

Cambian Learning Disabilities Limited Rainham - Farm Lodge

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

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Summary of findings

Overall summary

Staff did not receive the training they needed to ensure they were able to care for patients safely and appropriately. Qualified nurses had not completed medication competency training for more than a year. None of the staff had completed the required basic or intermediate life support training within the last 12 months. Neither had any staff member received an annual performance appraisal in the last year.

The provider had not notified the Care Quality Commission of all events they should have. There had been four safeguarding concerns reported to the local authority and one incident that was reported to the police, since March 2014. All of these should have been notified to the Care Quality Commission by the provider but were not. There was no registered manager in place had not been for some time. In addition, the manager of the service was not aware that six monthly fire drills had not been carried out for over a year.

However, the service had a good safety record. There were enough staff on duty to meet patients' needs. Environmental and individual risk assessments were carried out and action taken to manage the risks identified. Staff knew how to recognise and report potential abuse in order to protect patients and others.

The needs of patients were assessed in detail. This included their physical as well as mental health needs and there was on-going monitoring of needs. Staff were very kind and caring. Care was individualised and person-centred and patients were involved in developing their own care and support plans.

Patients took part in a range of activities and groups both inside and outside the service. They were encouraged to develop their skills and independence. Staff focussed on patients' recovery and helped them build on their strengths.

There were systems in place to review and monitor the quality of care provided. Action was taken when shortfalls were identified and improvements were made.

Mental Health Act responsibilities

At the time of the inspection two of the four patients were detained under a section of the Mental Health Act 1983 (MHA). The use of the MHA in the service was mostly good. MHA documentation was generally compliant with the Act and Code of Practice.

Capacity and consent assessments had been carried out for the two patients who were detained under the MHA. However, in the documents of one patient the section of the form for them to sign, indicating their consent to the treatment plan had been left blank. As a result the consent status of the patient was unclear.

Staff explained patients' rights to them in a way they understood and repeated this often. Patients had access to an independent mental health advocate who could support them.

Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. However, their understanding of the legislation and how it affected their everyday clinical practice varied. Some staff had a good understanding of the MCA. Others could not clearly explain the details of a mental capacity assessment and what a deprivation of liberty meant.

The service was making an application for a Deprivation of Liberty Safeguards authorisation in respect of one informal patient about whom there were concerns about his capacity to consent to care and treatment.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

There were enough staff on duty to meet patients' needs. Environmental and individual risk assessments were carried out and action taken to manage the risks identified. A ligature risk assessment had been carried out recently. Regular staff knew what to do to manage ligature risks but this information was not readily available to new or temporary staff. Medicines were managed safely. Staff knew how to recognise and report potential abuse in order to protect people. The service had a good safety record. However, the service had not carried out fire drills for over a year. Several ligature cutters were stored in an upstairs office and there were none in the downstairs office, which may have caused a delay in an emergency.

Are services effective?

Staff did not receive the training they needed to enable them to care for patients appropriately. Qualified nurses had not completed medication competency training for more than a year. None of the staff had completed the required basic or intermediate life support training within the last 12 months. Neither had any staff member received an annual appraisal of their performance in the last year. It was difficult to find patients' most recent care plans and risk assessments in their health care records. Some staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Other staff did not.

However, the needs of patients were assessed in detail. This included their physical as well as mental health needs and there was ongoing monitoring of their needs. The staff team worked well together to meet the needs of patients. Mental Health Act documentation was mostly completed appropriately and the associated Code of Practice was being followed.

Are services caring?

Staff were very kind and caring and respected patients' privacy and dignity. Care was individualised and person-centred and patients were involved in developing their own care plans. Staff recognised patients' individual needs and understood how to care for them.

Are services responsive to people's needs?

Patients took part in a range of activities and groups both inside and outside the service. They were encouraged to develop their skills and independence and the service took positive risks in supporting them to do so. Staff focussed on patients' recovery and helped them build on their strengths.

Summary of findings

Are services well-led?

The provider had not notified the Care Quality Commission of all events they were required to. There had been four safeguarding allegations reported to the local authority and one incident that was reported to the police, since March 2014. All of these should have been notified to CQC by the provider but were not. There was no registered manager in place and had not been for more than nine months. The provider had not ensured that appropriate notifications were made. In addition, the manager was not aware that six monthly fire drills had not been carried out for over a year.

