

# The Cambian Ansel Alders Clinic







## Quality Report

Cambian Alders  
155 Podsmead Road  
Gloucester  
GL1 5UA  
Tel: 01452 222390  
Website: [www.cambiangroup.com](http://www.cambiangroup.com)

Date of inspection visit: 21st July 2016  
Date of publication: 14/09/2016

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?		Outstanding	
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.

# Summary of findings

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 Cambian Alders as good because:

- Risk assessments were being completed on admission and regularly reviewed, including on a daily basis. Safeguarding procedures were followed and incidents were reported. Learning from incidents was evident. Ligature audits were completed and were done in partnership with patients.
- Staffing levels and retention of staff was good. Access to statutory and mandatory training was good. Role specific training was available for staff. Where relevant, training was available to all staff, regardless of profession. Staff were receiving supervision regularly and staff had completed annual appraisals. Staff were receiving role specific training and were taking in part in regular reflective practice sessions.
- Morale was high and staff told us that they felt supported by the head of care, the hospital manager, the consultant psychiatrist and the wider multi-disciplinary team. There was a good sense of team spirit and staff felt empowered to deliver good care. All staff without exception felt that their contribution was valued. Opportunities for career progression were encouraged and available.
- Despite challenges faced by staff caring for patients with complex mental health needs, seclusion was not used. Staff interventions were underpinned by least restrictive principles and practices. Patients were lawfully detained and mental health act arrangements surrounding filing, security and organisation of records was very good.
- Care plans were person centred, up to date, holistic and recovery orientated. Patients were receiving physical health screening on admission and were subject to general medical care regularly.
- Medicines management practices were good and well monitored. There were separate clinic and treatment rooms for the administration of medicines and examinations of patients.
- Staff were patient and kind despite the challenges and unpredictability of patients with complex mental health needs and personality disorder diagnosis. Due to the therapeutic relationships and the strong sense of relational security, staff were able to recognise early signs of distress and intervene before situations became critical. Staff were proactive, empathic, good humoured and calm, taking pride in the work that they do.
- Patient's recreational, educational, psychological and emotional needs were well met through a comprehensive programme of activities, treatments and interventions. There was access to a range of space including a sensory room, a beauty parlour, gymnasium and private interview space. Patients were able to take paid employment within the hospital. This involved watering plants, recruiting staff, collecting newspapers and cleaning. Patients would have to submit an application and be interviewed for jobs. This helped build confidence and independence.
- Family members described admission to the hospital as an 'opportunity' and had seen improvements in their relative's recovery as a result of their stay at the hospital. Family members we spoke to felt involved and informed and most said that there was access to a variety of activities that enabled recovery and independence. The hospital paid travel fares for relatives who were unable to make journeys to visit patients due to certain personal circumstances.
- There were good working relationships with other agencies and good relations with the neighbouring community.
- There were no delayed discharges and the admission process and pathway was informative and structured. Bed occupancy levels were low. Admissions were considered in relation to existing acuity levels and with regards to staff and existing patient's wellbeing.
- There were governance arrangements in place to monitor staff and service performance. Learning from incidents and complaints was evident and new practices introduced as a result. The local risk register was up to date and owned by all staff.

# Summary of findings

- There were regular team meetings. Sickness and absences were well managed and staff performance issues addressed. Duty of candour arrangements were well embedded in the service and evident during our visit.

However

- Rapid tranquilisation procedures were not always being adhered leaving patients at risk of developing life threatening physical health complications.
- Fridge temperatures on three occasions had not always been monitored and recorded, potentially reducing the efficacy of medications that required refrigeration.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to The Cambian Ansel Alders Clinic	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

### Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	22
Areas for improvement	22
Action we have told the provider to take	23

Good 

# The Cambian

**Services we looked at**

Tier 3 personality disorder services;

# Summary of this inspection

## Background to The Cambian Ansel Alders Clinic

Cambian Ansel Alders Clinic is a 20 bedded service for women with complex mental health needs and personality disorder diagnosis.

The hospital's care pathway consisted of three inpatient areas. These were Severn ward where patients would receive ongoing assessment into their individual needs. The second area was Avon ward, where patients would receive treatment based on the outcome of their

assessments. The third area was Coln ward, where patients would be engaged in discharge planning and preparation. Patients were able to move through this care pathway dependent on their changing or evolving needs.

At the time of our visit there were 15 patients resident at the hospital.

The hospital was first opened in June 2015. The current registered manager had been in post since February 2016.

## Our inspection team

Team leader: Lisa McGowan

The team that inspected the service comprised: a CQC inspector, a CQC bank inspector, a mental health act reviewer and a pharmacist.

## 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 that we held about the location and sought feedback from patients whilst on site and family members post the inspection.

During the inspection visit, the inspection team:

- Visited the hospital and looked at the quality of the ward environment and observed how staff were caring for patients.

