Cedar Vale

Quality Report

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

Ratings

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

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

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

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

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

Summary of findings

Overall summary

We rated Cedar Vale as requires improvement because:

- There was a high use of agency staff.
- There were high rates of sickness.
- Staff turnover was high.
- Staff knowledge of the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) was variable.
- There was one delayed discharge although all patients had received a community review and recommendation from that meeting was to discharge. Discharge plans were not robust.
- The alarm system was not autism friendly; it was loud and used frequently to call staff as well as for emergencies.
- Staff supervision and appraisal only happened regularly since October 2015.

However:

- Staff told us that morale was improving.
- There was evidence to show that issues had been identified and acted on.
- Patients were able to personalise their bedroom.
- There was daily access to activities.
- There was a choice of food to meet dietary requirements and religious needs.
- We observed staff interacting with patients in a warm and positive way.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for people with learning disabilities or autism	Requires improvement 	Start here...

Summary of findings

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Requires improvement

Cedar Vale

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

Summary of this inspection

Background to Cedar Vale

Danshell Group owns Cedar Vale.

Cedar Vale is an independent hospital registered to provide treatment of disease disorder or injury and assessment or medical treatment for up to 16 male patients with learning disabilities, autism, and challenging behaviours who may be informal or detained under the Mental Health Act.

At the time of the inspection, there were eight patients at the hospital, six were detained under the Mental Health Act (MHA) and two were under Deprivation of Liberty Safeguards (DOLS).Their level of learning disability was moderate to severe which meant that their verbal communication skills were limited.

The hospital was last inspected in January 2014 under the previous inspection framework and they were compliant in all areas assessed.

There was an interim registered manager at the time of inspection.

Our inspection team

Lead Inspector: Lynne Pulley.

The team that inspected this service consisted of

- three CQC inspectors,
- a Mental Health Act reviewer,
- two specialist advisors, an occupational therapist, and a learning disability nurse, and
- an expert by experience and her support. (an expert by experience is someone who has experience services either by using them, or through contact with those using them – for example, as a carer.)

Why we carried out this inspection

We inspected this service as part of our on-going 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 spoke with three family members of service users.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with the Registered Manager and the Director of Operations
- spoke with 12 staff members, including a consultant psychiatrist, consultant nurse, activity coordinator, psychologist, support workers, chef and administrator
- spoke with an independent advocate
- attended and observed one handover meeting, one multidisciplinary meeting and a flash meeting (a meeting set up to discuss a specific incident)
- looked at eight care and treatment records of patients
- carried out a specific check of the medication management

Summary of this inspection

- looked at a range of policies, procedures and other documents relating to the running of the service
- observed staff interacting with patients
- spoke to external social workers and a staff member from commissioning
- we were not able to speak directly with the eight patients; the process of explaining our role and preparing the patients to tolerate a meeting with us was not possible during the visit
- spoke to four carers

What people who use the service say

Four relatives told us that they felt patients were safe and well looked after. They said staff communicated with them and included them in decisions about patients care and treatment and they always felt welcome while visiting. We saw records of staff seeking individual patient user feedback.

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?

Requires improvement

We rated safe as requires improvement because:

- There were high rates of staff sickness 8.9%.
- There were high staff vacancy rates. There were 20 posts vacant, which was 50% of the staffing establishment.
- There was high use of agency staff. Between November 15 and January 16, 400 shifts were filled by bank or agency staff.
- Recruitment of permanent staff was problematic. The staff turnover in the 12 months prior to inspection was 45%.
- Some staff told us that they did not receive feedback following incidents and it was not clear how the hospital applied changes from learning.
- Staff used the alarm as a nurse call system. This was very loud and not autism friendly.
- There were terms used on prescription charts that not all staff were familiar with or could explain to us. This could have led to staff incorrectly administering medication.

However:

- There was a well equipped clinic room. Staff checked regularly to ensure the equipment and medication was safe for patient use.
- Agency staff were booked in blocks to ensure consistency
- Agency staff received an induction and had an opportunity to shadow
- There were enough staff for patients to have one to one time and undertake activities.
- Staff said morale was improving and that patient care was person centred.

Are services effective?