However, there were systems in place to review and monitor the quality of care provided. Action was taken when shortfalls were identified and improvements were made. Staff were fully engaged in the service and committed to providing high quality care and treatment to patients.

Summary of findings

What we found about each of the main services at this location

Wards for people with learning disabilities or autism

Staff did not receive the training they needed to ensure they were able to care for patients safely and appropriately. Qualified nurses had not completed medication competency training for more than a year. None of the staff had completed the required basic or intermediate life support training within the last 12 months. Neither had any staff member received an annual performance appraisal in the last year.

The provider had not notified the CQC of all events they should have. This included four allegations of abuse and one incident that was reported to the police. Six monthly fire drills had not been carried out for over a year.

However, the service had a good safety record. There were enough staff on duty to meet patients' needs. Environmental and individual risk assessments were carried out and action taken to manage the risks identified. Staff knew how to recognise and report potential abuse in order to protect patients and others.

The needs of patients were assessed in detail. This included their physical as well as mental health needs and there was on-going monitoring of needs. Staff were very kind and caring. Care was individualised and person-centred and patients were involved in developing their own care and support plans.

Patients took part in a range of activities and groups both inside and outside the service. They were encouraged to develop their skills and independence. Staff focussed on patients' recovery and helped them build on their strengths.

There were systems in place to review and monitor the quality of care provided. Action was taken when shortfalls were identified and improvements were made.

Summary of findings

What people who use the location say

Patients were very positive about the service and said they liked being there. They told us they had a named staff member to talk to when they were feeling upset. Patients liked the staff and said they were caring and

respected their privacy and dignity. Patients told us they sat down with their key workers every week to talk about their needs and care. Patients said the service was clean and repairs took place quite quickly when needed.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure all staff have an annual appraisal
- The provider must ensure all staff are up to date with mandatory training requirements and competency checks.
- The provider must ensure that CQC is notified of any serious incidents, allegations of abuse or incidents investigated by the police that occur at Rainham – Farm Lodge, without delay.

Action the provider **SHOULD** take to improve

- The provider should ensure the management of identified ligature risks in the service is made completely clear to all staff on the ligature risk assessment form.

- The provider should ensure that fire drills are carried out at the premises on a regular basis.
- The provider should ensure that all staff have a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and the implications and impact of the legislation on their clinical practice.
- The provider should ensure that patients' current risk assessments and care plans are easily identifiable in patients' health care records.
- The provider should ensure that one set of ligature cutters is kept safely in the staff office downstairs where staff can access them quickly in an emergency.

Good practice

- Patients were able to carry out paid jobs (therapeutic earnings) in the service which helped increase their confidence.
- Staff were very caring and understood patients' needs very well.
- Staff reacted calmly when patients were distressed and listened to their concerns. Patients were assisted to express their feelings safely and effectively.

Rainham – Farm Lodge

Detailed findings

Services we looked at:

Wards for people with learning disabilities or autism

Our inspection team

Our inspection team was led by:

Team leader: Judith Edwards, Care Quality Commission.

The team that inspected the service consisted of four people, one expert by experience, two inspectors, and a senior nurse. A Mental Health Act Reviewer made an unannounced visit to the service on 15 January 2015 to see how the Mental Health Act 1983 was being used.

Background to Rainham – Farm Lodge

Rainham – Farm Lodge is provided by Cambian Learning Disabilities Limited.

The service provides a step down service for patients with a learning disability and mental health problems. The service provides rehabilitation with a focus on social inclusion and improving daily living skills. The service has six beds and is a service just for men. Patients have an average length of stay of between 18 months and two years. On the days of the inspection there were four patients admitted to the service. Two of these patients were detained under the Mental Health Act.

We have inspected Rainham – Farm Lodge three times since 2010 and reports of these inspections were published between November 2011 and August 2013. At the time of the last inspection Rainham – Farm Lodge was meeting essential standards.

At the time of this inspection there was no registered manager in place. The manager of the service, who had been in place since March 2014, was in the process of formally applying for registration with the Care Quality Commission.

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 get to the heart of 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?

Detailed findings

Before the inspection visit we reviewed information that we held about the service and asked other organisations for information.

During the inspection visit the inspection team:

- visited the service;
- spoke with all four patients admitted at the time;
- spoke with the manager of the service;
- spoke with eleven staff working in the service, including a student nurse;

We also:

- looked at four treatment records of patients;
- observed how staff were caring for patients;
- carried out a specific check of medication management in the service;
- looked at a range of records and documents relating to the running of the service; and
- spoke with a commissioner of the service and received email feedback about the service from another.