- Spoke with four patients who were using the service.
- Spoke with two family members and received written correspondence from one other.
- Spoke with the registered manager.
- Spoke with the consultant psychiatrist.
- Spoke with eight other staff members; including nurses, occupational therapist, psychologist, catering and maintenance staff and the mental health act coordinator.
- Spoke with an independent advocate.
- Looked at four patient care records.
- Carried out a specific check of the medication management.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

# Summary of this inspection

## What people who use the service say

- Patients we spoke with told us that they felt safe, well supported and cared for. Patients said that staff maintained their dignity and privacy at all times and went the extra mile for them. Patients felt included in the care and treatment and were able to contribute to service delivery.
- We spoke with two family members and received written correspondence from one other. All told us that

they were very happy with the care their relatives were receiving at the hospital. Most described access to a varied activity schedule, however some said that activities lacked therapeutic value. However, all said that staff were informative, and one family member told us that admission to the hospital had been viewed as an 'opportunity' for their relative.

# 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:

- Risk assessments were being completed on admission and regularly reviewed, including on a daily basis. Safeguarding procedures were followed and incidents were reported. Learning from incidents was evident. Ligature audits were completed and were done in partnership with patients.
- Staffing levels and retention of staff was good. Access to statutory and mandatory training was good. Role specific training was available for staff. Where relevant, training was available to all staff, regardless of profession.
- The hospital was clean, well furnished. Maintenance arrangements were well managed.
- Medication management practices were good and well monitored. There were separate clinic and treatment rooms for the administration of medicines and examinations of patients.
- Despite the challenges faced by staff who were caring for patients with complex mental health needs, seclusion was not used.

However

- Rapid tranquilisation procedures were not always being adhered to.
- Fridge temperatures on three occasions had not always been monitored and recorded, potentially reducing the efficacy of medications that required refrigeration.

Good



### Are services effective?

We rated effective as good because:

- Staff were receiving supervision regularly and staff had completed annual appraisals. Staff were receiving role specific training and were taking in part in regular reflective practice sessions.
- Care plans were person centred, up to date, holistic and recovery orientated. Patients were receiving physical health screening on admission and were subject to general medical care regularly.
- Patients were lawfully detained and mental health act arrangements surrounding filing, security and organisation of records was very good.

Good





# Summary of this inspection

- Staff interventions were underpinned by least restrictive principles and practices.
- There were good working relationships with other agencies and goods relations with the neighbouring community.

## Are services caring?

We rated caring as outstanding because:

- Staff were patient and kind despite the challenges and unpredictability of patients with complex mental health needs and personality disorder diagnosis. Due to the therapeutic relationships and the strong sense of relational security, staff were able to recognise early signs of distress and intervene before situations became critical. Staff were proactive, empathic, good humoured and calm, taking pride in the work that they do.
- The general atmosphere of the hospital was one of positivity, and patients we spoke with were very complimentary about the care and attention they received from staff.
- One family member described admission to the hospital as an 'opportunity' and had seen improvements in their relative's recovery as a result of their stay. Family members we spoke to felt involved and informed and most said that there was access to a variety of activities that enabled recovery and independence.
- Patients were able to take paid employment within the hospital. This involved watering plants, recruiting staff, collecting newspapers and cleaning.
- Catering staff attended community meetings and patients helped devise hospital menus.
- The hospital paid travel fares for relatives who were unable to make journeys to visit patients due to personal circumstances.

**Outstanding**



## Are services responsive?

We rated responsive as good because:

- Complaints were well managed by staff and the hospital manager.
- Patient's recreational, educational, psychological and emotional needs were well met through a comprehensive programme of activities, treatments and interventions. There was access to a range of space including a sensory room, a beauty parlour, a gymnasium and private interview space.

**Good**



# Summary of this inspection

- There were no delayed discharges and the admission process and pathway was informative and structured. Bed occupancy levels were low. Admissions were considered in relation to existing acuity levels and with regards to staff and existing patient's wellbeing.
- Patients were able to use their own mobile phones. This was particularly appreciated by family members who were able to stay in touch with their relatives.

## Are services well-led?

We rated well led as good because:

- There were governance arrangements in place to monitor staff and service performance. Learning from incidents and complaints was evident and new practices introduced as a result. The local risk register was up to date and owned by all staff.
- Morale was high and staff told us that they felt supported by the head of care, the hospital manager, the consultant psychiatrist and the wider multi-disciplinary team. There was a good sense of team spirit and staff felt empowered to deliver good care. All staff without exception, felt that their contribution was valued. Opportunities for career progression were encouraged and available.
- There were regular team meetings. Sickness and absences were well managed and staff performance issues addressed.
- Duty of candour arrangements were well embedded in the service and evident during our visit.
- There was no pressure to admit patients into beds. Considerations were given to staff and existing patient's wellbeing when doing so.

