The Huntercombe Centre - Birmingham

Quality Report

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

Ratings

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

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

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

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

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated The Huntercombe Centre Birmingham as good because:

- Ward areas were well maintained, including furnishings and decoration.
- There was an appropriate skill set of professionals available on the ward including doctors, occupational therapists, support workers, psychologists and psychiatrists to support patients in their recovery.
- Staff comprehensively assessed all patients on admission to the ward and this included comprehensive physical and mental health assessments. All patients had up-to-date care plans and risk assessments.
- Staff had access to medications and medical equipment required to care for patients.
- There were appropriate policies and procedures in place and staff attended daily meetings as part of a multidisciplinary team to discuss patients' care.
- Staff recorded capacity to consent to treatment and there was evidence of informed consent and assessment of capacity present in the files of all patients who required it. Patients had access to a mental health advocate. We saw staff interacting and engaging well with patients and allowing them to express their views.
- The Huntercombe Group had recruited a new registered manager and deputy manager. Both demonstrated the skills and experience needed to drive forward further improvements to the service.
- Staff were supervised by the registered manager and had received regular supervision and yearly appraisals. Staff told us they worked in a supportive and approachable staff team. Staff we spoke with were aware of who their senior managers were. The regional director and company director visited the ward regularly. The Huntercombe Group had given staff opportunities for training and development. Staff told us the company had a good attitude to continuing professional development.

However

- There were three doctors authorisation signatures missing from two patients prescription charts which meant medication may have been issued without a doctors authorisation.

Summary of findings

Contents

Good

The Huntercombe Centre - Birmingham

Services we looked at
Wards for people with learning disabilities or autism

Summary of this inspection

Background to The Huntercombe Centre - Birmingham

- The Huntercombe Centre Birmingham is a step-down service for up to 15 men who have a learning disability and who may be detained under the Mental Health Act 1983.
- The service offers rehabilitation to men with learning disabilities and mental health issues, who might have a forensic history or show risky or offending behaviours.
- The service had eight patients on the day of inspection.
- There is registered manager and an accountable officer.
- We last inspected the service on 8 March 2014 and found The Huntercombe Centre Birmingham to be compliant in all areas inspected.
- CQC register The Huntercombe Centre Birmingham to carry out regulated activities, including treatment of disease, disorder or injury, assessment or medical treatment for persons detained under the 1983 Act and diagnostic and screening procedures.

Our inspection team

Lead inspector: Maria Lawley, Mental Health Hospitals Inspector, Care Quality Commission The team included one CQC inspector, one nurse and a Mental Health Act reviewer.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information we held about the location and asked a range of other organisations for information.During the inspection visit, the inspection team:

- visited the centre, looked at the quality of the ward environment and observed how staff were caring for patients.
- spoke with three patients who were using the service.
- spoke with the registered manager and one deputy manager.
- spoke with three staff nurses.
- spoke with three senior support workers.
- spoke with two psychologists.
- spoke with three other staff including maintenance, a chef and a cleaner.
- attended and observed one multidisciplinary meeting.
- attended and observed one occupational therapy session.
- looked at eight care and treatment records of patients.
- received 10 comment cards.
- carried out a specific check of the medication management in the clinic room.

Summary of this inspection

- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

All the patients we spoke with told us they were happy with the service and spoke highly of the way staff treated them. Patients told us about their individual hobbies and gave examples of how staff supported them to enjoy them. One patient was able to tell us his understanding of his medication in detail. One patient told us that he was always involved in decisions about his care. Another patient told us that he was a patient representative and was proud of this and was looking forward being involved in interviewing new staff members. One patient told us that he was very proud of his room and told us how he had been able to personalise it.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

- Staff had access to a fully stocked clinic room. Medication and equipment was in date and stored appropriately
- We saw staff manage medicines appropriately and inform patients of their treatment.
- Staff maintained good record keeping and patients' files were stored appropriately in a secure cabinet.
- Staff followed the service infection control policy and undertook regular health and safety audits.
- Ward areas, including furnishings and decoration, were visibly clean and well maintained. Staff addressed any maintenance issues in a timely manner.
- Staff had access to appropriate alarm call systems to summon help in an emergency on the ward.
- There were adequate numbers of qualified and unqualified nursing staff available on the ward at any time.
- Psychiatry staff were on call to see patients out of hours in an emergency. Staff accessed emergency services for out-of-hours medical emergencies.
- Staff and patients told us patients had never had their escorted leave cancelled.
- We saw appropriate use of bank and agency staff.
- No serious incidents had taken place at the service in the previous 12 months.

However:

- There were three doctors authorisation signatures missing from two patients prescription charts which meant medication may have been issued without a doctors authorisation.

Are services effective?

Good

- All patients had received an assessment on admission to the ward and this included comprehensive physical and mental health assessments.
- All patients had up-to-date care plans. These were comprehensive and person centred.
- Doctors complied with The National Institute for Health and Care Excellence (NICE) prescribing guidelines and followed British National Formulary (BNF) limits when prescribing medication to patients.
- Staff monitored patients' physical health throughout their treatment with the service.

Summary of this inspection

- Staff were experienced and qualified in delivering care.
- Staff were supervised by the registered manager and had received regular supervision and yearly appraisals.
- Staff attended daily meetings as part of a multidisciplinary team to discuss patients care.
- Staff assessed patients' dietary needs and included these in care plans.
- Staff received training they needed to carry out their roles including Mental Health Act training and Mental Capacity Act training.
- Staff recorded capacity to consent to treatment and there was evidence of informed consent and assessment of capacity present in the files of all patients who required it.
- Staff supported patients to make decisions.
- There was an appropriate skill set of professionals including doctors, occupational therapists, support workers, psychologists and psychiatrists to support patients in their recovery.
- We saw staff respond appropriately to deterioration in patients' health.

