

Cambian - Sherwood House Hospital

Quality Report

Rufford Colliery Lane
Rainworth
Mansfield
NG21 0HR
Tel: 08001973910
Website: www.cambiangroup.com





Date of inspection visit: 11/04/2016
Date of publication: 22/07/2016

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?	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.

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 Sherwood House as good because:

- the environment was visibly clean and well looked after and detailed records of the cleaning processes were complete.
- emergency equipment was checked regularly and all records relating to this were also complete
- we saw that equipment was well maintained and safety tested
- there was sufficient staff to meet patient need
- there were policies and procedures for use of observation and searching patients and staff were adhering to them
- there were good practices for the ordering, storage and dispensing of medications
- recognised risk assessments were completed and updated
- care plans showed evidence of physical health monitoring and there was good links with the local GP practice

- staff treated patients with dignity and respect and showed an understanding of the patients' needs at all times during the inspection
- there was access to advocacy services in line with the Mental Health Act Code of Practice
- carers and patients told us they felt well cared for and their needs were met
- there was a choice of food to meet dietary and religious needs and there was access to hot drinks and snacks at all times
- there was access to spiritual support
- sickness, absence and staff turnover was low

However;

- the corporate Mental Health Act policy had not been updated in line with the new Code of Practice
- it was not recorded that risk assessments had been reviewed prior to section 17 leave
- it was not clear that patients had been involved in their care plan and care plans were not written in the first person.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
---------	--------	------------------------------

Long stay/ rehabilitation mental health wards for working-age adults	Good	Start here...
---	------	---------------



Summary of findings

Contents

Summary of this inspection

	Page
Background to Cambian - Sherwood House Hospital	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
Outstanding practice	19
Areas for improvement	19
Action we have told the provider to take	20

Good 

Sherwood House Hospital

Services we looked at;

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

Summary of this inspection

Background to Cambian - Sherwood House Hospital

Cambian Group owns Sherwood House Hospital. It provides locked rehabilitation services for male adults. It has been registered with CQC since 17 November 2010. The service is an independent hospital registered to provide; treatment of disease, disorder or injury and assessment or medical treatment for up to 30 male patients with mental health problems who may be informal or detained under the Mental Health Act.

At the time of the inspection, there were 25 patients at the hospital all were detained under the Mental Health Act (MHA).

CQC last inspected the hospital in February 2014 under the previous inspection framework and they were compliant with the essential standards. This was the first Mental Health Act review visit.

There was a registered manager at the time of inspection. The registered manager was also the controlled drugs accountable officer.

Our inspection team

Team leader: Nicky Ratcliff, CQC inspector

The team that carried out this inspection comprised two CQC inspectors, a specialist advisor, a Mental Health Act reviewer, an expert by experience and their support worker. Experts by experience are people who have

experience of using or caring for someone who use health and/or social care services. The role involves helping us hear the voices of people who use services during inspections and Mental Health Act visits.

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, asked four CCGs who had placed patients at the location and spoke with two relatives.

During the inspection visit, the inspection team:

- looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service and two relatives
- received 16 comment cards; three were from relatives, three were from staff and 10 were from patients.
- spoke with the registered manager and the regional bank/pool coordinator
- spoke with 11 other staff members; including a psychiatrist, four nurses, an occupational therapist, one psychologist and a social worker
- spoke with an independent advocate

Summary of this inspection

- attended and observed one hand over meeting, one multi disciplinary meeting, one support worker meeting, one morning meeting and a nurses meeting
- looked at eight 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 who use the service told us they felt safe and well cared for. They thought the quality of the food was

good and there was lots of choice. Patients also felt that staff were available for them when needed. Carers said the communication was good and they felt involved in the patients care plan and development.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because;

- the environment was visibly clean and well looked after
- we saw equipment was well maintained and safety tested
- there was a current ligature risk assessment plan in place and staff were adhering to it to help keep patients safe
- there was sufficient staff
- there were policies and procedures for use of observation and searching patients and staff could explain them to us
- there were good practices around ordering, storing and dispensing of medication
- the staff we spoke to knew how to report an incident and staff explained they inform patients when things go wrong
- there was a fully equipped clinic room that was clean and well organised
- the provider had a current Health and Safety Strategy to ensure the building and the environment was safe and to identify any risks or problems
- environmental risk assessments were completed and updated and any risks were mitigated through the use of increasing staff observation levels
- All staff had received and were up to date with mandatory training including safeguarding.