**Good**



# Detailed findings from this inspection

## Mental Health Act responsibilities

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

- Mental Health Act training had been completed by 100% of staff. Staff we spoke to were trained in and had a good understanding of the MHA, the code of practice (COP) and its guiding principles.
- Consent to treatment and capacity requirements were being adhered to. We reviewed four care records and found in all cases that section 132 patient rights were being done routinely and regularly.
- Administrative support and legal advice on implementation of the MHA and its code of Practice was available from the mental health act coordinator who was based on site.
- All detention paperwork was filled in correctly, up to date and stored securely and appropriately. The level of organisation with regards to MHA paperwork was described as exemplary by our Mental Health Act reviewer. The hospital had devised its own reference tool so information and records could be located easily and kept track of.
- Regular audits were undertaken by the MHA reviewer and on occasion in partnership with nursing staff, to ensure compliance to the MHA. We saw records to show that this was the case. In addition, another Cambian employee from a different Cambian hospital completed an audit twice yearly of MHA compliance.
- Patients had access to independent mental health advocates (IMHA) services weekly. We saw evidence to show that they are involved in all aspects of any decision making process, should patients so wish.

## Mental Capacity Act and Deprivation of Liberty Safeguards






- Mental Capacity Act training had been completed by 100% of staff. Staff we spoke with had a good understanding of the MCA and its five statutory principles.
- Capacity and consent were regularly considered and recorded. Patients were supported to make decision where appropriate and when they did not have capacity, decisions were made in the patients best interests. We saw examples of this surrounding discharge planning
- Staff were able to seek support and guidance from the MHA administrator who was based on site.
- Monthly audits relating to adherence to the MCA were completed.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Tier 3 personality disorder services	Good	Good	Outstanding	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

# Tier 3 personality disorder services

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

## Are tier 3 personality disorder services safe?

Good 

### Safe and clean environment

- All three ward areas did not have clear lines of sight. However, risks are mitigated through the use of nursing observations. All patients are observed on a minimum hourly basis. Observations were increased based on patients level of risk. We saw observation records to show that this was being adhered to.
- All three areas had ligature points. Although all areas of the building had been the subject of an annual up to date ligature assessment, generic terms such as 'multiple ligature points' had been used as opposed to listing each ligature point. We brought this to the attention of the hospital manager who completed a new ligature assessment. However, control measures were clearly identified and well detailed. We also learnt that the ligature assessment had been done by the hospital manager in partnership with a patient. This had not only increased the awareness of ligatures risks to staff but had also reduced the risks and use of ligatures by the patient involved.
- The hospital only admitted female patients. There were adequate numbers of female staff employed in the hospital to meet gender specific needs of the patients.
- There was no seclusion room at the hospital. We found no evidence to show staff were secluding patients in any other areas of the hospital. For example, in patient's bedrooms.
- The hospital had fully equipped clinic rooms with accessible resuscitation equipment and emergency medicines that were checked regularly. We saw records to show that this was the case. The controlled drug (CD) monitoring book was checked and in place. Staff only used clinic rooms for storing and administering medicines. There were separate treatment rooms for staff to examine patients. However we saw no evidence to show that fridges were calibrated regularly.
- We looked at eight medication charts. Good medicine management practices were in place. Medication errors were addressed, actioned, documented and reported as incidents. We saw audits relating to medicine charts, which involved weekly stock checks. All medicines were stored and disposed of safely and securely. However we did find that in the month of June there were three gaps where fridge temperature recordings were missing. We brought this to the attention of the hospital manager who has taken measures to ensure that regular audit of fridge temperature recording occurs.
- The hospital was very clean and inviting with no unpleasant odours and modern furnishings. We saw cleaning records to show that all areas of the hospital were subject to routine cleaning and deep cleans when necessary. Infection control principles were in place and were monitored by an infection control lead nurse. We saw examples of audits and checklists of equipment, including monthly deep clean schedules. Colour coded mops and buckets were available and in use. There was signage displayed on the wards directing staff patients and visiting to hand washing facilities and how to wash hands correctly.
- There was a maintenance manager in post who held a comprehensive programme of maintenance checks. We saw evidence of daily health and safety checks, external

# Tier 3 personality disorder services

daily site monitoring, electrical equipment testing and regular fire alarm tests. Staff we spoke with reported maintenance concerns and told us that issues were addressed in a timely manner. We saw records of maintenance requests and actions to show that this was the case.

- Environmental risks and health and safety risk assessments, such as control of substances hazardous to health (COSHH), water controls and fire alarm maintenance were undertaken annually. We saw records to show that this was the case.
- Staff had access to personal alarms which were collected on arrival on duty. Alarms were then checked to ensure they were fully charged. However, there was a shortfall in alarms during the handover periods due to the increased levels of staff at these times. There were call systems in patients' bedrooms and communal areas.

