

Cambian Community Services West Midlands

Quality Report

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9HS
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9HS
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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? | Requires improvement  |
| Are services caring? | Good  |
| Are services responsive? | Good  |
| Are services well-led? | Good  |

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

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

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 Cambian Community Services West Midlands as good because:

- Staff delivered a safe and supportive service to patients within a homely and friendly atmosphere. All areas of the service were well maintained and visibly clean and tidy.
- Staff encouraged patients to rehabilitate in the community by encouraging independence. The service ensured enough staff were available to support without impacting the patient's ability to integrate into the community.
- Patient records were comprehensive and up-to-date. Care plans were holistic and patient centred. Risk assessments were detailed and clear.
- Staff demonstrated patient focused working practice and delivered this in a caring way. Patients described staff as helpful and supportive. Saw positive interactions between staff and patients.
- Staff carried out comprehensive handovers and communicated well with each other across services. The service had appropriate processes in place to support patients and provide information to them.
- Patients were able to raise issues with staff and managers without concern. Staff were also able to raise issues with management and were aware of who the senior managers were in the organisation.

- There were opportunities for staff to access training and progress in their roles and many staff had chosen to do this.
- There were governance processes in place to ensure safety of the patients. Staff carried out audits and made changes and improvements to the service as a result of their findings.

However:

- At the time of our inspection CQC had reviewed the provider policies in relation to the Mental Health Act code of practice as detailed in Annex B of the code. CQC found that the policies and procedures had been reviewed but that they still did not meet the requirements of the Mental Health Act code of practice. Cambian were aware of this and had developed an action plan to address it. Some patient records did not show that patients had been informed of their rights under the Mental Health Act.
- Consent to treatment information was not accessible in patient files at Portland Road and was kept separately at the inpatient facility, Raglan House. This meant staff could not access this on site if needed.
- Some patients were not suitable for the service and as a result were taking up spaces for patients who were ready to move on from inpatient services.
- Staff did not record duty of candour within files.

Summary of findings

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Good



Cambian Community Services West Midlands

Services we looked at

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

Summary of this inspection

Background to Cambian Community Services West Midlands

- Cambian Community Services West Midlands provides long stay residential rehabilitation step down services for patients.
- The service is provided from four locations; 43 Portland Road and 45 Portland Road are two female only units with a total of eight beds; 20a and 20b Turl's Hill Road and 12 Woodcross Street are male only units with a total of eight beds.
- Specialisms/services include: caring for adults over 65 years, caring for adults under 65 years, mental health conditions
- CQC register Cambian 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 registered on 4 April 2016 and has not been inspected by CQC previously.
- There are no outstanding compliance actions for this service.

Our inspection team

Team leader: Maria Lawley

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.

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 four 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 wards;
- spoke with five support workers;
- collected feedback from nine patients using comment cards;
- looked at 15 care and treatment records of patients;
- 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 that staff were polite, helpful and very caring. They told us staff helped them when they were

not well and listened to them when they were ill. Patients said the environment was safe and met their needs. They

Summary of this inspection

told us the houses were very clean and tidy. Patients also said the services had taught them skills and encouraged them to become independent in completing everyday tasks such as cleaning, preparing food, laundry, maintaining personal hygiene and increasing confidence in these areas. Some patients still found it difficult to make friends and complete chores. They told us the

freedom to do what they want when they want was different to services they have experienced before and they felt this was better. Patients told us they all got along well together. Patients described the atmosphere at Turls Hill Road as very relaxed and they all got on well and supported each other.

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:

- There were sufficient numbers of staff to support patients.
- All of the locations visited were clean, tidy and well maintained.
- Patients and staff shared responsibility in maintaining the cleanliness of the environment.
- Environmental risks had been taken into account while still balancing positive risk taking and the needs of patients accessing the service.
- Staff carried out regular physical observations.
- Staff learnt from incidents.

Good



Are services effective?