Good



Are services effective?

We rated effective as requires improvement because;

- the corporate Mental Health Policy was not updated in line with the new Code of Practice
- we did not see evidence in the clinical notes that risk was being reviewed before section 17 leave
- we did not see evidence of an effective clinical supervision structure and the majority of support workers had no supervision
- therapeutic logs were not signed by the patient. These were records of the patients' activities or duties.

However;

- care plans showed evidence of physical health monitoring
- care plans were recovery focused
- records were a mixture of electronic and paper based and were stored securely

Requires improvement



Summary of this inspection

- The National Institute of Health and Care Excellence were being followed when prescribing
- clinical staff participated in clinical audits including infection control and medication
- staff were experienced and qualified and there is a range of professionals
- there were effective handovers within the team

Are services caring?

We rated caring as good because;

- we observed staff showing warmth and understanding to the patients and treating them with dignity and respect at all times during the inspection
- there was access to advocacy for all patients whether they were detained under the MHA or informal
- patients told us they felt well cared for and their needs were met
- carers told us they felt welcomed when visiting.

However;

- care plans were not written in the first person and it was not clear if the patient had been involved or agreed with their care planning.

Good



Are services responsive?

We rated responsive as good because;

- there were a full range of rooms and equipment to support treatment
- there were quiet areas and a room for visitors
- there was access to two gardens so the outside space was not overcrowded
- there were seven day week activities so there was always something for patients to do
- there was information about patients' rights, local services and how to complain
- there was a choice of food to meet dietary and religious needs and access to hot drinks and snacks at all times
- there was access to spiritual support.

Good



Are services well-led?

We rated well-led as good because;

- sickness, absence and staff turnover was low
- staff knew how to use the whistleblowing policy
- there were opportunities for career development

Good



Summary of this inspection

- staff were open and transparent and explained to patients when things went wrong
- there was a weekly support group for support workers.
- there were clinical and non-clinical audits.

However;

- clinical and managerial supervision was not recorded and completed in line with the providers policy.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- All staff were trained in the MHA and the staff had a good understanding of the new Code of Practice and the guiding principles.
- Consent to treatment and capacity requirements were adhered to and copies of consent to treatment forms were attached to medication charts.
- We saw evidence to show staff had explained patients' rights under section 132 MHA.

- Detention paperwork was complete and accurate.
- The hospital completed regular audits on the consent to treatment forms and second opinion appointed doctor (SOAD) requests.
- Mental Health Act administrative support and legal advice was available.

However;






- The corporate Mental Health Act policy had not been updated.
- It was not recorded in the clinical notes that risk had been reviewed prior to section 17 leave.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had training in the Mental Capacity Act (MCA) and had a good understanding of the act and its five principles.
- There were no Deprivation of Liberty Safeguards (DOLS) made in the last six months.
- We saw staff assessed capacity on a decision specific basis and recorded it in the patients' notes.

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 environment was visibly clean, had good furnishings and was well maintained.
- We saw cleaning records were up to date and showed the environment was regularly cleaned.
- The ward layout did not allow staff to observe all parts of the ward but staff were allocated to certain areas, for example the corridor or garden where it would be otherwise difficult to observe from the communal areas. This ensured that staff could observe patients in all areas of the ward.
- There were ligature points, (places to which patients intent on self-harm might tie something to strangle themselves) but there was a current ligature risk assessment plan in place to help keep patients safe and staff were adhering to it.
- Staff kept a fully equipped clinic room. This was locked when not in use and the keys were stored securely. It was clean and well organised and we saw staff locked away all medicines and there was a current British National Formulary available for referencing.
- There was a couch for physical investigations. We saw emergency drugs were available and a defibrillator machine that was tested regularly. We saw scales and the BP machine was well maintained and calibrated.
- The provider does not use seclusion.

- We saw staff adhere to infection control principles for example good hand washing techniques.
- The provider had a Health and Safety Strategy that showed the provider undertook environmental risk assessments regularly and staff being on duty in those areas mitigated risks. For example; there was always a member of staff on duty in the garden.
- Staff had access to panic alarms and nurse call systems. Staff checked these worked before signing them out each shift.

