

Apple Hill

Quality Report

Henley Road
Hurley
Maidenhead
SL6 5LH
Tel: 01628 823 200
www.applehill.org.uk

Date of inspection visit: 7-8 November 2017
Date of publication: 08/01/2018

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 Walbury ward as good because:

- Staff engaged positively with patients. We observed many positive and engaging interactions between staff and patients. Staff demonstrated a clear understanding of individual patient's needs.
- Families and carers spoke positively about staff. They told us that staff listened to them and informed and involved them in decisions about the care and treatment. Carers told us that staff were accessible. The service kept them updated and provided information to help carers understand the current situation and treatment programmes. Carers had access to monthly carers' support groups. Carers said they could not say enough good things about the service.
- Staff cared for patients in a clean, safe and well-maintained environment. Appropriate furnishings and equipment were available to support the patient group.
- Staff monitored patients' physical healthcare and could access specialist physical health services when needed. A GP provided regular physical health monitoring. Staff accompanied and supported patients and their carers at outpatient appointments.
- The psychology department produced a detailed analysis of incidents involving patients, this highlighted risks, trends in behaviour and enabled staff to learn from incidents and offer care and treatment that was more effective and meaningful.
- The provider implemented robust governance procedures. A series of clinical quality audits were carried out, looking at key performance indicators on areas such as workforce, nutrition, cares planning. These were presented at monthly assurance meetings. This meant that the management team were able to receive assurance and apply clear controls to ensure the effective running of the service.

However:

- There was no occupational therapist currently at Apple Hill, the service had just recruited to this post. This meant that activities were limited particularly at the weekend.
- Mental capacity assessments were not consistent and lacked detail around physical interventions and there was a lack of understanding about the process of best interest decisions.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good 	Start here...

Summary of findings

Contents

Summary of this inspection

	Page
Background to Apple Hill	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
Information about Apple Hill	7
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Outstanding practice	18
Areas for improvement	18

Good 

Apple Hill

Services we looked at

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

Summary of this inspection

Background to Apple Hill

Apple Hill provides residential nursing or personal care and can accommodate up to 42 residents. It also has a registered mental health hospital caring for patients with varied mental health conditions and provides care and treatment for patients detained under the 1983 Mental Health Act.

The hospital and residential nursing home are on one location set in its own grounds within a rural setting.

Apple Hill has three wards, one within the hospital site, Walbury, offering long term rehabilitation care for up to seven male patients with a mental disorder. The other two wards offer residential nursing care.

Apple Hill was last inspected in January 2016 but was not rated by Care Quality Commission (CQC) due to insufficient evidence, the mental health hospital was new in its development as a mental health hospital at the time. Prior to this, the whole service was inspected in March 2014 under adult social care and was compliant with all the regulations.

Apple Hill due to its registration is under two directorates with the Care Quality Commission (CQC) adult social care and mental health. This Inspection was conducted jointly by mental health and by adult social care.

Our inspection team

Team leader: Joan Hallifax, Inspector, Care Quality Commission

The team that inspected the service comprised two CQC inspectors, a Mental Health Act Reviewer and one specialist professional advisor nurse with experience working in this area.

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 service:

- 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 these services.

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four carers
- spoke with community mental health care co-ordinator
- spoke with the ward managers and members of the senior management team
- spoke with 13 staff members; including doctors, nurses, pharmacists and psychologists

Summary of this inspection

- observed lunchtimes and communal areas
- collected feedback from six carers using comment cards.
- looked at five treatment records of patients.
- carried out a specific check of the medication management on the ward.
- looked at a range of policies, procedures and other documents relating to the running of the service

Information about Apple Hill

Apple Hill provides residential nursing or personal care and can accommodate up to 42 residents. It also has a registered mental health hospital caring for patients with varied mental health conditions and provides care and treatment for patients detained under the 1983 Mental Health Act.

The hospital and residential nursing home are on one location set in its own grounds within a rural setting.

Apple Hill has three wards, one within the hospital site, Walbury, offering long term rehabilitation care for up to seven male patients with a mental disorder. The other two wards offer residential nursing care.

Apple Hill was last inspected in January 2016 but was not rated by Care Quality Commission (CQC) due to insufficient evidence, the mental health hospital was new in its development at the time. Prior to this, the whole service was inspected in March 2014 under adult social care and was compliant with all the regulations.

