in managing actual and perceived physical aggression (MAPPA) was at 87%.

Assessing and managing risk to patients and staff

Assessment of patient risk

- Staff had undertaken a risk assessment for every patient upon admission. Staff used several tools to undertake risk assessments ranging from START (the short-term assessment of risk and treatability) to the Sainsbury risk assessment tool. These were updated regularly. The organisation had put in place a graded system of assessing risk which encouraged positive risk taking throughout the patients' recovery. As such risk assessments were reviewed and updated regularly as part of multi-disciplinary team meetings

Management of patient risk

- Staff we spoke to were aware of specific patient risk factors. This included risk presented from physical health conditions.
- Staff could identify and respond to changing risks.
- Staff were aware of the policy around observations including minimising risks from potential ligature points and searching patient's bedrooms.
- We did not find any evidence of any blanket restrictions during our inspection.
- At the time of our inspection Dartmouth House was not smoke free. There were policy and working practices in place to ensure that patients could smoke at identified points outside the building.
- Informal patients could leave the building at will and knew this. There were signs posted at all exits to give patients the information they needed to allow them to leave the building. These instructions were clear.
- There had been no episodes of seclusion as it was not used in the organisation.
- There were no episodes of long term segregation as it was not used in the organisation.
- There had been no episodes of prone restraint being used in the twelve months prior to our inspection.
- Staff were aware that the use of physical restraint was a last resort and should only be used after all attempts to verbally de-escalate had failed.
- There had been no use of physical restraint in the twelve months prior to our inspection.

Track record on safety

- There had been three serious incidents recorded in the 6 months prior to our inspection. They all related to errors in medication. They had been investigated and measures had been put in place to ensure that they would not reoccur.

Long stay/rehabilitation mental health wards for working age adults

Good

Reporting incidents and learning from when things go wrong

- All staff we spoke to were aware of what to report and how to report it. They could give us examples of what would be considered an incident and could talk us through the reporting process.
- Staff had reported all incidents that they should.
- Staff understood duty of candour. As an organisation Options for Care had developed a culture of openness as an integral part of their visions and values. This included being open and transparent with patients and carers when things had gone wrong.
- Staff received feedback from investigation of incidents. This feedback happened in a number of ways. They received feedback directly from managers and as part of staff meetings and supervision.
- Staff met monthly to discuss feedback.
- There was evidence of changes to working practice as a direct result of investigation and staff feedback.
- There was a system in place for staff debrief but this had not been needed in the twelve months prior to our inspection.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Dartmouth House used a system of paper recording. Information was divided across two folders for each patient. In the number one folder was all information relating to care records including daily notes. In the number two folder was all information relating to the Mental Health Act, medication, capacity assessments and restrictions. We looked at seven care records during our inspection. They all showed good practice.
- Staff completed a physical health assessment at admission or as soon as possible after admission.
- Care plans were individualised and holistic. They met the needs identified at initial assessment and were recovery orientated. They were stored securely and available to all staff as and when required
- Care plans were reviewed and updated regularly.

Best practice in treatment and care

- The organisation offered care and treatment interventions that were recommended by the National Institute for Health and Care Excellence. This included medication, activities and opportunities intended to help patients to acquire living skills.
- The organisation had identified a physical health lead who reviewed care plans to ensure that they met the needs of individual patients. This included access to specialists when required.
- Staff supported patients to live healthier lives. This included healthy eating advice and smoking cessation.
- Staff used recognised rating scales to measure the severity of outcomes. They used health of the nation outcome scales (HONOS) and the model of human occupation screening tool (MoHOST)
- Staff were involved in clinical audit. Individual members of staff had been identified as leads for specific areas of clinical practice, for example infection control. They were responsible for arranging audits, collating and presenting the results.

