

Burton Park

Quality Report

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

Ratings

Overall rating for this location	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	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

Overall we rated Burton Park as requires improvement because:

- the provider had not serviced the resuscitation equipment, such as the automated external defibrillator or suction machine, on a regular basis
- the provider did not ensure that staff were well trained and supervised. Training records showed only 61% of staff received mandatory training as identified by the provider, staff supervision records showed that only 38% of staff had received supervision in September 2015 and only 53% of staff had received an appraisal since December 2014
- staff had not attached the relevant Mental Health Act 1983 paperwork, for example, the certificate of consent to treatment (T2) or certificate of second opinion (T3) forms, to the patients' medication charts
- the provider's computer system stated that five patients were being treated by staff under Deprivation of Liberty Safeguards (DoLS, part of the Mental Capacity Act 2005), when they were still awaiting assessment by the local authority
- whilst some activities were available for patients' specific needs, patients told us there was a limited amount of activities taking place

However:

- the environment was clean and tidy, in a good state of repair, suitable for care and treatment, and risk assessed
- single sex accommodation was provided, in line with Department of Health guidelines
- staff assessed patients' needs to develop personalised care and treatment plans, which the multi-disciplinary team discussed to work out they achieved the desired outcome for patients
- staff appeared kind with caring and compassionate attitudes, and engaged with patients in a kind and respectful manner
- governance committees and mechanisms were in place which supported the safe delivery of the service
- the provider had strategic plans to develop the hospital and we saw evidence of progress in achieving the plans
- patients' views were gathered through "you said, we did" surveys. These results were analysed by the senior management and improvements were made

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Services for people with acquired brain injury	Requires improvement	

Summary of findings

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Requires improvement 

Burton Park

We looked at services for people with acquired brain injury.

Summary of this inspection

Background to Burton Park

Partnerships in Care Limited provide inpatient services for people with acquired brain injury at Burton Park in Melton Mowbray, Leicestershire.

This service is registered to provide the regulated activities of treatment of disease, disorder or injury, and assessment or medical treatment for persons detained under the Mental Health Act 1983.

Burton Park registered with the CQC on 08 December 2014. Before this date, it was registered under a different provider. Burton Park, under Partnerships in Care Limited, has not been previously inspected by the CQC.

There was a registered manager, nominated individual and CD accountable officer (a senior manager who is responsible for ensuring that their organisation has effective systems in place for the safe and secure management of controlled drugs).

Burton Park can accommodate 50 patients over three units: Dalby Unit (9 beds), Warwick Lodge (15 beds) and Cleve's Unit (26 beds). Both Dalby Unit and Warwick Lodge provided accommodation for male and female patients. At the time of the inspection only Dalby Unit and Warwick Lodge were open.

During our inspection, there were 19 patients receiving care and treatment. Four patients were detained under the Mental Health Act 1983 and staff told us 10 patients were subject to Deprivation of Liberty Safeguards (part of the Mental Capacity Act 2005, where patients receive care in a way that does not inappropriately restrict their freedom).

Our inspection team

Team leader: Sean Nicholson, inspector, CQC, mental health.

The inspection team for this core service consisted of a CQC inspection manager, three CQC inspectors, a specialist advisor (mental health nurse), a Mental Health Act reviewer and an expert by experience who had personal experience of using services of this type or caring for someone who uses services of this type.

The team would like to thank all those who met and spoke with the inspectors during the inspection for sharing their experiences and perceptions of the quality of care and treatment at the hospital.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?

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

Summary of this inspection

Before visiting, we reviewed a range of information we hold about Burton Park.

During the inspection visit, the inspection team:

- visited two units, Warwick Lodge and Dalby Unit, and looked at the quality of the environments and observed how staff were caring for patients
- spoke with four patients who were using the service, and one family member
- collected feedback from eight patients, or their family members, using comment cards
- spoke with the senior nurse for each unit
- spoke with 20 other staff members, including nurses and rehabilitation staff, and occupational therapy, social work, administration and medical staff, the registered manager/hospital director, consultant psychologist and clinical director.
- attended and observed a community meeting, involving 10 patients and eight staff members
- looked at the medication charts of 19 patients
- looked at 12 patients' care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Patients we spoke with gave positive feedback about the staff, telling us that the staff were kind, caring and respectful. The patients told us they knew how to make a complaint.