Apple Hill due to its registration is under two directorates with the Care Quality Commission (CQC) adult social care and mental health. This inspection was conducted jointly by mental health and by adult social care. The adult social care team have written a separate report.

What people who use the service say

- Patients, families and carers were mostly positive about their experience. Some patients with complex mental and physical health needs were unable to tell us their experiences. We therefore used different methods, including observation to help us understand their experiences. We observed positive and kind interactions between patients and staff. Families said staff were caring and felt their needs were respected.
- Carers spoke about very good communication and being informed and updated on a regular basis. Carers stated that staff supported their loved ones to continue to access outpatient appointments for physical health care needs by escorting them to these. Many carers said they could not say enough good things about staff and their honesty and integrity was appreciated.
- Some carers told us that they were concerned about the high level of management staff and were concerned about staff retention of ward staff. Carers also told us that there had been some difficulties with laundry and personal clothing going missing even though the items were labelled.

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?

We rated safe as good because:

- Walbury ward was exceptionally clean and well maintained, this included the clinic room.
- Staff undertook regular environmental risk assessments and any risks identified were adequately mitigated and recorded. Each shift had a named staff member responsible for ward security, including patient observations.
- All carers that we spoke with told us that they felt their loved ones were safe.
- There were enough suitably qualified and trained staff to provide care to a very good standard. Staff considered the needs of patients at all times. Staffing numbers could be increased if needed.
- Staff reported incidents appropriately and there were monitoring systems to review and investigate incidents. Lessons learnt were shared with staff through a variety of methods

Good



Are services effective?

We rated effective as good because:

- Staff completed timely and comprehensive assessments after admission.
- Staff completed a physical health examination of patients when they were admitted and staff maintained ongoing physical health monitoring of patients.
- Staff engaged in a mixture of clinical and management audits on a range of topics to monitor, maintain and review standards.

However:

- There was no occupational therapist currently at Apple Hill, the service had just recruited to this post. This meant that activities were limited particularly at the weekend.
- Mental capacity assessments were not consistent and lacked detail around physical interventions and there was a lack of understanding about the process of best interest decisions.

Good



Are services caring?

We rated caring as good because :

Good



Summary of this inspection

- We observed staff being very respectful, caring and discreet on our inspection with their involvement with patients and carers.
- Staff took time in their interactions with patients, pre-empting when a patient was becoming distressed, using distraction techniques and demonstrating a real understanding of the patients as individuals.
- Family members and carers gave very positive feedback.
- All patients had access to the advocacy service and they visited the ward regularly.

Are services responsive?

We rated responsive as good because:

- Beds were available to people living in the local catchment area. The service
- Patients were able to personalise their bedrooms and this was important to them and their families.
- There was provision for patients with physical disabilities
- Staff knew how to deal with complaints appropriately. Carers we spoke with all knew how to raise a complaint.

Good



Are services well-led?

We rated well-led as good because

- Staff were enthusiastic about their work and felt well supported by managers. Staff reported senior managers were visible on the wards.
- The service had good governance systems in place, which was reflected in the high rates of staff training, supervisions and appraisals.
- Staff knew how to report incidents, there were robust reviews and analysis of these and staff learnt from these.
- The service had a positive, open and inclusive culture, which centred on improving the quality of care for patients. There was a strong commitment for quality improvement and innovation across the service.
- The whole team were fully committed to making positive changes. Developments had been made to maintain improvements in quality using audits and key performance indicators.

Good



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 Service.

All staff had received training in the Mental Health Act. Wards Mental Health Act paperwork was stored appropriately and staff had access to this when needed.

Staff were aware, that they could contact the provider's Mental Health Act administrator and that they were available for guidance, training and support to the staff on the ward.

Regular audits took place to ensure that the MHA was being applied correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training on the Mental Capacity Act (MCA). There was evidence that mental capacity assessments and best interest decisions were undertaken however the documentation of this was not consistent. For example, stating that the patient lacked capacity but

gave no detail about this and what the patient was needing. The service demonstrated a lack of awareness about best interest meetings and the process, for example, a best interest meeting had taken place without the decision maker being at the meeting.