## Safe staffing

- Staffing levels were good and retention of staff had improved since the appointment of the new hospital manager. There was two staff leavers in June 2016 compared to five in February 2016. There was one whole time equivalent (WTE) head of care in post, who managed seven WTE qualified nurses and 24 WTE support workers. There was one registered nurse vacancy. This vacancy had been filled and the nurse was due to start in September 2016.
- Staffing levels were set centrally by Cambian and was based on how many beds were occupied and the clinical needs of patients. We were told by the hospital manager that the head of care has the autonomy to adjust staffing levels to address clinical demand.
- Cambian had a pool of bank staff, some of which already worked at the hospital. Staff from other Cambian hospitals would be used in the event of staff shortages. An external nurse agency would be used as a last resort. This created consistency and familiarity for patients.
- Sickness levels were improving. In the month of June 2016 six days were lost to sickness, compared to 30 days in January 2016.
- The hospital ran a two shift system, consisting of long days (7.45am to 8.15pm) and night shifts (7.45pm until 8.15am). Shifts consisted of two registered mental

health nurses or registered learning disability nurses and six support workers during the day. During the night shift the hospital aimed to have two registered nurses and five support workers on duty. We saw rosters to show that there was always one registered mental health nurse on duty during the night.

- The two registered nurses would base themselves on Avon and Severn ward. No registered nurse was required to base themselves on Coln ward due to low acuity levels as patients were near to discharge. This helped to create a sense of independence and trust. However, both nurses had oversight and were present on the ward periodically throughout the day.
- Patients received one to one time weekly with their named nurse, and we saw records to show that this was the case. Patients said that they were well supported by their named nurses.
- We were told by the hospital manager that leave and activities were rarely cancelled due to low staffing levels. Where this had occurred, leave activities would be postponed and rearranged rather than cancelled.
- A minimum of three staff were required to carry out a physical intervention safely. We saw rosters to show that there was enough staff on duty to safely restrain patients. 100% of staff were trained in management of violence and aggression (MVA). This included administration and catering staff as well as clinical staff.
- The hospital consultant was on call Monday to Friday every week. Cross cover was provided by another consultant from another Cambian hospital. At weekends on call cover arrangements were provided through a wider Cambian on call roster.
- Mandatory training was good. Staff were trained in areas such as infection control, health and safety, equality and diversity, medicines management and information governance. Data relating to statutory and mandatory training was between 87% and 100%. Where relevant, subject areas were available to all staff, including catering, maintenance and domestic staff.

## Assessing and managing risk to patients and staff

- Restraint was only used after all other attempts to defuse situations had failed. There were 224 episodes of restraint in the six months prior to inspection, involving seven different patients. Of these, none were in the

# Tier 3 personality disorder services

prone position and all occurred on severe unit where acuity levels were highest. All episodes of physical contact between staff and patients were recorded and clinically justified. There was a good sense of relational security on the ward. Staff were knowledgeable about least restrictive practices and were able to share examples of where they applied this. Patients we spoke to confirmed that this was the case.

- The hospital reported no episodes of seclusion or long term segregation in the six months prior to the inspection. We found no evidence to suggest that this was not the case.
- We looked at four care records and found in all cases that a risk assessment had been completed on admission and that staff regularly reviewed. We learnt that staff reviewed patient risks every day, using a red, amber and green traffic light system of risk. We saw records to show that this was the case.
- There were no blanket restrictions at the hospital. Any restrictions were the subject of individual risk assessment and we saw records to show that this was the case.
- Informal patients were able to leave at will. There was a sign displayed telling patients that they were able to leave if they were informal.
- Cambian had a policy surrounding the observation and engagement of patients. Before the new hospital manager was appointed staff were not adhering to this policy consistently, as there had been several incidents involving staff not observing patients as they should. The manager arranged training on observations and engagement and practice in this area had improved. We saw observations records to show that staff were performing and completing patient observations as necessary. Cambian had a search policy which was based on patient's individual level of risk. There were no blanket approaches to the searching of patients.
- Rapid tranquilisation (RT) practices were not always being adhered to. Rapid tranquilisation is the use of specific oral and intra muscular (IM) medicines to sedate patients in the event of agitated behaviour. We reviewed three cases where RT had been given both by oral and IM administration. Although some attempts (in line with local and national guidance) had occurred to monitor physical health symptoms post administration, this was inconsistent and poorly recorded. The hospital has since

reintroduced the RT policy and are taking measures (including training and audit of RT practices) to ensure that all patients are monitored prior to and post administration of RT medication.

- All staff who worked at the hospital received safeguard training. Overall, 86% of staff were trained in safeguarding procedures. This included clinical, catering, administration and maintenance staff. The hospital manager and the head of care were the designated leads for safeguarding within the hospital. All concerns were reported to them. Once reviewed and if considered necessary, concerns would be escalated to the local authority for further investigation. In addition a safeguard tracking document was being used which monitored the progress and outcome of any concerns raised.
- Child visits occurred off the wards and in the meeting room near reception. All initial visits were observed by staff and were then subject to risk assessments.

## Track record on safety

- The hospital reported one serious incident over the six months before the inspection. This was an outbreak of norovirus. We learnt that all infection control procedures were adhered to, with the event reported to the public health department. The hospital was closed to admissions and unnecessary visits for a period of time.
- Improvements with regards to the observation of patients had been made at the hospital following several incidents where patients had been able to self-harm. All staff (including agency staff) were engaged in training around the practice of observations. As a result incidents involving self-harm and poor application of observations had reduced.