Skilled staff to deliver care

- The team at Dartmouth House consisted of a wide range of skilled staff including a psychiatrist, assistant psychologists, occupational therapists, qualified nurses, session coordinators and health care support workers.
- Staff were experienced many had the correct qualifications for their role. They had the correct skills and knowledge to meet the needs of the patient group. Staff who had been given roles that were new to them were supported by experienced staff to ensure they developed the skills required.
- New starters were provided with an appropriate induction.
- Staff received an annual appraisal. Appraisal rates at the time of our inspection were 82% There was also a monthly staff meeting to ensure staff received up to date information from managers.
- There was a system in place to provide supervision to staff but at the time of our inspection supervision rates were low. Only 45% of staff had received regular supervision. This was due in part to a member of staff

responsible for delivering supervision leaving. This had been identified and there was an action plan in place to ensure that rates were brought back in line with organisational targets of 90%.
- Managers had identified the learning needs of staff and there were opportunities for staff to undertake training to develop skills and knowledge.
- Staff that had specialist roles had received training in these areas.
- There was evidence that managers dealt with poor staff performance promptly and effectively.

Multi-disciplinary and inter-agency team work

- Staff held regular multi-disciplinary team meetings. A wide range of staff from inside the organisation were involved and it was possible for professionals from outside the organisation and family members of patients to attend if appropriate.
- There were effective hand overs at the beginning of each shift. There was also consideration given to ensure that members of staff who did not work the same pattern as the nursing staff were given an effective handover upon entering the building.
- The ward team had effective working relationships with staff teams from other locations and from outside the organisation, for example care coordinators and the community mental health teams.
- There was evidence of effective working relationships with teams outside the organisation for example GP practices and local authority social services.

Adherence to the MHA and the MHA Code of Practice

- Staff training in the Mental Health Act was above 75% and there were plans in place to deliver training to new starters. Staff we spoke to had good knowledge of the act and its guiding principles.
- Staff had good access to administrative support. Options for Care employed a Mental Health Act administrator across all sites who would visit as and when needed.
- Options for Care had relevant policies and procedures in place to ensure adherence to the act. These reflected the most recent guidance.
- Staff had easy access to policies. These could be accessed electronically or in paper format.
- There was an independent advocacy service available at Dartmouth House. An advocate visited the unit regularly.
- Patients had their rights explained to them on admission and this process was repeated as required. The information was delivered in a way that they could understand and had been recorded.
- Staff ensured that patients could take section 17 leave, which is permission to leave the service, as and when it had been granted.
- There was evidence that a second opinion had been sought from a second opinion doctor when necessary.
- Copies of patients' records associated to the Mental Health Act were stored correctly and were available to all staff that needed to access them.
- There was a notice on all doors that exited the building to explain that informal patients could leave the unit freely.
- The Mental Health Act administrator undertook regular audits of Mental Health Act paperwork to ensure the act was being applied correctly.

Good practice in applying the MCA

- Staff training in the Mental Capacity Act was above 75% and there were plans in place to deliver training to new starters. Staff we spoke to had a good understanding of the Mental Capacity Act and the five statutory principles.
- There had been no Deprivation of Liberty Safeguards applications made in the twelve months prior to our inspection.
- The provider had a policy on the Mental Health Act which included the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were aware of this and had access to it.
- The organisation had identified a member of staff to act as the lead on matters relating to the Mental Capacity Act. This individual could offer advice and guidance to staff as and when required.
- We observed that staff gave patients every possible assistance to make specific decisions for themselves before they assumed that patients lacked the capacity to make it.
- For patients who lacked capacity, staff assessed and recorded capacity to consent appropriately. This was done on a decision specific basis with regard to significant decisions.
- In cases where a patient lacked capacity, staff made decisions in the best interest of the patient. They considered each patient's wishes, feelings, culture and history.

Long stay/rehabilitation mental health wards for working age adults

Good

- There were arrangements in place to monitor adherence to the Mental Capacity Act. Regular audits were undertaken by identified members of staff.