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

- The ward layout allowed staff to observe all areas of the ward. A staff member was allocated daily to carry out environmental checks of the ward. A ligature risk assessment was completed and reviewed annually. Senior staff did a daily walk around checking the environment speaking to ward staff about any maintenance issues or repairs that needed to be done. All the bedrooms were individually assessed so those patients posing less risk could have more belongings and equipment to meet their specific needs.
- Walbury is a single sex ward for men so there were no issues with mixed sex accommodation
- Staff completed daily cleaning schedules, we saw evidence of staff completing these on the ward to maintain ward hygiene and cleanliness. The ward and surrounding areas were exceptionally clean, spacious and well maintained.
- The ward had a fully equipped clinic room with accessible resuscitation equipment and a medicines fridge. Staff checked the fridge temperature daily to ensure that the medicines remained suitable for use. All medicines needed were available and stored securely.

- All equipment was well maintained with up to date statutory certification that we were shown and testing stickers visible and an exceptionally well-organised filing system of all works and repairs that needed to be carried out and by when.
- In addition to the daily walk around by senior staff, maintenance staff also undertook environmental risk assessments fortnightly, and any actions reported to the senior management team.
- The alarm system was a radio system, two radios were held on shift. One was held by a qualified member of staff and one by the staff member responsible for security on shift. Walbury is a small ward, risks were mitigated by regular environmental checks and increased observations. A personal alarm system had previously been used on the ward however there was a patient on the ward who was sensitive to noise and in consideration to the patient's needs, the provider had reviewed the alarm system.

Safe staffing

- Staff worked a shift of 07.45am-8.15pm and 7.45pm-08.15am. There was always one qualified nurse on each shift and two health care assistants during the day and two at night. There were two deputy managers who were supernumerary and if required they would cover the ward. The management team held a multidisciplinary team meeting at which staffing levels for the hospital were discussed.
- There were no staffing vacancies for the ward and the manager was able to adjust staffing levels depending on the need of the ward. Agency staff used were familiar with the ward.

Long stay/rehabilitation mental health wards for working age adults

Good 

- There were enough staff on duty to allow patients to have regular one to one time with their named nurse. There were enough staff on each shift to facilitate patients leave and for activities to be delivered.
- Medical cover was provided by a GP who attended the ward weekly and responded sooner if required. The ward had a consultant psychiatrist and associate specialist. Both were on call to respond and attend the ward in an emergency.
- Staff mandatory training rates were at 88% overall, this covered training on areas such as care planning, nutrition, ligature awareness. The lowest being nutrition and Non- abusive psychological and physical intervention training at 80%. All staff were now booked on training to ensure that they were fully compliant.
- We checked the management of medicines on the ward. The medicines were stored securely in the clinic room. Daily checks were made of room and refrigerator temperatures to ensure that the medicines remained suitable for use. There was a medicines management policy in place. Medicine administration record charts were checked daily by pharmacy staff. Staff discussed medicines in a multidisciplinary care review, which were attended by a pharmacist. A pharmacist completed a fortnightly audit and a monthly report was provided to senior management.
- Children did not come on the ward, Apple Hill had an identified family room next to the ward where visits took place.

Assessing and managing risk to patients and staff

- There were no seclusion room facilities on the ward. Staff used distraction techniques and used holds to steer the patients away from potential situation of conflict. There were no incidents where prone restraint or rapid tranquillisation were used.
- Each shift had a named staff member who was responsible for security. This staff member would complete and record hourly patient observations, environmental checks for risks. If staff were concerned about a patients increased agitation this would be discussed in handover and the nurse in charge would increase observations to help manage the situation.
- We reviewed five patient care records. Risk assessments were thorough and completed in a timely manner. Staff completed risk assessments at point of admission and regularly updated thereafter.
- Staff used recognised risk assessment tools such as the historical, clinical risk management, and the short-term assessment of risk and treatability. Risk formulations and management plans were comprehensive, up to date and relevant.
- Staff kept blanket restrictions across the ward to a minimum. All patients had free access to outside space, there were two garden areas off the side of the ward, and one was designated for patients that smoke.
- All staff received safeguarding training and knew of the process for raising a safeguarding alert.

Track record on safety

- The service reviewed processes, for example following an incident. A daily communication book was completed, the handover form had a lessons learnt section, and there were monthly team meetings and reflective practice sessions where incidents could be discussed.

