

CAS Community Services West Midlands






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.

Summary of findings

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.

Overall summary

We rated CAS Community Services West Midlands as good because:

- Staff were caring and compassionate in their work with patients. They were available to support patients and encouraged them to become independent at their own pace. Staff knew their patients well; they knew their strengths and limitations and treated patients as individuals.
- The service had shown sustained improvement since the previous inspection. The registered manager and house managers had improved consistency of processes.
- Staff were up to date with mandatory training and received regular supervision. Sickness and turnover was low.
- All locations had a homely and well-maintained environment. Staff and patients ensured houses were kept clean and carried out regular checks of the environment.
- Records were clear, comprehensive and detailed. Care plans and risk assessments were up-to-date and personalised. Staff monitored the physical health of patients and knew how to support patient's needs.
- Staff routinely reported incidents and managers reviewed these and made changes to practice as a result. Staff and patients received excellent support following incidents.

Summary of findings

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Good 

CAS Community Services West Midlands

Services we looked at

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

Summary of this inspection

Background to CAS Community Services West Midlands

CAS Community Services West Midlands provides long stay residential rehabilitation step down services for patients. CAS Community Services West Midlands is run by CAS Behavioural Health Limited. The provider had changed names from Cambian Adult Services to CAS Behavioural Health[in December 2016.

The service is provided from three locations; 45 Portland Road is a female only unit with a total of four beds; 20a and 20b Turls Hill Road and 12 Woodcross Street are male only units with a total of eight beds.

CQC register CAS Community Services West Midlands to carry out the following regulated services:

- treatment of disease, disorder or injury.

A registered manager is in place. The service was last inspected by CQC on 9 and 10 May 2016. The service was found to be non-compliant in:

- Regulation 17 HSCA (RA) Regulations 2014 Good governance. The provider did not update Mental Health Act policies in line with the revised Mental Health Act Code of Practice and not all staff were trained in the new Mental Health Act Code of Practice. This was a breach of Regulation 17(2)(a) .

During this inspection, we found they had met the requirements of this regulation.

Our inspection team

Team leader: Maria Lawley, Inspector.

The team that inspected the service comprised two CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. We also checked if the service had made improvements following the requirement notice issued at the last inspection.

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 that we held about the location.

During the inspection visit, the inspection team:

- visited all three locations, looked at the quality of the environment and observed how staff were caring for patients;
- spoke with five patients who were using the service
- spoke with the registered manager and managers for each of the locations
- spoke with six support workers
- spoke with an independent advocate
- collected feedback from six comment cards
- looked at eight care and treatment records of patients
- carried out a specific check of the medication management at all locations and

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

Patients told us staff treated them with dignity and respect. They told us they liked living at the step-down houses; they liked the freedom of being able to come and go. They said staff were approachable and helpful. They said they could live independently but there was always a

member of staff available if they needed support. Two patients told us they would have liked access to the internet in the house and one patient told us they would have liked to access activities on a Sunday.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The environment at all locations was homely and well-kept. Staff carried out regular checks of the environment.
- Staff were up to date with mandatory training and were knowledgeable on safeguarding procedures.
- There were sufficient numbers of staff on shift to support patients. Patient received regular one-to-one support.
- Staff learnt from incidents and made changes to practice as a result. Staff and patients received excellent support following incidents.
- Staff were aware of and managed areas of risk with patients' well and promoted positive risk taking.

Good



Are services effective?

We rated effective as good because:

- Patient records were clear, concise and up-to-date. Care plans were comprehensive and supported a range of issues.
- Staff carried out regular physical health monitoring with patients.
- Care plans were recovery orientated and covered a range of issues.
- Mental Health Act records were kept in patient's records and accessible to staff at all locations.
- Staff had good support and good working relationships with staff working externally to the service.

Good



Are services caring?

We rated caring as good because:

- Staff adapted to the needs of patients and treated each person as an individual.
- Staff were available to support patients and encouraged them to develop independence at their own pace. Staff knew their patients well; they knew their strengths and limitations and allowed them time to realise this themselves.
- All patients we spoke with spoke positively about their treatment by staff.

Good



Are services responsive?

