

Independent Health provider well-led assessment

Elysium Healthcare

Date of inspection: 12 April to 9 May 2022

Our findings

Overall summary

Inspected but not rated

This report describes our judgement of the quality of care given by this registered provider of health and social care. It is based on a combination of what we found when we carried out a reactive provider well-led assessment, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations. The assessment focused on how well-led the organisation is, looking at leadership and management, governance, quality assurance and continuous improvement, to ensure the delivery of safe, high quality services.

We have not rated this provider as part of this assessment as this is not part of the current methodology for independent health care providers.

We found a number of areas where significantly more work was needed:

- Elysium had not translated a high-level strategy into clear plans for how the organisation would develop over the next few years. It was unclear what outcomes the provider was trying to achieve and how these would be implemented. For example, Elysium had a strategic priority to flex, change and develop services so they continue to meet the needs of the population. However, they had a few hospital services for people with a learning disability where the model of care no longer reflected current thinking as found in the Care Quality Commission's guidance 'Right support, right care, right culture' and other National Institute for Health and Care Excellence (NICE) guidance. Whilst Elysium recognised that change was needed as seen in some newly opened social care services and had ongoing dialogue with commissioners there were no active plans in place for these hospitals.
- Co-production at a provider level with people who use services was at an early stage. There were examples of involvement within individual services including community meetings and access to advocacy services. Elysium was establishing a service user panel and held conferences with a focus on delivering insight and feedback. However, the co-production approach was not embedded across the organisation. We did not hear that people who use services were influencing the strategic direction of the organisation. For example, people who use services were not routinely involved in staff recruitment, staff training, delivery of quality assurance, quality improvement and research. Whilst members of the service user panel were going to be remunerated, the employment of peer support workers and people with lived experience was not widely implemented.

- Elysium was at the very early stages of its work to promote equality and inclusion. Whilst Elysium had sought advice and identified some areas for development to tackle inequality and discrimination, this had not yet translated into action. There was no statement in place promoting the intention to improve the diversity of the senior leadership team. Networks for specific groups of staff who may be disadvantaged had not yet been established to provide them with an employee voice. No work was taking place to understand the experience of Black, Asian and minority ethnic staff, for example in terms of access to career progression. However, the recruitment of a Head of Diversity, Equality and Inclusion was underway at the time of our assessment.
- The arrangements for staff to speak up were piecemeal and there was a risk that senior leaders may not clearly understand the concerns of staff so that improvements could be made. The current freedom to speak up guardian had other significant responsibilities which meant there was potentially insufficient capacity to undertake the role. Between May 2021 and February 2022 there had only been seven contacts with the speak up guardian and more staff contacts directly to the Care Quality Commission. The provider was aware of this and had completed cultural reviews to explore the reasons for this.
- The introduction of a quality improvement approach was at a very early stage. There was a limited understanding of the benefits this could potentially bring to the culture and approach of the organisation. The infrastructure needed to introduce this systemically was still being agreed. However, the provider was investing in a quality improvement platform and some early pilots were underway with projects in a couple of services focusing on reducing restrictive interventions. The provider had not engaged widely with organisations with a more mature quality improvement culture to better understand the link between strategic delivery and governance.
- The oversight of the operation of the Mental Health Act 1983, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was not in place, although the appointment of a Mental Health Act Lead was underway. Mental Health Act administrators had access to legal advice where needed.

We found a number of areas where there had been considerable progress but there was more to do:

- There was scope to strengthen the system of clinical governance making effective use of the data available. At the time of the inspection it was not possible to clearly see a thread from services through to the corporate clinical governance meeting showing trends and outliers and enabling scrutiny where needed. The system of clinical governance had been updated across Elysium about three months before the inspection. Clinical governance meetings were taking place in services, at a divisional level and fed into a corporate clinical governance group. Clinical staff were highly engaged with the clinical governance system. Data, some of which was presented as dashboards was available to staff at different levels of the organisation. However, this was not brought together as a report of performance and quality showing what was happening at a service, division and corporate level and discussed at each meeting.
- The corporate risk register was using a format which would benefit from updating with a focus on developing an assurance framework. The corporate risk register in use at the time

of the inspection did not provide clarity about who was responsible for addressing the risk or sufficient detail of how the risk was being monitored, controlled, and mitigated over time. Elysium was operating risk registers and escalating potential risk from individual services to the senior leadership team. Ramsay had plans to support Elysium with the development of its corporate risk register.

- Elysium could potentially benefit from more independent input to ensure that they are held to account for the delivery of their strategic priorities and be a source of advice. They had access to some independent challenge through the ongoing appointment of one independent advisor who chaired the quality and risk group. Elysium also had access to non-executive directors from Ramsay, although they were not based in the UK.
- The chief executive had a very wide span of control and directly managed the operations directors. Whilst this hands-on approach would be more usual in a smaller organisation, Elysium had grown and there was a question about the capacity of the role particularly in relation to corporate strategy. Elysium was positive about its flat management structure and the access services had to senior leaders. The input of Ramsay provides an opportunity to review this approach.
- The leadership of allied health professionals was varied throughout the organisation and for some professionals there was no clear link to a member of the senior leadership team. The executive medical director had leadership responsibility for the clinical psychologists, but arrangements were not in place for all other professionals. However, those professionals did have access to clinical training and supervision.
- Nurse leadership was variable across the organisation and there were no plans to review this at the time of the inspection to ensure effective management of the significant risks potentially impacting on patient safety. The director of nursing was line managed by the executive medical director. They had a significant portfolio with responsibility for delivering many areas relating to patient safety. Whilst some divisions had a senior nurse or a head of patient safety – others had no clear senior nurse input.
- The internal quality and compliance team, whilst providing a valuable part of the organisations quality assurance work, had scope to develop further and to support the identification of closed cultures. For example, the visits were largely announced rather than unannounced; mostly took place during the working week rather than out of hours; did not include people who use services or carers as part of the team. Although written reports and action plans were completed following visits, they did not routinely feed into the dashboard discussed at the clinical governance meetings.
- Elysium had begun to develop a more consistent and centralised approach to its reporting and oversight of serious incidents but there was room for further improvement. A review of four serious incident investigation reports showed that they were not completed to a uniform and consistently high standard. An investigation lead was being recruited. Themes from incidents were identified and they informed the safety priorities. However, further work was needed to add a narrative to the data available and maximise the learning from incidents. There were additional challenges with different reporting thresholds across the organisation based on local integrated care systems and this was in the process of being addressed.