Good

We rated effective as good because:

- The care and treatment records were up to date and included risk assessments
- There was evidence of physical health checks being done
- All information was stored safely and securely
- Staff had received training around positive behaviour support
- Patients had good multidisciplinary input and staff held weekly multidisciplinary team (MDT) meetings and there was good case discussion
- Staff used recognised rating scales to assess and record outcomes

Summary of this inspection

- Staff received an induction.

However:

- There was a confusing care plan for dysphagia, which could have led to a patient receiving food that was not suitable for him. The plan was not robust or clear to inform staff.
- There was a lack of pictorial care plans and health passports to aid communication

Are services caring?

Good

We rated caring as good because:

- We observed staff interacting with patients in a warm and positive way
- Staff had a good understanding of the patients' needs
- Staff treated patients with dignity and respect
- There was evidence to show that staff involved patients and their families in their care and treatment
- We saw evidence that staff had completed a patient experience survey and acted upon the feedback. Staff had changed the activities on offer to reflect patient preferences.
- Staff used appropriate communication tools that reflected patients' differing abilities.

Are services responsive?

Good

We rated responsive as good because:

- There was a good range of rooms and space available that allowed patients to be alone or spend time with others.
- Activities were available daily. Staff provided activities on site and escorted patients to access local community facilities.
- The menu was pictorial and had several choices making it more accessible to patients. There was a choice of food to meet dietary requirements and religious needs.
- Patients had received care and treatment reviews to see if they were ready for discharge. There was one delayed discharge but regular review and planning meetings were taking place.
- Patients were able to personalise their bedrooms

However:

- Patient information leaflets were only available in the hospital reception area and on the first floor, which was not accessible to patients unless they had ward round or asked staff.

Are services well-led?

Requires improvement

We rated well led as requires improvement because:

Summary of this inspection

- Staff supervision records showed that regular supervision only started in December 2015
- Staff sickness and absence rates were high. There were high staff vacancy rates and a very high staff turnover.
- Staff were not familiar with the company's vision and values.
- There were a high number of incidents within the service.

However:

- Staff told us that morale was improving. The staff spoke highly of the new leadership.
- We saw evidence to show that managers had identified and acted on issues to ensure robust systems and processes were in place around reporting incidents and safeguarding issues.
- We saw an action plan to complete appraisals and supervision for all staff.
- The manager was addressing poor staff performance effectively.
- External social workers told us they felt there had been an improvement in care since the new leadership team in October 2015.

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.

- All qualified staff had received MHA training and were able to explain the principles behind it. They had a copy of the Code of Practice and staff knew how to seek legal advice over the telephone from Danshell's MHA administrator.
- All relevant treatment certificates (T2) and (T3) forms were in place with the medication cards. We saw second opinion appointed doctor visits took place. The submission of section 61 reports occurred (the MHA requires the provider to send reports to CQC about certified treatment).
- Staff read patients their rights in a way they could understand. They repeated this on a regular basis. Staff were reviewing how they did this in a meaningful way due to their patients level of learning disability and communication difficulties
- Staff knew how to access Mental Health Act support. The office was a central company resource but staff knew whom to ring. Staff correctly filled in and stored all detention paperwork.
- There was no visiting Independent Mental Health Act (IMHA) service at the time of inspection but staff had referred all six detained patients. The director of operations had been in contact with POhWER (a charity and membership organisation that provides information, advice and support to vulnerable people and people detained under the MHA) to try to resolve this issue. We raised this as a serious concern and the provider has now paid for an IMHA service so all patients now have access to advocacy.
- Staff confirmed tribunals and hospital managers' hearings take place on the unit. The notes we reviewed contained previous tribunal and managers' hearings paperwork.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff including administration and domestic staff were trained in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew how to access the Code of Practice and where to seek further advice.
- Staff supported patients to make decisions. We found capacity assessments were in place for each patient's care plan. Where staff assessed the patient as not having capacity, they completed a best interest decision.
- Staff had not recorded any discussions with family members or carers.
- Staff considered the least restrictive option on the patients' liberty when planning care.
- We reviewed two records of patients who were subject to DOLS authorisations. We found one authorisation was repeated six monthly. The last one expired on 24 January 2016. On 7 January 2016, the hospital asked the local authority to review this. The letter from the local authority encouraged the provider to request 30 days before the DOLS expires. The second DOLS authorisation stated it lasted up to six months or until review. We found contradicting evidence in the letter from the DOLS team, which stated 12 months. We made the provider aware of these issues and advised them to contact the relevant local authorities.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Notes