Is the service safe?

Our findings

Safe and clean ward environment

- Rainham – Farm Lodge was a converted house situated in a residential street. The main communal areas, office, clinic and one bedroom were on the ground floor. There were five bedrooms, a bathroom and staff room on the first floor. All bedrooms were en-suite. The environment was clean and well maintained. The service was being decorated at the time of the inspection.
- There were a number of ligature risks within the environment. The latest ligature risk assessment dated 6 January 2015 showed that the service was aware of these. However, the assessment form did not detail clear actions to be taken to mitigate the risk to patients and this information was not readily available to new or temporary staff. In practice, the risks to patients from ligatures were mitigated or managed through good individual risk assessment and by restricting access to some non-essential areas. Patients were risk assessed prior to admission and were only admitted if they were considered low risk for suicide or self-harm.
- In the outside area some watering cans were stored in the walkway leading to a fire exit, which could get in the way if staff and patients needed to leave in an emergency. This was addressed by the manager during the inspection.
- The service had suitable resuscitation equipment available which was readily accessible to staff. Records showed that emergency equipment was checked regularly by staff to ensure it remained fit for purpose. However, we noted that the emergency eye wash was out of date and needed replacing.
- There was a sign in the staff office informing staff where they could locate the ligature cutters. Six pairs of ligature cutters were kept in the emergency 'grab bag' in the clinic room upstairs. There were no ligature cutters in the downstairs office. This may have caused a delay in an emergency and put people at risk.
- Daily health and safety checks of the premises included checks of fire extinguishers, to fire doors to ensure they were not propped open and of cleaning materials to make sure they were safely stored. Staff also carried out regular internal security checks. A detailed premises

audit was conducted twice a year. Where concerns were identified action was taken to address the concerns. A fire risk assessment had been carried out in June 2014 and no major risks were identified. However, fire drills were not being carried out six monthly as required by the provider's health and safety policy.

Safe staffing

- Patients were supported by nursing and support staff throughout the 24 hour period. There was a full-time occupational therapy assistant and part-time psychologist and psychiatrist. The occupational therapist worked one day a week.
- There were enough staff to meet the needs of the patients and ensure they were able to take part in a range of activities. There was always a trained nurse on duty with three support workers during the day and two support workers at night. Staff rosters showed that these staffing levels were met consistently. Staffing levels at the weekends were the same as those on weekdays. At night one staff member remained upstairs at all times as most of the patient bedrooms were upstairs. This meant patients could contact staff easily and promptly if they needed to. Patients confirmed there were always enough staff on duty, and they were available when they needed to speak with them. Staffing levels could be adjusted in line with patients' needs.
- There was one staff vacancy and a sickness absence rate of 4%.
- 'Bank' staff were used to address any shortfalls in staffing due to illness or holiday. The service used regular 'bank' staff, who were familiar with the service, patients and routines.
- New staff and students were given a short induction to the service and patients. This ensured they were familiar with environment and patients' needs.
- When recruiting new staff the service asked for two recent references and checked prospective staff with the disclosure and barring service before they began employment. This helped ensure that staff employed were suitable to work with vulnerable adults.

Assessing and managing risks to patients and staff

Is the service safe?

- Individual risk assessments had been carried out which detailed any previous areas of risk that people presented to themselves or others. Where current risks had been identified, a risk management plan had been developed with the involvement of all members of the multi-disciplinary team. However, these were not always easy to find within the patient care records.
- When patients spent long periods of time away from the service, there were arrangements in place to ensure they checked in with staff during the day by phone. Patients also carried information on them with contact details for the service and any medical needs they had.
- Staff knew about different types of abuse and how to recognise these. They were aware of the provider's procedures for raising a safeguarding concern and gave us examples of where they had raised an alert and notified the local authority safeguarding team. Safeguarding referral forms provided clear details about the incident or allegation. Management plans were in place to reduce repeated events. Patients felt safe in the service.
- Safeguarding issues were considered as part of the MDT meetings, particularly in relation to patients going into the community and becoming more independent.
- Staff used 'Management of Violence and Aggression' techniques for supporting patients when they became anxious or angry. Staff had not had to restrain anyone for a number of years and used verbal de-escalation to support patients when they were distressed.
- Medicines were stored in a locked cabinet. Drug fridge temperatures were checked and recorded every day to ensure that medicines requiring cold storage were

stored correctly and remained effective. Medicine administration records were signed when medicines had been given to patients and there were no missing signatures. Individual patient protocols were in place regarding the use of medicines that were prescribed for use when needed (PRN), this meant the medicines were given appropriately. Medicines were disposed of safely. Monthly medication audits identified any improvements that were needed and action was taken to address concerns.