Are services caring?

Good

- Staff were observed interacting and engaging well with patients and allowing them to express their views.
- We spoke with three patients during our inspection. All of them told us they were happy with the service they received and the way staff treated them.
- Staff and patients had written care plans together and they clearly reflected patient views.
- All patients we spoke with were aware of their rights while using the service.
- Patients had access to a mental health advocate who visited the service once a week.
- Patients had access to a private area to see their family.
- Patients were involved in recruiting new staff.
- Patients held a weekly community meeting and made decisions about service development.
- Patients were fully involved in their care.

Are services responsive?

Good

- There were five rooms where staff could carry out therapies and treatment.
- The service was due to convert two rooms to accommodate occupational therapy and use for patient activities. Staff and

Summary of this inspection

patients had made a proposal for improvements to the building, including the garden, the patient kitchen and the staff kitchen. The Huntercombe Group had granted the improvements and was due to start work in February 2016.
- Bed occupancy was at 71% capacity at the time of the inspection.
- There were no delayed discharges in the previous 12 months.
- Patients had access to quiet areas to meet visitors and make calls in private.
- Patients had access to a communal garden area.
- Staff supported patients to access daily local escorted leave.
- Kitchen staff provided a varied daily menu influenced by patients' preferences. Patients also had pictures of meals each day.
- The service had received eight complaints in the previous 12 months and the registered managed had addressed these in line with the complaints policy.
- Patients knew how to complain. There were easy to read complaints policies displayed in communal areas of the ward and a complaints box on the wall for patients to post complaints anonymously.

Are services well-led?

Good

- All staff set objectives at yearly appraisal reviews. These reflected the organisation's values. Staff also had the opportunity to identify their own development objectives.
- Staff told us they worked in a supportive and approachable staff team. They told us they found Huntercombe Centre to be a very patient-centred and safe place to work.
- Staff received appropriate training to carry out their roles.
- The Huntercombe Group had recruited a new registered manager and deputy manager. Both demonstrated the skills and experience needed to drive forward further improvements to the service.
- Staff told us they could see the provider and manager making changes to improve the service. They told us morale within the staff team was good and had improved since the new management structure had been within the service. Staff told us the managers worked very hard to improve the service for staff and patients. Four members of staff identified the change of management in November 2015 as being a driver for this change and improvement.
- Staff we spoke with were fully aware of who their senior managers were. The regional director and company director visited the ward regularly.

Summary of this inspection

- There were no bullying or harassment cases and no whistle blowing incidents. There was a poster on a communal notice board advising staff the whistle blowing procedure.
- Staff we spoke with told us they would feel confident to raise any concerns they had without fear of victimisation and felt they could raise issues with their manager quite comfortably.
- Staff told us they felt they were working in a strong and committed team and that they worked well together. Staff told us a positive aspect of their role was the good relationship between staff and patients. Staff told us patients were involved in their care.
- Staff had opportunities to attend leadership courses for senior clinicians and opportunities to complete national vocational qualifications (NVQ) and external training. Staff told us the company had a good attitude to continuing professional development.
- The organisation consulted staff on ideas to develop the service. They gave feedback about their roles and areas of service development to enhance patient experience and the service.
- The Huntercombe Group carried out an internal audit to improve the service.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings to determine an overall judgement about the provider. An independent Mental Health Act (MHA) reviewer carried out a separate Mental Health Act review on the day of the inspection. They found that certificates of consent to treatment (also called T2 forms) and capacity to consent to treatment forms were all in place. All patients at the unit were detained patients. Staff spoken with were aware of the main principles of the Mental Health Act and code of practice guiding principles. The Mental Health Act administrator carried out a monthly audit of mental health paperwork. The Mental Health Act administrator carried out a Mental Health Act audit in December 2015. There were no errors found in Mental Health Act paperwork during our inspection. We saw good practice around the section 132 rights including the right to an independent mental health advocate (IMHA) as part of the act. An IMHA attended the unit weekly and patients were able to access this person easily.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety-four per cent of staff had received MCA training.
- Staff we spoke with had a good understanding of the Mental Capacity Act and were able to describe aspects of it without prompt.
- Staff confirmed they had had face-to-face training on the mental capacity act.
- Seventy-two per cent of staff out of 35 employed staff had training in Deprivation of Liberty Safeguards (DoLS). There were no patients subject to DoLS at the time of the inspection.

Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good

Safe and clean environment

- The Huntercombe Centre had two clinic rooms. Staff used the first floor clinic room to store medication. Only nursing staff had access to this. The ground floor clinic room contained a medical grab bag of items needed for emergency resuscitation, including a defibrillator and oxygen tank, all with clear expiry dates and all in date. Staff completed a daily checklist to show they had checked all the equipment was in date and in order. All staff had keys to access this room. Both clinic rooms were visibly clean and tidy. There was no examination couch in either of the clinic rooms.
- Staff completed clinic records daily and we observed they had not missed any record checks in the 30 days before inspection. There was good evidence of appropriate medicines management including dispensing and storage. Staff kept daily medication in a locked cabinet.
- There was a second medication cupboard to store excess medication. Within this cupboard there was also a locked cupboard to store controlled drugs. This was empty at the time of inspection but there was a controlled drugs register present. Nursing staff administered medication to patients from the first floor clinic room and supervised patients while they took it.
- An external pharmacist attended the service weekly to carry out an audit of the medications.
- Staff had completed detailed patient information on prescription charts with relevant information including name, date of birth, general practitioner name, registered consultant name, Mental Health Act section status and any known allergies. The prescription charts contained a picture of the patient in order to ensure correct identification when administering medication.
- There were three doctors authorisation signatures missing from two patients prescription charts which meant medication may have been issued without a doctors authorisation.
- All patient files contained signed capacity to consent to treatment forms. All patients had signed their own copy of medication guidelines to say they agreed with their prescriptions.
- Prescriptions were clear and legible. Leaflets to describe each medication the patients had been prescribed were printed in an easy read format and kept in prescription files so patients could access them.
- Staff followed British National Formulary (BNF) limits during prescribing of antipsychotic medications. We saw evidence of this in the prescription charts and in relation to prescribing of antipsychotics such as clozapine.
- The medication cupboard was visibly clean and well organised. All medications were in date.
- All communal areas were visibly clean and tidy. Two cleaners carried out the cleaning rota. We saw signed cleaning task lists for January 2016 and December 2015 and we saw cleaning staff carrying out cleaning tasks during the inspection.
- Some fixtures and fittings in the patient bathrooms needed replacement due to wear and tear. We asked the registered manager if these were to be replaced and she confirmed she had ordered replacements and she approved maintenance issues without delay.

Good

Wards for people with learning disabilities or autism

- We saw a self-contained flat within the building. Staff supported a patient who lived there 24 hours a day, seven days a week. We saw signed cleaning task lists for January 2016.
- The Huntercombe Centre had one on-site maintenance personnel responsible for maintenance of the building and a facilities management company who provide additional contractors to the site if required.
- On-site maintenance were responsible for carrying out weekly tasks in relation to water and fire risks. We saw comprehensive maintenance manuals in relation to fire regulations and water regulations.
- The registered manager and the maintenance personnel had signed weekly to confirm completion of the tasks required, such as checking the fire alarms, checking the fire doors were in good working order, flushing the water pipes to ensure the destruction of legionella bacteria and checking the temperature of the water in both the hot and cold water tanks.
- The kitchen, domestic and maintenance staff had a health and safety or control of substances hazardous to health (COSHH) file. These identified health and safety risks for staff and patients, and the measures to reduce them. We saw detailed environmental risk assessments for domestic tasks, the kitchen, and the maintenance departments. The registered manager and support staff put these in place in November 2015 and told us they reviewed them monthly. We saw staff had reviewed the risk areas in December 2015.
- Staff we spoke with were able to give examples of where maintenance had resolved issues in a timely manner; this included appropriate storage of clinical waste.
- The Huntercombe Group introduced an initiative called 'glamour for your manor' where staff and patients were able to put forward proposals for improvements to the building. Staff completed a proposal in conjunction with patients. The areas identified included expansion of the patients' activities of daily living (ADL) kitchen, improvement to the back garden to incorporate seating and activity areas, and to move the staff kitchen. They were successful in their bid and expected the estates management team to implement the changes in 2016.
- We saw good hand-washing technique signs displayed in staff areas. Staff carried out an infection control audit in October 2015 and identified 93% out of 35 employed staff compliance.
- Ninety-four per cent of staff had training in control of substances hazardous to health (COSHH), 94% had received training in health and safety and 97% had received training in infection prevention and control.
- The maintenance team had identified and addressed an area of non-compliance around storage and security of clinical and household waste.
- There were a number of ligature points throughout the building. There were also a number of blind spots around the building due to its layout and design. Staff carried out a ligature and blind spot risk audit in October 2015. This identified areas of concern, listed mitigating factors and assigned the severity of risk to each spot. The audit estimated most risks as low due to the nature of the service and patient group. Ligature and blind spot risks were mitigated using observations of patients by staff.
- Staff also carried out robust risk assessments of patients. Staff were present in communal areas where patients gathered such as the lounges. Mirrors were in place on two stairways, which staff used to reduce blind spots around corners. Bedroom doors were anti-barricade and there were anti-ligature curtain rails.
- The audit identified external blind spots in garden areas around the outside of the building. These were recorded as being mitigated by use of CCTV which was not routinely checked however patients did not have unaccompanied access to those areas.
- Risk assessments detailed patient's risks regarding self-harm or suicidal behaviour and staff showed in the multidisciplinary team meeting that they knew their patients well. Staff adjusted observation levels accordingly if they identified a risk.
- The service was a male only and patients had their own en suite bedrooms with toilet and wash facilities. All patients had a key to their own bedrooms.
- There were no seclusion rooms and there was no seclusion or segregation used in this service.
- All communal areas and patient bedrooms were clean and comfortable. On the day of inspection, the temperature was variable in different areas of the building to an uncomfortably warm or cold level. We observed furniture was in good order and fit for purpose.
- All staff carried personal alarms linked to an integrated alarm system throughout the building with call points located in communal areas of the building. Staff could use alarms to summon help in the event of an

emergency. Staff were required to sign in on entry to the building to comply with fire regulations. Each had an alarm, which they tested in a test box in the staff room. An external contractor serviced the alarm in May 2015 and maintained the alarm system yearly.

- All patient bedrooms had nurse call points. Staff induction covered how to respond to the calls and new and temporary staff completed health and safety check sheet to ensure they knew how to respond.