## Reporting incidents and learning from when things go wrong

- The hospital used a paper based incident reporting system. All incidents were then logged electronically. This was done by the administration staff based in reception. Governance meetings that were held monthly reviewed all incidents. We saw minutes of meetings relating to May and June 2016. These were detailed and comprehensive and showed where actions had occurred.



# Tier 3 personality disorder services

- We saw incident records to show that all incidents were being reported. The vast majority involved incidents of self-harm. All could be linked to relevant care record entries and care plans.
- Staff were aware of their responsibilities for practising duty of candour. We were given examples of when mistakes had been made, including a confidentiality breach and a medication error. The hospital had been open and transparent with regards to their learning and communication with the patients involved.
- Staff received feedback from investigations of incidents both internal and external to the hospital. For example, staff described how information had been cascaded through staff meetings and emails surrounding an incident involving the use of medication.
- We were provided several examples of when change had occurred due to the outcome of investigations and feedback being given. For example, new key performance indicators (KPI) had been identified for support workers surrounding safeguarding practices, due to a lack of understanding having been identified. Another example showed that an exclusion criteria for admission had been reviewed and amended to not admitting patients who had medium to high risk incidents of violence and aggression in the 12 months prior to admission. This was due to the negative impact violent and aggressive behaviour had on the other patients who were more settled.
- Debrief sessions were held for staff following serious incidents. We saw minutes to show that staff would discuss the interventions that were used, any precipitating factors / triggers and early warning signs, if any injuries were had and what was done well. For example how staff supported each other and how staffs skill mix was best used. Any lessons to be learned were discussed.
- Staff debriefing occurred after serious incidents. We saw minutes of these meetings to show that this was the case and were facilitated by the hospital manager and the head of care. Reflective practice was facilitated by the psychologists. Patient cases would be discussed and staff had the opportunity to discuss their work related stresses.

## Are tier 3 personality disorder services effective?

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

- We reviewed four care records and found in all cases that patients had an assessment of their individual needs on and after admission. All care plans were up to date, personalised, holistic and recovery orientated.
- Patients received a physical examination on admission. Patient's basic physical health needs, including vital signs and weight were regularly monitored by nursing and medical staff.
- Care records were held electronically on a system called RIO that was password protected. Some records were paper based. These were orderly and held within locked nursing offices on the wards.

### Best practice in treatment and care

- Prescribing was generally within national institute of clinical excellence (NICE) and british national formulary (BNF) guidelines. The hospital used a high dose antipsychotic monitoring chart to monitor excessive use in line with national institute of clinical excellence (NICE) guidance. Where medicines had been prescribed outside of NICE guidance there were clinical explanations and justification evident in care records.
- There was psychological input from psychology staff. They delivered treatments and programmes recommended by the NICE, including cognitive behaviour therapy (CBT) and dialectical behaviour therapy (DBT). Psychology also facilitated reflective practice sessions with the staff.
- At the time of our visit all patients had been registered with a local general practitioner (GP). However, notice had been served by the GP to de-register all patients. The provider was seeking new arrangements for general medical care. In the meantime, the hospital consultant was liaising with medical staff from the local general hospital for patients that required general medical input, such as diabetic care.

# Tier 3 personality disorder services

- Clinical audits such as medication management and hospital cleanliness were led by the head of care.

## Skilled staff to deliver care

- The hospital had a full multi-disciplinary team, including nurses, a consultant psychiatrist, a psychologist and occupational therapy staff. Pharmacy support was provided by an external company. Although cross cover arrangements were in place for the consultant psychiatrist, we were concerned to learn that there was no additional medical support within the hospital. The hospital manager and the consultant psychiatrist both told us that Cambian were aware of the issue and there were plans to recruit additional medical staff.
- Staff were gaining experience of working with patients with personality disorders in role specific training. This included online and face-to-face teaching with the psychologists about personality disorder awareness. An external provider was also providing training on suicide prevention and self-harm.
- Staff received a local induction which included information on the overall corporate structure. All necessary statutory and mandatory information was included in this, including health and safety, security and fire training. The care certificate for care assistants was being introduced but none of the staff had completed it at the time of our inspection. The hospital manager said that staff would not have contact with patients until the on line safeguard training had been completed.
- At the time of our visit, 97% of staff had received supervision. Supervision was every four to six weeks. Staff told us that they felt well supported by the hospital manager, head of care and the multi-disciplinary team. We were able to view a supervision matrix which detailed the last date staff had supervision, when it was next booked for, how often it should occur and who was responsible for supervising staff. All of staff had completed their annual appraisal.
- There were no current performance management issues at the time of the inspection. The hospital manager was able to provide us examples of when poor practice had been addressed.