- Rapid tranquillisation was not used in the service.

Track record on safety

- There had been four safeguarding incidents at the service which related predominantly to patient on patient aggression. The service took action in response to these incidents to ensure that management plans were updated to prevent recurrence. They provided additional support to patients to help them manage their anger and stay safe.
- There had been no recent serious incidents within the service and the service had a good record on safety.

Reporting incidents and learning from when things go wrong

- Staff knew how to recognise and report incidents. All incidents were reviewed by the manager and forwarded to the provider's health and safety department so that oversight was maintained at a senior level. Reviews of incidents were open and transparent.
- Learning from any incidents that had occurred was shared with staff at team meetings and in individual supervision.

Is the service effective?

Our findings

Assessment of needs and planning of care

- The needs of patients were assessed as part of their admission by different members of the multi-disciplinary team. Assessments carried on throughout their stay as their needs changed and they developed more independence. This included assessments relating to the use of the kitchen, personal care and leisure activities. The occupational therapist carried out an assessment using the model of human occupation screening tool. This identified patients' strengths and helped measure progress.
- All the staff we spoke with conveyed an in-depth understanding of each patient, their needs, likes and dislikes. They said that they felt involved in the multi-disciplinary discussions and that their input was valued.
- Multi-disciplinary care plans had been developed that detailed the current needs of the person and how they were to be supported. These were recovery-focussed and individualised. They included any particular interests or activities the person enjoyed and the support that was needed to ensure they could carry these out.
- The service used positive behaviour support plans to help target particular behaviour, potential triggers to this and early warning signs. We observed staff using these in their interactions with patients.
- Some patients had care plans related to boundaries and inappropriate behaviours in social situations. During the inspection we saw that staff were consistent in their approach to politely reinforcing these to help patients understand what was appropriate. New staff to the service told us that all staff maintained a consistent approach when working with patients.
- However, although there were detailed individual risk assessments and care plans in place it was sometimes difficult to find these as patient care folders were very full and contained a number of assessments and care plans, many of which were not current.

Best practice in treatment and care

- Within the care records we found regular use of health of the nation outcome scales and global assessment of functioning scales to assess the progress that patients were making in their recovery. Spider diagrams were also used to monitor patients' progress and areas for development.
- Staff provided care and treatment in line with National Institute for Health and Care Excellence guidelines such as prescribing guidelines.
- Patients had access to psychological therapies when they needed them.
- Patients' physical health care was well managed. They were registered with a local GP and attended routine appointments when they needed to. All patients had undergone an annual assessment of their physical health and this was recorded on a 'Welsh health check for adults with a learning disability' form.
- Where patients had an identified physical need the service carried out regular monitoring of this. For example, where a patient had diabetes, weekly blood monitoring testing took place. The service liaised with other health professionals such as a diabetic nurse to ensure patients received the specialist physical health care they needed.
- Staff checked patients' blood pressure, pulse and temperature regularly. Staff used a modified early warning system tool, which helped identify when patients' clinical observations were outside normal ranges and needed to be reported to a doctor. This helped ensure that any potentially worrying change in a patient's physical health was addressed promptly.
- Two commissioners who gave us feedback about the service were very positive about the outcomes for patients at Rainham – Farm Lodge. One commissioner said the patient they had placed at the service had progressed beyond expectations.

Skilled staff to deliver care

- Staff did not receive appropriate training, appraisal and professional development.
- The manager confirmed that staff had not received mandatory training in basic or intermediate life support in the last 12 months. He also confirmed that

Is the service effective?

this should be completed by staff every year. This meant there was a potential risk to patients in the event of an emergency as staff were not up to date with the training required.