Patients told us staff were always available and approachable in the communal areas of the units. However they commented on the number of agency staff being used, saying agency staff did not always understand their specific needs.

Patients gave mixed information about involvement in their care. One patient told us staff involved them in

planning their care but their activity plan was not implemented. Other patients, due to the nature of their brain injury, could not remember whether staff involved them in planning their care. Patients told us they could keep in contact with their family where appropriate.

Patients told us that there was a limited amount of activities taking place.

Patients said the food was good and confirmed they had access to hot drinks and snacks 24 hours a day, seven days a week.

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 requires improvement because:

- there was no evidence to suggest that the resuscitation equipment, such as the automated external defibrillator or suction machine, was serviced on a regular basis
- training records showed us that only 61% of staff had received mandatory training

However:

- the environment was clean and tidy, in a good state of repair, suitable for care and treatment, and risk assessed
- appropriate arrangements were in place for recording the administration of medicines
- robust systems enabled staff to report safeguarding concerns

Requires improvement



Are services effective?

We rated effective as requires improvement because:

- staff supervision records confirmed that only 38% of staff had received supervision in September 2015
- only 53% of staff had received an appraisal since December 2014
- relevant Mental Health Act 1983 paperwork, for example, the certificate of consent to treatment (T2) or certificate of second opinion (T3) forms, were not attached to the patients' medication charts
- the provider's computer system stated five patients were being treated by staff under Deprivation of Liberty Safeguards (DoLS, part of the Mental Capacity Act 2005), however they were actually awaiting assessment by the local authority

However:

- patients' needs, including physical health needs, were assessed and care and treatment was planned to meet identified needs
- patients received regular one to one time with their named nurse and we saw evidence of this in the care records
- new permanent staff underwent a formal induction period. Records showed that 69% of staff had completed this induction

Requires improvement



Are services caring?

We rated caring as good because:

Good



Summary of this inspection

- staff appeared kind with caring and compassionate attitudes, and engaged with patients in a kind and respectful manner
- staff were visible in the communal areas and attentive to the needs of the patients they cared for
- patients we spoke with gave positive feedback about the staff in relation to the respect and kindness they showed to them, telling us that the staff were kind and caring
- in the majority of care records viewed patients' views were clearly evident in their care plans

Are services responsive?

We rated responsive as good because:

- there were a number of vacant beds available for admission of patients
- patients were appropriately discharged when their care and treatment at Burton Park had been completed
- there were facilities available for patients with mobility difficulties who required disabled access with assisted bathroom space, wide corridors and ramped access
- patients we spoke with knew how to make a complaint and staff were able to demonstrate verbally how to respond to patients complaints and what support was available for patients should they have any concerns

However,

- whilst some activities were available for patients' specific needs, patients told us that there was a limited amount of activities taking place

Good



Are services well-led?

We rated well-led as good because:

- staff could tell us who the most senior managers were and confirmed they regularly visited the units
- governance committees and mechanisms were in place which supported the safe delivery of the service
- incidents were reported through the provider's electronic incident reporting system
- strategic plans were in place to develop the hospital, and we saw evidence of progress in achieving the plans
- patients' views were gathered through "you said, we did" surveys. These results were analysed by the senior management and improvements were made

Good



Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983 (MHA). We use our findings as a determiner in reaching an overall judgement about the trust.

Sixteen percent of staff members working had received training in the MHA. This training was combined with the Mental Capacity Act 2005 training.

Four patients were detained under the MHA on the day of our inspection. There was a clear process for scrutinising and checking the receipt of MHA documentation on the units. However, relevant Mental Health Act 1983 paperwork, for example, the certificate of consent to

treatment (T2) or certificate of second opinion (T3) forms were not attached to the patients' medication charts. This is a requirement of the Mental Health Act 1983 Code of Practice.

Patients detained under the MHA had been provided with information about their rights, both on admission and periodically thereafter.

Signs were prominently displayed on unit doors providing informal patients information about their rights to leave the unit.

Mental Capacity Act and Deprivation of Liberty Safeguards

Sixteen percent of staff members working had received training in the Mental Capacity Act 2005 (MCA). This training was combined with the Mental Health Act 1983 training. When we spoke with staff, they demonstrated a basic knowledge about the MCA and Deprivation of Liberty Safeguards (DoLS).