Safe staffing

- The establishment levels for qualified nurses were nine and for support workers were 26. There were no vacancies for nurses or support workers at the time of our inspection.
- The sickness rate was 3 % during the 12 months prior to inspection and the staff turnover rate was 3% for the same period.
- The provider does not use agency staff as they have their own regional staff bank. The number of shifts filled by bank staff from October 2015 to January 2016 was 327. All bank staff had the same induction and training as regular staff.
- The provider used its own tool to estimate the number of staff required and the manager told us she can increase the number of staff according to need of patients. The tool takes into account the complexity of the patients and does not just rely on the amount of patients.
- A qualified nurse was present in communal areas at all times. There was enough staff so patients can have regular 1:1 time and patients told us this was the case.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Leave and activities were not cancelled due to staffing issues and carers confirmed leave always goes ahead. Some activities had not gone ahead due to external providers cancelling that were beyond the hospitals control.
- There were enough staff to carry out physical interventions but this was used as a last resort and all staff were able to describe de-escalation techniques they would use first.
- There was adequate medical cover day and night. There was one full time Consultant Psychiatrist for the hospital and out of hours cover was provided on a rota basis within the region. The medics attended a regional referral meeting each week so they were familiar with each services patient's.
- All staff had received and were up to date with mandatory training.

Assessing and managing risk to patients and staff

- The provider did not use seclusion or segregation.
- There were 34 incidents of several different patients that involved restraint from August 2015 to February 2016. There were no incidents of prone restraint (face down).
- All staff were trained in safeguarding and could explain how to recognise a safeguarding and how to raise their concerns. The manager told us there were good links with the local safeguarding multi agency safeguarding hub.
- We looked at eight care and treatment records. Staff completed the short term assessment of risk and treatability (START) risk assessment for each patient following their admission. This was an evidence-based tool that assessed future violent, risk behaviours in the short term, and identified risk to self and others through professional judgements. Repeat assessments show attitudes and behaviours overtime to evaluate patient progress. Risk assessments contained a summary sheet detailing identified risks for each patient, grading of whether the risk was identified as high or low and details of plans to manage the risk. Each patient had a risk summary considering these factors. Staff undertook regular reviews of the START risk assessment as well as a daily risk assessment of each patient as part of the planned shift handovers.
- There were policies and procedures for use of observation and searching patients and staff could explain them to us. There was one recent introduction of a blanket restriction that stated staff are no longer

able to give patients lights to their cigarettes, they must use the wall lighters and patients must now hand their lighters in following leave. They can collect their lighters when going on leave. This was introduced following a serious incident involving a fire and this was implemented as part of the learning from that incident.

- There was good practice for the ordering, storing and dispensing of medication. We observed staff dispense from the clinic room behind a locked stable door. This ensured patients were not able to enter the clinic.
- Staff were aware of any physical health problems and there was a weekly meeting with the local GP to review physical health issues. A support worker had been trained in phlebotomy and how to record an ECG.
- There were safe procedures for children visiting. There was a specific room outside of the ward area for children to visit. Adult visitors could enter the ward and see their patients' bedroom and living area.

Track record on safety

- There were three serious incidents between 1 July 2015 and 14 December 2015. Two have been investigated and the police are still investigating one. Two out of three of these incidents were because a patient set a fire in the hospital.

Reporting incidents and learning from when things go wrong

- The staff we spoke to could give an example of an incident and how they would report it and explained they inform patients when things go wrong and give them feedback following investigation.
- Staff said they received feedback via handover and email from investigations of incidents both internal and external to the service. The manager and the psychiatrist told us they attended a regional meeting each week where incidents and learning across services were discussed. There were weekly email bulletins for all staff and these were read out in handover or morning meeting for the staff that had chosen not to have access to email.
- Staff told us they have a debrief and were offered support after serious incidents.

Long stay/rehabilitation mental health wards for working age adults

Good 

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 looked at eight care and treatment records. These showed comprehensive and timely patient assessments completed following admission. Records showed physical health examination and monitoring of physical health problems following input from the GP and psychiatrist.
- Care records were stored securely and available to staff when needed. There was a mix of paper and electronic based records but this did not present any problems and records could be accessed easily by staff.
- The care plans we looked at were up to date, holistic and recovery focused. However, the care plans did not record the patients' views or show evidence the patients had been involved in their care planning or had been given copies of their care plan. The patients we spoke with fed back they did feel involved in their care and three carers said they were kept informed.
- We observed a Care Programme Approach meeting, which is where the patients' needs were discussed and a plan of care agreed. The patient was not included in the first half of the meeting. This meant staff made the decisions about the patients care and treatment and the outcome was explained to the patient when they came into the meeting. We observed the patient did not have meaningful input into the meeting.
- We saw therapeutic logs which were records of patient activity, but there was no evidence to show the patient had signed the log or agreed to the activity. We understand that this was going to be discussed at the regional meeting.