- Further work was needed to support the recruitment and retention of staff in some services where there were higher levels of turnover. Recruitment and retention were identified correctly as a high risk for Elysium. Recruitment was ongoing, innovative, and tailored to the needs of individual services. Financial incentives were used when appropriate. International nurse recruitment was producing positive outcomes. The human resources team described their focus on becoming proactive rather than reactive in recruitment and retention of staff and had set out plans to better utilise data to achieve this.
- The carer/family input into service development required further work. A family toolkit had been introduced and each service had a family forum link, but this area required exploration into how families and carers could influence and engage better with services.
- Elysium recognised for itself that there were areas where further work was needed to improve the quality and safety of the care and treatment being delivered. For example, work was ongoing to reduce the use of restrictive interventions and improve the use of observations and engagement. In terms of assessing and managing potential ligature points, there was no proactive provider wide oversight of where ligature reduction work was needed and an associated capital program to ensure this was achieved.
- Staff well-being had been promoted through the work of a director of culture and wellbeing however, there were still pockets of unhappy staff. Elysium had used feed-back from staff to inform the development of some organisational initiatives. In addition, individual services had been given funding to offer tailored well-being initiatives. However, 353 of the 884 staff who responded to our staff survey reported they had felt unwell due to work-related stress in the last 12 months, and 115 did not think that the organisation treats people with respect or takes action to reduce bullying and harassment.
- The Mental Health Units (Use of Force) Act 2018 was commenced on 31st March 2022. Statutory guidance sets out the requirements for providers to comply with the Act. Elysium had allocated a responsible person for the Act, in line with guidance, and had developed a policy outlining how the provider would comply with the Act. However, there were some omissions in the policy which needed to be addressed.

We found a number of areas where the provider was performing well:

- Elysium was clear about its commitment to ensuring that the people in their care were at the heart of everything they do. However, the language used by senior leaders often referred to delivering high quality care to people rather than delivering a model of care which maximises people's choice, control, and independence.
- The culture of Elysium was one of integrity and wanting to do the right thing. All the staff we met were proud to work for Elysium and wanted to deliver high quality services. There was a recognition that there were areas where improvement was needed and a willingness to make those changes.
- Most of the members of the senior leadership team had been in post for several years and had joined from legacy providers. This provided good continuity in terms of the knowledge of the services. Senior leaders were visible, approachable and staff working within the services knew who these individuals were. Senior leaders often referred to how well they worked together. However, this presented a potential risk of 'group thinking' and a lack of

challenge. This was reflected during the well-led review when some leaders were not able to be self-critical.

- The leaders of individual services, health and social care, had a very good understanding of their roles and were able to describe how they were addressing the challenges they faced and working to provide a high standard of care.
- Elysium was working effectively in partnership with external stakeholders. Commissioners told us they found Elysium to be open and responsive and that they put patient safety first when managing referrals. Links with external stakeholders including provider collaboratives had been developed at a local level, which enabled Elysium to support the development of services within a place so people could receive care nearer to home. The senior leaders within the provider had a good understanding of the current health and social care landscape and the challenges around systems working.
- Elysium had made good progress in the implementation of its business information systems. Managers of services said they found the systems mostly worked well in terms of patient and staff records and reporting incidents. The systems also supported the automated production of data. Improvement to ensure better internet connectivity had been appreciated. Steps had been taken to maintain cyber security.
- Elysium prioritised the delivery of learning and development. There were clear plans for the training which needed to be delivered. This included a comprehensive induction, mandatory training, learning to enable staff to meet the needs of the people they were supporting and training to enhance professional skills and support leadership development. There were sufficient resources to deliver training to meet corporate and local needs and staff said that if they identified training they wanted to attend that they would be supported. Elysium was making good use of staff apprenticeship schemes.
- Elysium effectively managed the risks associated with the pandemic. This included keeping staff up to date with the latest guidance and ensuring availability of PPE. They were working to ensure appropriate measures were in place to support service users and staff to live with COVID-19.

Background to Elysium Healthcare

Elysium Healthcare launched in December 2016. The company initially brought together sites from the portfolio of two other independent providers and further acquisitions have enlarged the group giving a portfolio across mental health care, neurological care, education and children's services.

On 31 January 2022, Elysium Healthcare was acquired by Ramsay Health Care. It will remain a separate company and report directly through the global line with no involvement of Ramsay Health Care UK. Ramsay Health Care is a global health care operator employing more than 80,000 people at more than 460 sites across Australia, the United Kingdom, Europe, and Asia. It provides health care to over eight-million patients per year through a network of hospitals, day surgeries, specialist clinics and primary care units.

Elysium Healthcare has 17 providers registered with the Care Quality Commission. The findings of this well-led assessment are being reported under Elysium Healthcare, but includes information from across all 17 providers and their registered locations. There is a single executive board and senior leadership team for all the 17 registered providers.

Elysium Healthcare is currently registered to provide care at 33 hospital locations and 41 adult social care locations. Elysium Healthcare provide a range of mental health hospital services for adults including psychiatric intensive care, acute mental health wards, secure services, mental health and neurological rehabilitation wards, secure services and rehabilitation services for mental illness and deafness and services for people with learning disabilities and autism. They also provide mental health and eating disorder services for children and young people via five hospital locations nationally, as well as education through schools registered through four of their hospital locations.

All but one of Elysium's adult social care services are care homes with or without nursing and offer support in group homes and independent flats. Elysium have one domiciliary care service registered. Elysium have 27 community-based services for people with learning disabilities and autism and six complex care services for people with a learning disability and/or autism with highly complex and severe behaviour which challenges services and associated risks.

Since 2019, the provider had added 11 new services to its portfolio, including two acquisitions of existing services operated by other providers, and development of nine new sites.

At the time of our inspection, the overall breakdown of Care Quality Commission ratings of Elysium locations was as follows: 12 outstanding (16%), 44 Good (59%), 10 requires improvement (13%), 2 inadequate (3%) and 7 (9%) that were not currently rated.

At the time of our inspection, the breakdown of Elysium services in each region were as follows:

London and the South:

- 12 hospital sites and 20 adult social care sites
- 7 hospital sites rated as 'Good', 3 rated as 'Requires Improvement' and 2 are not rated.
- 11 adult social care sites rated as 'Outstanding', 6 rated as 'Good' and 2 are not rated.

Midlands:

- 10 hospital sites and 11 adult social care sites
- 6 rated as 'Good', 2 rated as 'Requires Improvement', 2 rated as 'Inadequate'.
- 8 adult social care sites rated as 'Good', 2 rated as 'Requires Improvement', 1 not rated.

North:

- 10 hospital sites and 11 adult social care sites
- 1 hospital site rated as 'Outstanding', 6 rated as 'Good', 2 rated as 'Requires Improvement', 1 not rated.
- 10 adult social care site rated as 'Good', 1 not rated.

Analysis of the 'must do' actions in the inspection reports for all inspections between January 2017 and March 2022 for all Elysium locations found that the regulations with the most frequent breaches were as follows:

- 38 breaches of Regulation 12: Safe care and treatment
- 24 breaches of Regulation 17: Good governance
- 18 breaches of Regulation 18: Staffing

A thematic review of recent Elysium hospital inspection reports identified the most common concerns identified by the Care Quality Commission included environmental concerns (9 reports), governance/management/leadership concerns (8 reports), medicines management concerns (8 reports) and training compliance/access to specialist training (7 reports).