We were informed, and the provider's computer system confirmed, that ten patients receiving care and treatment

were under DoLS during our inspection. However, when we checked the relevant documentation, we found that in five cases the emergency authorisation had expired, and the patients were waiting for assessment by the local authority in relation to the standard authorisation. This meant that the provider's computer system was not accurate.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for people with acquired brain injury	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Overall trust	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement

Services for people with acquired brain injury

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

Are services for people with acquired brain injury safe?

Requires improvement 

Safe and clean environment

- Both units were clean and tidy, in a good state of repair, and offering an environment suitable for care and treatment. The layouts allowed staff to observe most parts of the unit. However, we did observe some blind spots on the units, where patients may be able to hide. This risk was reduced to an acceptable level by the number of staff on duty to ensure safe observation.
- We saw completed environmental risk assessments on each of the units. These were regularly updated.
- The units provided accommodation for both male and female patients. One patient told us they felt isolated in the female only area and had to wait for a member of staff to allow them to enter or exit the area.
- Each unit had undertaken, and updated when necessary, ligature risk assessments. There were minimal ligature points on the units. Control measures in place, to minimise the risk to patients, included the use of nursing observations and alterations to furnishings. Staff were aware of the risks to patients' safety caused by the layout and had assessed patients' individual risks and increased their observation level as needed. Each unit had ligature cutters available and accessible in the event of an emergency occurring.
- Call points in sleeping areas, for patients to attract the attention of the staff, were available. Call points were also available in each bathroom and shower rooms.
- There were no seclusion facilities at Burton Park.

- Practices were in place to ensure infection control and staff had access to protective personal equipment such as gloves and aprons. The units were clean and tidy and we were told by staff the cleaning services were good. Training records showed us that 4% of staff had received training in infection prevention and control. Due to this, we could not be assured that staff were up to date with the latest infection prevention and control policies, procedures and practices.
- There were fully equipped clinical rooms on each of the units. Medicines were stored securely. Records showed that room and fridge temperatures were recorded daily. Temperatures were within the required range. We looked at the medicine administration records for 19 patients. We saw appropriate arrangements were in place for recording the administration of medicines. If patients were allergic to any medicines this was recorded on their medication administration record. A senior nurse confirmed that rapid tranquillisation (certain medications given to a patient, when they are very agitated or displaying aggressive behaviour, to help quickly calm them) is not used at Burton Park.
- We saw resuscitation equipment. The equipment was checked on a daily basis. However, there was no evidence to suggest that the equipment, such as the automated external defibrillator or suction machine, was serviced on a regular basis. Staff described how they would use the emergency equipment and what the local procedures were for calling for assistance in medical emergencies.
- We saw the outdoor areas leading from each unit. They provided a spacious area for patients to access fresh air.
- Staff carried personal alarms and walkie-talkie radios to call other staff in an emergency.

Safe staffing

Services for people with acquired brain injury

- From data the provider sent us, we saw in the last three months a total of 183 shifts were filled by bank or agency staff to cover sickness, absence or other vacancies. Three shifts had not been filled by bank or agency staff where there was sickness, absence or vacancies. Staff and patients commented negatively about the number of agency staff being used. For example, patients told us that some agency staff did not understand the specific needs of the patients.
- The senior nurses told us that they were able to adjust staffing levels daily to take into account increased clinical needs. This included, for example, increased level of observation or patient escort. Some requested hours were due to staff sickness and existing staff sickness and vacancies.
- From the data sent by the provider, the average staff vacancy rate for Burton Park, for the previous ten months, was 9%. The average staff turn-over rate for the same time period was 35%. We were told that recruitment to vacant positions was ongoing and a number of new staff had recently been appointed.
- The average staff sickness rate, from the previous 12 months, was 5%. Processes were in place to manage staff sickness.
- Bank staff were provided by the hospital's internal bank system. Agency staff were used when bank staff were not available. We were told that bank and agency staff underwent a basic induction including orientation to the units, emergency procedures such as fire and a handover about patients and current risks. Patients told us that there were always staff available in the communal areas of the units.
- During the inspection, we received concerning information about the numbers of staff on duty. When we checked each unit's duty rota for week commencing 19 October 2015, we observed that the safe staffing numbers were being achieved, with the use of bank and agency staff.
- The provider required staff to attend a variety of mandatory training courses. Training records showed us that overall 61% of staff had attended their mandatory training. All staff had attended courses in immediate life support, clinical skills, and breakaway. However, attendance at other training was low. For example, only

6% of staff had attended training in food hygiene and infection control, 16% in the Mental Health Act 1983 and Mental Capacity Act 2005 training, and 65% in the management of violence and aggression training.