## Multi-disciplinary and inter-agency team work

- There were weekly multi-disciplinary meetings which were attended by representatives from all professionals and patients.
- All staff, including catering and maintenance staff attended a daily handover. These meetings were recorded and discussed risk to patients and the environment. We saw records to show that this was the case. In addition, nursing staff had a handover at the start of each new shift coming onto duty. Ward rounds were weekly and were well attended by all staff and patients.
- There were good working relations with other Cambian providers, who would support each other during times of crisis and short staffing. In addition there was a personality disorder (PD) managers meeting which was held quarterly.
- The hospital manager described good working relationships with the local authority safeguarding department and the local clinical commissioning groups (CCG). Relationships with local area care coordinators were good, and some attended the ward for care programme approach meetings (CPA). We also found evidence of good relations with house owners living nearby to the hospital, where the hospital had sent their own gardener to cut back bordering bushes on the house owner's property.

## Adherence to the MHA and the MHA Code of Practice

- Mental Health Act (MHA) training had been completed by 100% of staff. Training was face to face by an external provider and was included on the statutory and mandatory training list.
- Staff we spoke to were trained in and had a good understanding of the MHA, the code of practice (COP) and its guiding principles.
- We reviewed four care records and found in all cases that consent to treatment and capacity requirements were being adhered to. Where applicable consent to treatment forms were attached to medication cards.
- We reviewed four care records and found in all cases that section 132 patient rights were being done routinely and regularly.



# Tier 3 personality disorder services

- Administrative support and legal advice on implementation of the MHA and its code of Practice was available from the mental health act coordinator who was based on site.
- All detention paperwork was filled in correctly, up to date and stored securely and appropriately. The level of organisation with regards to MHA paperwork was described as exemplary by our Mental Health Act reviewer. The hospital had devised its own reference tool so information and records could be located easily and kept track of.
- Regular audits were undertaken by the MHA reviewer and on occasion in partnership with nursing staff, to ensure compliance to the MHA. We saw records to show that this was the case. In addition, another Cambian employee from a different Cambian hospital completed an audit twice yearly of MHA compliance.
- Patients had access to independent mental health advocates (IMHA) services weekly. We saw evidence to show that they are involved in all aspects of any decision making process, should patients so wish.

## Good practice in applying the MCA

- Mental Capacity Act (MCA) training had been completed by 100% of staff.
- The hospital reported that there had been no DoLS applications made in the past six months.
- Staff we spoke with had a good understanding of the MCA and its five statutory principles.
- There was a policy on the MCA that was available to staff.
- We reviewed four care records and found in all cases that capacity and consent are regularly considered and recorded.
- We reviewed four care records and found evidence to show that patients are supported to make decision where appropriate and when they did not have capacity, decisions were made in the patients best interests. We saw examples of this surrounding discharge planning.

- Staff we spoke to understood about least restrictive principles. All were able to provide us an example of when and how least restrictive practice occurred. Patients we spoke with confirmed that staff always applied least restrictive principles.
- Staff were able to seek support and guidance from the MHA administrator who was based on site.
- Monthly audits relating to adherence to the MCA were completed.

## Are tier 3 personality disorder services caring?

Outstanding



## Kindness, dignity, respect and support

- Due to the therapeutic relationships and the strong sense of relational security, staff were able to recognise early signs of distress and intervene before situations became critical. Staff were proactive, empathic, good humoured and calm, taking pride in the work that they did. Our observations around positive staff attitudes extended towards catering and maintenance staff who spoke passionately about providing a good patient experience. The general atmosphere of the hospital was one of positivity, and patients we spoke with were very complimentary about the care and attention they received from staff. We felt the level of care observed during our visit was outstanding.
- We observed staff continuously encouraging patients to undertake tasks for themselves, which helped aid recovery and promoted a sense of independence.
- One patient told us that they had specific interests and had missed being able to partake in these since becoming unwell. We learnt from this patient how the staff had arranged for the patient to take up their interests again, describing the staff as going above and beyond their duty.

## The involvement of people in the care they receive

- The admission process orientated patients to the ward and involves introductions to other patients and all staff. A welcome guide was available for all patients, families and carers.

# Tier 3 personality disorder services

- Patients we spoke with told us they were included in discussions and decisions relating to their care and treatment. We saw records to show that this was the case. We saw evidence in care records of where patients had actively participated by writing directly into their plan of care.
- Advocacy was provided by an external company who visited the ward weekly and on request. The advocacy service undertook the patient surveys.
- We were told by staff that consent from patients was always sought with regards to family involvement. There were skype facilities for patients whose families lived far away and were unable to attend in person for a visit. The hospital had also paid all travel arrangements for family and friends on low incomes to visit patients in hospital.
- We spoke with two family members and received written correspondence from another. All told us that they were very happy with the care their relatives were receiving at the hospital. Most described access to a varied activity schedule; however some felt that activities lacked therapeutic value. However all said that staff were informative and one told us that admission to the hospital had been viewed as an 'opportunity' for their relatives. One family member said that their relative had been given a project to focus on with regards to developing a sensory garden which had been of real benefit.
- Community meetings were held once weekly. We saw minutes to show that this was the case.
- Patients were able to undertake paid employment within the hospital. Patients who were interested in jobs that involved staff recruitment, collecting newspapers, cleaning and watering plants would submit an application and were then subject to normal recruitment procedures. This promoted a sense of independence and responsibility and was good preparation for discharge and future employment.
- Patients were actively encouraged to participate in creating the hospital menus.
- We saw no evidence of any advance decisions having been made by patients.