Prior to the publication of the well-led assessment report, the following services were subject to enforcement or in special measures:

- Healthlinc House Hospital
- The Woodhouse Hospital
- The Chimneys Clinic

Elysium Healthcare employs around 6800 staff in England and supports approximately 3000 service users. Most of the care provided by Elysium Healthcare is funded by the NHS and social services.

Our inspection Team

The team included a deputy chief inspector of learning disability and autism services, a head of hospital inspection, two inspection managers, two inspectors with a specialist portfolio of independent health providers, a Mental Health Act reviewer, an analyst team leader, and a senior analyst. The team was advised by three executive reviewers who are senior leaders in their own organisations. The executive reviewers came from the NHS and independent health sector. Their roles within their organisations were as chair, chief nurse and medical director in organisations that reflected the size and complexities of Elysium Healthcare.

How we carried out the inspection

We carried out the following activities as part of this well-led assessment:

- A Care Quality Commission led survey of Elysium staff completed by 884 people (14% of Elysium staff in England)
- A survey of Care Quality Commission inspectors with an Elysium service on their portfolio (completed by 37 of the 58 inspectors – 35% for hospitals and 65% for social care)
- A request for information used by Elysium as part of their day to day operations
- An observation of a corporate clinical governance meeting
- An observation of an operational board meeting
- Focus groups with Elysium staff attended by 107 people
- Interviews with 21 leaders within Elysium Healthcare
- An interview with a senior leader from Ramsay Health Care

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www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Why we carried out this inspection

We conducted a well-led assessment of Elysium Healthcare as part of our risk-led schedule of independent health provider well-led assessments. Elysium was selected due to its inherent risk of

caring for a range of vulnerable people with complex care needs, as well as concerns about its ability to learn from incidents within and across their locations, to maintain patient safety and to understand how it addressed concerns about closed cultures, as indicated by feedback from whistleblowers and the Care Quality Commission's intelligence dashboards.

Areas for improvement

Action the provider **MUST** take is necessary to comply with its legal obligations. Action a provider **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the provider MUST take to improve:

- The provider must further develop its strategy and clearly identify its strategic priorities. This will allow the provider to work towards measurable outcomes to improve service provision and deliver appropriate models of care. The clear strategic priorities will enable the provider to have the clarity needed to develop effective governance to assess, monitor and drive improvement in the quality and safety of services. (Regulation 17: Good governance)
- The provider must ensure that a culture where staff are encouraged and supported to speak up is continuously promoted and that the systems and processes are in place to support staff to do this. This would enable the provider to receive and act on feedback from staff to continually evaluate and improve the services. (Regulation 17: Good governance)
- The provider must improve its oversight of diversity, equality and inclusion both within its staff group and service-user population and use this information to make tangible changes to how equality and inclusion are understood and promoted as part of the culture of the organisation. This will ensure staff and service users are treated with dignity and respect having due regard to any relevant protected characteristics as defined in the Equality Act 2010. (Regulation 10: Dignity and respect)
- The provider must continue to strengthen its coproduction with people who use services and their families/carers. This will ensure that care and treatment is designed to meet the preferences of the service users and meets their needs. (Regulation 9: Person-centred care)
- The provider must ensure that ensure that systems and processes are in place so the use of the Mental Health Act and Mental Capacity Act has appropriate oversight through the governance structures. (Regulation 17: Good governance)
- The provider must continue to develop and embed its quality improvement approach and ensure this is widely embedded with the associated cultural shift. This will empower front line staff and service users to drive improvements. This will ensure the relevant people are able to give feedback and contribute to the decision making of the organisation in order to evaluate and improve services. (Regulation 17: Good governance)

Action the provider SHOULD take to improve:

- The provider should continue to review its governance systems to ensure consistency of information reporting from location level through to the operational board. The provider had made good progress in reviewing its clinical governance system and would benefit from reviewing all reporting systems to ensure that the most pertinent data is shared routinely and is accompanied by a narrative which describes the change across time. This would enable the provider to monitor themes, trends and risks and allow them to be proactive in responding to and predicting risk more accurately.
- The provider should continue to keep under review its independent advisory input to ensure it is able to provide the scrutiny, challenge and support required. It is recognised that the provider has access to additional independent challenge from Ramsay's non-executive directors, but the provider would benefit from a considered review of this.
- The provider should review its leadership structures to ensure that all staff professions have a clear line of reporting to the senior leadership team and that nurse leadership is equally available throughout the divisions. This will ensure the relevant professionals are able to give feedback and contribute to the decision making of the organisation in order to evaluate and improve services.
- The provider should update and strengthen its corporate risk register so that risk can be effectively monitored, controlled and mitigated
- The provider should continue to promote learning from incidents across services, with the focus on informing front line staff and reducing the same types of incidents being repeated. The provider would benefit from a thorough review of the management of serious incidents and the development of a consistent approach in reporting, investigation and corporate learning.
- The provider should review the work of the quality and compliance team and other quality assurance measures to consider if improvements could be made, particularly to support the identification of services with closed cultures.
- The provider should review the span of control of the chief executive to ensure there is sufficient capacity for future strategic development work.
- The provider should continue to explore how to improve the quality and safety of the care and treatment they delivered and ensure that the senior leadership team have consistent and regular oversight of key areas of safety improvement initiatives.
- The provider should continue to explore innovative ways to improve staff recruitment and retention and routinely monitor the risk that the staffing challenges have on particular services. The work on staff well being should continue with a focus on reducing work related stress.
- The provider should review its policy for the Mental Health Units (Use of Force) Act 2018 to ensure it has been developed appropriately and includes all the necessary guidance.

Is this organisation well-led?

Inspected but not rated

We did not rate the provider at this inspection.

Vision and Strategy

- Elysium had a vision which was to deliver the 'best care' with the 'best people' in the best place.
- At the time of the well-led assessment, Elysium had developed a high-level strategy called 'Our purpose, Our Plan, Our Future 2022' which it described as a 'mindful process of emerging from the COVID-19 pandemic'. This talks about How Elysium will operate having been acquired by Ramsay. The strategy was a document which would be reviewed and updated.
- This document listed the nine strategic aims for the organisation and the wider document talked about the aspirations of the organisation. We saw that these priorities matched the challenges and risks of the wider healthcare landscape and took into consideration the external pressures this placed on an organisation. However, the document had not yet identified clear outcomes or said how these would be measured. This meant it was not possible to see what the provider intended to deliver within given timescales so that their progress could be monitored.
- The strategy was not yet embedded across the organisation. Staff across the organisation did not refer to the strategy. Senior leaders did not articulate their areas of work in terms of meeting strategic aims. Papers for meetings did not clearly state an alignment to a strategic aim.
- At the time of the well-led assessment, the executive medical director was leading work to refresh the clinical strategy. The clinical strategy was coproduced with a range of staff across the organisation. This work was at an early stage with the initial meeting taking place in March 2022. The clinical strategy had been aligned with the findings of a thorough review of all serious untoward incidents with the aim of identifying key areas that could help to improve service user safety. The stated focus of this strategy was to include service-led reviews of models of care. This will lead to the development of objectives for individual services. Senior staff when asked about changing models of care recognised that some hospitals for people with a learning disability may no longer reflect current guidance but active plans were not yet in place to transform these services. One hospital, Healthlinc House for people with a learning disability, had been closed by Elysium in 2022 following a rating of inadequate by the Care Quality Commission. However, Elysium had also opened and was developing some social care services to meet the needs of people with complex needs such as Jubilee House in Barnsley which offered six single-person apartments.
- Elysium worked collaboratively with external stakeholders. Since 2019, Elysium had accepted over 4370 admissions (from over 7600 referrals) and supported 4015 discharges. Elysium was an active partner in 23 provider collaboratives. The provider worked closely and effectively with commissioners including specialist commissioners to build a shared understanding of the challenges within the systems and, where applicable to the needs of