Assessing and managing risk to patients and staff

- The provider sent data stating there had been 62 incidents of use of restraint in the seven months prior to our inspection. Of these, no patients were restrained in the prone position (when a patient held in a face down position on a surface and is physically prevented from moving out of this position). Staff said they were trained to use prone restraint only when absolutely necessary, for the shortest possible period and were working towards reducing the use of restraint as recommended in the guidelines 'Positive and proactive care' produced by the Department of Health in 2014. Each incident of restraint was recorded using the provider's incident reporting system and were reviewed.
- Patients had individualised risk assessments which formed part of their individual care plan. We found varying degrees of quality between the risk assessments. Staff told us that measures were put in place to ensure that any risk was managed.
- 65% of staff had completed safeguarding vulnerable adults training. Staff could describe what actions could amount to abuse. They were able to apply this knowledge to the patients who used the service and described in detail what actions they were required to take in response to any concerns. Potential safeguarding concerns were discussed at the team meetings and we saw posters providing information about safeguarding for staff and patients. The provider had comprehensive and up to date policies and procedures in place in relation to safeguarding adults and children.
- 65% of the staff working within Burton Park had received training in physical intervention (patient restraint). This was a low level of attendance for this training.
- There were no blanket restrictions in place at Burton Park.

Track record on safety

- In the past 11 months, there were 450 reported incidents, which the senior management had investigated to reduce the risk of reoccurrence.

Services for people with acquired brain injury

- The incidents related to violence and aggression, patients' health including falls, self-harm, environmental issues and security issues.
- Senior managers discussed incidents daily, and implemented plans to reduce the risk of reoccurrence.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were able to describe the electronic system to report incidents and their role in the reporting process. We saw each unit had access to an online electronic system to report and record incidents and near misses.
- Staff were able to describe various examples of serious incidents which had occurred within the units. The provider told us that there was a local governance process in place to review incidents. There were weekly multi-disciplinary meetings which included a discussion of potential risks relating to patients, and how these risks should be managed.
- Each of the senior nurses we spoke with told us how they provided a debrief to staff following an incident. They also provided feedback in relation to learning from incidents to their teams.
- Staff were able to describe their duty of candour as the need to be open and honest with patients when things go wrong.

Are services for people with acquired brain injury effective?

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

- Patients' needs were assessed and care and treatment was planned to meet identified needs. We looked at 12 care records for patients receiving care and treatment. These contained up to date care plans that gave information to staff about how best to care for the patient. The overall quality of the documentation in the care plans was variable. In seven care records, the care plans detailed, individualised to the patients' needs and

showing the patients' involvement in the care planning process. However, in five care records, there was limited evidence that the care plan had been individualised to meet the patients' needs.

- An electronic record system operated across the hospital. Information, contained within this system, could be shared between the units and across the provider's other locations.
- Patients' physical health needs were identified. Records sampled showed that patients had a physical healthcare check completed by the doctor on admission and their physical healthcare needs were met. On-going monitoring of physical health problems was taking place. The records we saw included a care plan which provided staff with clear details of how to meet patients' physical care needs.

Best practice in treatment and care

- Patients received regular individual time with their named nurse and we saw evidence of this in the care records.
- A range of nationally recognised outcome tools were used, such as Functional Independence Measure and Functional Assessment Measure and Short Term Assessment of Risk and Treatability were used in the assessment of patients. Guidance from the National Institute for Health and Care Excellence (NICE) relating to the management of epilepsy was being followed.
- Access to physical healthcare, such as podiatrists and dentists, was arranged by referrals through primary medical services.
- Outcomes for patients receiving care and treatment on the units were monitored and audited by the service. These included the monitoring of key performance indicators such as length of stay and the use of restraint.