Safe staffing

- The Huntercombe Centre had an establishment level of five qualified nurses and 20 nursing assistants. There was a vacancy for a qualified nurse and two vacancies for nursing assistants at the time of the inspection. The average number of shifts filled by bank staff was 32 and agency staff 25 in the past three months. No shifts were unfilled and use of bank and agency staff over 12 months was 2% which is very low. Staff turnover was at 20% in the 12 months before inspection.
- The Huntercombe Group used a tool called the 'bed management matrix' to determine their staffing levels. Core staffing numbers were five unqualified staff and one qualified staff during day shifts. If any patients required one-to-one observation, the registered manager could review staffing levels and bring in more staff if needed. The Huntercombe Centre had 35 staff in employment at the time of the inspection. Staff worked on a 12-hour shift basis.
- Patients had a named nurse responsible for their care and another nurse who supported the patient in the absence of the named nurse. They were responsible for completion of risk assessments, care plans, reports, carrying out one-to-one named nurse sessions, physical health monitoring and completion and carrying out health action plans. Support workers were also key workers for each patient and carried out one-to-one sessions alongside the work of the named nurses.
- Staff discussed management of their caseloads in supervision. If cover arrangements were required for leave or vacancies, the deputy manager planned these in advance and we saw rotas reflected some last-minute changes to ensure staff covered for sickness absence.
- The service used one agency so staff were familiar with the service. When management used agency staff, the supplying agency sent the registered manager a staff profile which contained their photograph, their right to work and which training they had completed. The manager reviewed these to ensure training complied with service need. Where possible, the manager recruited agency staff from an agency that used the same restraint technique as the Huntercombe Centre staff. Bank staff had the same induction programme and training as regular staff. All permanent and bank staff completed both e-learning modules and face-to-face training.
- There was a consultant psychiatrist available three days a week, a full-time trainee forensic psychologist and a part-time consultant psychologist. There was an on call rota 24 hours a day seven days a week shared between three psychiatrist, one employed by The Huntercombe Centre and two employed by a sister service. They were able to attend the site in a crisis and offer advice by phone and email. The registered manager or deputy manager also were on call 24 hours a day seven days a week. The estates management company also offered an on call service. Staff accessed emergency services for out-of-hours medical emergencies.
- Staff compliance in all areas mandatory training were above service target of 85% except in safeguarding children and fire safety which were both 82% compliance. Ninety-four per cent of staff had training in first aid awareness.
- Staff completed a range of eLearning training courses, including fire safety, safeguarding children, Deprivation of Liberty Safeguards, information governance, equality and diversity, safeguarding adults, health and safety, infection prevention and control, moving and handling, first aid awareness, and conflict management training.
- We observed staff in communal areas of the building where patients were present. We observed staff engage well with patients. There were adequate numbers of staff on shift to allow patients to have regular 1:1 time with their named nurse as well as with a support worker.
- Staff told us they had never cancelled escorted leave and ward activities because of too few staff. Staff escorted all except one patient on leave from the premises. Each patient had a weekly rota to ensure staff were available to take them on days out and shopping trips. Every patient also had local leave and requested this from staff daily as needed. Local leave was flexible however, could be delayed if the needs of the patients and service took priority for example to accommodate a health care appointment.
- There was a varied skill set of staff on shift at any one time including psychologists, doctors, nurses and

support workers, which meant there were enough staff to carry out physical interventions safely. Patients could access physical health support by doctors on the ward as well as GP appointments. The registered manager told us they had no delays in accessing GP appointments.

- There was adequate medical cover 24 hours a day for both mental health and physical healthcare emergencies. If patients needed a mental health intervention, on-call psychiatrists were available. Normal routes such as use of the general practice, walk-in centre, accident and emergency and paramedics would address any physical health needs.

Assessing and managing risk to patients and staff

- We reviewed all eight patient records during our inspection. All records contained an up to date, comprehensive risk assessment reviewed regularly by staff.
- Staff carried out assessments at the referral stage and again at admission stage. Assessments included care planning, risk assessments and medication was included in plans. Staff updated risk assessments and care plans monthly as a minimum or as the patient's circumstances change. Patients saw their named nurse on a weekly basis for 1:1 sessions.
- All staff involved with the patient monitored any health deterioration and reported this to the nurse on duty, who would then make a decision as to whether or not medical support was required.
- On weekdays, all staff attended a morning meeting including the maintenance, kitchen and domestic staff. Staff discussed patients in this meeting and agreed any actions they needed to take in relation to deterioration in physical health of patients. Maintenance, kitchen and cleaning staff did not sit in on the clinical discussions but had been involved in discussions relating to the environment. They were also told about any warning signs for deterioration in health they needed to be aware of for individual patients, in case they saw them during the working day.
- There was no waiting list and there were seven beds available at the unit. There were two patients awaiting admission and there were two referrals pending.
- Eighty-eight per cent out of 35 employed staff had received training in adult safeguarding and 82% in safeguarding children. Staff we spoke with showed a good understanding of how to identify and act on safeguarding concerns. There was a poster in the communal area of the service with contact details for safeguarding teams.
- There were no blanket restrictions identified during our inspection.
- The multidisciplinary team reviewed individual risk assessments daily and used these to decide patient observation levels. Most patients at the service were on general observations on an hourly basis.
- Male staff had training in personal search techniques and female staff had training in room search techniques. The service had a search policy. The registered manager advised us no patients required searching at the facility.
- There was one incident of restraint in the previous 12 months which taken place in July 2015. Staff reported this as an incident using the service's incident reporting site. The multidisciplinary team discussed incidents as part of the morning meeting. Staff received information about incidents and learning through meetings, feedback from management and governance meeting minutes.
- The registered manager had identified two areas of risk and entered them on a central risk register. She had also put in place an action plan to reduce the risks.
- There a policy in place to manage the safety of children visiting the ward. The manager told us this was something they managed on a needs basis and there were steps staff could take to ensure children were safeguarding while visiting family. There were no patients at the facility that needed provision for children to visit at the time of the inspection.