Requires improvement

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Requires improvement

Safe and Clean Environment:

- The environment was clean, although in need of some redecoration in corridors and communal areas. We checked cleaning rotas and these were up to date. The night staff did most of the cleaning. The service employed a senior housekeeper and three domestic staff.
- The walls were clear of pictures and unnecessary signs in keeping with an autism friendly hospital.
- The layout of the hospital did not allow staff to observe all areas. Staff mitigated this by observing the patients. Seven of the eight patients were on one to one observation levels. Staff checked one patient every 30 minutes.
- There were ligature points, (places to which patients intent on self-harm might tie something to strangle themselves). There was a current ligature risk assessment in place to help keep patients safe. Staff were adhering to it.
- A fully equipped clinic room contained a controlled drug cupboard, resuscitation equipment, fridge, examination couch, BP monitor, and scales. We saw records' showing staff checked the equipment regularly. Staff recorded the fridge temperature and this was within normal limits. The room had air conditioning to maintain the correct temperature. The room was clean and tidy. We observed staff checked and stored medications correctly.
- The hospital did not have a seclusion room (The supervised confinement of a patient in a room, which staff may lock). Staff said that patients used their bedroom as a quiet space and seclusion was not taking place.
- One patient spent their day in the day centre on site. He returned to the main unit at night to sleep. Staff recorded this in his care plan. We were concerned this could mean other patients could not use the day centre, but staff told us this was not the case. We did not see other patients visit the day centre at the time of the inspection.
- Equipment was well maintained and testing stickers were visible and in date.
- There were current environmental risk assessments. There were four environmental risk assessments with another location's name. When we pointed this out to the manager, the mistake was rectified.
- There was an alarm system used in emergencies and for frequently calling staff for non-emergency issues. It was loud and not autism friendly. We raised this with the manager and she said that they were aware of this issue and they were looking into different options for non-emergency call outs.

Safe Staffing

- There were 3 whole time equivalent qualified nurses in post and 17 support workers.
- There were two vacancies for qualified nurses and 18 for support workers and the service was considering ways to improve recruitment and retention.
- The sickness rate was 8.9 % from March 2015 and February 2016.
- The staff turnover rate was 45 % from March 2015 and February 2016.

Requires improvement

Wards for people with learning disabilities or autism

- The provider used its own tool to work out the number of staff required on each shift and met the required levels. The tool recognised the challenging nature of the patients and was not just based on patient numbers. The manager had authority to increase staffing levels if necessary.
- The hospital operated two main shifts per day. Days were 8am until 8pm and night shifts were 8pm until 8am. The staff came in 15 minutes early on each shift in order to complete handover. Multidisciplinary team members (MDT) were supernumerary, which means they were not part of the staffing numbers. We checked staff rotas for three months and there were enough staff to meet requirements.
- Bank or agency staff had filled approximately 400 shifts in the three months prior to inspection, but they were familiar with the ward and had received an induction. The manager on call had covered one night shift when there was no available agency staff.
- A qualified nurse was present in communal areas at all times and relatives told us that this is usually the case.
- There was enough staff to carry out one to one observations. Staff did not cancel leave and activities due to staffing issues.
- The hospital trained all staff in managing violence and aggression as part of their mandatory training. Records showed 100% of staff had completed management of violence and aggression training, and non-clinical staff had received breakaway technique training.
- There was one consultant psychiatrist for the hospital. Out-of-hours cover was shared between the consultant and the psychiatrist at their sister hospital in North Worcestershire. Staff told us the doctor was responsive to requests. The local GP practice provided general medical care. Emergency services provided emergency care.