Skilled staff to deliver care

- New permanent staff underwent a formal induction period. Records showed that 69% of all staff had completed this. This involved learning about the hospital, policies and procedures, and a period of shadowing existing staff before working alone.
- Managers told us that bank and agency staff underwent a basic induction including orientation to the units, emergency procedures such as fire and a handover about patients and current risks. The nurse in charge of the shift had responsibility for ensuring this. We saw a sample of these completed forms.

Services for people with acquired brain injury

- Staff had some access to supervision. We saw examples of completed supervision records. From data sent by the provider, we saw that 38% of staff had received supervision in September 2015. This was an improvement on the previous eight months where we noted an average of 14% of staff receiving supervision each month. The majority of staff we spoke with told us that they were not receiving supervision on a regular basis.
- The 20 staff we spoke with told us that they had an up to date appraisal and personal development plan in place at the time of our inspection. However, from the provider's data, we noted that only 53% of staff had received an appraisal.
- Staff told us that they received support and debriefing from within their team following serious incidents, including an incident on the day prior to our inspection.
- Staff told us there were regular team meetings and they felt supported by their peers and immediate managers. We saw team meeting minutes. Staff also told us they enjoyed good team working as a positive aspect of their work on the units.
- The senior nurses explained to us that staff performance issues, when identified, were addressed promptly and effectively.
- There was a psychologist, occupational therapist, technical instructor, speech and language therapist and physiotherapist, working at Burton Park, in addition to the medical, nursing and rehabilitation staff.
- Medical cover, out of hours, was provided by the on-call psychiatrist and also by the local doctors' surgery.
- We checked whether systems were in place to ensure compliance with the Mental Health Act 1983 (MHA) and adherence to the guiding principles of the MHA Code of Practice.
- Four patients were detained under the MHA on the day of our inspection. There was a clear process for scrutinising and checking the receipt of MHA documentation on the units. However, we found that the certificate of consent to treatment (T2) or certificate of second opinion (T3) forms were not attached to the patients' medication charts. This meant that nursing staff would not be aware of whether they were administering the patients' medication lawfully.
- Patients detained under the MHA had been provided with information about their rights, both on admission and periodically thereafter.
- We saw posters were displayed informing patients of how to contact the independent mental health advocate (IMHA).
- Sixteen percent of staff members working had received training in the MHA. This training was combined with the Mental Capacity Act 2005 training.
- Unit entrances were locked with entry and exit controlled by staff. Signs were prominently displayed on unit doors providing informal patients information about their rights to leave the unit.

Good practice in applying the MCA

- Sixteen percent of staff members working had received training in the Mental Capacity Act 2005 (MCA). This training was combined with the Mental Health Act 1983 training. When we spoke with staff, they demonstrated a basic knowledge about the MCA and Deprivation of Liberty Safeguards (DoLS).
- We were informed, and the provider's computer system confirmed, that ten patients were receiving care and treatment during our inspection were under DoLS (part of the MCA, where patients receive care in a way that does not inappropriately restrict their freedom). However, when we checked the relevant documentation, we found that in five cases the emergency authorisation had expired, and the patient was awaiting assessment by the local authority in relation to the standard authorisation which meant at the time of our inspection, they were not actually subject to the provisions of DoLS. We saw evidence that the provider has pursued this issue with the relevant local authority.

Multi-disciplinary and inter-agency team work

- The consultant psychiatrist was a regular presence on the units and was present at times during our inspection. We observed good interaction between the unit staff and the consultant psychiatrist.
- Multi-disciplinary team meetings provided opportunities to assess whether the care plan was achieving the desired outcome for patients.
- Handovers took place between each shift, in which staff were able to share information about patients.
- Representatives from community teams were invited to, and attended, discharge planning meetings.

Adherence to the MHA and the MHA Code of Practice

Services for people with acquired brain injury

Are services for people with acquired brain injury caring?

Good 

Kindness, dignity, respect and support

- We spoke with four patients receiving care and treatment, and one family member. We observed how staff interacted with patients throughout the inspection. Staff appeared kind with caring and compassionate attitudes. We observed many examples of staff treating patients with care and compassion. Staff engaged with patients in a kind and respectful manner on the units.
- We saw positive interactions between the staff and patients. We observed that staff knocked before entering patients' rooms, and speaking positively with patients.
- Staff were visible in the communal areas and attentive to the needs of the patients they cared for. Patients we spoke with gave positive feedback about the staff in relation to the respect and kindness they showed to them, telling us that the staff were kind and caring.
- Staff had an understanding of the personal, cultural and religious needs of patients who used the service and we saw examples of actions taken to meet these needs.