Best practice in treatment and care

- Staff told us they followed The National Institute for Health and Care Excellence (NICE) guideline psychosis and schizophrenia in adults when prescribing

medication. We looked at six medication charts; all of the information was correct and we spoke to an independent pharmacy technician who said they had no concerns around medicines management.

- There was good access to physical healthcare. There were weekly face to face meetings with the GP and psychiatrist and a staff member to monitor physical health needs. One of the support workers was trained in phlebotomy and ECG to help support this. All staff reported that they could access the GP at all times who can refer to specialists as required. There was a well man clinic held weekly.
- There was a fulltime psychologist and an assistant who offered cognitive behavioural therapy based approaches recommended by NICE. Cognitive behavioural therapy is talking therapy designed to help manage problems by changing thinking patterns and behaviour. Staff used recognised rating scales to assess and record patients' progress and outcomes.
- We were told psychology record their sessions in the nursing notes but keep a full record of the session separately that nursing staff do not have access to. This could lead to nursing and support staff not being aware of information necessary for patients care. We told the manager and they were going to ensure all notes would be kept in one file.
- We saw clinical staff participated in clinical audits for example, monthly medication audits and infection control.

Skilled staff to deliver care

- There was a full range of experienced and qualified staff to deliver care, including an occupational therapist, activity coordinator, psychologist, psychologist assistant, mental health nurses, speech and language therapist, support workers, housekeepers, chef and advocate.
- All staff including bank staff had received an induction and all support workers complete the care standards certificate.
- Staff had regular team meetings and there was a support group for support workers each week led by the psychiatrist and the psychologist to explain about patients' mental health and behavioural issues, risk and observation levels and to gather information about the patients' presentation from the 'shop floor'.
- We saw all staff had yearly appraisals completed.

Long stay/rehabilitation mental health wards for working age adults

Good 

- We reviewed all supervision records (there was no distinction between clinical and managerial) since the start of 2016; 67% of nurses were up to date, 5% of support workers and out of 18 other staff one person was up to date. There was not a clear supervision structure in place. The staff we spoke to could not tell us who had responsibility for delivering their supervision. The staff told us they had informal peer supervision but this was not recorded. The supervision policy says clinical supervision should be every six weeks. We discussed this with the head of care and the manager at the time of inspection and they planned to implement a clear structure for group, managerial and clinical supervision.
- Staff told us they had access if required to specialist training appropriate to their role, for example the support worker trained in phlebotomy.
- The manager and HR work together to manage poor staff performance promptly and effectively. There were no grievances at the time of inspection.

Multi-disciplinary and inter-agency team work

- There were effective handovers within the team. We observed a handover from the night shift to the day shift and the staff included information about risk, current mood and mental health state, physical health issues, any diary commitments or events that may affect the patient. The handover we observed was on a Monday morning and information from the weekend was included. This ensured the staff who had not worked the weekend had a comprehensive summary of the patients recent presentation.
- Multi disciplinary meetings were held fortnightly and patients were discussed monthly but could be discussed if any issues arose in between. These meetings consisted of the psychiatrist, nurse, occupational therapist and psychologist. We saw minutes that showed external professionals and the patients' family were able to attend too.
- Daily morning meetings took place for staff that do not attend handover. This included the head of care, housekeeping staff, advocate, and psychologist.
- Staff said they had good relationships with external agencies and professionals and they could name the local safeguarding lead. The CCGs we spoke to confirmed they had good relations with the hospital.