Track record on safety

- An improvement in safety took place in November 2015 when the registered manager set up an integrated alarm system. Another example of an improvement to safety was securing the bin and waste disposable area external to the building.
- There had been no serious incidents requiring investigation reported in the previous 12 months at the service.

Reporting incidents and learning from when things go wrong

Good

Wards for people with learning disabilities or autism

- Staff received e-learning and face-to-face training on how to use the incident reporting system. Staff were given guidance on how to report challenging behaviour which included types of risky behaviours and when and who to report them to.
- The registered manager gave all staff a summary explaining duty of candour and there was a duty of candour poster displayed in reception. Duty of candour is when services are required to be open and transparent with people who use the service when things go wrong.
- The registered manager told us debriefing for staff after an incident would occur internally at the time of the incident and would be followed up in staff meetings and supervision. There had been no recent incidents requiring debrief.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- The consultant psychiatrist and nursing management team undertook admission assessments. A psychologist carried out part of the assessment process. Staff told us the assessment process took around 28 days to complete and staff reviewed patients monthly and monitored them daily thereafter.
- Staff told us they assessed at the patient's own pace and this may vary dependant on the how easily the patient could take in and retain the information given to them. Assessments were comprehensive and detailed, covering areas in relation to physical health, mental wellbeing, relationships and social functioning, historical information, living skills and risk areas.
- Staff completed malnutrition universal screening tool (MUST). The MUST assesses body mass index and weight. Staff assessed patients' spiritual needs under an identity and self-esteem domain.
- Staff used an assessment tool called a short-term assessment of risk and treatability (START) to assess patient strengths and vulnerability. This included social skills, relationships, recreational, self-care and physical and mental wellbeing. Staff told us they used this tool as a positive assessment of risk taking rather than focusing on negative risks. Staff told us they allowed patients to settle into to the service and carried out assessments at their pace.
- We reviewed all eight patient records during our inspection. Care plans were up-to-date and included personalised patient views. They were holistic and included a full range of the patient's problems and needs.
- We saw evidence of care plans written in first person from the point of view of the patient and in language the patient was likely to have used. Patients were involved in care planning.
- We saw care plans were recovery orientated and identified strengths and goals of the patient.
- A life outcomes star tool designed for patients with learning disabilities to identify areas of their lives they would like to improve was an example of this.
- Staff had given patients a copy of their care plan in an easy read format, which showed person centred care. We saw a care plan specified for each specific area of risk. An example where the patient and staff had stated aggression as an area of risk, there were pictures showing the steps staff would take to reduce the risky situation with the patient.
- We also saw positive behaviour support plans for every patient. Care plans were both electronic and paper based and included Historical Clinical Risk Management (HCR 20), detailing past risks, which a psychologist took the lead on.
- Staff had carried out discharge planning from the point of admission. Records held bespoke activity plans showing full involvement of the service user. Care records were both electronic and stored in paper files and all staff could access these in a timely manner in order to deliver effective patient care. Paper files were stored in a locked cupboard in a locked office but were accessible by all staff.

Best practice in treatment and care

- An external pharmacist attended weekly to audit medication. They checked legality, compliance with British National Formulary (BNF) limits, evidence of good prescribing practice and supply levels. They provided a weekly report to the service manager. The clinic room audit also included security, storage of medication and checking temperature of the fridge. We saw a copy of the report the pharmacist had provided to

the registered manager in December 2015. The report highlighted minor errors and actions for the previous quarter. The nurse on duty checked the stock in the clinic room weekly every Sunday. There was also a quarterly medications management meeting and we saw minutes for this.

- We saw the policy in relation to therapeutic interventions and found it complied with The National Institute for Health and Care Excellence (NICE) guidelines around challenging behaviour and learning disabilities and the Mental Health Act. Patients had weekly appointments with a psychologist and had been offered individualised therapy plans from a range of interventions including: coping, anger management, cognitive behavioural therapy, relapse prevention in relation to substance misuse or offending behaviour and developing social skills.
- Nurses carried out clinical audits within the service. The registered manager and the maintenance department carried out a monthly health and safety audit. There was also a corporate audit in July 2015. In October 2015, the Huntercombe Centre carried out a clinical audit on choking hazards and infection control. The chocking audit identified two patients at risk while eating meals. It then detailed how staff would manage the risk through observations, multidisciplinary team discussion and staff training and awareness. An area of none compliance they identified as part of infection control was waste disposal. The manager formed an action plan after the audit and at the time of the inspection had put in appropriate waste disposal measures.
- Patients had a full physical health examination carried out by their GP when they were admitted to the centre and there was evidence of ongoing physical health care.
- Staff assessed patients' dietary and hydration needs on admission and throughout their care. Staff reflected this in care plans. There were two kitchens where patients could access food. The larger of the two was on the ground floor and this was where full time kitchen staff prepared patients meals. The second kitchen was on the first floor and patients used this for activities of daily living (ADL) to develop new skills, promote independence and carry out occupational therapy. Patients could store personal items of food and could use this kitchen 24 hours a day.
- Staff used a recognised clinical outcome scale HoNOS (Health of the nation outcome scale) to measure patient outcomes and recorded this appropriately in all patient files.