The involvement of people in the care they receive

- We received mixed feedback from the patients about their involvement in the care they received. One patient told us they had been involved in planning their care, though their activity plan had not been implemented. Other patients, due to their health condition, were unable to recollect whether they had been involved in the care planning process. We saw, in ten of the twelve care records, that patients' views were clearly evident in their care plans. This was not seen in the remaining two care records we viewed. Patients were invited to the multi-disciplinary reviews along with their family where appropriate.
- We observed information boards across the units detailing the staff that were on duty and what staffing levels the units should be on, to highlight to the patients

receiving services what staffing resources were available that day. This helped everyone on the units to understand how best to facilitate each patients' plans for the day.

- All patients spoken with told us they had opportunities to keep in contact with their family where appropriate. There were sufficient areas for patients to see their visitors.
- Patients had access to a local advocacy service, an independent mental health advocate, and there was suitable information on the notice boards on how to access this service.
- We saw patients views were gathered through, "you said, we did" surveys. We saw how these results were analysed by the senior management and improvements were made.

Are services for people with acquired brain injury responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

- There were a number of vacant beds available for admission of patients. From the information sent by the provider, we saw the bed occupancy rate was 12% from 1 February 2015 to 21 September 2015. On the day of our inspection, the bed occupancy was 83%.
- We noted that, there had been no patients whose discharge from the hospital had been delayed. Patients were appropriately discharged when their care and treatment at Burton Park had been completed.

The facilities promote recovery, comfort, dignity and confidentiality

- The units offered an environment suitable for care and treatment. The environments were spacious, pleasantly decorated and calming.
- Each unit had a lounge and dining areas, bedrooms, quiet areas, interview and meeting rooms, and offices. Single bedroom accommodation was available throughout the hospital. Patients had personalised their own bedrooms with, for example, pictures of their family.

Services for people with acquired brain injury

- Patients were able to make private telephone calls, either using their own mobile telephone or the unit office telephone. Patients had access to the internet.
- Patients had access to outside space, which was a well maintained garden. Patients could smoke cigarettes outside.
- We saw that some activities were available for patients' specific needs, following an assessment by the occupational therapist. Such activities included, for example, the orientation/newspaper discussion group, community meetings, a game of pool, breakfast club and cooking. Patients told us that there was a limited amount of activities taking place. One member of staff told us that they were trying to meet patients' needs with limited equipment and space. However, plans were in place to improve the activities programme.

Meeting the needs of all people who use the service

- There were facilities available for patients with mobility difficulties who required disabled access with assisted bathroom space, wide corridors and ramped access.
- We saw good examples of where specialist equipment was used to meet patients' specific needs. For example, an epileptic seizure mat was installed on one patients' bed. This alerted staff if the patient was experiencing an epileptic fit. Staff were therefore able to respond to them immediately.
- Spiritual care and chaplaincy was provided when requested.
- We saw that there was a range of menu choices. We spoke with a member of the catering staff who informed us that they ask the care staff for the patients' dietary likes and dislikes, any allergies and the type of diet required. Special diets were catered for. Patients told us the food was good. Patients had access to hot drinks and snacks 24 hours a day, seven days a week.
- Staff told us that interpreters were available using a local interpreting service or language line. These services had been used previously to assist in assessing patients' needs and explaining their care and treatment.

Listening to and learning from concerns and complaints

- Patients could access the provider's complaints system. Information about the complaints process was displayed on posters and was also available as a leaflet. Patients we spoke with knew how to make a complaint.

- Staff were able to demonstrate verbally how to respond to patients complaints and what support was available for patients should they have any concerns. Staff also knew whom they would seek guidance from within the hospital in relation to complaints.
- Complaints were recorded using the provider's computerised incident reporting system. We saw on this how the issues were investigated, what outcomes and any learning were. The senior nurses told us they shared learning amongst their staff via staff meetings and communications. Staff meeting minutes confirmed this.
- The provider confirmed that there had been one complaint since December 2014. This complaint had been fully investigated and not upheld.