Reporting incidents and learning from when things go wrong

- Staff knew how to report an incident and the form that needed to be completed. Incidents were discussed in the daily handover. All incidents were reported to the senior management team who then identified actions.
- Staff were offered a de-brief with managers and separately in a reflective group with psychology staff
- A detailed analysis of incidents was completed by psychology staff, this was located in each patient's notes. This was then presented to management and fed back to staff. This useful tool identified triggers and assisted staff when compiling care plans and management of care in a meaningful way with patients.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

- We reviewed five care records. Staff had completed timely and comprehensive assessments after admission. The initial care plan was the 72-hour care plan, which staff reviewed with the patient, carer and the multidisciplinary team to develop the ongoing care plan.
- On admission patients were seen within an hour of arrival by the psychiatrist, the GP attended weekly and sooner if required.
- Staff completed a physical examination at the point of admission. Records showed that staff maintained ongoing physical health care monitoring of patients. The wards used recognised tools of assessment such as malnutrition universal screening tool (MUST a five step screening tool for patients who are at risk of malnutrition or obesity) and falls risk assessment tool to help with regular physical health monitoring and responding to any deterioration in a patient's health.
- Care records showed an up to date, personalised, holistic care plan, which was recovery, focused. Care plans were completed as 'my shared pathway' looking at, why am I here, my life skills, what do I need right now, my recovery, how I became me. Patients kept these in their rooms.
- Staff recorded all assessments and care plans in paper notes. All care records were stored securely and were available to staff when they needed them, the care records were all well ordered.

Best practice in treatment and care

- Staff used National Institute for Health and Care Excellence (NICE) guidance when prescribing medicines, involving patients and carers in decisions about prescribing medicines and options available for patients' care, their treatment and wellbeing. This assured the highest standards of physical health care

delivery. NICE guidance was also used in the delivery of the therapeutic programme, which included nationally recognised treatments for patients with needs associated with their illness.

- Staff used recognised rating scales, such as the health of the nation outcome score to measure patients' progress on the ward.
- Staff participated in clinical audits to monitor the effectiveness of services provided. Audits carried out included a care plan audit to ensure the quality and involvement of patients and carers staff were working with. Audits were completed which looked at patients' risk assessments and crisis relapse and prevention plans.

Skilled staff to deliver care

- The staff across the wards came from various professional backgrounds, including medical, nursing, psychology, pharmacy and activities co-ordinator. The ward had been without an occupational therapist and had just recruited to the post. The lead occupational therapist employed by the provider visited Apple Hill to offer supervision and support.
- All staff received a thorough induction into the service. A staff handbook was provided which included Apple Hills philosophy of care.
- Staff supervisions and appraisals were all up to date. Staff supervision rates showed 91% of all staff were having monthly supervision. Staff received an annual appraisal, 90% of staff had received their appraisal in the last 12 months.
- Staff received appropriate training, supervision and professional development. Staff were encouraged to attend additional training courses. For example percutaneous endoscopic gastrostomy, (PEG) training.

Multi-disciplinary and inter-agency team work

- Regular and fully inclusive team meetings took place. There were handovers between shifts and members of the senior management team did a daily walk around to receive feedback and update on actions or issues.
- We observed close liaison with care co-ordinators and were told about the importance of those links for the patient concerned.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

- 90% of staff had received training on the Mental Health Act, including the revised Code of Practice This was currently on line training, the service was putting in place face to face training.
- All appropriate treatment forms were attached to medication charts.
- Staff were aware, that they could contact the provider's Mental Health Act administrator and that they were available for guidance, training and support to the staff on the wards.
- Regular audits took place to ensure that the Mental Health Act was being applied correctly. The Mental Health Act administrator had a patient database and monitored requirements and compliance with the Act and Code of Practice. Audits were carried out on accuracy of consent certificates (known as T2 and T3 forms), medication charts and section 17 leave documentation.
- There was evidence of timely managers' hearings at the point of patients' section renewals. These were undertaken prior to the patient's section renewal date.
- Staff told us that patients had access to an independent mental health advocate (IMHA) to support them whilst they were detained and that the advocate dropped in regularly. The advocate was very familiar with the patient group and supported staff when explaining to patients their rights. An IMHA is an independent advocate who is specially trained to work within the framework of the Mental Health Act to support people to understand their rights under the Act and participate in decisions about their care and treatment.