Assessing and managing risk to patients and staff:

- There were 139 incidents of restraint during November 2015 to February 2016. 60 incidents of low-level restraint, for example guiding a patient, 22 incidents of medium-level restraint, and 57 incidents of high-level restraint, which might involve a patient being held on the floor face up.
- The restraint policy did not allow staff to use prone restraint, (this means face down) and no prone restraint had been used.
- Individual care plans about physical intervention were present detailing patients' preferences about how they preferred be held in restraint.
- The provider used their own risk screening and assessment tool. We saw evidence to show staff completed this assessment for every patient on admission and updated these regularly. Individual patient risk profiles were present in files these showed patient triggers and risk indicators.
- The doctor had prescribed patients oral medications for agitation. However, the doctor had not prescribed medications in injection formats, which are faster acting. Medics followed NICE guidelines for patients with autism and learning disability.
- Staff received training in safeguarding and they explained how they would identify and raise an alert.
- We saw good PRN protocols in place (PRN is the term used for medication you only need to give when necessary for example pain medication). Protocols included monitoring of physical observations after PRN had been given, but we were unable to find a record of this being done routinely on any of the medication chars On one medication card we saw AAWN written and some qualified staff were unable to tell us what this meant. One member of staff told us it meant 'as and when needed'. When we pointed out this could lead to confusion and incorrect administration of medicines the staff agreed to use PRN in future. We saw medicines were stored safely and securely. Staff registered patients with a local GP.
- If children visited the hospital, staff showed them to a room by reception and staff brought the patient to them. Staff did not allow children in the hospital.

Track record on safety:

- There has been one serious incident between March 2015 and February 2016, which continued to be under investigation and had not been resolved at the time of inspection. The patient had become unwell and admitted to a general hospital. Unfortunately, the patient did not recover. Since the inspection, the service has investigated this incident.

Reporting incidents and learning from when things go wrong:

- The provider used an electronic reporting system to report incidents. Staff knew incidents they should report and reported them. Staff were open and transparent

Requires improvement

Wards for people with learning disabilities or autism

and explained to patients or their family if things went wrong. Relatives told us the hospital phoned or wrote to them to inform them. There was a duty of candour section on the electronic reporting form.

- We attended a handover and saw staff received feedback about incidents. Staff also recorded the information in a communication book. Some staff told us they did not receive feedback about all incidents or if any changes had taken place.
- Staff and patients received debrief. Management offered staff support after serious incidents.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care:

- We looked at the care and treatment records of all eight patients. Of these, six were detained patients. We saw staff completed a timely and comprehensive assessment of patients upon admission.
- Records showed that a physical examination had taken place on admission. There was on-going monitoring of physical health problems. The frequency of this depended on individual needs. The manager had given a support worker the role of physical health monitoring. This included height, weight, and blood pressure monitoring on a monthly basis. On-going physical health needs' monitoring was completed by the GP. Staff had received extra training, for example, in epilepsy.
- All information was stored safely and securely and available to staff when they needed it. All of the records were paper except for the electronic incident reporting system.
- The care plans were up to date and personalised but they were not pictorial and we did not see evidence of staff using health passports. The carers we spoke with told us they understood the plan of care for their patient. Carer discussions were not documented.
- There was one care plan that gave confusing information about what a patient with dysphagia (difficulty swallowing) should eat. We highlighted this, as we were concerned that any confusion could have led to staff giving the patient the wrong food, which could have led to the patient choking. Staff changed this on the day of inspection.

Best practice in treatment and care:

- Staff followed National Institute for Heath and Care Excellence (NICE) Guidelines for challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges and NICE Guidelines for Autism when prescribing medication.
- Staff used recognised rating scales to assess and record outcomes. Staff used HoNOS-LD (Health of the Nation Outcome Scales for people with Learning Disabilities) and the Spectrum Star (an outcome tool that supports people to manage their autism).
- The hospital carried out clinical audits, including (Mental Health Act) MHA compliance and (Deprivation of Liberty Safeguards) DOLS.
- A local pharmacy completed an annual medication audit and had oversight of prescribing.
- Relatives told us that they felt patients were safe at Cedar Vale. If an incident occurred, staff phoned carers to keep them informed.
- Staff registered patients with the local GP and any physical healthcare needs were met via the surgery. Staff told us this was easy to do.