Are services for people with acquired brain injury well-led?

Good 

Vision and values

- The provider's values were valuing people, caring safely, integrity, working together and quality. The staff told us they were aware of the provider's values and agreed with them. Care was delivered in line with the provider's values.
- Staff we spoke with were able to tell us on the day of our visit who the most senior managers were within the hospital. These managers regularly visited the units.

Good governance

- Governance committees and mechanisms were in place which supported the safe delivery of the service. The lines of communication, from the provider's headquarters and senior managers at Burton Park, to the frontline services were clear.
- Incidents were reported through the provider's electronic incident reporting system. We saw examples of records to show that this recording was effective, through reviewing individual specific events and incidents.
- We saw evidence of learning from incidents and complaints being shared with staff in order to change to practice.

Services for people with acquired brain injury

- The senior nurses confirmed that they have sufficient authority to manage their unit and also received some administrative support. They told us that they received a good level of support from their line manager. They spoke highly of the senior management team.

Leadership, morale and staff engagement

- The hospital had a new management team with many senior managers joining since December 2014. This included the hospital director, lead consultant, lead social worker and vocational and therapies manager. The team had strategic plans in place to develop the service, and we saw evidence of progress in achieving the plans.
- The units appeared to be well managed, both on a day to day basis and strategically (for example, the senior nurses had future plans of what they wanted to achieve).
- Staff told us that morale and job satisfaction were generally high. However, staff told us that staffing levels and the use of agency staff was a source of stress for them. We were impressed with the morale of the staff we spoke with during our inspection and found that the teams were cohesive and enthusiastic.
- Staff we spoke with told us that they felt part of a team and received support from each other. We saw evidence that regular staff meetings took place.

- The senior nurses on both units confirmed that there were no current cases of bullying and harassment involving the staff. Staff knew how to use the whistle-blowing process.
- All staff we spoke with said they felt well supported by their senior nurse and felt their work was valued by them. We saw a positive working culture within the teams which we inspected. The senior nurses were a visible presence on each of the units.
- Staff were able to describe their duty of candour as the need to be open and honest with patients when things go wrong.

Commitment to quality improvement and innovation

- We saw patients views were gathered through “you said, we did” surveys. We saw how these results were analysed by the senior management and improvements were made. For example, in September 2015, patients asked for the main meal to be served at lunchtime, instead of 5pm. As a result of this feedback, from 5 October 2015, all main meals were being served at lunchtime/midday.
- The senior nurses were able to provide us with information on how the units were performing and had a good understanding of where improvements were required. They were making improvements in the quality of the service.
- The provider worked closely with networks associated with acquired brain injury.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all staff receive mandatory training.
- The provider must ensure that all staff receive supervision and appraisal on a regular basis.
- The provider must ensure that resuscitation equipment, such as the automated external defibrillator or suction machine, is serviced on a regular basis.
- The provider must ensure that certificate of consent to treatment (T2) or certificate of second opinion (T3) forms, under the Mental Health Act 1983, are attached to the patients' medication charts.

- The provider must ensure that the legal status, especially of patients awaiting assessment, by the local authority, under Deprivation of Liberty Safeguards is accurately recorded on the provider's computer system.

Action the provider **SHOULD** take to improve

- The provider should review the current staffing levels to reduce, where possible, the use of agency staff.
- The provider should review the current activities programme to ensure it meets the needs of all patients using the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ul style="list-style-type: none">• Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18: Staffing.<ul style="list-style-type: none">▪ Not all staff had received their mandatory training.▪ Not all staff had received supervision and appraisal on a regular basis. <p>This was a breach of regulation 18(2)(a).</p>

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12: Safe care and treatment. <ul style="list-style-type: none">• The certificate of consent to treatment (T2) or certificate of second opinion (T3) forms, required under the Mental Health Act 1983, were not attached to the patients' medication charts.• The resuscitation equipment, including the automated external defibrillator and suction machine, was not serviced on a regular basis.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 12(2)(b) and 12(2)(e).

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17: Good Governance.

- The legal status, especially of patients awaiting assessment, by the local authority, under Deprivation of Liberty Safeguards was not accurately recorded on the provider's computer system.

This was a breach of regulation 17(2)(c).