- None of the four qualified nurses who administered medicines had completed an administration of medication competency test in the last 12 months. This was mandatory training that should have been completed every year by trained nurses to ensure they were able to administer medicines to patients safely and effectively. The provider's administration of medication competency sheet stated that qualified nurses would be unable to administer medication until they had successfully completed the assessment. This requirement had not been followed by the service as the nurses continued to administer medicines.
- Staff training information provided by the manager showed that 35% of staff had not completed safeguarding children and vulnerable adults training within a specified 12 month period. Although staff we spoke with had a good understanding of safeguarding matters some staff may not have been fully prepared to recognise and report abuse.
- Staff spoke of a lack of planning around training for the year. They said training was often arranged 'last minute' with little notice of when they needed to attend, or this was arranged when they were not rostered to work.
- However, some staff told us of additional training they had undertaken, such as in sensory awareness, national vocational qualifications, and a diploma in health and social care.
- We reviewed the personnel records of five staff members at random and found that none of them had received an annual performance appraisal in the last year. The staff and manager confirmed that no staff member had had an annual appraisal of their work since the previous full-time manager was in post, which was in 2013. This meant there was a risk that the training and development needs of staff were not being identified and, therefore, met. Staff were not receiving appropriate support to meet their responsibilities.
- Staff reported they had not been receiving regular supervision. This had only been implemented in the last few weeks. Some staff spoke of 'impromptu' supervision that took place with the manager, which was not

planned. As a result they were not always able to prepare for this. Records confirmed that all staff had received individual supervision in December 2014 and January 2015 prior to our visit. A system had been put in place to ensure this continued to be provided by the manager on a monthly basis.

- The manager had recognised shortfalls in staff training and had a plan in place to address many of these over the next few months.

Multi-disciplinary and inter-agency team work

- Care and treatment was delivered by a team of multi-disciplinary professionals. This included nurses, occupational therapist, occupational therapy assistant, psychiatrist, psychologist and part-time psychology assistants. The service also had access to a speech and language therapist. Staff worked well as a team and provided support to each other.
- The different professionals worked together effectively to assess and plan people's care and treatment. The weekly multi-disciplinary team meeting was used to discuss the holistic needs of patients and review their progress.
- The service worked effectively with commissioners.

Adherence to the MHA and MHA Code of Practice

- The Mental Health Act Reviewer visited the service unannounced on 15 January 2015. They found the use of the Mental Health Act (MHA) in the service was mostly good. MHA documentation was generally compliant with the Act and Code of Practice.
- Capacity and consent assessments had been carried out for the two patients who were detained under the MHA. However, in the documents of one patient the section of the form for them to sign, indicating their consent to the treatment plan, had been left blank. As a result the consent status of the patient was unclear.
- Completed consent to treatment forms were attached to the medicine administration records of detained patients.
- Patients' rights were explained to them by staff in a way they could understand and this was repeated at regular intervals.

Is the service effective?

- Patients had access to an independent mental health advocate and general advocacy services.

Good practice in applying the MCA

- The majority of staff had a clear understanding of the need to consider people's capacity to make decisions about their care and support. They gave examples of where capacity had been assessed with individuals, such as in relation to their money management or needing support in the community. Staff told us they had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards. However, a few staff showed a lack of knowledge in this area.
- The manager told us an application for a Deprivation of Liberty Safeguards authorisation was in the process of being made because of concerns about the capacity of an informal patient to consent to the care and treatment being provided. Concerns had been identified by the multi-disciplinary team and appropriate action had been taken.
- An independent mental capacity advocate was available to patients.

Is the service caring?