Good practice in applying the Mental Capacity Act

- Over 95% of staff had undertaken Mental Capacity Act training and remaining staff were booked on. Again, this was on line training the service was looking at developing face-to-face training.
- There was evidence through our conversations with staff that mental capacity assessments were undertaken and best interest meetings took place. The form the service had developed to record these assessments and decisions was good, however we found there was a lack

of consistency in the recording of a patients physical needs . Some patients had decisions recorded and some did not. There was no clear documentation as to what information was given or how patients were supported to understand. Capacity assessments and best interest decision were only made when the patient resisted care.

- The hospital had one person subject to Deprivation of Liberty Safeguards on the ward, this person was a resident from the residential nursing home but due to the presenting behaviours needed to be managed within the hospital. This had become a complex situation, Apple Hill had referred for a Mental Health Act assessment and the service had tried to raise this issue with the commissioners and the community mental health treating team but this had not resolved the situation.

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

Good 

Kindness, dignity, respect and support

- Staff treated patients with dignity and respect. Staff demonstrated a caring attitude towards the patients and we observed many instances of staff supporting patients and respecting their individual needs.
- Staff showed patience and gave encouragement when supporting patients. We observed this consistently throughout the inspection. All the patients on the ward had very complex needs. Staff demonstrated an understanding of the patients, their triggers and an ability to respond those. Several patients become distressed and agitated whilst we were on inspection and staff recognised this, and intervened early on in a gentle and pleasant way.
- All the carers we spoke with said that staff were so caring and took time with patients.
- Staff spoke confidently about the patients and with a real understanding of their individual needs likes and dislikes. We observed staff in activities with patients.

The involvement of people in the care they receive

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff tried to ensure that they met the patient several times before admission, became familiar with their needs and routine, and had contact with carers. Files for a new admission were all set up prior to admission so more time could be spent with the patient when they arrived. A 'grab sheet' was completed so staff had the essential information required at a glance and in emergencies
- Patients had individualised care plans in their rooms as well as those in their files. Patients had limited involvement in their care plans due to various communication difficulties but efforts were made to address this. Patients had care plans that were set up in picture form and interpreters were used for patients where English was not their first language.
- A weekly ward round was held to review and discuss each individual patient and any issues on the ward or forward planning. Patients were able to attend if this did not cause them too much distress. Families and carers were invited to care programme approach meetings where appropriate.
- All patients had access to the advocacy service. The advocacy service visited the ward regularly and knew the patients well. Local advocacy services were advertised widely on notice boards on the ward
- Carers told us that they were contacted regularly by the ward manager and staff with an update or if there were any changes to their loved ones care. There was a carers support group where they had been able to give feedback on the service and make recommendations for change or development.

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

Good 

Access and discharge

- Walbury ward was a new ward at this site, it had opened on 28 April 2017. The average bed occupancy levels between April 2017- October 2017 were 71%.
- There were two out of area placements and four patients from the local area. One was a resident who

was being managed on Walbury ward under DOLS due to his complex needs. This was an issue the service had tried to raise a number of times with the commissioners and the community treating team.

- Apple Hill maintained regular contact with the commissioners, they were informed of Incidents or changes in treatment and care plans via telephone and emails. A record of the multidisciplinary team meeting was completed fortnightly and this report was available for review during care coordinators visits. Formal reviews were undertaken as part of the care planning approach process either three or six monthly. All five patients on Walbury had had at least one placement review since admission to the ward.
- Referrals were made from NHS Trusts, commissioners, and community care co-ordinators. The appropriateness of referrals was discussed in the multidisciplinary meetings and with the referrer. The service did not feel pressured to accept a referral if it was not appropriate. An example was given of a recent referral where it was identified that the patient was not settled and not on an established medication regime so the referral was declined at that stage. The service had registered as a hospital in April since this time there were no delayed discharges. Reviews post admission were recorded with future plans in place for patients.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff and patients had access to a range of rooms to support patient treatment and care. These included an occupational therapy kitchen, activities room, and medical room and therapy rooms. However, there was not a quiet room on the ward. Patients had free access to their bedrooms and these were used for key work sessions when needed and appropriate, or when a patient needed their own space. The service had a space for patients to meet visitors and access to an outside space.
- Patients had access to drinks and snacks 24/7.
- Patients' bedrooms were personalised, with for example photos of family and of them when they were younger. Patients who had been risk assessed as it not being appropriate to have fixtures, personal items hanging on the walls had soft furnishings placed in the room such as beanbags where they could go and relax.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Patients were able to securely store all of their possessions in their bedrooms, and there was a safe in the office that was used if required with a record of belongings kept.
- The assistant psychologist supported community outings with individual patients. There was an activity and therapy programme running all week from Monday to Sunday, however this was limited at the weekend. Therapy staff provided an activity pack for staff to do with patients. The therapy programme had been limited recently as there was no occupational therapist and the activities co-ordinator had reduced their hours. The service had just recruited an occupational therapist. The activities co-ordinator was developing a much needed sensory activity pack but was awaiting funding approval for this.