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

Good

Kindness, dignity, respect and support

- We observed staff interacting with patients throughout our inspection. They were discreet, respectful and responsive. They could offer support and advice and knew the patients well. Interactions were tailored to each patient and it was clear that staff had developed good knowledge of each patient including their likes and dislikes, culture, history and other impact factors.
- Staff could speak with us at length about individuals care plans and treatment programmes. From this it appeared that staff fully understood these plans. This included all staff we spoke to from qualified nurses to health care support workers.
- Patients stated that staff treated them with dignity and respect. They were complimentary of the entire staff group.
- Staff were aware of confidentiality and knew their responsibilities in terms of maintaining the confidentiality of patient information.

The involvement of people in the care they receive

- Staff used the admission process to orientate patients to the ward.
- Staff involved patients in their care planning and risk assessments where possible. When this happened, information was presented in the patient's own words and reflected their thoughts and feelings. Where patients were unable or unwilling to be involved, this was clearly presented in the documentation.
- Staff communicated patients care plans to them in a way that meant that they clearly understood their care and treatment where possible.
- Staff involved patients in decisions about the service. This included having a patient representative involved in the recruitment and interview of staff.
- Patients were given the opportunity to give regular feedback about the service via weekly resident's meetings and in person to the manager and operations director who were regularly visible in communal areas.
- Patient advocacy visited the unit regularly and there was information including contact phone numbers posted around the unit on notice boards.

Involvement of families and carers.

- Staff involved families and carers in developing treatment plans where appropriate.
- Staff enabled families and carers to give feedback about the service through regular contact and open conversations.

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

Good

Access and discharge

Bed management

- Average bed occupancy over the 12 months prior to our inspection was 70%. This was because the unit were opening beds up to a planned schedule due to re-opening after refurbishment.
- Due to the nature of commissioning for this unit there were no out of area placements. As a private provider beds are commissioned from all over the country.
- There was always a bed available to patients returning from planned leave. As beds are commissioned and payed for per patient, the beds were left empty while a patient was out on leave.
- Patients were not moved around the unit unless there was a clinical requirement to move them to a room with less risks.
- Patients were only discharged between the hours of nine to five Monday to Friday. This was to ensure that there was enough staff available to ensure a smooth discharge.
- Psychiatric intensive care (PICU) beds would be sourced from local NHS trust provision if required. Options for Care did not operate any PICU facilities.

Long stay/rehabilitation mental health wards for working age adults

Good

Discharge and transfer of care

- There was one delayed discharge during the 12 months prior to our inspection. This was due to an error in paperwork from the patients' community mental health team meaning that they were discharged without informing Options for Care.
- Staff liaised with local care coordinators and managers when planning patient discharge.
- Staff supported patients during discharge, for example accompanying them to visit other units or community placements.

The facilities promote recovery, comfort, dignity and confidentiality

- All patients had their own bedrooms.
- Patients could personalise their own bedrooms. We observed that patients had their own furniture and had decorated walls with posters and pictures to their own tastes.
- There were quiet areas on the unit where patients could meet with visitors.
- Patients were allowed access to their own mobile phones and could make calls in private on the hospitals own phones if required.
- Patients had access to outside space. There was a large open garden area at the rear of the unit that patients could use throughout the day and evening. This area was not locked as there was a system of sensors set up outside that would trigger an alarm in the nursing office if a patient tried to leave this area. This meant that patients that had restrictions placed on them could also access this area unsupervised if this was appropriate.
- We were informed by the patients that food was of a good quality. We saw the kitchen area and noted that the menu was varied. The chef was a visible presence around the unit and welcomed feedback from the patient group.
- Patients had access to hot drinks and snacks 24 hours a day.

Meeting the needs of all people who use the service

- The service made adjustment for people with disabilities and had set up a number of bedrooms that could be used for individuals that had physical impact factors.
- There was information posted around the unit on a number of subjects. This included local services, treatment options, how to complain and how to access support from advocacy.
- Staff stated that information leaflets could be provided in a number of languages as and when required. To date this service had not been required.
- Managers could arrange access to interpreters including signers for the deaf if required.
- There was a choice of food available to meet the dietary requirements of religious and cultural groups. This included vegetarian options.
- Staff could arrange for spiritual support that was appropriate to individual needs.