We rated responsive as good because:

Good



Summary of this inspection

- Patients had access to private space within the house to talk to or see visitors. They had their own, lockable room, which they could personalise.
- Staff supported patients to fulfil religious and spiritual needs.
- Staff encouraged and supported patients to access activities.
- Patients held regular community meetings and staff acted on suggestions or comments.
- There had been no complaints regarding the service.

Are services well-led?

We rated well-led as good because:

- Staff were happy in their roles and proud to work for the provider. Staff were encouraged to develop their careers.
- Senior managers and house managers were regarded highly by staff. Staff felt supported by management.
- Managers were continually making improvements to the service and we noticed the changes and difference since the previous inspection.
- Staff were supervised and appraised. Sickness and turnover rates were low.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

- All staff had received training in the Mental Health Act.
- Staff we spoke with demonstrated their understanding of the code of practice
- The provider had updated the policy and procedure on administration of the Mental Health Act 1983 to reflect amendments in the Mental Health Act 2007. The policies and procedures we reviewed were current, had a review date and reflected the revised Mental Health Act Code of Practice.
- There was a Mental Health Act administrator at the local hospital run by the same provider. They audited all patients' files every six months to make sure detention paperwork was correct and up-to-date.
- Patient records contained copies of Mental Health Act paperwork accessible for staff at each location. Original copies were held centrally at the local hospital.
- Patients we spoke with were aware how they could access an independent mental health advocate if they required. Patients could access advocacy drop-in clinics through the local hospital and an advocate could visit the locations on request.






Mental Capacity Act and Deprivation of Liberty Safeguards

Good practice in applying the Mental Capacity Act

- All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- There were no patients subject to Deprivation of Liberty Safeguards at the time of inspection and there had been no applications in the six months before inspection.
- There was an up-to-date policy in place for staff to refer on Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff we spoke with understood the basic principles of the Mental Capacity Act and capacity to consent to treatment.
- The Mental Health Act administrator audited adherence to the Mental Capacity Act. Staff knew where and how to access support from the Mental Health Act administrator.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- The service consisted of four houses at three locations. Patients living the houses were in recovery and used the service to aid rehabilitation before returning to independent living in the community. Patients were expected to be self-sufficient and have the ability to manage their own cooking and cleaning and attend their external appointments. They were also expected to self-medicate and engage in community activities with limited or no support from staff. Support staff were available on site to review rehabilitation goals with patients and offer aid where needed. House managers formed part of the multidisciplinary team at outpatient appointments.
- There were many blind spots and ligature points in all locations. A blind spot is an area where people cannot be seen and a ligature point is something used for tying or binding something tightly and can be used to self-harm. Staff considered the risks posed by patients before admission through multidisciplinary meetings and using START (short-term assessment of risk and treatability assessment) risk assessments. If patients were at risk of harming themselves or others, staff assessed them as not suitable for the service and they were not admitted.
- In case of emergency, staff had access to ligature cutters. The service had recently purchased additional

ligature cutters at all locations that were suitable for cutting a range of possible ligatures. There had been no incidents of ligaturing in the 12 months before inspection and ligature cutters were purchased as a precaution.

- The houses were single gender. Portland Road and Woodcross Street locations had shared bathroom facilities. Turls Hill Road had ensuite bathrooms in all rooms.
- There were no clinic rooms or examination rooms as staff did not carry out physical interventions with patients as part of the service. Emergency equipment, including first aid kits and a respiratory mask, to aid basic life support, was kept in the manager's office at all locations. The service had ordered a defibrillator for all locations. There was a lockable medication cabinet kept in a locked office where patients could store their medication if required.
- There were no seclusion rooms and the service did not use seclusion.
- Furniture was well maintained in all locations and communal areas were visibly clean. Staff and patients were responsible for the cleaning on a rota basis. Staff carried out daily checks to ensure this was being done and recorded this in a cleaning log folder.
- Staff carried out general daily checks and monthly in-depth checks of the environment. Where areas needed to be updated or fixed, staff had reported this to the service's maintenance department. We saw work had been carried out following actions identified during monthly environmental checks.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff adhered to infection control principles. There were handwashing posters displayed around the house and alcohol cleansing gel was available. House managers carried out checks with staff every six months to assess competence with handwashing technique.
- Equipment was safety tested and calibrated yearly by the maintenance department and date stickers were clearly displayed on electrical items that required testing.
- Staff tested fire alarms weekly and there were fire blankets and fire extinguishers at all locations. The service had an up-to-date fire safety certificate for all of the buildings.
- There was no alarm call system at any of the locations and staff were not required to carry personal alarms. Staff on duty carried a cordless house phone while on shift.
- There were enough staff for patients to receive regular one-to-one time. The provider could increase staffing levels if patients required more support.
- Staff accessed emergency services in the event of an emergency. Patients accessed their own GP for routine physical health issues. Staff had support from a local hospitals run by the same provider. All locations had 24/7 access to nurses and doctors attached the hospital if needed.
- Staff had access to face-to-face and e-learning mandatory training. Of the eligible staff at Portland Road and Woodcross Street, 100% were up-to-date with mandatory training including Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards. Staff at Turls Hill Road were 95% compliant with mandatory training.

