

Langford Clinic Limited

The Langford Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

On 20 October 2020 we undertook an unannounced comprehensive inspection of Camber ward at The Langford centre. This was following information received from a member of the public, which raised concerns about the safety of patients and quality of care on the ward.

We had not previously rated Camber ward at the Langford centre under our comprehensive methodology. This was a new additional core service that had opened since our last inspection. Camber ward is a ward for up to 12 men who have had a diagnosis of a learning disability or autism. At the time of the inspection there were six patients on the ward.

Our rating of Camber ward at The Langford Centre is good. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough care staff, nurses and doctors. Staff assessed and managed risk well, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to develop and implement good positive behaviour support plans, which enabled them to work with patients who displayed behaviour that staff found challenging.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients with a learning disability or autism and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Ward teams included, or had access to, the full range of specialists required to meet the needs of patients on the wards. Managers ensured that staff received training, supervision and appraisal. Ward staff worked well together as a multidisciplinary team, and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients, and families and carers, in care decisions.
- Discharge plans were in place to ensure patients would have a smooth discharge or transfer, and appropriate support in place when moving on.
- The service was well-led, and the governance processes ensured that ward procedures ran smoothly.

However:

- As required (PRN) medicines protocols lacked detail meaning there was not clear guidance for staff as to when to administer medicines.
- We found the window protectors were damaged meaning there was not a clear view of outside for patients.
- Incident forms could have been more detailed. Some lacked specific detail regarding timescales of actions taken following an incident.
- We found staff did not consistently wear masks in clinical areas. This posed a risk to patients and staff of passing on infection during the current pandemic. Staff told us this was sometimes necessary as distressed patients needed to see facial expressions to reduce stress. The provider had not advised staff to use other forms of protection in these situations.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
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Wards for people with learning disabilities or autism	Good	
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Summary of findings

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Summary of this inspection

Background to The Langford Centre

The Langford Centre is run by Bramley Health.

The service provides low secure, rehabilitation and autism services to male and female adults with a range of mental health, learning disabilities, autism and substance misuse support needs.

The Langford Centre is registered to provide:

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

The Langford Centre had a registered manager. This means that they and the provider are legally responsible for how the service is run, and for the quality and safety of the care provided.

The last inspection took place on the 5 and 6 June 2018 and the service was rated as good in all areas. At this inspection we inspected Camber ward. We did not inspect the other wards that were locked rehab and low secure core services.

How we carried out this inspection

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

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.

We told the provider that it must take action to bring services into line with legal requirements.

The provider **MUST** ensure that all staff are wearing masks in line with their COVID-19 policy. If it is found that this is not possible due to a patient being distressed by this then it should be written in to the policy and patients care plan under exceptions. (Regulations 12 (2))

We told the provider that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

The provider should review and improve PRN (as required) medicines protocols to give staff clear instructions on when and why to administer PRN (as required) medicines.

Summary of this inspection

The provider should carry out repairs to the window protectors to improve the environment and so patients can see outside clearly.

The provider should improve the number of food choices patients have.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Wards for people with learning disabilities or autism

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

Are Wards for people with learning disabilities or autism safe?

Requires Improvement 

- During the inspection we observed all staff wearing masks. However, we reviewed some CCTV footage which showed a number of staff not wearing masks in line with the provider's COVID-19 policy. This was during close contact with the patient. When speaking with staff they explained that due to some patients' needs, at times when they become distressed it could heighten their mood state if they could not see a staff member's facial expressions. However, it was not detailed in patients care plans or risk assessments that this was agreed, or that the risk of infection being passed to a patient during close contact had been assessed or mitigated. We did not see that the provider had advised staff to wear alternative methods of face coverings to mitigate the risk of infection during the pandemic.
- We reviewed incidents forms and although they contained a lot of information but they sometimes lacked sufficient detail. For example, how long after an incident that involved restraint was a patient given a medical intervention or check. This made it difficult to fully review actions taken.
- We found that the environment could have been improved by replacing the window protectors. Some of the window protectors had cracked and discoloured which meant patients could not get a clear view of outside of the hospital. The provider told us that they were planning to make improvements to the windows that were effected but that the pandemic had delayed this.
- We reviewed patients' medicines records and found that the as required (PRN) medicine protocols for individuals could be improved to give clearer guidance to staff as to when and why to give PRN medicines. This would reduce the risk of medicines being given before they were needed. We noted no medicines had been given that had not been appropriate at the time of inspection.
- One patient and one relative told us that there were a number of agency staff being used that were not familiar to patients.

However:

- The ward was safe, clean, well equipped, well furnished, and fit for purpose. Staff carried out regular checks of the environment for cleanliness and risk assessed potential hazards, such as electrical equipment.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The service told us they used minimal agency staff and when they did, they used regular agency staff wherever possible to minimise the impact to patients and to ensure staff knew patients and their needs well. Agency staff had an induction prior to working with patients.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery.

Wards for people with learning disabilities or autism

- Staff had the skills to develop and implement good positive behaviour support plans, and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, restraint was only used after attempts at de-escalation had failed. We reviewed the wards restrictive practice logs and found there were a number of restraints for long periods of time, however these had been appropriately used to keep patients and staff safe.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had clear procedures to follow in the event of a safeguarding concern. We reviewed the provider's safeguarding logs and found that concerns were reported and responded to appropriately and in line with their policies and procedures.
- Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic. Staff told us that all the information they needed to keep patients safe was available and clear to follow. For example, clear guidance on how to manage patients' risks, such as self-harm.
- Medicines were mostly managed safely. There were systems in place to prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health. The clinical room was clean, checked regularly for appropriate temperatures. Regular audits were carried out to check the dates of medicines and to check medicine stocks. There were no out of date medicines and all medicines records were complete.
- The ward had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- There were no seclusion facilities on Camber ward. No patients that may require seclusion were admitted to the ward.