Listening to and learning from concerns and complaints

- Dartmouth House had received 24 complaints and two compliments in the twelve months prior to our inspection. Of the 24 complaints all were upheld, investigated and resolved. None of the complaints was referred to the ombudsmen.
- Patients were given feedback relating to their complaint by managers.
- All staff we spoke with knew how to handle complaints appropriately and were aware of the complaints procedure.
- Staff received feedback from investigations of complaints directly or at staff meetings.

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

Good

Vision and values

- Staff knew and understood the providers visions and values and how they applied to their work.
- The senior leadership team for the organisation had successfully communicated the providers visions and values to frontline staff.
- Staff had the opportunity to contribute to discussions about strategy and improvement as the service changed.

Long stay/rehabilitation mental health wards for working age adults

Good

- Staff could explain how the organisation was working to improve and how their work was helping to deliver high quality care within available budgets.

Culture

- Staff stated that they felt respected, supported and valued. All staff we spoke to spoke highly of the senior management team.
- All staff we spoke to stated they were proud of the work that they did. They also stated that they were proud and felt good about working for the organisation.
- Staff knew how to raise concerns and stated that they felt confident they could do so without fear of retribution.
- Staff were aware of the organisations whistle blowing policy
- Managers dealt with poor performance effectively when needed. There had only been one case of the organisation using its disciplinary processes in the twelve months prior to our inspections and it appeared that it had been handled correctly.
- We observed close knit staff teams who worked well together and supported each other.
- Staff appraisals included a conversation about career progression.
- Staff sickness and absence levels were four percent. This is not high when compared to similar organisations.

Good governance

- There were clear frameworks in place to ensure the consistency of what was discussed and multi-disciplinary team meetings, staff meetings and residents' meetings to ensure consistency. This also ensured that essential information was shared.
- Staff had implemented change because of investigations into incidents and complaints.
- Staff were involved in audits at a local level.
- Staff understood arrangements for working with other teams both externally and from other units in the organisation.
- Staff had received mandatory training and had knowledge to undertake the role they had been employed for.
- Staff had received an annual appraisal. Though staff supervision levels were low there was a plan in place to address this.
- Staff maximised their time on direct care activities. There was sufficient administrative support to ensure that this was the case.
- The provider used key performance indicators to monitor quality in a range of areas including team performance.

Leadership, morale and staff engagement

- Staff sickness and absence rates were low. Though there had been high rates of staff turnover in the twelve months prior to our inspection the staff team was stable and settled when we inspected. Staffing levels were good with low numbers of vacant posts.
- There had been no bullying or harassment cases since our last inspection.
- Staff stated that they felt able to raise concerns without fear of victimisation.
- Staff morale appeared to be high with all staff we spoke to stating that they had good levels of job satisfaction.
- There were opportunities for staff who wanted it to undertake leadership development. This included the nomination of staff leads for various specific subjects linked to the day to day delivery of care, for example infection control, physical health and health and safety leads.
- We observed good examples of team working and mutual support.
- Staff were open and honest with patients when explaining if something had gone wrong.
- Staff were offered the opportunity to give feedback on service development.

Commitment to quality improvement and innovation

- Options for Care used several improvement methodologies and guidance from national organisations such as the national institute of health and care excellence. They engaged with regulatory bodies regularly and had their own quality improvement group that included external specialists.
- At the time of our inspection options for care were not involved in any national quality improvement programmes.

There were no examples of innovative practice at the time of our inspection but senior leaders informed us that there had been a focus on getting the basics right since the unit reopened after refurbishment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

The provider should ensure that there is a system in place to deliver staff supervision to all staff in a timely manner. This should include ensuring that there are sufficient numbers of staff available to facilitate supervision.