We rated effective as requires improvement because:

- The provider did not review and update the Mental Health Act (MHA) policies and procedures to reflect the revised MHA code of practice.
- Consent to treatment information was not accessible in patient files at Portland Road and was kept separately at the inpatient facility, Raglan House. This meant staff could not access this on site if needed.
- Although patient records at Turls Hill Road contained information about patient rights under the Mental Health Act, this was not signed or dated to show staff had this carried out.

However:

- Staff had completed relevant training for their roles.
- Care records were up-to-date and comprehensive.
- Care plans were person centred, holistic and showed patient involvement.
- The staff team completed comprehensive handovers and communicated well with each other.
- Patients were free to manage their own time but were still offered access to structured activities and therapies.

Requires improvement



Are services caring?

We rated caring as good because:

- Patients were treated with dignity and respect.
- Patients reported feeling safe and happy in their environment.

Good



Summary of this inspection

- Staff supported patients to engage with daily living tasks as part of their rehabilitation and transition into the community.
- Patients were able to give feedback to the service without concern.
- Staff responded to individual needs of the patients in a caring way.

Are services responsive?

We rated responsive as good because:

- Patients all had their own rooms and access to cooking, washing and lounge facilities.
- Patients could come and go from their houses freely without restriction.
- There was access to quiet areas, a well maintained garden and a space to see visitors.
- Patients could access food and drink at any time and prepared their own meals suitable to their own tastes.
- Patients had access to structured activities if they required or do their own activities if they wanted to.
- There was access to appropriate information about support services, how to raise a concern and access advocacy which were kept in communal areas.

However:

- Some patients were not suitable for the service and as a result were taking up spaces for patients who were ready to move on from inpatient services.

Good



Are services well-led?

We rated well-led as good because:

- Senior management were visible and accessible and staff knew who they were.
- There were opportunities for development and progression within the organisation.
- The recruitment process was robust and thorough.
- Staff conducted appropriate clinical and non-clinical audits.
- Morale within the teams was high and all staff we spoke with told us they loved their job.
- Staff demonstrated duty of candour, however it was not always recorded in care records.

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.

- One hundred per cent of staff had completed training in the Mental Health Act (MHA) at all locations.
- At the time of our inspection CQC had reviewed the provider policies in relation to the MHA code of practice as detailed in Annex B of the code. CQC found that the policies and procedures had been reviewed but that they still did not meet the requirements of the MHA code of practice. Cambian were aware of this and had developed an action plan to address it.
- Of the seven patient records reviewed at Woodcross Street and Turls Hill Road, we found six had evidence of informed consent. The one patient without evidence of informed consent had been with the service less than one month.
- Of the eight patient records reviewed for Portland Road only one had evidence of informed consent within the patient record. However, we looked at Mental Health Act documentation stored at Raglan House with the Mental Health Act administrator and found the remaining informed consent forms.
- Patients at Portland Road were informed of their rights under the Mental Health Act. There was a sheet in the care records of patients at Turls Hill Road and Woodcross Street that showed the rights of patients. However at Turls Hill Road this had not been signed or dated so it was not possible to tell if or when patients had been informed of their rights.
- The service had access to a Mental Health Act administrator within Cambian who dealt with documentation. They also carried out audits of Mental Health Act documentation twice yearly.
- There were four patients at Portland Road and five at Turls Hill Road and Woodcross Street on a community treatment order (CTO) and the records were in good order and overseen by the Mental Health Act administrator.
- Capacity assessments relating to medications were signed and dated by the responsible clinician and patient, including patient consent forms who were on a community treatment order (CTO).
- The independent mental health advocacy (IMHA) services were commissioned via the local authority and were provided by POhWER. Patients had access to information on how to contact them within folders in the communal lounge areas.






Mental Capacity Act and Deprivation of Liberty Safeguards

One hundred per cent of staff had completed training in the Mental Capacity Act and Deprivation of Liberty

Safeguards at all locations. Staff showed a basic understanding of principles of the Mental Capacity Act. There were no patients subject to Deprivation of Liberty Safeguards.