Safe staffing

- There was one registered manager for the service and two house managers covering the locations. One house manager covered Turls Hill Road and Woodcross Street and one covered Portland Road. Turls Hill Road and Woodcross Street had six support workers across both sites. Portland Road had five support workers. There were no vacancies in the service.
- There were no nursing staff working at the locations; the registered manager for the service was a qualified nurse and supervised the house managers. The provider estimated the number of staff required on shift to safely support patients.
- All locations were staffed 24 hours a day on two shifts filled by support workers. Day shifts were 8am until 8pm and waking night shifts were 8pm until 8am. House managers worked shifts over five days during daytime hours and supported patients and staff.
- All shifts had been covered by permanent or bank staff. Between March 2017 and May 2017, bank staff covered 26% of shifts. This was to cover maternity leave, annual leave and sickness. Bank staff were employed from a regular pool of staff who were familiar to the service. The service often used staff who worked in the local hospitals run by the same provider.
- The staff sickness rate for Woodcross Street and Turls Hill Road was 3% and 1% for Portland Road in the 12 months before inspection. Staff turnover for the service was 25%. This equated to two members of staff leaving the service during the 12 months before inspection.

Assessing and managing risk to patients and staff

- All staff were trained in how to restrain patients safely. The service did not use restraint and there were no incidents of restraint within the service.
- We reviewed eight patient care and treatment records. All records contained an up-to-date and comprehensive START (short-term assessment of risk and treatability assessment) risk assessment. Staff updated these accordingly if risks changed. Staff encouraged patients in positive risk-taking as part of their recovery.
- Patients signed a house agreement on admission to the service. The house agreement listed reasonable restrictions such as no smoking on the premises and no use of alcohol or illicit substances. While the house agreement stated patients were not allowed to see visitors in their private bedrooms, we found that this was not enforced and patients were able to see family in bedrooms if they wished. There was a policy in place for children visiting the locations; staff followed safeguarding procedures if there was a potential risk to children visiting the service.
- All staff had received training in safeguarding adults and children across all locations. Staff we spoke with understood safeguarding policy and procedures and were able to give examples of where they had used this. Staff were aware of who the safeguarding lead for the service was and how to escalate concerns.
- Patients who required medication were assessed and prescribed as an outpatient by the multidisciplinary team at a local hospital run by the same provider. The patient's GP prescribed medication for physical health

Long stay/rehabilitation mental health wards for working age adults

Good 

needs. Nursing staff at the hospital ordered medicines and patients were responsible for collecting their own medication from the hospital or community pharmacy for GP prescribed medication. The house manager and support staff always checked the patients had the correct medication on return to the house following collection from the pharmacy or hospital.

- Patients who required supervision of medication would give this to staff to store in the medication cabinet. Patients who did not require supervision stored their medication in their own rooms. Some patients were assessed as requiring observation and would take their medication in front of staff in the manager's office. The multidisciplinary team at the hospital individually assessed patients who might need prompting to take their medication. In some records, an agreement between staff and the patient was in place so staff carried out random checks of patient's medication to ensure they were taking it correctly.