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- The corporate Mental Health Act policy had not been updated to reflect the Code of Practice at the time of inspection but the systematic review of policies had commenced.
- All staff had completed training in the MHA and staff could explain the guiding principles. The staff were aware of the updated Code of Practice and copies of it were visible throughout the hospital.
- Of the six files scrutinised all detained patients had treatment authorisation forms for medication attached to medication charts. This enabled staff to understand the legal authority under which medication was being given. There was evidence that the responsible clinician (RC) had explained to patients the decision of the second opinion doctor (SOAD) when they had attended the hospital.
- Records confirmed staff had explained patients' rights under section 132.
- Staff filled in detention paperwork correctly and it was up to date and stored securely.
- The hospital completed regular audits on the consent to treatment forms and second opinion appointed doctor requests.
- Mental Health Act administrative support and legal advice was available from the MHA administration and regionally.
- We found it was not recorded whether risk assessments were reviewed prior to section 17 leave but, staff told us if the patients' risk had increased they would review whether he could go on leave or not. This was reported to the Mental Health Act administrator at the time of inspection and the team immediately devised a record of assessment to complete prior to section 17 leave being granted.
- There was a noticeboard with information on about the Mental Health Act, patients' rights and IMHA (independent mental health advocacy). There was a regular advocate who visited the ward every week.

Good practice in applying the Mental Capacity Act (MCA)

- All staff had completed training in the MCA and had a good understanding of the act and its five principles.
- There were no Deprivation of Liberty Safeguards made in the last six months.

Long stay/rehabilitation mental health wards for working age adults

Good 

- There was a Mental Capacity Act policy and we saw staff assessed capacity regularly and recorded it in the patients' notes. This was done on a decision specific basis.

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

Good 

Kindness, dignity, respect and support

- Throughout the inspection, we observed all staff interacting with patients in a warm and positive manner. The staff showed patients kindness, dignity and respect at all times.
- Patients we spoke to felt the staff were kind and always listened to them. The carers told us all staff showed kindness to them and the patients and were supportive of everyone's needs. Fourteen patients completed comment cards and all stated staff treated them well.
- The annual service user survey showed 17 out of 23 patients felt staff treated them with respect.
- During handover, we observed staff had a good understanding of patients' needs and the patients were spoken about respectfully.

The involvement of people in the care they receive

- The admission process was individualised to patients need and orients the patient to the ward and the service. Two external providers delivered advocacy services, one supplied general advocacy and one another supplied the Independent Mental Health advocacy in line with the Mental Health Act Code of Practice.
- We heard from patients and carers they felt involved in their care and treatment but the care plans did not show this. We looked at eight sets of care and treatment records. The majority of the care plans were not written in the first person and they did not show the patient had been involved in their care. We spoke to the nurses who agreed the care plans should be written in the first person and should involve the patient in their care planning and as they update the care plans this will be done.

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

Good 

Access and discharge

- Patients were referred from all over the country from a range of different services; medium secure units, acute services and low secure.
- Bed occupancy was 93% from August 2015 to February 2016.
- The provider had discharged 28 patients during the 12 months prior to inspection and these discharges were planned and happened during the day. The patients moved on to a variety of different services including community care.
- Beds remain open to patients when they are on leave.
- Staff said discharge was sometimes delayed due to insufficient provision in the patients' local area.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a patient handbook containing information about the ward; how to complain, advocacy service, activities and general routine.
- There was a full range of rooms and equipment to support treatment and care such as a gym, an IT room, kitchen and laundry that patients could access with supervision dependent on care plan.
- Patients could use their mobile phones to make calls but there was a public phone that patients could use if required and this maintained patient's privacy.
- There were quiet areas of the ward and a room where patients met visitors. All of the rooms were comfortable and furnishings were in good condition.
- There was access to two gardens at all times.
- The district council awarded the provider a Food Hygiene rating of 'very good' on 16 February 2016.
- The patient feedback said the food was very good and catered for their needs.
- Patients could have hot drinks and snacks at all times.
- We saw patients could personalise their bedrooms and store their possessions securely.

Long stay/rehabilitation mental health wards for working age adults

Good 

- We saw a seven day week activity timetable that included group and one to one activities and we saw the use of online therapeutic logs.
- The occupational therapist prescribed the therapeutic programme for the patient and the assistant inputs the information but it is not evident whether the patient has had input into choosing the activity or agreed to say they have done this. The patients' can earn permitted work earnings for doing cleaning or odd jobs, up to £20 per week.