Long stay/rehabilitation mental health wards for working age adults

Good 

| | |
|------------|--|
| Safe | Good  |
| Effective | Requires improvement  |
| 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 purpose of this service was to support recovery and it was designed to feel like a home. As a result there are many blind spots and ligature points. A ligature point is used for tying or binding something tightly and could be used by a patient to harm them. This was to be expected in this type of service as patients were expected to be in recovery and using the service to aid rehabilitation before returning to the community.
- In case of emergency staff at all sites had access to ligature cutters however some staff at Portland Road were not aware they were there.
- Each patient had their own private room with lockable door for which they had the key. Portland Road and Woodcross Street locations had shared bathroom facilities. Turls Hill Road had ensuite bathrooms in all rooms. All locations were single gender therefore no mixed gender adjustments were required in the service.
- None of the locations required a clinic room however all had a locked medication storage facility. Physical observations and dispensing of medication were carried out in a private office on a one to one basis. There was access to first aid kits and a respiratory mask, to aid basic life support, in all locations.
- There were no seclusion rooms.

- In all locations the rooms and furniture were in good condition and well maintained. Communal areas were visibly clean and free from clutter while maintaining a homely atmosphere.
- All locations had up-to-date policy and procedures on infection control. Soap and alcohol hand sanitisers were available in the kitchen and patient, staff and visitor toilets. A hand-washing poster was displayed in toilets at Turls Hill Road but not at Portland Road or Woodcross Street. There was no lock on the toilet door for staff at 43 Portland Road, this was highlighted to management to be addressed.
- Equipment was safety tested yearly by the maintenance department within Cambian services and dated stickers were clearly displayed on electrical items that required testing. Fire alarms were tested weekly by staff and there were fire blankets and fire extinguishers at all locations.
- Staff and patients were responsible for the cleaning and maintenance of the location and there were up-to-date cleaning records at all locations.
- There was no alarm call system within any of the locations.

Safe staffing

- There were no nursing staff on site or employed for this service as it does not provide nursing care.
- Establishment levels of support staff were: six at 43 Portland Road, seven at 45 Portland Road, 2.5 at 12 Woodcross Street and 3.5 at Turls Hill Road.
- When required the service used bank staff from a pool of regular staff. Bank use for the past six months at Portland Road was 11%, Turls Hill Road was also 11% and Woodcross Street was 21%.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The service had estimated the number of staff based on the presenting needs of the patients. They had fewer staff at the male service than at the female service due to the increased needs of the female patients.
- Staff had regular one-to-one time with patients.
- Staff could access emergency services if needed and for routine physical health issues patients could access their GP. Staff also carried out physical health monitoring monthly including weight, pulse, body mass index (BMI) and blood pressure checks.
- Staff were required to complete mandatory training in: infection control, active care e-learning, information governance, protecting our health and safety and responding to emergencies, food safety, equality and diversity, dealing with concerns at work, active care training, first aid and safeguarding adults and children.
- Staff at 43 Portland Road had 92% compliance and staff at 45 Portland Road had 87% compliance with mandatory training. Staff at Turls Hill Road and Woodcross Street compliance for mandatory training was 100%.

Assessing and managing risk to patients and staff

- There were no incidences of seclusion.
- There was one recorded incidence of restraint when staff had to cut a ligature from the patient's neck.
- We examined the records of all 15 patients using the service at the time of the inspection. START (short-term assessment of risk and treatability assessment) risk assessments were present in all patient records. Risk assessments were detailed and included diagnosis, legal status, history of violence, substance misuse, any self-neglect. Staff updated these quarterly. Also included as part of the risk assessment were personal emergency plans.
- We found two blanket restrictions in place. All locations were no smoking premises and patients were required to leave the building to smoke. Patients were not allowed to see visitors in their private bedrooms, only in communal areas. On admission all patients signed a house agreement in which they agreed to these restrictions.
- Eighty-three per cent of staff had completed training in safeguarding adults and children at all locations.
- Prescriptions were prescribed monthly but could be reviewed in between if changes were needed. Staff

ordered patients physical and psychological medication from Cambian inpatient hospitals at Raglan House or Sedgleys Hospital. Physical health medications were prescribed by the patients GP.