Track record on safety

- The service had one serious incident in the 12 months before inspection.
- Staff were still in the process of investigating the incident at the time of inspection and were awaiting the results of any lessons learnt. However, the service fulfilled their obligations to notify the CQC and kept the CQC up to date with relevant information as they received it. All contact was made in a timely manner and their investigation occurred very quickly after the incident occurred.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to report incidents and did so appropriately.
- Staff followed duty of candour and were open and transparent when things went wrong. We saw staff at two locations had followed duty of candour with patients. The details of the incidents had been recorded on incident forms and within patient records. Staff had apologised to both patients and their family when things had gone wrong.
- We saw changes to practice following incidents. For example, additional training had been put in place for support staff following a medication error.
- The registered manager met regularly with the house managers and shared learning from incidents that

affected the service. House managers implemented changes from learning consistently across the locations. House managers shared learning with their team verbally through handovers and team meetings and in emails.

- Following the serious incident within the service, staff and patients received support and debriefs. Staff reported that the registered manager and house manager had been very supportive at a difficult time. They told us they had received additional support from staff at the local hospital and had been treated with compassion and care by colleagues. We saw examples of how staff had supported patients following the incident and had ensured patients had the time and space to express their feelings.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- All patients received a comprehensive assessment, including physical health checks on admission. Records contained all information required including a photograph of the patient, next of kin details, medication, known allergies, risk and care plans. Copies of Mental Health Act paperwork were kept in the patient's file and originals stored centrally at the local providers hospital.
- Staff carried out monthly physical health monitoring, unless patients required more frequent checks due to monitoring medication or physical health conditions. Staff used a health improvement profile tool to monitor and support patients with a holistic range of health issues. Staff were aware how to support and monitor patients using the service who were living with diabetes.
- All patients had an up to date care plan. Care plans were comprehensive, clear, personalised and covered a range of areas related to the patient and their care. They were all written in first person and were recovery orientated. Patients were fully aware of their care plans. They told us they were involved in forming their care plans and had been offered a copy.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Patient records were in both electronic and paper form. Electronic records were stored on a password-protected system only accessible to the service. Paper records were stored in locked cabinets in a locked office, except at Woodcross Street where patient records were kept on a shelf in a locked office. The registered manager advised us that they were making space within the office to store records in a locked cabinet at this location, as was in place at other locations, for extra security.

Best practice in treatment and care

- The service did not prescribe or administer medication, this was done through a local hospital or the patients GP. The service did not provide therapeutic interventions. Patients could access therapies locally through the provider's hospital as an outpatient. Psychologists from the hospital offered sessions on site at the patients' residence if required. Staff encouraged patients to access therapies offered as part of their rehabilitation goals.
- The service had good links with the local hospital and could access specialists as required.
- Staff monitored the diet and nutrition of patients and recorded this as part of regular physical health monitoring. Some patients required prompting to eat and drink and staff did this effectively and fed this back through multidisciplinary meetings so staff could assess the progress of patients.
- House managers carried out medication and record audits monthly. Every three months, the house manager from Turls Hill Road and Woodcross Street would swap with the manager of Portland Road and they would each audit the others sites as part of a peer review. This was in order to drive up quality and exchange good practice. The house managers told us they found this a positive and effective process. This was not in place during the previous inspection in May 2016. During the course of this inspection, we found more consistency across the services compared to the previous inspection. For example, both sites had identical information displayed for staff and patients, guidance and policy folders and environmental monitoring folders.
- The service employed a house manager and support workers at each location to provide encouragement, support and assistance to patients to help them gain their own independence in the community.
- All locations had support from staff at a local hospital also run by the service. A full range of staff as part of a multidisciplinary team including doctors, nurses and occupational therapists provided support to patient care as an outpatient. These staff were not a part of the CAS Community Services West Midlands establishment and provided input to patient care externally to the service.
- We spoke with six support staff, both house managers and the registered manager. Staff were experienced and all support staff had completed Care Certificate, the minimum standard of qualification for care workers. Many of the staff had worked for the company for many years prior to working for the step-down service and were experienced at working with this patient group. Patients with an acquired brain injury had recently been admitted to one of the locations. This was a change of patient group. Staff who worked with the patients had received support and training to understand the differing needs of the patient group and we saw they were confidently engaging with and supporting patients in their care.
- Staff received appropriate induction when starting with the service and house managers inducted staff to individual locations. All support staff underwent training for their roles.
- Staff attended team meetings. House managers held these every two months, due to the small size of the teams. Meetings were recorded and we saw staff had followed up on action points.
- All staff received regular supervision and a yearly appraisal. Staff participated in reflective practice. Staff at Portland Road had undertaken an in-depth reflective practice session, which had been facilitated by staff outside the service, in order to better understand how they could support a patient who had been through a traumatic experience. This enabled staff to focus and reflect on the individual needs of the patient they were supporting and increase their ability to empathise with the patient. This was an example of support staff going over and above to support an individual in their care.