the relevant population, to deliver services to meet those needs. We heard from a range of stakeholders that Elysium worked collaboratively with external partners and were open and honest in their offer to ensure that patient safety was put first. Stakeholders told us that Elysium was proactive in engaging with commissioners about new services and were open to challenge in the interest of learning. The senior leaders within the provider had a good understanding of the current health and social care landscape and the challenges around systems working.

Leadership

- The operational leadership team was stable. Most of the team had been in post for several years with several joining from legacy providers. The recent departure of the person in the post of a commercial director had led to some changes in the team and their portfolio's. Individual members of the senior leadership team were able to describe their portfolio's and areas of responsibility.

The operational leadership team were very proud of working for Elysium. They described how they worked closely together and about how managing the organisation during the pandemic had enhanced this further. This closeness was clear to see, but it was also observed that there was an absence of discussion on areas of improvement and constructive challenge within meetings that were attended during the inspection.

- The chief executive had been in-post since the company was created in 2016 and had joined from a legacy organisation. The chief executive did not have a clinical background, but this experience was found in other members of the leadership team. The chief executive was well known across the organisation. At the time of the inspection the chief executive had a span of control of fifteen direct line management reports (nine directors and six operational directors). There was not a chief operating officer in the leadership team structure. Whilst they were keen to have a flat management structure and to be close to the services, this was a significant operational challenge. This could potentially impact on the capacity of the post-holder and the time available to focus on the strategic development of the organisation.
- Members of the operational leadership team carried out regular visits to sites, although the team acknowledged this had been less frequent during the Covid-19 pandemic. Whilst there was not a formal program to ensure all the services had a visit at regular intervals, we did hear that services felt contact was good.
- At the time of this inspection Elysium had one advisor to provide independent challenge of the operational team. This person had a distinguished career in senior leadership of the NHS and as a chancellor of a university. He had a good knowledge of Elysium and how it operated. He chaired the quality and risk group which reported to the operational board. He described how he gained assurance by asking operational colleagues in-depth questions about their area of work and felt they responded openly and honestly. For an organisation the size and complexity of Elysium one independent advisor did not appear to have the capacity or range of knowledge to ensure sufficient challenge and advice was given to the provider. We heard from Ramsay that they had six non-executive directors who were also available to under-take this role. These individuals worked globally and would need to be able to visit services and speak to service users and staff to gain a knowledge of the issues facing the provider to perform their role.

- Elysium Healthcare had systems in place to ensure their executive team had the necessary fit and proper person checks. We reviewed this for the eight operational board members and the checks were complete. However, we noted that some of the interview records were not available due to these interviews having been carried out by Elysium's previous investment partners. It would be beneficial for the provider to have access to these to assure themselves of the fit and proper persons test requirements. Elysium had developed its first fit and proper persons policy that was under review at the time of our assessment. We also reviewed a fit and proper persons test compliance report prepared by the human resources director that was taken to the April 2022 operational board meeting, which highlighted the organisation's compliance and due diligence in this area.
- A range of allied health professionals were spoken with as part of the well-led assessment. This included psychologists, social workers, occupational therapists, dieticians and speech and language therapist. They recognised that whilst most had access to supervision and opportunities to develop their professional skills there was not a clear line for all the professions to a member of the operational board. This meant that their professions would not be adequately represented as part of the clinical leadership of the organisation.
- At the time of the assessment the group director of nursing was line managed by the executive medical director although joined the operational board meetings. The group director of nursing had an extensive portfolio relating to nurse leadership and patient safety. The nurse leadership across the organisation was variable. Some divisions had a senior nurse or head of patient safety, whilst others did not. This meant the group director of nursing did not have an established team across all the divisions who could work with the operational staff to lead on embedding patient safety work throughout the organisation.
- The services provided by Elysium came under six divisions. The divisions were a mix of geographical and service type. Some divisions included health and social care services. Each division was led by an operational director. Each division was a different size and operational directors had spans of control of varying sizes. Some larger divisions had middle managers who line managed several service managers. The divisions did not have a consistent clinical leadership team, although some had a medical or nursing lead.
- The leaders of individual services across health and social care were observed throughout the well-led assessment to have a very good understanding of their roles and were able to describe how they were addressing the challenges they faced and working to provide a high standard of care. Several mentioned how they were much more positive about working for Elysium than their previous organisations. Most inspectors when asked about the quality of service managers were positive about their skills and experience with only 10% saying there was room for improvement. Elysium said that succession planning was in place for the senior leaders across the organisation to ensure continuity when long standing managers leave.
- Elysium offered staff a range of leadership development opportunities and many of the operational leaders had progressed within the organisation. Leadership opportunities included formal training such as offering nurse training places to unqualified healthcare workers and university-based courses at undergraduate and master's degree level for clinical and non-clinical staff. Elysium held preceptorship academy training for newly qualified nurses to support their development. The provider also offered informal leadership

and career development opportunities by supporting staff to move to new roles within the organisation, such as to a different type of service, to support their personal and professional development. We heard several examples of where staff had been supported to progress within the organisation and initiatives the provider had introduced such as deputy roles to encourage staff retention. Elysium had a well-established mentoring system and staff told us that they received regular supervision and appraisals to support their career development. The involvement of Ramsay also offered new opportunities as the provider was now able to offer a joint global graduate leadership development programme.