Are Wards for people with learning disabilities or autism effective?

- Staff undertook functional assessments when assessing the needs of patients who would benefit. They worked with patients and with families and carers to develop individual care and support plans and updated them as needed. Care plans reflected patients' individual needs and included, if appropriate, sensory care plans and positive behaviour plans.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills, and meaningful occupation. Staff ensured that patients had access to physical healthcare and supported patients to live healthier lives. For example; access to the dentist and optician. The provider had good working relationships with relevant services outside the organisation, including local authority safeguarding teams.
- Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff. Staff told us that they felt well supported and that if they had any problems that they could go to the managers at any time. Staff received regular supervision and also received debriefs to ensure they were supported following incidents.
- Staff from different disciplines worked together as a team to benefit patients. The team included or had access to the full range of specialists, such as; psychiatrists, psychologist, occupational therapists and speech and language therapists. They supported each other to make sure patients had no gaps in their care. The ward team had effective working relationships with staff from services that would provide aftercare following the patient's discharge. Patients had discharge plans in place to plan for a supported discharge or transfer.

Wards for people with learning disabilities or autism

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them. Staff supported patients if they required help with understanding their rights. Information was displayed on the ward for patients to access regarding their rights under the Mental Health Act.
- Staff supported patients to make decisions about their care for. They understood the provider's policy on the Mental Capacity Act 2005, and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Patients and relatives told us that patients were supported to be as independent as possible and make decisions for themselves.

However:

- One relative out of five we spoke with told us that their loved one was not supported to be more independent and felt this could

Are Wards for people with learning disabilities or autism caring?

Good 

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. Patients and relatives we spoke with told us that staff were kind, caring, supportive and promoted and encouraged independence. Feedback included that staff supported and helped with life skills, such as cleaning rooms, doing laundry, catering for themselves and going out to shops. Patients told us staff were always there to talk, that they were kind, respectful and approachable. We observed staff interacting positively with patients.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates. Patients told us that they were actively involved in the decisions and plans about their care and had access to independent advocates should they wish to have support when making decisions about their care and their rights.
- Patients could feed back in a number of ways about the ward. Patient meetings were held monthly, discussions and ideas were put forward to the service such as activities or food choices. Feedback was encouraged also through feedback forms. We reviewed feedback given and this was positive.
- Staff informed and involved families and carers appropriately. Four out of five relatives fed back that the ward staff gave them regular updates regarding their loved one's care. Relatives had the opportunity to be involved in patients care planning if this was appropriate.

However:

- One relative out of five we spoke with told us that there was a lack of communication and updates regarding their loved

Are Wards for people with learning disabilities or autism responsive?

Good 

- Patients had individual discharge plans in place to plan for a well-supported discharge or transfer. Care and Treatment (CTR) review meetings were held to monitor length of stay in hospital and to ensure patients were not in hospital for longer than was necessary.

Wards for people with learning disabilities or autism

- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom. There were quiet areas for privacy. Patients could personalise their rooms to make it feel more comfortable or familiar. There was a sensory room for patients to access, this was a quiet space for them. One patient told us how they chose to have their psychology sessions in there.
- Meals were provided or patients could make their own if they wished to, subject to assessment. Some patients told us that if they did not want one of the two options available that they could also choose from another option such as a sandwich, soup or a jacket potato. Patients were encouraged to buy and store their own snacks.
- Staff helped patients with communication, advocacy and cultural and spiritual support. Patients had communication needs assessments, we saw evidence of pictures being used in documents for some patients should they require this. Patients' spiritual and cultural needs were met. For example; if a patient required a certain diet due to their cultural beliefs this would be catered for. The ward manager told us that if a patient wanted to go to a place of worship they would be supported to do so. Since the ward opened this had not yet been requested. There were a number of activities available for patients to access.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service. Three complaints had been raised since the ward opened. We reviewed them, and they had been responded to appropriately and any learning had been shared with the team in meetings.
- Patients had access to activities both on site and in the community and had individual activity timetables. Some activities included table tennis and other table top games, Ball games in the garden and cooking. There was a sensory room for patients who found sensory stimulation enjoyable. However, some patients and relatives told us that there were not enough activities available. One relative told us that their loved one did not like to join group activities and that 1-1 activities were very limited. There had been some restrictions to activities due to the pandemic.

However:

- Two out of six patients fed back that the quality of the food was variable, and that there was not much choice. At each meal there was one vegetarian and one non-vegetarian option.

Are Wards for people with learning disabilities or autism well-led?

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. Staff told us that the management team were approachable and supportive and had an open-door policy should staff require support or guidance at any time.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution. Staff were able to raise concerns in a number of ways, in staff meetings, supervisions or they could go and raise concerns to managers at any time. Staff told us they felt comfortable to raise concerns, and that they would be listened to and supported with them.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

Wards for people with learning disabilities or autism

- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. Multi-disciplinary teams worked together and kept patient care files and risk assessments up to date. Staff told us they could access all information with ease to enable them to carry out their roles and have current information on patients. Updates were shared through handover of shifts.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that all staff were consistently wearing PPE in line with their policy to prevent spread of infection.</p> <p>This was a breach of regulation 12 (2)(h)</p>