Skilled staff to deliver care

Long stay/rehabilitation mental health wards for working age adults

Good 

- We reviewed personnel records for six members of staff. We found recruitment processes had been followed, disclosure and barring checks completed and staff performance had been monitored and addressed if needed.

Multidisciplinary and inter-agency team work

- House managers or support workers attended multidisciplinary meetings at the local hospital where patients attended as an outpatient. Before the meeting, staff carried out a review of care plans, risk assessments and carried out physical health monitoring. During the meeting, the multidisciplinary team reviewed the patient's progress and medication.
- Staff handed over verbally and in writing between shifts. House managers provided daily and weekly summaries to the team and the registered manager.
- Staff had good links with the local hospital run by the same provider. Staff had regular contact with staff and managers and house managers attended regular governance meetings.
- Staff we spoke with showed good knowledge of community services where patients could access support and activities. They also had good links with patients' GP's and social workers from the local authority.

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

- All staff had received training in the Mental Health Act.
- Staff we spoke with demonstrated their understanding of the Mental Health Act Code of Practice
- The provider had updated the policy and procedure on administration of the Mental Health Act 1983 to reflect amendments in the Mental Health Act 2007. The policies and procedures we reviewed were current, had a review date and reflected the revised Mental Health Act Code of Practice.
- There were five patients on a community treatment order at the time of inspection. Staff reminded patients of their rights at each outpatient appointment.
- There was a Mental Health Act administrator at the local hospital run by the same provider. They audited all patients' files every six months to make sure detention paperwork was correct and up-to-date.
- Patient records contained copies of Mental Health Act paperwork accessible for staff at each location. Original copies were held centrally at the local hospital.

- Patients we spoke with were aware how they could access an independent mental health advocate if they required. Patients could access advocacy drop-in clinics through the local hospital and an advocate could visit the locations on request.

Good practice in applying the Mental Capacity Act

- All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- There were no patients subject to Deprivation of Liberty Safeguards at the time of inspection and there had been no applications in the six months before inspection.
- There was an up-to-date policy in place for staff to refer on Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff we spoke with understood the basic principles of the Mental Capacity Act. Staff understood how to assess capacity to consent to treatment.
- The Mental Health Act administrator audited adherence to the Mental Capacity Act. Staff knew where and how to access support from the Mental Health Act administrator.

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

Good 

Kindness, dignity, respect and support

- Staff showed genuine caring towards the patients. We observed and talked to staff based at the locations. All of the staff we spoke with both knew their patients well and showed, through their discussions, that they cared greatly about the outcomes for them as individuals. The registered manager, who was not based at the locations, knew patients by name and knew details of their individual treatment journeys. Senior staff and support staff showed sincerity in their interests in patients succeeding in the service and moving on to independence in the community.
- We saw staff supporting patients at their own pace. Staff encouraged patients and supported them to become independent and maintain this. Staff were motivated to support their patients. The atmosphere in all locations was relaxed. We saw staff and patients interacting in a

Long stay/rehabilitation mental health wards for working age adults

Good 

respectful manner. Staff gave patients the time and opportunity to communicate their needs and actively engaged with them. We saw staff encouraging patients to pursue their passions. For example, staff encouraged one patient to carry out their art and crafts work as part of their recovery.

- All patients told us staff treated them with dignity and respect. Patients told us they liked living at the step-down houses, they liked the freedom of being able to come and go. They said staff were approachable and helpful. They said they could live independently but there was always a member of staff available if they needed support. Two patients told us they would have liked access to internet in the house.