Culture

- Elysium had a clear vision and set of values which we saw as well embedded within the organisational culture. These values were named the KITE Values; Kindness, Integrity, Teamwork and Excellence, and were chosen by service users and staff. Elysium was clear about its commitment to ensuring that the people in their care were at the heart of everything they do. The culture of Elysium was one of integrity and wanting to do the right thing. All the staff we met were proud to work for Elysium and wanted to deliver high quality services. Most of the staff who responded to the Care Quality Commission staff survey reported feeling valued by the organisation and supported by their immediate manager and colleagues.
- Elysium had a communications strategy addressing how it communicated with staff, service users and carers, and external stakeholders. During the pandemic the senior leadership team had increased the level of communications. This included, key messages from the chief executive and medical director, a weekly newsletter, and a quarterly good practice bulletin. Once a day a message went out to all managers containing essential information to avoid multiple messages. At the time of the inspection Elysium was in the process of upgrading its intranet. All staff could download an Elysium app onto their phone so they could access the Elysium intranet remotely.
- The provider completed annual staff surveys, from which clear provider-wide and local action plans had been developed to monitor progress against the feedback shared. Elysium's 2021 staff survey was completed by 46% of staff and scores were calculated as mean scores, rather than percentages, based on a scale of whether staff strongly agreed through to strongly disagreed with each question. Although on average, most staff had reported positive experiences of working for Elysium, the 2021 staff survey showed a consistent decrease in staff satisfaction across all areas, except for the provider's response to keeping people safe during the Covid-19 pandemic and in the welcome that new starters received, both of which had scores higher than in 2020. Notable areas of decrease in satisfaction included whether staff agreed that there was an environment of openness and honesty in Elysium (67.9 to 65), how likely staff were to recommend Elysium to friends and family as a place to work (71.1 to 64.4) or to friends and family if they needed care or treatment (71.7 to 65.6) and whether staff agreed that there was a positive culture visible at their site (70.4 to 65.9). Other areas that had declined since 2020 included staff feeling recognised for the work they were doing, staff feeling that Elysium provided equal opportunities for career progression or promotion and in staff feeling informed about what is happening within the provider.

- The provider had completed cultural reviews of each site based on the Care Quality Commission's closed culture guidance. This cultural review consisted of a self-assessment audit tool, completed by the individual site manager, as well as an external assessment tool, completed by the visiting senior manager. The findings from this audit were being analysed at the time of our assessment and were due to be shared with the operational leadership team. Inspections of services by the Care Quality Commission were identifying locations with a poor staff culture where this had not been identified by the provider, indicating there was more work to do in this area.
- There were several routes available to staff to raise concerns. There had only been seven contacts to the speak up guardian between May 2021 and February 2022, raised by staff working in six different services which was a low number for an organisation the size of Elysium. The staff also had access to an independent whistleblowing line and a direct report to the CEO to share feedback. We reviewed an annual report from the independent whistleblowing line and found that within a 12-month period, only six of the 25 contacts to this line were from staff raising concerns about their working environment. In contrast between January 2021 and February 2022 the Care Quality Commission received 319 'feedback on care' contacts relating to Elysium of which 60% were from staff and 88% were reporting a 'bad experience'. Our Elysium staff survey showed that 133 of the 884 people who responded felt unsafe to report concerns without the fear of what would happen as a result. This was higher in the hospital services than adult social care services.
- The speak up guardian role was carried out by a member of staff who reported directly to the chief executive. This person was also the lead for service user experience. The role was promoted across the organisation through the intranet and other means such as the use of mouse-mats. The Care Quality Commission survey of Elysium staff showed that the majority (89%) of staff did know how to raise a concern through the speak up process. The person carrying out this role did visit services and speak to service users and staff. The provider was aware of the relatively low reporting and was exploring the reasons for this. There was scope for the role to be developed further or be carried out in a different way
- Elysium was at the very early stages of its work to promote equality and inclusion for its staff. Elysium had sought advice from an external consultant and identified some areas for development to tackle inequality and discrimination, this had not yet translated into action across the organisation. Members of the operational leadership team did not describe any work to promote the improved diversity of the senior leadership team. Networks for specific groups of staff who may be disadvantaged had not yet been established across the provider to provide these groups with an employee voice. No work was taking place to understand the experience of Black, Asian and minority ethnic staff, for example in terms of access to career progression. We saw evidence in regional governance meeting minutes that staff were frustrated by the slow progress of this work. However, the recruitment of a Head of Diversity, Equality and Inclusion was underway at the time of our assessment and we saw examples of local initiatives around diversity, equality, and inclusion. In terms of service users, patient record systems were recording information about the diversity of people using Elysium services. However, this data was not routinely used to explore the experiences of service users.
- Staff recruitment and retention was identified correctly as a high risk for Elysium. The Care Quality Commission staff survey highlighted that 301 of the 884 staff who responded (all types) within Elysium felt that there were not enough staff for them to do their job properly.

This was higher in hospitals than in adult social care services and mostly reported by clinical staff rather than operational staff. Financial, professional development and flexible working incentives were offered to staff where appropriate to improve staff retention. We saw examples where the provider had moved staff to work in different services where they had found working in a service type too challenging. The provider also scrutinised staff exit interviews to identify reasons why staff may be leaving, and we saw retention plans addressed these issues. Recruitment was ongoing, innovative, and tailored to the needs of individual services. International nurse recruitment was producing positive outcomes. The provider had recently moved their training of international recruits to a dedicated training centre to help establish a peer support network for people coming from overseas. The human resources team described their focus with regards to the staffing challenges as becoming proactive rather than reactive in recruitment and retention of staff and had set out plans to better utilise data to achieve this. However, there were still services with higher levels of staff turnover or pockets of unhappy staff.

- A range of staff well-being initiatives had been promoted through the work of a director of culture and wellbeing. They had used feedback from staff to inform the development of some organisational initiatives. In addition, individual services had been given funding to offer tailored well-being initiatives. We found that the director of culture and wellbeing was exploring a theme that some staff did not feel listened to and saw an understanding of the nuances between different sites as to why this may be. We saw evidence that this role had a focus on supporting the psychological safety of staff within the organisation, particularly in services with higher acuity. However, 80 of the 884 staff who responded to the Care Quality Commission staff survey reported that the organisation did not look after their wellbeing. In addition, 354 of staff who responded to the Care Quality Commission staff survey reported they had felt unwell due to work-related stress in the last 12 months, and 115 did not think that the organisation treated people with respect or took action to reduce bullying and harassment. This suggested there was more work to be done around engaging with and listening to staff feedback around how the organisation can better support their wellbeing. We heard from the senior leadership team that one of their top priorities was to improve staff morale through the wellbeing initiatives, as well as resilience training and local team building events.
- Elysium prioritised the delivery of learning and development. The provider had a learning and development plan which identified essential training and looked at career development pathways for staff groups. Elysium gave staff a comprehensive induction. Mandatory training was available using online and in-person courses. Registered managers had information available about when staff needed training. Compliance with mandatory training was shared with the Elysium operational board before each meeting and was discussed when needed. Elysium provided learning to enable staff to meet the needs of the people they were supporting and training to enhance professional skills and support leadership development. Our survey of Elysium staff highlighted that most staff reported they could easily access the appropriate training for their role, although 62 felt they did not have access to the specialist training for their role and 27 felt that the training was not appropriate for their role. Elysium was making good use of apprenticeship and preceptorship schemes. However, it was unclear how the learning and development linked to an overarching strategy. For example, the learning and development was not clearly profiled to ensure all staff had the appropriate access to development opportunities. The team acknowledged that this was a gap and that a new system that was due to be introduced would address this.

- The provider used digital technology to make information accessible to its population, including a British Sign Language interpreter service to contact the provider on their website. However, there was room for improvement in this area including making the provider's website more accessible and meaningful for people with a learning disability.