- Some patients required supervision of medication to ensure they were taking it correctly while others managed their own medication. In order to promote independence some patients at Woodcross Street and Turls Hill Road ordered their own medication from their GP with support of staff if needed.

Track record on safety

- There were no serious incidents reported by the service.

Reporting incidents and learning from when things go wrong

- Staff completed management of violence and aggression training which included verbal de-escalation techniques. Staff within this service did not expect to need to use restraint as part of this service.
- Staff are debriefed after incidents and given supervision and support by their manager.
- Management reviewed and learnt from the incidents. They identified further training was needed to work with individuals with a diagnosis of personality disorder. The psychology department had delivered personality disorder awareness training. They identified the importance of equipping support staff with skills to identify and de-escalate risky incidents before they reached crisis point. The service used a plan to help staff to identify early warning signs to provide specific coping strategies to patients to reduce stress levels and minimise the potential risk.

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

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

- We reviewed all 15 patient records. All patient records included an individual profile, detailing the name of the

Long stay/rehabilitation mental health wards for working age adults

Good 

care coordinator, the next of kin, the funding authority, advanced decisions, a signed house agreement, a patient photo with consent for its use and a list of medication.

- There was a daily report record including any additional risks.
- Monthly physical observation plans included blood pressure, pulse, weight and body mass index (BMI). Records also contained occupational therapy reports and information from the care pathway approach meeting. All files had crisis plans.
- All 15 patient records had a care plan, which included actions of who was responsible for what task. All the care plans we reviewed were up-to-date, personalised, holistic, recovery orientated and clearly showed patient involvement. All care plans had been signed by patients but it had not been recorded in all cases whether the patient had received a copy.
- Records for each patient were stored in a locked filing cabinet in a locked office at each location. All records were paper-based and all staff, including bank staff, had access to them when required.
- During interviews, staff showed in depth knowledge of individual patients and their needs.

Best practice in treatment and care

- Staff did not prescribe or administer medication within this service.
- Patients at Portland Road accessed psychological therapies via Raglan House. Patients at Turls Hill and Woodcross Street accessed services at Sedgleys Hospital. No structured therapies occurred on the premises however an assistant psychologist attended weekly on a Monday should any of the patients wish to access psychotherapy. As part of the process of rehabilitation staff encouraged patients to access external services.
- The service used a recovery star, a therapeutic tool used to plot recovery goals, which was completed and updated.
- Staff at Woodcross Street and Turls Hill Road prompted some patients to ensure they had eaten food daily however at Portland Road staff recorded the diet of every patient and prompted if needed.
- Clinical and non-clinical audits were undertaken throughout the year by staff. Medication and health and safety audits were carried out monthly, infection control was carried out quarterly and case tracking was carried

out three times a year. The Deprivation of liberty safeguards (DoLS) and premises audits were carried out twice yearly, information governance, safeguarding, service user and carers survey were all carried out yearly. We saw evidence that these were being carried out. Audits were used to make changes to the service for example furniture was changed to meet infection control standards.

- Staff carried out weekly environmental audits on fridge temperatures, fire doors, fire hazards and trip hazards.

Skilled staff to deliver care

- The staff team consisted of one manager covering Woodcross Street and Turls Hill Road and another manager for Portland Road. There were also support workers for each location covering 12 hour day and night shifts on an eight till eight rota basis.
- The service employed support workers at each location to provide encouragement, support and assistance to patients to help them gain their own independence in the community. Duties included supporting patients with preparing and cooking meals, cleaning, shopping, attending appointments, visiting family, engaging in meaningful activities, supporting with financial independence and carrying out physical observations. Staff also reported on the patients' progress to the outpatient multidisciplinary team.
- If patients required additional services these were accessed via outpatients at Raglan House for Portland Road, and Sedgleys Hospital for Woodcross Street and Turls Hill Road. Patients could also use their GP or emergency services.
- All patients had a named key worker within the service and a responsible clinician at the outpatient service. Patients attended an outpatient appointment with the multidisciplinary team for their care review. Male patients attended the Sedgleys Hospital service and female patients attended Raglan House service.
- All support staff underwent training for their roles and this was evidenced in personnel files. Staff we spoke with were aware of their duties and were experienced in working with the patient group. All staff underwent disclosure and barring service checks to ensure they were safe to work with the patient group.
- All staff were undertaking a care certificate qualification as part of their role.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff completed an induction checklist including mandatory training, and signed to say they had read the policies in place for the service.
- Eighty-five per cent of Portland Road staff and 100% Turls Hill Road and Woodcross Street staff had received appraisals.
- The manager of Portland Road was acting up from a senior support role and had not received any additional training however received regular guidance and supervision from the regional manager.
- On reviewing the personnel files of staff there was a clear process of managing poor performance and sickness absence in line with the company policy.