The involvement of people in the care they receive

- Staff orientated patients to the houses and offered opportunities to visit and meet the staff and other residents before they moved in. There was a welcome booklet available on admission with information about the service, local amenities and activities and how to complain about the service.
- Patients told us they were fully involved in their care plan and all patients we spoke with had been offered a copy. Patients and their families (with patients' permission) were invited to their reviews with the multidisciplinary team.
- Patients had access to advocacy and information was displayed on notice boards at all locations.
- Community meetings were held weekly at all locations where patients could provide input and suggestions regarding the service. Staff recorded actions taken from suggestions in a folder kept in communal areas of the houses. Staff made changes based on suggestions. For example, staff made improvements to the environment and added additional activities.
- The service gathered feedback from carers and patients using surveys and acted on feedback. Patients could access patient forums through the local hospitals run by the same provider.

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

Good 

Access and discharge

- Referrals into the service came from inpatient services run by the same provider. Patients were considered for referral if they were assessed as low risk, required minimal support with daily living skills and were able to self-administer medication.
- The target length of stay for the service was 6-12 months, sometimes this was longer depending on the individual's needs and their progress within the service. The average length of stay for patients discharged in the 12 months before inspection at Portland Road was 18 months and at Woodcross Street and Turls Hill Road, 10 months.
- There were two patients who were delayed in leaving the service in the 12 months before inspection. The service cited challenges in finding suitable placements to discharge to as the reason for this. Staff worked with patients on their discharge plans from the point of admission and patients we spoke with were aware of their discharge plans.
- The service had recently admitted two patients with acquired brain injury to a step-down house. This patient group was new to the service and staff working at the service. Managers consulted both staff and the patients before proceeding and they were given the opportunity to provide feedback. Staff received training to ensure they were ready to support the patients appropriately. Patients were given the opportunity to visit the service prior to admission and deciding to make the move. Staff from the service visited the patients prior to admission to introduce themselves. This change meant staff from the service had to work closely with staff from the acquired brain injury hospital to strengthen support for patients.
- The average bed occupancy at Portland Road was 100% and Turls Hill Road and Woodcross Street was 88%.

The facilities promote recovery, comfort, dignity and confidentiality

- The houses at all locations had a lockable office for staff, kitchen facilities, a communal lounge, bathing and wash facilities and individual bedrooms. The male service

Long stay/rehabilitation mental health wards for working age adults

Good 

located in Turls Hill Road had ensuite bathrooms. Turls Hill Road and Portland Road had a separate private lounge area for visitors. All houses had an accessible, well-maintained garden area.

- Patients had their own mobile phones and there was access to a portable landline phone on request so patients could make phone calls in the privacy of their rooms.
- Patients managed their own money and did their own shopping and cooking with support from staff where needed. Staff provided basic food supplies such as tea, coffee, milk and bread out of the house allowance. Patients were allocated their own cupboards to store food in the kitchen areas and their own space in fridges. They could access the kitchen area at all times; all appliances were in good working order and kitchen areas were visibly clean.
- Patients could personalise their bedrooms and some had chosen to do this. All rooms were fully furnished and patients could bring their own furniture if they chose to. Bedrooms were lockable so patients could store their possessions securely.
- Patients were expected to be self-sufficient and engage in activities themselves such as shopping, cinema, gym and seeing family and friends. Some patients also undertook college or university courses. All patients had the ability to access therapeutic activities and groups through a local hospital if they wanted to. Staff were on hand at the houses to facilitate activities, such as cooking, on site with patient. Staff prompted patients engage with activities on site or off site if needed. During our inspection, we saw staff baking with a patient.

Meeting the needs of all people who use the service

- The service could accommodate patient's with a physical disability. The service was able to make reasonable adjustments for patients who required disabled access in line with Equality Act 2010.
- All patients at the service spoke English and nobody required an interpreter. Staff could access interpreting service and leaflets in other languages if needed. Staff all locations showed an understanding of addressing and supporting cultural and religious needs of patients. Staff supported patients to access places of worship.
- All locations within the service had staff and patient notice boards with useful information, including how to

report a safeguarding concern, whistleblowing, fire evacuation procedure, how to comment or complain about the service and what weekly activities were available.

- Each lounge area had folders containing the minutes of the community meetings and actions taken by staff. There were also folders containing information, advocacy leaflets and how to make complaints.
- Patients practiced their religion and maintained culturally specific dietary requirements.

Listening to and learning from concerns and complaints

- There were no complaints regarding the service. Staff at Portland Road recorded six compliments in the 12 months before inspection. Compliments were from a range of places including patients, carers and other staff, including staff from external services.
- Staff we spoke with were aware how to manage complaints and there was a policy and procedure on complaints, compliments, suggestions and comments for them to refer to.
- All patients we spoke with knew how to make a complaint about the service.