Governance

- Elysium had reviewed its governance structure to link appropriately with Ramsay Health Care Australia. Reporting to Ramsay was the Elysium operational board. Sitting alongside this was the independently chaired quality and risk group.
- Work was taking place to align all the meetings, so they took place on the correct dates to feed into each other as appropriate. The meetings would benefit from some housekeeping. For example, the agendas did not clearly state if there was a paper attached and a page number to improve ease of reference. It was not clear if agenda items were for information or approval. Papers for meetings did not have a front page saying who was the author and which executive director was the lead, how it linked to the strategic priorities and a summary of the content.
- A revised system of corporate clinical governance had been introduced across Elysium about three months before the inspection. Clinical governance meetings took place at a site level and at a regional or divisional level and the outcomes of these meetings fed into the corporate clinical governance group. The corporate clinical governance group reported to the quality and risk group. Several sub-committees of the corporate clinical governance group were in development, which included the reducing restrictive interventions group, quality improvement group, security group, physical health group and a research group. An ethics committee had also been developed during the Covid-19 pandemic and the provider had maintained this. The clinical governance meetings at a service level and the divisional level did not have the same agenda which made it hard to see how issues or themes were escalated and addressed at different levels.
- Staff throughout the organisation had access to a wide range of data and some of this was helpfully presented as dashboards to make the information more accessible. Elysium staff described the challenge of knowing which data to focus on to measure outcomes for the services as well as responding to local requests for information. Data was not routinely brought together for the governance meetings to provide a report on performance and quality. This meant there was a risk of not identifying outliers or themes and it was not possible to see the thread from services up to the operational board. However, clinical staff felt well engaged in the evolving clinical governance systems and were kept updated through an online governance hub as well as other professional meetings.
- Elysium had arrangements in place to monitor the quality of its own services. An internal quality and compliance team aimed to visit each service at least once a year with visits prioritised based on potential risk. The team had a structured approach to planning and completing their visits to ensure consistency between sites and visits. They identified areas for improvement and developed action plans that were shared with quality leads to support service improvement. Quality leads attended the regional clinical governance meetings to share concerns across the region and highlight lessons learned. When a service was

struggling, the quality leads had weekly (or more frequently if required) assurance calls with the site to monitor action plans for improvement. We heard examples where the quality and compliance team had taken a targeted approach to improvement in a division of the provider. This involved having a compliance officer who worked on-site to actively help the services with their improvement. The team arranged regular quality forums to share good practice between services and from other organisations. We noted positive practice in that the compliance teams regularly visited sites outside of their portfolio to utilise the benefit of 'fresh eyes' at a service and we saw detailed reports of all visits that had taken place. However, there was scope to further develop this team and to support the identification of closed cultures. For example, the visits were largely announced rather than unannounced; mostly took place during the working week rather than out of hours; did not at the time of the inspection include people who use services or carers as part of the team.

- Managers of services said that they felt well supported when improvements were needed in their services. In some cases, managers moved temporarily between services to provide leadership and support. Managers said that senior divisional leaders would make themselves available to offer support. Services worked in partnership with HR partners and recruitment leads to address staffing difficulties. Finances were made available when environmental improvements needed to take place. On-call arrangements meant that services could get support from a senior leader outside of daytime working hours.
- Elysium did carry out a wide range of clinical and non-clinical internal audits. Some were completed routinely, and others were selected to focus on an area of work and identify areas for improvement. Examples included audits of medication, the use of restrictive interventions and of nursing observations. Where new procedures were introduced, these were audited to monitor their effectiveness. This included a recent change to the use and monitoring of closed-circuit television. We saw evidence that standardised corporate audit tools were developed for the different areas to be audited to ensure consistency across the provider. The findings of audits were shared with individual services, discussed at governance meetings, and made available on the intranet. Where audits identified areas for improvement, we saw evidence that these areas were acted on and progress monitored regularly.
- Elysium had arrangements in place to ensure safeguarding was carried out appropriately. The Care Quality Commission survey of inspectors found that most inspectors thought services appropriately completed safeguarding referrals where needed. The group head of safeguarding reported to the executive medical director. The group head of safeguarding supervised the divisional safeguarding leads across the country. In Elysium's learning disability and autism division the safeguarding lead was a substantive post. In the other divisions the role was combined with another job. Each hospital or residential care home site had at least one designated safeguarding lead. The group head of safeguarding was a member of the NHS forensic safeguarding group and shared changes in guidance or legislation and key messages from external stakeholders via the safeguarding leads and through the Good Practice Hub on the provider's intranet. In addition, a monthly safeguarding newsletter was shared with all staff and this had prompted staff to raise questions about safeguarding issues directly with the safeguarding team.
- The provider offered level 3 safeguarding adults and children training to all staff, which was above the requirement outlined in national guidance. Safeguarding training completion levels across the provider was 83% at the time of the assessment, but there were plans to

reach the provider target of 90% in the next couple of months. Safeguarding training was delivered through a combination of external training providers for designated safeguarding officers and internal trainers for other staff. The provider also had a level 3 safeguarding training package that was delivered online, but this had to be followed up with a face to face training session. The divisional and service safe safeguarding leads received level 4 training and the group head of safeguarding received level 5 safeguarding training.

- The group head of safeguarding chaired a monthly meeting with the divisional safeguarding leads to review any new or outstanding safeguarding issues. The provider had access to data that allowed a breakdown of all safeguarding incidents by site, region or directorate and highlights from this were shared at divisional clinical governance meetings. The head of safeguarding provided updates to the corporate clinical governance meetings. However, the content of the monthly report taken to the corporate clinical governance meeting was not standardised, so it was not possible to track levels of referrals, outliers, and safeguarding themes. However, the group head of safeguarding understood this and was working to ensure data for example section 42 referrals were routinely collected. The provider completed an annual safeguarding audit and we saw learning was shared from this.
- At the time of the well-led assessment the oversight of the operation of the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards needed to be strengthened, although the appointment of a Mental Health Act lead was underway. The solicitor we met had considerable expertise and experience in mental health law and the Director of Policy and Regulation was the board lead for the oversight of the Mental Health Act. Mental Health Act administrators had access to legal advice where needed. The Mental Health Act administrators said they felt supported, were able to communicate with each other and the in-house legal system for support and advice and received training and legal updates. Eight places had also been funded to enable Mental Health Act administrators who wished to do so to complete the national Certificate in Mental Health Law, Policy and Practice to enable personal development. Clinical staff training on the Mental Health Act and Mental Capacity Act was provided by the in-house legal team. Some training is offered at both basic and advanced levels to address differing levels of knowledge. Specialist training was provided for child and adolescent mental health teams. Training was also provided for all associate hospital managers. Section 12 refresher training for responsible clinicians was provided externally and the provider's external solicitors provided additional training. The provider was not yet collating and analysing trends relating to numbers of patients subject to the Mental Health Act or Mental Capacity Act (e.g. the numbers of patients subject to Deprivation of Liberty Safeguards). We were informed that there was no regular presentation of Mental Health Act data or issues to the operational board. Audits of the use of the Mental Health Act were not routinely completed although a peer audit of Mental Health Act administration processes was undertaken in October 2021 following concerns raised about the detention of a particular patient. This revealed inconsistencies in Mental Health Act administration across the organisation, which led to a peer review of Mental Health Act practice. We were also informed that pharmacy consent to treatment audits were very helpful and helped to identify Mental Health Act trends and identify potential process improvements.
- In services where patients are detained under the Mental Health Act, the Care Quality Commission conducts regular Mental Health Act review visits to ensure compliance against the Code of Practice (2015). There had been 26 of these review visits to Elysium sites during 2021 and 2022, in which 162 issues were raised. The most common issues were the

quality of the ward environment, staffing and patient involvement in care planning. We were informed that environmental improvements were progressing although there had been some delays due to the pandemic. We did not see evidence that these Mental Health Act review visit reports were discussed through a committee that reports to the board, or that they were routinely analysed for trends and learning.