Multi-disciplinary and inter-agency team work

- The multidisciplinary team (MDT) for patients was based within the outpatients service at either Raglan House for the female patients or Sedgleys Hospital for the male patients. The team consisted of the responsible clinician, psychologist, occupational therapist, nurse in charge, regional manager and keyworker. The patients attended an outpatient appointment for their care review every eight weeks. Staff also updated the MDT daily via email, ensuring information governance processes were followed, as part of the handover process from day to night and night to day shifts.
- There was a handover book as well as verbal hand over between day and night shifts. Staff who worked night shifts were awake throughout the night to support patients.
- Staff at the service described good internal links within Cambian and external links with GP's and safeguarding teams within the local authority and clinical commissioning groups.

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

- One hundred per cent of staff had completed training in the Mental Health Act at all locations.
- At the time of our inspection CQC had reviewed the provider policies in relation to the MHA code of practice as detailed in Annex B of the code. CQC found that the policies and procedures had been reviewed but that they still did not meet the requirements of the MHA code of practice. Cambian were aware of this and had developed an action plan to address it.

- Of the seven patient records reviewed at Woodcross Street and Turls Hill Road, we found six had evidence of informed consent. The one patient without evidence of informed consent had been with the service less than one month.
- Of the eight patient records reviewed for Portland Road only one had evidence of informed consent within the patient record. However, we looked at Mental Health Act documentation stored at Raglan House with the Mental Health Act administrator and found the remaining informed consent forms.
- Patients at Portland Road were informed of their rights under the Mental Health Act. There was a sheet in the care records of patients at Turls Hill Road and Woodcross Street that showed the rights of patients. However at Turls Hill Road this had not been signed or dated so it was not possible to tell if or when patients had been informed of their rights.
- The service had access to a Mental Health Act administrator within Cambian who dealt with documentation. They also carried out audits of Mental Health Act documentation twice yearly.
- There were four patients at Portland Road and five at Turls Hill Road and Woodcross Street on a community treatment order (CTO) and the records were in good order and overseen by the Mental Health Act administrator.
- Capacity assessments relating to medications were signed and dated by the responsible clinician and patient, including patient consent forms who were on a community treatment order (CTO).
- The independent mental health advocacy (IMHA) services were commissioned via the local authority and were provided by POhWER. Patients had access to information on how to contact them within folders in the communal lounge areas.

Good practice in applying the Mental Capacity Act

- One hundred per cent of staff had completed training in the Mental Capacity Act and Deprivation of liberty safeguards at all locations.
- Staff showed an understanding of principles of the Mental Capacity Act.
- There were no patients subject to Deprivation of liberty safeguards.
- Arrangements were in place for adherence to the Mental Capacity Act to be audited by the Mental Health Act administrator.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Good 

Kindness, dignity, respect and support

- We observed positive interactions between staff and patients. Patients responded well to staff communication and we saw encouragement and genuine warmth between staff and patients.
- Patients told us that staff were polite, helpful and very caring. They told us staff helped them when they were not well and listened to them when they were ill.
- Patients said that the service had taught them skills and encouraged them to become independent in completing everyday tasks such as cleaning, preparing food, laundry, maintaining personal hygiene and increasing confidence in these areas.
- Staff showed good knowledge of the individual needs of patients and identified areas where patients need more encouragement. Some patients required more support and staff provided this to an appropriate level.