Skilled staff to deliver care:

- There was a good range of staff to deliver care; a whole time consultant psychiatrist, the psychologist and the occupational therapist were shared between this hospital and their sister hospital. , 0.5 whole time equivalent (WTE) speech and language therapist, 1 WTE psychology assistant, 5.5 WTE learning disability nurses and 35 WTE support workers.
- All staff received an induction. Permanent staff received a three-week induction. Agency staff received a two-day induction and then a week shadowing skilled staff for experience.
- Staff were supported to complete further training; QCF certificate (a qualification in health and social care that replaced NVQ 3) and there were different pay scales dependent on qualification. Qualified and unqualified

staff could access specialist training if required, for example epilepsy or around PECS (Picture Exchange Communication). All staff had received training around positive behaviour support.

- We reviewed supervision records from March 2015 to February 2016 and found all four nurses received clinical and managerial supervision in January 2016, but before 2016, only one nurse had received one session of clinical supervision. Out of 37 support workers, eight had received managerial supervision and 16 had received clinical supervision. Out of eight ancillary staff, five had received supervision. This showed the provider had recognised issues around supervision and implemented a plan to address this.
- The manager told us they were working with HR to manage poor staff performance by supporting the staff and working with them to address the concerns.

Multi-disciplinary and inter-agency team work:

- There were weekly multidisciplinary team (MDT) meetings. If an incident happened in between MDTs then a meeting called a flash meeting would take place, which included registered manager, nurse in charge, director of operations and other appropriate members of MDT.
- During an MDT (multidisciplinary team) meeting, we saw staff listened to patients opinions. One of the patients asked if a staff member could wait outside as he did not want them present during his MDT and the staff member respected this request.
- We observed a handover from night staff to day staff. This included the previous day's events as well as anything significant during the past week. The nurse in charge instructed staff to read the communication book. The communication book documented messages from the manager that staff needed to be aware of. This could be information about the outcome of investigations or incidents and any learning or training needing to be completed. The handover included patients' physical observations, mental wellbeing, behaviour, and any risks.
- The manager explained relationships with the local community and GP practice was good. A regional clinical nurse consultant visited weekly and had regular meetings with the GP practice to support patients physical care needs.
- External social workers and a representative from clinical commissioning group told us communication with the hospital was good.

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

- All qualified staff had received MHA training and were able to explain the principles behind it. They had a copy of the Code of Practice and staff knew how to seek legal advice over the telephone from Danshell's MHA administrator.
- All relevant treatment certificates (T2) and (T3) forms were in place with the medication cards. We saw second opinion appointed doctor visits took place. The submission of section 61 reports occurred (the MHA requires the provider to send reports to CQC about certified treatment).
- Staff read patients their rights in a way they could understand. They repeated this on a regular basis. Staff were reviewing how they did this in a meaningful way due to their patients level of learning disability and communication difficulties.
- Staff knew how to access Mental Health Act support. The office was a central company resource but staff knew whom to ring. Staff correctly filled in and stored all detention paperwork.
- There was no visiting Independent Mental Health Act (IMHA) service at the time of inspection but staff had referred all six detained patients. The director of operations had been in contact with POhWER (a charity and membership organisation that provides information, advice and support to vulnerable people and people detained under the MHA) to try to resolve this issue. We raised this as a serious concern and the provider has now paid for an IMHA service so all patients now have access to advocacy.
- Staff confirmed tribunals and hospital managers' hearings take place on the unit. The notes we reviewed contained previous tribunal and managers' hearings paperwork.

Good practice in applying the Mental Capacity Act (MCA):

- All staff including administration and domestic staff were trained in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew how to access the Code of Practice and where to seek further advice.

Requires improvement

Wards for people with learning disabilities or autism

- Staff supported patients to make decisions. We found capacity assessments were in place for each patient's care plan. Where staff assessed the patient as not having capacity, they completed a best interest decision.
- Staff had not recorded any discussions with family members or carers.
- Staff considered the least restrictive option on the patients' liberty when planning care.
- We reviewed two records of patients who were subject to DOLS authorisations. We found one authorisation was repeated six monthly. The last one expired on 24 January 2016. On 7 January 2016, the hospital asked the local authority to review this. The letter from the local authority encouraged the provider to request 30 days before the DOLS expires. The second DOLS authorisation stated it lasted up to six months or until review. We found contradicting evidence in the letter from the DOLS team, which stated 12 months. We made the provider aware of these issues and advised them to contact the relevant local authorities.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support:

- We observed staff interacting with patients in a warm and positive way.
- We observed staff and patients at meal times and during free time. Staff treated patients with respect and dignity throughout the inspection. Staff used a range of communication tools for example use of pictures or Makaton signs to enhance their understanding of what patients wanted or needed.
- Staff showed a good understanding of patients' individual needs. All patients had personalised care plans that staff reviewed and updated regularly.
- Staff explained if they noticed a patient's behaviour had changed, they would note any patterns or triggers when the behaviour occurred to see if they could work out why the patient was upset. This had led to staff identifying a patient was unhappy with whom he had lunch. This was changed and the patient's behaviour improved.
- Relatives thought staff were caring and good at knowing what patient wanted. Relatives said staff met patients' cultural needs by following certain personal care rules and from the food provided.

The involvement of people in the care they receive:

- Relatives said the admission process met the needs of the patients as a pre visit could cause more anxiety for someone with autism. Relatives despite the distance felt involved in patients' care. Relatives said this had improved since November 2015. Staff telephoned or wrote to carers with updates and asked for their opinions and they were aware they could attend meetings. The manager had sent all of the dates for this year's multidisciplinary meetings to relatives so they could plan to attend if they wished.
- Cedar Vale used Voice Ability advocacy service and there was a regular advocate who visited the hospital weekly. Patients or carers could contact the advocate by phone at other times. We noticed that the telephone number for the advocate was not in direct view on the noticeboards. We mentioned this to staff and they printed it out and put it in view. There was no Independent Mental Health Advocacy (IMHA) service due to difficulty arranging it with the local authority. Cedar Vale was attempting to follow this up.
- Due to the patients' needs, it was not beneficial to hold group meetings. Staff met individually with patients to find out their views. We saw minutes of these meetings. They showed staff had changed the choice of activities at the request of patients.
- At the time of inspection, none of the patients were able to be meaningfully involved in the recruitment of staff due to their level of learning disability. Staff had asked family members to take part in the past but this proved difficult due to geographical reasons.
- None of the patients at the time of inspection had advanced decisions in place as they lacked capacity due to the severity of their learning disability. There is a section relating to advanced dictions when the staff are completing best interest forms so if the hospital had patients who were able to make advanced decisions this could be done.

Requires improvement

Wards for people with learning disabilities or autism

Are wards for people with learning disabilities or autism responsive to people's needs?
(for example, to feedback?)

Good

Access and discharge:

- Referrals for patients were from all over the country via a number of different ways, from community, from secure services, NHS assessment and treatment units, supported living or residential services.
- There were 16 beds, eight of which were occupied by patients at the time of inspection. A key performance indicator (KPI) was for 11 beds to be occupied by December 2016. The average length of stay was 12 months.
- All the current patients had received a community treatment reviews from their local CCGs (Clinical Commissioning Groups). The outcome for all except one was discharge. Staff told us discharge planning started early but external factors could lead to delays.
- Relatives told us they felt discharge took a long time. They thought this was due to there not being anything suitable closer to home to meet the needs of the patients.
- Commissioners and social workers felt that discharges could sometimes be slow. There was one delayed discharge for almost a year at the time of inspection. Staff were holding regular transition meetings for this patient and he was due to be discharged in May 2016.
- Relatives felt the patients had made more progress since coming to Cedar Vale but would prefer them to be closer to home, as the majority of patients were not from the local area.

The facilities promote recovery, comfort, dignity and confidentiality:

- The hospital provided two lounges, eating areas, and a day unit meant the patients could choose to be with others or not.
- There was a good use of space and rooms for patients to be able to choose to have privacy or be in a communal area.
- There was outside space with swings and a bicycle for patients to access.
- Patients could have access to their rooms throughout the day and we saw that bedrooms could be personalised if the patients wanted.
- An extension to the main building had a kitchen for supporting patients to increase their independence and daily living skills.
- Hot drinks and snacks were available throughout each day and night.
- There were activities seven days a week. Patients' activities are individualised. The hospital had links with the local community and staff escorted patients to the local shops and restaurants. There was also the opportunity for patients to attend a local centre with a sensory room, garden and soft furnished area. During the inspection, we saw patients accessing community facilities.
- The kitchen had a pictorial menu of each day's food choices. There were several choices each day, including hot and cold food. We saw the pictures taken round to each patient for them to choose their meal. If the patients did not want what was on offer they were able to choose something else. Relatives told us they were always welcome to bring food in and eat with the patients if they wanted.
- The hospital had portable phones to allow patients to make phone calls in private. Some patients had their own mobile phones.