- The Mental Health Units (Use of Force) Act 2018 was commenced on 31st March 2022. Statutory guidance sets out the requirements for providers to comply with the Act. Elysium had allocated a responsible person for the Act, in line with guidance, and had developed a policy outlining how the provider would comply with the Act. However, the policy did not refer to co-production with patients or former patients, nor did it reference consultation with local communities or Healthwatch, as outlined in the statutory guidance. Whilst we acknowledge the challenge of a national provider with a broad geographical spread consulting with local populations, a reasonable alternative may have been to consult either national organisations or a range of organisations that are close to the provider's services. We did not see evidence of this. The statutory guidance outlines the need for a provider's policy to reflect the needs of the patient population using the services. However, Elysium's policy did not contain any mention of different approaches or considerations in the implementation of the policy for the various patient groups for whom they provide care and treatment. The statutory guidance calls for a single policy that includes information about different approaches for patient groups such as people with a learning disability or young people, rather than differences in local implementation or policy. There were additional omissions in Elysium's Mental Health Units (Use of Force) Act policy in line with statutory guidance, including not specifying how different use of force techniques would be used for different patient groups and no mention of protecting children's rights.
- The provider understood and met all relevant legal requirements, including Care Quality Commission registration requirements, safety and public health related obligations and the submission or notifications and other required information. A recommendation had been made to the provider that they review their reporting to the national mental health services data set to support benchmarking against other providers and improve accuracy of reporting.
- The Care Quality Commission survey of Elysium staff found that staff agreed that concerns and complaints from service users and carers were investigated appropriately and that the organisation encouraged carers and service users families to provide feedback about services and suggestions for improvement and that staff were encouraged to be open and honest with service users and staff when things went wrong. The provider monitored complaints data through a monthly management report. Elysium completed a complaint assurance survey earlier in the year via the quality forum. Quality leads were responsible for reviewing local surveys and identifying action plans.

Management of risk, issues and performance

- Elysium was operating risk registers and escalating potential risk from individual services to the senior leadership team. Service managers talked about completing their risk registers and escalating concerns. The corporate risk register was using a format which would

benefit from updating with a focus on developing an assurance framework. This would need to ensure the correct risks were identified, that there was clarity of who was responsible for addressing the risk and that there was clear evidence of how the risk was being monitored, controlled, and mitigated over time. Ramsay said they had their own risk dashboard and would be working with Elysium to ensure they provided the necessary information. They also said that the chief executive of Elysium had joined the global risk management committee.

- Elysium had an electronic system for staff to report incidents. The Care Quality Commission survey of Elysium staff suggested that although the majority (80%) of staff who responded felt that the provider encouraged them to report errors, near misses or incidents, 7% of staff felt that they were not encouraged to do so. This was higher in hospitals (13%) than in social care services (3%). Most Elysium staff agreed that the organisation did take action to ensure incidents, errors and near misses did not happen again. However, within hospitals, 9% of clinical staff who responded to the CQC survey thought that the organisation did not take action to ensure incidents did not happen again. Elysium shared the learning from serious incidents in several ways including urgent alerts to staff where needed, through clinical governance meetings, at learning events and on the intranet. Our survey of Care Quality Commission inspectors who held an Elysium service on their portfolio provided mixed feedback about how effectively Elysium services learnt lessons from incidents. This survey found that 73% of the inspectors felt the service took action to learn from incidents to ensure they did not happen again. Of the inspectors who felt that there was significant room for improvement in this area, most of these responses related to hospital services. Staff we spoke to during the inspection felt learning within divisions was good but learning across divisions was an area for improvement. Overall inspectors mostly felt that Elysium services were open about incidents and where improvements were needed.
- Elysium had begun to develop a more consistent and centralised approach to its reporting and oversight of serious incidents. All serious untoward incidents were reported to a central mailbox and reviewed by a member of the senior leadership team. They had analysed the themes from the last 12 months' serious incidents to inform the safety priorities for the coming year. However, there was further work to do in adding the narrative to this data to maximise the learning from these incidents. At the time of our assessment, we were told that there had been 19 serious incidents reported in the previous month and there were 68 serious incidents where the investigations were outstanding or late. In our review of four serious incident investigation reports we found they were not completed to a uniformed and consistently high standard. For example, there were differences in the provider's approach to involving families in developing the terms of reference. Whilst we recognise that not all service users would consent to having their families engaged in this process, the reports did not consistently identify where this had been attempted. Other inconsistencies included how staff were supported following an incident. We were also told of challenges with different reporting thresholds across the organisation based on service type and local system approaches and this was in the process of being addressed. We heard that serious incidents were investigated where needed by people independent of the service, but in the last year no incidents had been referred for an investigation to a person external to the provider. Elysium had recognised these issues and was in the process of recruiting investigating officers.
- The provider had a process for reviewing deaths. A mortality review group met quarterly and was chaired by the executive medical director with senior clinicians within the

organisation. The group reviewed all deaths within the provider. Staff we spoke with acknowledged the challenges of identifying lessons to be learned given the breadth of services provided by the organisation. The group reviewed learning from other providers to support the safety of their services and we saw examples where this had been embedded.