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

Good 

Vision and values

- The provider had recently changed names from Cambian Adult Services to CAS Behavioural Health in December 2016. During our inspection the service was in the process of transferring policies and branding from the previous provider to the new provider.
- Staff we spoke with were aware of the changes and told us they were fully informed about them by the provider. They told us there had been no significant changes and no impact on service delivery.
- Staff we spoke with worked closely with house managers. The registered manager visited the locations

Long stay/rehabilitation mental health wards for working age adults

Good 

and met with staff regularly. Senior managers working within the local hospitals run by the same provider were accessible and visible to staff and patients. Staff were aware of who senior managers in the organisation were.

Good governance

- The registered manager coordinated the service to ensure house managers were kept fully involved in governance relating to their own service and services that their patients used. House managers could contribute governance to meetings.
- Staff were trained, supervised and appraised. There was a process in place to monitor adherence to this. House managers reported to the registered manager and met regularly to review this.
- Staff who were familiar with patient's and the service covered all shifts to ensure consistency. No shifts were left unfilled. Staff had time for patients and patients had a named keyworker.
- House managers carried out environmental and clinical audits and ensured the results of these were fed back the staff individually or through regular team meetings.
- Managers ensured staff were had read policies or documents relating to patient care by asking them to sign to state they had. This was reviewed at regular intervals. Policies we inspected were up to date and staff followed them.
- The registered manager ensured learning from incidents from services provided by the same provider was shared and adapted for this service. During our inspection, we saw an improvement on how this learning was shared and communicated between staff at all locations.
- The registered manager had excellent oversight of the services and was able to submit items to the provider risk register. House managers showed good knowledge of their locations and processes; they met regularly to exchange good practice peer review each other's work.

Leadership, morale and staff engagement

- Sickness and turnover was low. There were no reported cases of bullying or harassment within the service. Staff were aware of the whistle blowing policy and procedure. They felt able to raise concerns with managers should they need to. Staff at all levels were actively encouraged to speak up and raise concerns.
- Any issues with performance or systems were identified and addressed quickly and openly. For example,

feedback from staff was that managers were open and transparent at house manager and registered manager levels. While on inspection we witnessed this first hand when the manager identified an issue relating to appropriate storage of equipment and rectified it quickly and efficiently.

- Staff were proud of the organisation as a place to work and spoke highly of the culture. All staff we spoke with during this inspection told us they loved their job. Many of the staff had worked for the provider for five years or more. Staff told us they knew how they could progress in the organisation if they wished and had been given opportunities to develop.
- We saw compassionate, inclusive and effective leadership at registered manager level and house manager level. They had an excellent understanding of issues, challenges and priorities in their service and were clear on the direction and development of the service. They were experienced and knowledgeable about the service and provider. House managers gave examples of where they had been encouraged to develop in their roles by the registered manager and had been given leadership opportunities. Support staff gave examples of when house managers had been motivating and inspiring to them as workers.
- Staff and patients constructively engaged with service development and suggestions made at community meetings and patient forums were considered as part of a structured process before being accepted or rejected.

Commitment to quality improvement and innovation

- During this inspection we were able to make comparisons with the previous inspection in May 2016. There had been a noticeable change in the approach of the house managers. We found changes had been made to cross service working which had led to a more consistent and structured management of the individual locations. It was also clear from interviews with house managers that they were empowered to lead and deliver change within the service.
- There was clear recognition by the registered manager of the skills and strengths of the house managers and these had been used to good effect. The registered manager ensured all locations were constantly improving the safety of the environment in line with CAS service-wide practice, while recognising the differences of the type of service offered. For example, the introduction of new ligatures cutters and a defibrillator

Long stay/rehabilitation mental health wards for working age adults

Good 

to all locations. The registered manager discussed this at a senior level and agreed that benefits of having the equipment on site outweighed the cost, despite the low probability of incidents.

- The registered manager worked with the manager of the East Midlands service to share best practice with the aim of providing a consistent service.
- The improvements in communication, inclusion at governance meetings and joint working with hospital staff from the same provider made the service sit more clearly as part of the wider CAS service rather being a standalone service.