Meeting the needs of all people who use the service:

- Information leaflets in easy to read format are available. We saw booklets in reception to support patients around how they may feel after seeing a restraint, keeping safe, advocacy, key workers and bullying. Patients would not have been able to see them easily as they did not have general access to reception, only when going to their ward round.
- Easy read booklets explained advocacy, how to make a complaint, how to voice a point of view and for Mental Health Act rights.
- There was a good range of food offered and we saw staff supported the patients in choosing the option that met their religious need or their physical dietary need.
- Staff were trained in different communication methods dependent upon the needs of the patients. We saw staff used signing, pictorial, and easy read methods.

Requires improvement

Wards for people with learning disabilities or autism

- The hospital is a period property set in extensive grounds. There had been some adjustments made for patients with mobility issues. Staff had made other changes to increase patient safety. For example, Staff had erected a clear screen along the sides of the stairs to prevent falling. The doorways and corridors were wide enough to allow wheelchair access and there were downstairs bedrooms.

Listening to and learning from concerns and complaints:

- Relatives told us that it had taken a long time in the past for the hospital to respond to complaints and concerns. They said recently, they felt this had improved.
- Complaint booklets in easy read format were available.
- Staff explained how they handled complaints and how to escalate them if necessary. There had been nine complaints between March 2015 and February 2016 and two had been upheld. None had been referred to the ombudsman.
- Staff told us that they felt listened to and were able to raise any complaints or concerns. Feedback received was via handover and/or the communication book and email.

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

Requires improvement

Vision and values:

- All staff knew who the senior staff members were. Staff were not aware of the company's vision and values other than it being patient centred care.
- The director of operations had recently chosen to base herself on site. The staff felt this was a positive move forward. Staff felt able to approach the director of operations if they had any concerns or ideas about things.

Good governance:

- Appraisals and supervision had only happened since October 2015.
- Staff knew what an incident was and how to report it. There were 411 incidents in the 12 months prior to inspection, 13 of which staff classified as serious. This is a high level of incidents.
- Sickness rates were high at 8.9%. Staff turnover in the 12 months prior to inspection was very high 45%. Staff vacancy rates were 50% of the nursing establishment.
- Staff were able to raise issues and add items to the risk register through the unit led clinical governance meetings. The staff team passed issues to the regional operations director. She then discussed these at monthly senior management team meetings. These meetings then fed into the corporate risk registers, which the company held centrally in the governance department.
- There were sufficient staff to meet patients' needs and they spent time directly working with the patient they had been assigned to.
- Staff received mandatory training.
- Staff followed correct procedures and showed they had a good understanding of the Mental Health Act, Mental Capacity Act and safeguarding.
- There was one KPI relating to increasing bed occupancy by the end of the year.

Leadership, morale and staff engagement:

- The hospital had no grievances or disciplinary cases at the time of inspection.
- Staff reported that they would know how to raise a concern without fear of victimisation.
- Staff were open and transparent and explained to patients and/or their families in a way that was appropriate to the patient's level of learning disability and communication needs if things went wrong. The electronic reporting system had a duty of candour section.
- Staff of all grades and levels had opportunities for development.
- Staff reported that morale was improving. The majority of staff reported that they enjoyed their jobs and were enthusiastic and committed to providing the best care to their patients. There was recognition the recent changes had been challenging but they felt the improvements made would continue.
- Social workers and commissioners said care had improved since October 2015.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must address the high turnover of staff.
- The provider must ensure there is a robust process in place for providing staff with regular supervision and appraisal.

Action the provider SHOULD take to improve

- The provider should ensure discussion with relatives about care and treatment is recorded in care plans.
- The provider should reconsider the use of the alarm for alerting staff in non-emergencies.
- The provider should continue to work on the recruitment issues identified.
- The provider should consider adding the vision and values of the company to the induction for agency staff.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regular staff supervision and appraisal had not been taking place.** This was a breach of regulation 18 (2)(a)

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.