Meeting the needs of all people who use the service

- There was a service user survey completed once a year, the last one was in July 2015. This showed despite their care plans not reflecting their involvement, sixteen patients out of twenty three said they felt involved in their care and treatment, six said they did not feel involved and one did not answer.
- The hospital was accessible for people requiring disabled access. It was set on two floors but there was a lift and the corridors and doors were wide enough to manoeuvre a wheelchair.
- There was a large noticeboard in the corridor that had information around treatments, local services, patients' rights and how to complain.
- The patients we spoke to felt their needs were met and the statements from the comment cards reflected this.
- We were told there was access to interpreters if required.
- We saw there was a choice of food to meet dietary and religious requirements.
- There was a multi faith room and the local church visits every two weeks. We were told arrangements could be made for a different faith leader to attend the ward or staff could facilitate the patient visiting a place of worship if required.

Listening to and learning from concerns and complaints

- There had been five complaints in the 12 months prior to inspection. None of the complaints were upheld and all were resolved on site. The patients and carers we spoke to knew how to complain and felt able to do so. Feedback was given on a one to one basis or in the community meetings.

- Staff knew how to handle complaints appropriately and they told us they receive feedback on the outcome of investigations and complaints in handover, morning meeting or in the weekly email bulletin.

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

Good 

Vision and values

- The hospital had a list of four beliefs that corresponded to a list of corporate values. Staff we spoke to were aware of these values and the information booklet provided to patients at the time of their admission listed the provider's beliefs.
- Staff knew who the senior managers were and said they visited the ward regularly.

Good governance

- We saw good communication from ward to board. Staff could submit items to the local risk register which was fed up to the corporate risk register. We saw the minutes from the regional meetings showed the risk register was discussed.
- We saw effective systems in place to ensure training was completed and kept up to date.
- We saw evidence staff participated in clinical audits.
- We saw incidents were reported and learning was acted upon. There were 31 incidents from October 2015 to March 2016.
- The manager said she had sufficient authority to do her job and enough admin support.
- We reviewed a range of corporate policies and procedures, nearly a third were out of date, we were told they were under review as part of a wider corporate piece of work.
- Clinical supervision was not in line with the provider's policy.

Leadership, morale and staff engagement

- All of the staff told us they felt the service was well led and they were given opportunities for development. Three support workers were being supported in

Long stay/rehabilitation mental health wards for working age adults

Good 

completing their nurse training, the clinical psychologist had been an assistant at another Cambian unit, both occupational therapists were Cambian students and all the nurses were newly qualified preceptors.

- Sickness, absence and staff turnover rates were low.
- There were no bullying or harassment cases at the time of inspection.

- Staff knew how to use the whistleblowing policy without fear of victimisation.
- Staff said they felt part of a team and morale was high despite the recent serious incident. The staff spoke highly of the leadership style of the manager.

Outstanding practice and areas for improvement

Outstanding practice

- There was a weekly support group for support workers led by psychiatry and psychology. This was introduced to give support workers the chance to learn more about some of the mental health conditions and interventions they may be asked to support with. The support workers found this group helpful as it gave them context to some of the tasks or interventions they were being asked to perform and increased their confidence in caring for the patients. The psychiatrist and the psychologist found it helpful as they heard first-hand what the patients presentation was on a day to day basis.
- There were weekly face to face meeting with the local GP on site. This ensured patients' physical health needs were treated alongside their mental health needs and care could be delivered in a holistic way. It also gave patients and staff opportunities to raise any concerns or issues with the GP in a familiar environment.
- Cambian showed a commitment to developing their own staff, for example, a support worker was trained in phlebotomy and ECG.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure it is recorded that risk has been reviewed prior to going on section 17 leave.
- The provider must ensure clinical supervision is completed every six weeks as per their policy and there is a clear structure for who is responsible for supervision.
- The Mental Health Act Policy must be updated with the new Code of Practice.

Action the provider **SHOULD** take to improve

- The provider should ensure care plans are written in the first person and there is written evidence to show patients have been involved in their care planning and treatment and they have been given the option to have a copy of their care plan.
- The provider should ensure all psychology notes are kept in the patients' notes and accessible to all staff.
- The provider should ensure the patient is given the option to attend their entire CPA meeting.
- The provider should ensure patients agree and sign their therapeutic logs.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Nurses and support workers were not given clinical supervision in line with the providers policy.
This was a breach of regulation 18 (1) (a).

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
It was not recorded that risk assessments were reviewed prior to section 17 leave.
This was a breach of regulation 12 (1) (2) (a).

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The Mental Health Act policy was not updated in line with the new Code of Practice.
This was a breach of regulation 17 (2) (a).