The involvement of people in the care they receive

- Staff orientated patients to the locations and the service. When patients were due to be admitted to the service they would attend the service during the day in order to meet staff and patients already living there. They would then have an overnight stay and gradually build the number of stays until they were ready to move into the house fully.
- All sites had access to advocacy from POHWER and the patients had access to leaflets with contact details for the service in communal areas.
- Families and carers were able to visit the locations freely and patients could have visitors in the property. Patients completed an annual survey where they could give feedback on the service.
- Patients we spoke with were aware they had a care plan and were actively involved with this.
- Community meetings were held monthly at Portland Road and weekly at Turls Hill Road and Woodcross Street. Patients were able to make suggestions about the service, any changes, and any issues they needed to

raise. We saw community meeting minutes where patients had suggested changes and improvements and staff had responded with 'you said, we did'. This had resulted in changes and improvements being made. For example, the patients at Woodcross Street had requested to have Wi-Fi in the building and this was in the process of being agreed by the service.

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 Cambian inpatient services and most patients were rehabilitated to the stage of moving to the step down service. However, some patients using Portland Road were not well enough to cope in the step down service and required more input from staff. This meant that beds were being taken up by patients who were not meeting the criteria for the service and those who were ready to move on from inpatient services could not access a bed. The managers were in the process of identifying alternative placements for these patients.
- Average bed occupancy in the past six months at Portland Road was 97%.
- Bed occupancy at Turls Hill Road was 97% and Woodcross Street was 99%.
- All patients had their own room and could access it on return from periods of leave.
- Patients expected length of stay at the service was between six and 12 months. Discharge planning was evident from admission however there were three patients at Portland Road who had been there longer than 12 months. The manager was aware of this and there were discharge pathways being put in place to move them into a more suitable service.

The facilities promote recovery, comfort, dignity and confidentiality

Long stay/rehabilitation mental health wards for working age adults

Good 

- The service was based in four separate houses in the West Midlands. The houses all had kitchen facilities, bathing and wash facilities and individual bedrooms. The male service located in Turls Hill Road had ensuite bathrooms.
- They all had access to outside space and maintained garden areas.
- All houses had a communal lounge area. Turls Hill Road and Portland Road had a separate private lounge area for visitors.
- Most patients had their own mobile phones however there was access to a portable landline phone on request so patients could make phone calls in the privacy of their rooms.
- Patients were responsible for preparing their own meals and encouraged to manage their own money. Each location had a monetary allowance for patients to buy food for the week. Each patient was allowed £30 to spend on a food shop over a seven-day period. Staff also had an allowance to buy basic essentials such as milk, tea, coffee and bread. Staff at Woodcross Street and Turls Hill Road told us that any leftover allowance was pooled together and agreed with patients to be used for social outings. Patients would contribute to this out of their own money. At the female service, any leftover money from food allowance was used to buy food for a Sunday lunch. Staff told us that patients and staff would cook this meal together.
- Patients had 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. There were cooking facilities all in good working order and safety tested with visible stickers. One of the two kitchens at Turls Hill Road required upgrading and this had been approved and was due to be replaced by the end of May 2016.
- Patients were able to personalise their own rooms and some had chosen to do this. All rooms were fully furnished however patients were allowed to bring their own furniture if they chose to.
- All patients had a lock on their bedroom door and their own key in order to secure their possessions. Patients at Turls Hill Road and Woodcross Street had a key to the front door of the house. Patients at Portland Road did not have a key to the front door however there was a staff member on site 24 hours a day.
- Although there was no structured activity plan in place within the male or the female service, patients were undertaking activities on their own or with staff on a

daily basis. Staff prompted any patients who required support to engage with activities. Staff at Woodcross Street and Turls Hill Road would accompany patients on outings or activities or patients had the choice to go out alone. Staff at Portland Road also accompanied patients if needed however there would always be an additional member of staff available on site.