**Are tier 3 personality disorder services responsive to people's needs?**  
(for example, to feedback?)

## Access and discharge

- Bed occupancy levels over the past six months were at 77% for Severn ward and 81% for Avon ward. This was in part due to the fact that the hospital had five empty beds. Although there was a waiting list and patients had been accepted for admission, the hospital had taken into consideration the impact of admissions so close together on staff and existing patients wellbeing.
- Average length of stay for patients ranged between 157 and 250 days.
- There were no delayed discharges in the six months before the inspection. Discharge was never delayed for anything other than clinical reasons. There were no delayed discharges at the time of our visit.
- The hospital provides beds nationally and did not restrict admissions to patients living within certain areas.
- The care pathway consisted of three areas within the hospital. The pathway started with Severn ward, where patients would receive ongoing assessment into their individual needs. The second area was Avon ward where patients would receive treatment based on the outcome of their assessments. The third area was Coln ward where patients would be engaged in discharge planning and preparation. Patients were able to move through this care pathway dependent on their changing or evolving needs.
- We were told by the hospital manager that there was always a bed available for patients returning from leave. We found no evidence to suggest that this was not the case.
- Patients were not moved between the three wards unless there was clinical reasons such as an improvement or deterioration in mental health.
- When patients were discharged, it happened at an appropriate time of day.
- Cambian did not have any female psychiatric intensive care (PICU) beds. The hospital relied on other health providers for this service. We were told that when a PICU bed has been needed, negotiations surrounding funding and access had been complicated and time consuming. As a result, this had left the hospital caring for patients

# Tier 3 personality disorder services

with increased risk of violence towards others and themselves. The hospital manager told us during these times, staffing and patient observations would be increased and clinical care reviewed, including the use of medications. The hospital manager told us that on one occasion the police have been called for additional support. We reviewed the care records relating to one patient who was being cared for under these conditions at the time of our visit. We found all information relating to risk and least restrictive care to be up to date, detailed and subject to regular review.

## The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of space and rooms available for treatment and care. These included; clinic rooms, a gymnasium, a beauty parlour, a sensory room and private interview space.
- Visits were held in the meeting room in reception.
- Patients were able to make telephone calls in private and subject to risk assessment; patients were able to have their own mobile phones.
- There were various internal courtyards within the hospital. These were pleasant and spacious, with flower beds and vegetables which were being grown to use by the catering staff and patients. Subject to risk assessment, patients had free access to these courtyards.
- All patients we spoke with told us that the food was of good quality. All patients we spoke with told us that they were involved in creating the menu choices as the catering staff would attend the community meetings monthly to gather views and ideas.
- Patients on Avon and Severn had free access to drinks and snacks subject to risk assessment. Where risks had been identified patients would either be supervised in kitchens or staff would prepare drinks and snacks for them. On Coln ward, patients had access 24 hours day, seven days a week.
- All bedrooms were en-suite, spacious, bright and pleasant. All patients were encouraged to personalise their bedrooms, with photographs and other personal items.

- All bedrooms had secure lockers and wardrobes where patients could keep their valuables.
- There were a range of activities available for patients which were led by the occupational therapy staff and supported by nursing staff. These included budgeting, self-care, arts and crafts and gym and fitness. Patients also had access to an allotment and some patients worked voluntarily at an animal sanctuary.

## Meeting the needs of all people who use the service

- The hospital had disabled access. Rooms and corridors were wide allowing for wheelchair users. There were assisted bathrooms and grab rails in toilets and some en-suite rooms.
- At the time of our visit, there were no patients who required interpreters or communication assistance. However, staff were aware of how and where they could get interpreters and information in other languages. This was sourced locally from an external organisation.
- Notice boards displayed information relating to treatment options, local services, patient rights and complaints.
- There was a wide range of food available on the menus. Specific dietary requirement and religious preferences could and would be catered to.
- Access to spiritual support was sourced locally as and when required. Patients who have leave and wished to, attended a local church service.

## Listening to and learning from concerns and complaints

- There were three complaints made during April, May and June 2016. Two complaints related to dignity and respect issues and the third was a complaint about nursing observations not being completed correctly. We were shown evidence of how these had been addressed. This included agency staff receiving supervision to increase their awareness of patient observations. In addition, staff received training around dignity and respect issues.
- All of the patients we spoke with told us that they knew how to make a complaint. They said they would be happy raising concerns and felt confident that issues would be dealt with appropriately by the hospital manager.

# Tier 3 personality disorder services

- Staff were aware of the complaints procedure within the hospital. All were able to explain how they would manage a complaint from patients and relatives, getting support from the head of care and hospital manager if necessary.
- Staff received information relating to complaints on a quarterly basis. Staff also used meetings, emails and supervision were to cascade information on complaints.