- The provider had managed the risks associated with the Covid-19 pandemic well. Overall, the provider had struck a good balance between keeping service users and staff safe and not being overly restrictive. During the height of the Covid-19 pandemic, we heard from Elysium hospital managers and Care Quality Commission inspectors that the provider had struggled with maintaining national consistency in their approach given the need to adhere to the guidance issued by local health protection teams. This had caused concerns at some sites where local guidance around isolation periods had meant that service users had been unable to access their local community for longer periods than service users in other similar services across the country. The provider described how they challenged the local health protection teams to ensure that services were as least restrictive as possible in line with national guidance. However, we felt that this area would have benefited from better corporate oversight to ensure central awareness of where these challenges were, and to support local managers to challenge this. During the pandemic, the provider held daily calls between the senior management team and with the operational directors to maintain oversight of infection control and timely and clear communication. The provider engaged with the appropriate external networks to ensure the guidance used during the pandemic was up to date. They had organised the distribution of and access to personal protective equipment, testing and enhanced staff support well and completed risk assessments in line with national guidance. Elysium had promoted and supported the vaccine programme for service users and staff and maintained good oversight of this.
- The provider recognised for itself that there were areas where further work was needed to improve the quality and safety of the care and treatment being delivered. For example, work was ongoing to reduce the use of restrictive practices. The use of physical interventions was monitored, and outliers reviewed. We also heard about how consultant psychiatrists were carrying out in-depth reviews of patient care across each other's hospitals to try and ensure the use of long-term segregation was minimised. A reducing restrictive intervention group reporting to the corporate clinical governance group were working to make improvements. Elysium was also working to improve the use of observations and engagement. In terms of assessing and managing ligatures, a thematic review had taken place to check if assessments had taken place across the sites. However, there was no provider wide oversight of where ligature reduction work was needed and an associated capital program to ensure this was achieved. A national of piece of work looking at ligature assessment tools was being launched in June 2022, but at the time of our assessment, the mitigation of ligature points in each environment was held at site level.
- The provider worked closely with external pharmacists to monitor its use of medication across health and social care services. The hierarchical governance structures within the organisation held oversight of medicines management from site to provider level and this was overseen by the medical director and director of nursing. However, Elysium did not have consistent centralised oversight of medicines optimisation and there appeared to be a disconnect between medicines optimisation and prescribing. For example, the provider did not have a systematic process for monitoring the use of covert medicines, such as through a regular audit. This meant that the team did not have immediate oversight of how many service users had medicines administered covertly, nor could they readily produce data

around the number of best interest meetings that had taken place. We were told this information was held at site level rather than centrally. This was an area of concern as we received feedback from a whistleblower regarding one of the provider's adult social care services that covert medicines management was poor. However, there were other examples where the provider had completed effective audits and could demonstrate learning and change, but there was further work to be done in improving the central oversight of medicines optimisation.

- The provider did benchmark themselves with regards to the use of medicines against other similar providers. They participated in the national project for stopping over medication of people with a learning disability, autism, or both (STOMP) and this was regularly reviewed through the reducing restrictive interventions group.
- Staff told us about the risks encountered during the height of the Covid pandemic such as staff sickness and availability and the impact this had on medicines management and this correlated with some of the feedback we received from whistleblowers across hospitals and adult social care services. However, this was not documented on a separate pharmacy risk register, nor on the provider's overarching risk register.
- We found evidence that patient care was not compromised by financial pressures. Elysium talked about how they reinvested back into the services. Examples of this included in the provider's financial agility to respond to the demands of environmental maintenance across sites and their ability to refuse new admissions where this would have a detrimental impact on the current patient group. When considering developments to the provider and/or services, the provider suitably assessed the impact of these changes on the quality and sustainability of its current services.

Information Management

- Elysium had made good progress in the implementation of its business information systems in line with a clear information technology/digital strategy. The provider had made improvements to the security, management, and accessibility of information within the last year to support staff working in services throughout the organisation. There were further improvements planned around a more efficient helpdesk and onsite support for staff and a new operational lead was due to join the team within weeks of our assessment.
- Managers of services said they found the systems mostly worked well in terms of patient and staff records and reporting incidents. The systems also supported the automated production of data. Improvement to ensure better internet connectivity had been appreciated.
- The provider had recently begun using new reporting systems to support them with their monitoring of key performance data and we saw evidence that these reports could be tailored to suit the needs of the staff member using them. Analysts had engaged well with different groups of clinical staff to understand their data requirements and operational priorities. Members of the senior leadership team also had reports custom-made to their needs.

- Information governance and data protection risks were overseen by the provider's legal team who completed regular audits of assurance. There had been no notifiable information governance breaches within the last 12 months. All staff received training around information governance as part of their mandatory training and cyber security training was delivered by an external provider.

Engagement

- Most of the Care Quality Commission inspectors surveyed said that the Elysium service(s) on their portfolio encouraged service users and their families and carers to provide feedback about services and make suggestions for improvement.
- Elysium had arrangements in place to make sure that the views of people who use their services were gathered and acted on to shape and improve the services and culture. However further work was needed to develop and embed co-production throughout the organisation. We heard about some of the different ways that the provider engaged with service users including through service user forums mostly within individual locations, surveys, service user involvement champions, the use of advocacy. There were a few examples of involving service users in staff recruitment and staff training and in some working groups such as the reducing restrictive intervention group, however this needed to be extended much further. The provider's service user experience lead had worked hard to ensure that service user support did not deteriorate during the Covid-19 pandemic and had set up regular virtual meetings to address this. However, there was scope to strengthen this work by working with service users in true co-production to influence the culture of the organisation and its strategic direction. In addition, whilst members of the service user panel were going to be remunerated, the employment of peer support workers and people with lived experience was not widely implemented. We heard that the provider had plans to recruit an expert by experience to their internal quality assurance team.
- The provider recognised that there was also further room for improvement in how they engaged with and involved service users' families and carers. Regular newsletters were sent to parents and carers and there was a range of information available for carers on the provider's website, including how to raise a concern and a carer's charter, referencing national guidance for supporting carers. The provider had plans to develop their website to include a space where service users and carers could share their experiences. We heard that in some care pathways, such as the neurological services, family and carer involvement was central to their everyday support of service users and thus families were heavily involved in decisions about the services. However, this was not consistent across the provider and the senior leadership team recognised that this could be strengthened in some services.

Learning, continuous improvement and innovation

- The introduction of a quality improvement approach was at a very early stage. There was a limited understanding and awareness of the benefits this could potentially bring to the culture and approach of the wider organisation, as opposed to solely through the clinical channels. However, the provider had invested in a quality improvement platform and some early pilots were underway with projects in a couple of services focusing on reducing

restrictive interventions. A group quality improvement manager joined the provider in 2020 and had begun to explore what quality improvement meant to staff within the organisation. An implementation plan and strategy had been developed but the infrastructure to introduce this systemically was still being discussed. We heard about plans to introduce regional quality improvement leads and hubs and discussions were underway about the development of a broader quality improvement team. The provider would benefit from continuing to engage more widely with organisations with a more mature quality improvement culture to better understand the link between strategic delivery and governance.

- The provider participated in research projects both internally and with external providers and had an internal research group that reported to the clinical governance group. Staff told us they were supported by the provider to participate in research. There was a recognition that this was an area which could develop further. We heard examples of services and individuals sharing their findings at national professional conferences as well as responding to publications of national reviews.
- Elysium had several services who were active participants in the Royal College of Psychiatrists quality networks and accreditation schemes. This helped to promote high levels of care and provided access to a network which shared good practice.
- Elysium's international nursing team had been awarded a 2021 Princess Royal Training Award for the development of their successful nurse training programme which had reduced the learning time of international nurses by half and had increased first-time pass rates to over 90%.
- The provider was committed to continuous improvement and sought innovative solutions to challenges within their systems. We heard examples of ongoing work around moving towards digital recording of observations and other digital improvements across the provider.