Meeting the needs of all people who use the service

- The service and locations were not set up in a way that accommodated patients with physical disability.
- All patients at the service spoke English and nobody required an interpreter. Staff at both male and female locations showed an understanding of addressing and supporting cultural and religious needs of patients.
- All locations within the service had staff and patients' 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 also 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 had been no formal complaints reported by Cambian Community Services West Midlands in the past 12 months.
- One patient told us a staff member had shouted at them. They told us that they had informed another member of staff and felt the incident had been dealt with appropriately. The manager of the service confirmed that this incident had been investigated by a member of the team. The staff member received supervision following the incident. The patient was also able to debrief. This incident had not been reported as a formal complaint.
- All of the patients we spoke with knew how to make a complaint and felt confident doing so without concern. Patients we spoke with felt confident they could raise concerns directly with the managers of each service if needed.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Good 

Vision and values

- The Cambian Group informed us they were committed to providing the highest standards of care and where possible reduce the length of stay through service innovation, specialist therapy, rehabilitation and models of care. This value was evident during this inspection through discussions with operational management and all staff. All managers and support staff we spoke with told us that they loved their job.
- All staff we spoke with could clearly describe their roles and responsibilities.
- All staff we spoke with were able to detail the chain of management within the service.

Good governance

- We reviewed eight personnel files. All support staff had evidence of an appropriate and clear recruitment process, relevant references, up-to-date disclosure and barring service checks, copies of their contract and job description. There was evidence of up-to-date and relevant training completed and records of supervision and appraisal.
- While 100% of staff had been trained in the updated code of practice, CQC found that the policies and procedures had been reviewed but that they still did not meet the requirements of the Mental Health Act code of practice. Cambian were aware of this and had developed an action plan to address it.
- Staff had access to opportunities for improvement or progression in their roles.
- Clinical audits were carried out regularly. We saw evidence of changes as a result of regular audits.
- Patients had the opportunity to feedback during community meetings regarding the service and the manager of each location would monitor feedback or complaints. They would then respond with a 'you said, we did' action plan which would be available in the lounge area of each location.

- Staff understood safeguarding and principles of the Mental Health Act and Mental Capacity Act.
- There was a Mental Health Act administrator within Cambian Group and staff were aware of how they could be contacted and their responsibilities.
- Supervision was completed every eight weeks with all staff and performance was reviewed within this process.

Leadership, morale and staff engagement

- Sickness absence in the past six months at: 43 Portland Road was 1.2%; 45 Portland Road 1.2%; Woodcross Street and Turls Hill Road combined was 13.8%.
- There were no bullying or harassment cases.
- Staff knew the process of whistle blowing and a whistleblowing poster with hotline number was displayed prominently in every location.
- All of the staff we spoke with knew how to raise a concern with management and told us they felt comfortable to do so. They were able to clearly explain the chain of command and if they were not satisfied who they could go on to speak to.
- All the staff we spoke with described a positive working environment and good relationships with other staff members. All the staff we spoke with were highly complimentary and appreciative of their direct managers.
- All staff we spoke with were able to give examples of where the company had supported them to progress in their role and access opportunities. The manager of Portland Road had been acting up from a senior support worker role since December 2015 as a leadership development opportunity.
- Staff described a sense of teamwork and one staff member described feeling very supported by the team through a period of change.
- Staff understood duty of candour. We saw evidence of a drug error in February 2016 where staff had followed correct reporting procedures. However it was not recorded in the patient's record that the patient had been advised of the error.

Commitment to quality improvement and innovation

- Cambian Community Services West Midlands did not participate in any quality improvement or research initiatives.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all Mental Health Act policies are reviewed and updated in line with the revised Mental Health Act Code of Practice and that all staff are trained in the revised Mental Health Act Code of Practice.

Action the provider **SHOULD** take to improve

- Ensure consent to treatment information is available in patient files at the location patients reside.

- Ensure patients are routinely reminded of their rights under the Mental Health Act and that staff and patients sign to say this has been completed.
- Ensure patients meet the criteria for admission and identify suitable placements for patients at Portland Road.
- Ensure where duty of candour has been practiced that this is recorded in the patient record.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|--|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983 | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider should implement relevant nationally recognised guidance and be aware that standards change overtime when new practices are introduced. 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.</p> <p>This was a breach of Regulation 17(2)(a)</p> |