Meeting the needs of all people who use the service

- There was provision for patients with physical disabilities who required wheelchair access.
- Staff said that they would try to resolve complaints locally at ward level in the first instance. If a complaint could not be resolved, they would be escalated to the ward manager and senior management team. Carers told us they could complain directly to the ward manager and raise concerns in their carers support group.
- Staff informed us that they had access to interpreters and did have an interpreter who attended the ward once a week to support the care and treatment of a patient. They had access to this support as and when required.
- Patients had access to spiritual support.

Listening to and learning from concerns and complaints

- Two complaints had been received, since the ward had opened as a mental health hospital in April 2017. Complaints were dealt with openly and transparently. We saw the complaint investigations and were shown the outcome.
- Information was displayed in communal areas on how to make a complaint. Carers told us that there was a monthly meeting for carers and patients where they could raise a complaint if they wanted to.

- Staff were aware of the complaints process and knew how to handle complaints they received.

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

Good 

Vision and values

- Staff knew and agreed with the values and vision of the service. Throughout our inspection, we saw that staff embedded the values of the service in all aspects of their work and there was an open culture with staff putting the patients at the heart of the service. Staff spoke about the importance of good practice and being accountable for their work and the importance of teamwork in making a difference to patient's lives.
- Staff told us about a comprehensive induction training where the values of the service were included.
- The team were very committed to working together and management spoke proudly of all the staff team on Walbury ward. Staff were aware of the senior managers within the hospital and said they were a visible presence on the ward.

Good governance

- The service compiled a training matrix on compliance of staff with mandatory training, the completion of staff supervision and appraisal meetings.
- Shifts were covered by appropriate levels of qualified staff. Managers said that staffing levels were reviewed daily and the ward manager could request extra staff depending on the need of the patients.
- Managers carried out daily quality walk arounds where they assessed the environment, documentation, patient welfare and patient experience
- The ward completed key performance indicators monthly these were submitted to the senior management team. These were used to measure the ward's performance on areas such as safeguarding,

Long stay/rehabilitation mental health wards for working age adults

Good 

nutrition, care planning, workforce, Mental Health Act, accidents, and incidents. Any actions identified at this meeting and not completed could be placed on the service's risk register.

Leadership, morale and staff engagement

- Sickness and absence rates were 9% as of October 31 2017 from April 28 2017 when the hospital opened.
- Staff were aware of the whistle blowing process and felt able to raise concerns without fear of recriminations.
- Staff we spoke with said that they felt supported by their managers and peers. There was strong team support and enthusiasm and this was actively encouraged.

Commitment to quality improvement and innovation

- The hospital was striving towards continual improvement and responding to the needs of individual patients through delivering staff training, on such specialist areas as percutaneous endoscopic gastrostomy (PEG) feeding. A PEG is a gastrostomy tube placed through a surgically formed fistula in the abdominal wall into the stomach and is used for long-term enteral nutrition. All staff had completed this training at the time of our inspection.
- The hospital used The Green light toolkit, this was a guide to auditing and improving your mental health service so that it is effective in supporting people with autism and people with learning disabilities. The service was using this audit to review and ensure this service was inclusive of those patients with a learning disability.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure there is adequate provision of activities and ensure the occupational therapy post is recruited to.
- The provider should ensure capacity assessments are more detailed, consistent and robust particularly when making decision about a patients physical health treatment. The service should ensure staff gain a better understanding of best interest decisions and process.