Skilled staff to deliver care

- The Huntercombe Centre had a full range of mental health disciplines to care for the patient group. The registered manager and deputy manager were both qualified nurses and not included in the nursing establishment levels. There was a full-time occupational therapist, a vacancy for a part time senior occupational therapist and a full-time occupational therapy assistant. There were also senior support workers, support workers, and staff nurses. The service had access to two chiropodists who visited patients once a month. One was a diabetic specialist for the two diabetic patients on the ward.
- We saw evidence staff had been monitored for their right to work in the UK had received disclosure and barring service (DBS) checks. A designated administrator monitored this and was responsible for notifying staff when they were required to update DBS checks or rights to work documentation.
- The registered manager carried out management supervisions every four to six weeks. We inspected a selection of 10 randomly chosen staff files and found that appraisals and supervision had been carried out and filed appropriately.
- The registered manager was the only member of staff who had key performance indicators set for them.
- Staff of similar grades or roles had the same yearly objectives set at appraisal and then set their own individual objectives separately.
- Staff attended team meetings fortnightly at 7pm in order to involve both day and night staff. Multidisciplinary team meetings where held daily at 9:15am Monday to Friday.
- Ninety-five per cent of 32 staff had received an annual appraisal in the previous 12 months. Doctors and the psychology department received an external appraisal.
- No staff were subject to performance management at the time of our inspection. We saw the capability policy and procedure which detailed how the manager would undertake performance management of staff.

Multidisciplinary and inter-agency team work

Good

Wards for people with learning disabilities or autism

- We observed a well-attended multidisciplinary team (MDT) handover meeting. It contained a full range of staff. The cleaner was present and was an active participant in the governance discussion however left the room when staff discussed individual patients to maintain confidentiality. We heard discussion on relevant safety issues and a full handover from the weekend including all risk incidents relating to patients. Information sharing was clear, comprehensive and concise. Staff discussed safety plans in relation to managing patients when they were using the central courtyard. There was thorough discussion and the staff team showed themselves to be responsive to patient needs including an incident where they contacted emergency services for a patient experiencing chest pains. Staff discussed follow-up care by the nursing staff and included use of regular observation.
- All staff wore name badges.
- The nurse in charge verbally handed over any patient updates to staff between shifts. There was a designated handover report book for written handovers.
- The registered manager discussed attempts to make links with the local general practice and safeguarding teams. They had encountered barriers developing these links and the manager described how she planned to overcome these.
- We spoke with the advocate from Pohwer who spoke highly of the communication between staff and herself in regards to handovers and patient welfare.

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

- Fifty-four per cent out of 35 employed staff had received Mental Health Act training in the previous 12 months. There was training scheduled in February 2016 to address the remaining staff.
- All patients at the unit were detained patients
- Staff we spoke with were aware of the main principles of the Mental Health Act (MHA) and code of practice guiding principles.
- There was evidence of informed consent and assessment of capacity present in seven out of the eight files. The one that was not present was not required. The Mental Health Act administrator carried out a monthly audit of mental health paperwork. In October 2015, the Huntercombe Centre carried out an audit of the Mental Health Act 1983 monitoring rights form under section 132 and section 17 leave. The centre formed an action plan based on findings in this audit. The MHA administrator carried out a Mental Health Act audit in December 2015. There were no errors found in Mental Health Act paperwork during our inspection.
- The Mental Health Act administrator had identified a need for specific training during management supervision and attended external training in 'a practical guide to Mental Health Act administration' in November 2015. Staff we spoke with were aware of the main principles of the Mental Health Act (MHA) and code of practice guiding principles. Staff had a good understanding of capacity to consent.
- We saw good practice around the section 132 rights including the right to an independent mental health advocate (IMHA) as part of the act. An IMHA attended the unit weekly and patients were able to access this person easily.
- Certificates of consent to treatment and capacity to consent to treatment forms were all in place.

Good practice in applying the Mental Capacity Act

- Ninety-four per cent out of 35 employed staff of staff had received MCA training.
- Staff we spoke with had a good understanding of the Mental Capacity Act and were able to describe aspects of it without prompt.
- Staff confirmed they had had face-to-face training on the Mental Capacity Act.
- There was a policy in place for Deprivation of Liberty Safeguards and staff were aware of the policy. Staff knew where to seek advice from independent mental health advocate.
- Seventy-two per cent of staff had training in Deprivation of Liberty Safeguards (DoLS). There were no patients subject to DoLS at the time of the inspection.
- We also found all Mental Health Act documentation present and correct. Capacity assessments were decision specific.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

Good

Wards for people with learning disabilities or autism

- We observed an occupational therapy session and saw the patient had good rapport with staff. Staff carried out a discussion and review of budget planning with the patient. The patient showed a good awareness of the need to budget. Staff structured the review to ensure it was clear and put in specific, measurable, achievable, realistic and time-bound goals with the patient. The individual was fully involved throughout in all decision making.
- Staff collaboratively discussed and reviewed the patient's care plan and the patient made clear decisions about what to write in their care plan. There were plans made for facilitating a period of leave during the session and this was well described and discussed with the patient. Following the session, the patient was very complimentary about the service he was receiving.
- We saw staff interacting well with patients during a karaoke session.
- Patients told us the Huntercombe Centre was a good place to live and staff were very good. We received 10 completed comment cards giving us feedback on the service before inspection. Eight feedback cards were from members of staff and two were from patients. The two patients identified they felt safe and staff looked after them.
- All patients we spoke with were aware of their rights and understood their section 17 leave. They were happy with the service and spoke highly of the way staff treated them. Patients told us about their individual hobbies and gave examples of how staff supported them to enjoy them. One patient was able to tell us his understanding of his medication in detail. One patient told us that he was always involved in decisions about his care. Another patient told us that he was proud to be a patient representative and was looking forward to the next time he would be interviewing new staff members. One patient told us that he was very proud of his room and told us how he had personalised it.
- We observed a multidisciplinary team meeting. Staff demonstrated they understood their patient's individual needs. The registered manager had a good knowledge of the character and needs of individual patients.