## Are tier 3 personality disorder services well-led?

Good 

### Vision and values

- All staff we spoke with knew of and agreed with the organisations vision and values. The organisations values were under pinned by least restrictive principles. We saw evidence during interactions with patients and through staff interviews that this had been adopted as a service delivery approach.
- Staff we spoke with knew who the most senior managers in the organisation were. Staff were very complimentary about the support and leadership they received from the hospital manager and the consultant psychiatrist.

### Good governance

- There were divisional, regional and local governance meetings held monthly. We saw minutes relating to May, June and July 2016. Agenda items included audit, risk management (including safeguarding and incidents), education and training, patient and public involvement and staffing. Actions and clinical leads were clearly identifiable.
- The hospital used many key performance indicators to measure team performance. These included sickness and absence, complaints and restraints, training, supervision and medication errors. These were all reviewed at the monthly governance meetings.
- The head of care and the hospital manager told us that they both had sufficient authority to make decisions and were supported by reliable, capable administration staff.

- The hospital manager told us that all staff were able to contribute to the local risk register. Patient acuity levels and the current general practitioner arrangements were both listed on the risk register.
- Adherence to statutory and mandatory training was good. Staff were appropriately qualified and had access to role specific training. Staff received regular supervision and were completing annual appraisals. Regular audits such as the Mental Health Act (MHA) and medicines management audit were completed and used to improve practice. All safeguarding, MHA and Mental Capacity Act procedures were being followed.

### Leadership, morale and staff engagement

- Since the appointment of the new hospital manager in February 2016, new initiatives and ways of working had been introduced. There was a real sense of team spirit amongst all staff and we saw and heard about good relationships being forged between different professionals. Record keeping and reporting of incidents had improved. Training and supervision was being made available to staff on a regular and consistent basis and was done so in line with NICE guidance surrounding working with patients with personality disorders. The introduction of a daily risk review which was attended by all staff had impacted positively on the patients, by reducing the level of risk behaviours displayed by some patients.
- Sickness and absence rates had improved with only six days lost to sickness in June 2016, compared to 30 days in January 2016.
- There were no bullying and harassment cases on going at the time of our visit. Staff we spoke with did not raise any concerns with us about this at the time of our visit.
- Staff we spoke with knew how to use and access the whistleblowing policy without fear of victimisation.
- Morale amongst staff was high. Staff told us that they were proud of the work that they did and felt empowered to do their best. Staff described how team spirit and care had improved since the appointment of the new hospital manager and wider multi-disciplinary team.
- There were opportunities for leadership and development. Human resource staff liaised with the hospital manager with regards to opportunities for career progression, such as promotion into more senior

## Tier 3 personality disorder services

roles and secondment to nurse training, which was available to support workers after two years continued employment with Cambian. We saw evidence of staff career progression.

- Duty of candour arrangements were being adhered to. Staff we with were able to provide us examples of when mistakes had been made and family and patients had been informed.
- Considerations were given to staff resilience and wellbeing when deciding to admit patients into empty beds.

### **Commitment to quality improvement and innovation**

- The hospital did not participate in any national quality improvement programmes or research. However, we acknowledged that the hospital manager had been concentrating their efforts into improving practice, care and support systems amongst staff following the resignation of the previous manager. It was the intention of the hospital manager to enter the hospital into quality improvement programmes and research initiatives once the service had a sustained level of improvement in these areas.

# Outstanding practice and areas for improvement

## Outstanding practice

- Patients were able to undertake paid employment within the hospital. Patients who were interested could apply for jobs that included staff recruitment, collecting newspapers, cleaning and watering plants . Then the patients were subject to normal recruitment procedures. This promoted a sense of independence and responsibility and was good preparation for discharge and future employment.
- All patients were subject to daily risk assessment and there was a red, amber and green alert system applied in relation to risk. As a result of these daily reviews incidences of risk behaviour had reduced, having a direct and positive impact on patients' recovery.
- Annual ligature assessments were done in partnership with patients. This raised awareness to staff of less obvious risks and reduced the risk behaviour that had previously been shown by the patient involved.
- The hospital funded travel for relatives and friends who were unable to finance their own journeys to visit patients.
- Arrangements relating to the filing, security and organisation of detention paperwork were exemplary. The hospital had devised its own reference tool so information and records could be located easily and kept track of.
- Some patients were working voluntarily at a local animal sanctuary.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must ensure that all procedures relating to the administration of rapid tranquilisation are adhered to in line with local and national guidance.

### Action the provider **SHOULD** take to improve

- The provider should continue to seek additional medical staffing to support the consultant psychiatrist.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12: Safe care and treatment.
Treatment of disease, disorder or injury	To prevent patients from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.  The ward was not adhering to best practice in line with national and local guidance with regards to a rapid tranquilisation event. This was a breach of Regulation 12: 1 and 2 (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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