The involvement of people in the care they receive

- We reviewed patient records; saw patients were fully involved in decisions about their care, and care planning.
- Staff gave patients the option to involve family in their care. A private space was available for family to visit and staff carried out risk assessments carried out as to whether the contact be supervised. At the time of our inspection one patient received regular visits from family however, due to the nature of his illness staff supervised him during the visits to manage distress levels. Staff advised patients' family members they were required to provide ID when attending the service. This was to protect patients and staff from strangers entering the building.
- Pohwer provided the advocacy service and they attended the centre every Thursday. The advocate had agreed with the registered manager to change her visit to a Wednesday to correspond with the patient community meeting which would better support advocacy. The advocate for this service completed the patient survey in November; seven patients agreed to complete this at the time and two refused. Patients identified areas for improvement in the service they were receiving from the centre in areas including being able to speak to family more often, wanting more food to be available, being involved in staff recruitment and concerns around staff not taking complaints seriously. The registered manager told us staff will share the results of the survey with patients at a community meeting in January 2016.
- Patients were fully involved in decisions about their service. Patients identified two representatives who were then involved in the interview of a support worker in January 2016 and had agreed questions they wanted to ask during a patient lead community meeting.
- As well as the 'glamour for your manor' initiative, patients identified other improvements they would like the service to carry out. Examples of this included a decision to decorate and convert a disused room on the first floor into a music room; the patients chose the colours to paint the walls during community meetings. Patients also identified an unused alcove in a corridor on the first floor and requested a comfortable chair to be purchased and placed there so it can be used a quiet area. The service had also agreed improvements to the use and layout of underused rooms for patients benefit including converting a storage room in to an occupational therapy office.
- Staff supported patients to hold weekly community meetings every Wednesday. Staff took minutes of the meetings and made them available in easy read format.

Good

Wards for people with learning disabilities or autism

The minutes fully reflected the views of patients. The minutes showed patient requests, with actions points for staff. Staff displayed the minutes on the patient notice board and in the communal lounge.

- Staff told us patient admission involved a 'stepped approach' including inviting the patient to visit the building several times before admission so they could get used to the building and routines.

Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- There were no waiting times for initial assessments or access to treatment for the service.
- Average bed occupancy over the previous six months was 71%.
- During the period 1 January 2015 – 1 January 2016 there were 5 admissions and 7 discharges.
- There were no delayed discharges in the 12 months before inspection.
- A care and treatment review carried out in December 2015 showed evidence of discharge planning and partnership working with external agencies in readiness for discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- There were two clinic rooms at the centre containing a full range of equipment to support treatment and care. There was no examination couch.
- There were two main communal areas in the building, both lounges. Patients chose a room for activities and decided on the wall colour. The maintenance team decorated the room during our inspection.
- Families used a lounge on the ground floor to visit patients. Patients could also visitors in their own bedrooms.
- Patients could use their own rooms to make private phone calls and had their own mobile phones do this.
- Patients could use an outside courtyard in the centre of the building. There was also an unused garden at the back of the building and, as part of the 'glamour for your manor' initiative, the patients and staff had redesigned this to be more patient friendly. Work on this was due to take place in 2016.
- The kitchen achieved a food hygiene rating of five out of five from Sandwell Borough Council in May 2015
- Kitchen staff joined the community meeting in order to involve patients in the menu options and choices. Patients had a choice of hot and cold meals at lunch times. Kitchen staff had begun to offer this following patient request during a community meeting. There were two diabetic patients using the service and the chef told us she catered for them by making separate diabetic cakes and offering low sugar alternatives for dessert. The chef also advised us that she could cater for any religious needs.
- Mealtimes were flexible, based on patient choice and they were able to prepare and cook their own meals. Staff supported individual patients to eat at the times they preferred if the kitchen staff had left for the day. Patients had 24 hours a day access to the kitchens.
- We saw visual references for meal times, the dining room displayed pictures of meals so patients could identify the meals easily.
- Patients had unrestricted access to cutlery and cooking equipment. There was fruit, cakes and condiments available in the kitchen areas. There were allergen advice posters displayed within the communal dining area. The dining room was a bright, clean and tidy. There was a recycle bin and a general waste bin in the communal dining area. There were fridges stocked with food and drink in the communal dining area, the main kitchen and the activities of daily living (ADL) kitchen. The ADL kitchen contained separate lockable cupboards where patients were able to store their personal food items. Staff had labelled two cupboards with patient names.
- Patient rooms were clean, comfortable and personalised. We saw pictures on the outside of patient's bedroom doors and personal items and family photos inside. Patients were encouraged to choose the colour they would like maintenance to paint their rooms on admission. Two patients encouraged us to look at their rooms and told us they were happy with their rooms.
- Patients had a key to their own rooms so they could store their possessions securely.

Good

Wards for people with learning disabilities or autism

- There was a seven day timetable of activities set up for patients to do both on and off the premises including snooker, arts and crafts, dance, gym sessions, canal walks, bike rides, music, movie nights, game night and bingo. During the inspection, we saw staff and patients engaged in karaoke. The majority of the patients from the service attended and participated in the activity and one patient fed back to us later that he really enjoyed it. Staff had included daily living tasks into the seven-day timetable including laundry and cooking activities.

Meeting the needs of all people who use the service

- The service had wide doorways suitable for wheelchair access and ground floor rooms were on one level.
- There was a lot of information provided to patients in an easy read format including complaints leaflets, timetables and posters. There were only English speaking patients accessing the service at the time of the inspection. The registered manager told us that they can access translated patient information for patients who require it. The local council provided translators if needed.
- There were two information notice boards in the communal corridor of the building. These displayed easy to read information on the care pathway approach, Mental Health Act rights and the complaints policy. They also displayed information about a drop in with a psychiatrist and another with the advocacy worker; both posters displayed a picture of the staff member.

Listening to and learning from concerns and complaints

- A complaints policy was in place and this was available in an easy read format and displayed prominently on a notice board within the communal area of the building. There were eight complaints in the previous 12 months and the registered managed had addressed these in line with the complaints policy. The service process had not upheld any of them. Complaints were held in a designated folder for complaints, comments and compliments and management had documented how complaints these had been addressed. There were three complements contained within the folder. There was a locked complaints, comments and compliments box displayed in the communal area of the building. The deputy manager emptied this daily and processed any complaints by the official complaints policy.
- There had been two complaints reported to the Care Quality Commission in the previous 12 months. Both of the complaints were upheld and actioned by the Huntercombe Centre but patients had not referred them onto the ombudsman.
- Complaints analysis carried out by Huntercombe Centre identified areas for improvement. Staff were told about the result of the analysis individually and during team meetings.

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

Good

Vision and values

- At appraisal, all staff set objectives in the following areas: completing supervision every four to six weeks, compliance with statutory and mandatory training, personal development, involvement in auditing, complete patient assessments, attend multidisciplinary team meetings and identify personal training needs. Staff also had the opportunity to include their own identified development objectives.
- We received 10 completed comment cards giving us feedback on the service before inspection. Eight feedback cards were from staff and two from patients. Staff told us they worked in a supportive and approachable staff team. They identified they found Huntercombe Centre to be a very patient-centred and safe place to work. They told us they had training to do their roles. Staff also identified they could see the provider and manager making changes to improve the service. Four comments from staff identified the change of management in November 2015 as being a driver for this change and improvement.
- The Huntercombe Group had recruited a new registered manager and deputy manager. Both demonstrated the skills and experience needed to drive forward further improvements to the service. The regional director worked at the Huntercombe Centre three days each week and the company director visited the ward once a month. Staff we spoke with were fully aware of who their senior managers were.

Good governance

Good

Wards for people with learning disabilities or autism

- A member of staff representing The Huntercombe Centre Birmingham, usually the manger or deputy manager, attended a clinical integrated governance meeting and offered feedback on governance issues specific to the service. This meeting was also to share good practice, compliance, risk register items and review policies.
- The registered manager of The Huntercombe Centre Birmingham chaired a local governance meeting monthly.
- The majority of staff had received mandatory training.
- Ninety-five percent of staff had completed appraisal within 12 months.
- Staff carried out clinical audits.
- Management had recorded areas of risk on a central risk register.
- Staff knew how to report safeguarding concerns.
- Staff completed Mental Health Act paperwork to a good standard. An administrator audited this on a monthly basis to ensure good practice.
- A full time member of administration staff was responsible for auditing reviews of Mental Health Act paperwork.

Leadership, morale and staff engagement

- Huntercombe Centre had an average sickness rate of 4% in the previous 12 months.
- There were no bullying or harassment cases and no whistle blowing incidents. There was a poster on a communal notice board advising staff the whistle blowing procedure.
- Staff we spoke with told us they would feel confident to raise any concerns they had without fear of victimisation and felt they could raise issues with their manager quite comfortably. Staff we spoke with were able to tell us the process of how and when to report incidents appropriately.
- Staff told us they felt they were working in a strong and committed team and that they worked well together. They told us morale within the staff team was good and had improved since the new management structure had been within the service. Staff told us the managers worked very hard to improve the service for staff and patients. Staff told us a positive aspect of their role was the good relationship between staff and patients. Staff told us patients were involved in their care.
- The Huntercombe Centre asked staff to complete a staff satisfaction survey in December 2015. In response to this, staff indicated that areas of strength at The Huntercombe Centre and areas that required improvement. Staff identified patient progression, staff morale and internal job and training opportunities as the organisations biggest strengths. Staff identified areas for improvement as organisation, care plans and patient's files, pay for support workers and involvement of support workers in patients meetings.
- The registered manager created two posts for a senior support workers and this enabled staff to have opportunities for promotion. Staff had opportunities to attend leadership courses for senior clinicians and opportunities to complete national vocational qualifications (NVQ) and external training. Staff told us the company had a good attitude to continuing professional development.
- The organisation consulted staff as part of 'glamour for your manor' for ideas to develop the service environment. This proposal was due to start in February 2016.
- The organisation consulted staff in Huntercombe Group's 'conversation into action' initiative. Staff suggested improvements and feedback about their individual roles and areas of service development to enhance patient experience and the service. They also provided suggestions of how the company could include them and value them more.

Commitment to quality improvement and innovation

- The Huntercombe Group carried out an internal assurance framework in October 2015. A care and treatment review (CTR) was carried out in July 2015 and recommendations made were implemented a follow-up was done in December 2015 showing improvements in most areas.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve
Action the provider should take to improve

- The provider should ensure medication is appropriately authorised before administration.