Our findings

CARING

Kindness, dignity, respect and support

- Staff were very considerate and understanding and treated patients with respect. Patients confirmed the staff were caring and supportive. They said they could approach staff at any time to discuss their concerns and they felt listened to. Each patient had a named staff member to talk to when they felt upset.
 - Patients met regularly with their key worker and these one to one sessions were recorded in patients' health care notes.
 - Staff knocked on patients' bedroom doors and waited for an answer prior to entering to ensure that the person was ready to see them. Patients were supported to spend their time as they wished and encouraged to lead independent and meaningful lives.
 - Staff and patients had built up positive relationships and there was a mutual respect for each other. Staff spoke fondly of the patients and enjoyed working alongside people, supporting them with their needs and recovery. A patient told us they had been taken to a football match as a surprise on his birthday which he had enjoyed very much.
 - When patients were distressed staff reacted calmly and listened to their concerns. Patients were assisted to express their feelings safely and effectively.
 - Staff were positive and recovery orientated in their approach.
 - Service commissioners who attended the service for patient care reviews described staff as professional, welcoming, caring and helpful. Staff took a positive approach to care and recovery.
- Patients received individualised care and were involved in their care and treatment. Care plans showed that patients were involved in identifying their needs and the support they needed. Each patient had a person-centred plan, which was in an easy read, pictorial format. This helped ensure they understood the care plan and knew the support they would receive as they gained more independence in different aspects of their lives.
 - Patients were involved in reviews about their care and treatment through meetings with their keyworker and ward rounds with the multi-disciplinary team. There was a daily planning meeting each morning with the staff and patients. This enabled patients to say how they were feeling and work with staff to plan their activities for the day. A weekly community meeting also took place where patients were encouraged to put forward their views about the service. Minutes of meetings were in pictorial as well as written form to make them easier for people to understand.
 - Some patients had a good understanding of their care plans and future plans for moving on from the service. One patient told us they were being supported to cut down on fizzy drinks. They spoke of being involved in discussions around plans to move on from the service, and identify what extra skills they would need to work on to ensure they were ready to live in a less supportive environment. Patients knew about the medicines they were given and why they needed these, although could not always remember whether they had been told about any possible side-effects.
 - We saw information on display in the service about independent mental health advocate services that people could access with the support of staff.
 - Families were involved in patients' care where appropriate. A service commissioner described the service as instrumental in supporting a patient and his family to have more contact with each other.

The involvement of people in the care they receive

Is the service responsive?

Our findings

RESPONSIVE

Access, discharge and bed management

- The planned maximum stay for people at Rainham – Farm Lodge was approximately two years, although occasionally patients stayed longer when their needs were particularly complex.
- Discharge plans were discussed in multi-disciplinary meetings and there were more detailed plans in place for those patients nearing the end of their admission. It was clear that staff were working towards independence with patients.
- The service had two vacancies at the time of the inspection and there was one patient admission planned. There were no delays in discharging patients from the service.
- We received feedback about the service from two commissioners of the service. They were both positive about the relationship they had with the service and said the manager and staff were responsive and communicated well with them.

The ward optimises recovery, comfort and dignity

- The service had space for individual work and group work, and for therapeutic activities to take place. There was an outside space which patients could access.
- Each patient had an individualised activity programme that was recovery-focussed. During the inspection we saw patients being supported to pursue individual interests and attend college and employment. Some patients had recently been given jobs by the service, where they were paid therapeutic earnings to undertake some domestic activities, such as cleaning the minibus. Instructions for tasks were broken down in way that made it easy for patients to follow. Patients were also supported to purchase their own ingredients to prepare their meals in the kitchen, with the support of staff where necessary.
- Patients took part in activities both on the unit and in the community, including attending a local disco, which was very popular.

- All patients spoke enthusiastically about their individual activity programmes and how they enjoyed getting involved deciding their own meals and the preparation and cooking of these.
- The service took positive risks to enable patients to develop their independence. This was confirmed by a service commissioner who highlighted the beneficial effects on patients of a positive risk approach. One patient travelled quite independently across London whilst others needed staff support when they went out.

Meeting the needs of all people who use the service

- The service was a converted house and could not be easily accessed by wheelchair users. This was due to a narrow hallway and tight corners. The bedrooms were only accessible via the stairs.
- There was some information on display for patients. Some, but not all, of this was in an easy-read or pictorial format for all patients to understand.
- Staff were aware of the diverse needs of the patients and had regular conversations with them to ensure that the service could support them. This included conversations regarding sexuality and relationships and cultural needs. Where patients expressed a need, such as going to cultural events or religious services, this was supported by the staff until patients had gained the confidence to go by themselves.
- The manager was aware of the importance of employing a diverse workforce and ensuring that patients' cultural backgrounds and needs were understood.

Listening to and learning from concerns and complaints

- Information on how to make a complaint was on display in the service.
- Records showed that one complaint had been received about the service in the past year. The log of this showed that the complaint was dealt with promptly and addressed with staff.
- Patients raised general concerns about the service at meetings with staff and the manager. An independent mental health advocate visited the service every two weeks and could help patients raise a complaint or concern if they wanted support to do this.

Is the service responsive?

- Patients told us that if they had a concern or complaint they would speak with staff or the manager. They felt they would be listened to and that actions would be taken to look into the complaint and make improvements to the service.

Is the service well-led?

Our findings

Vision and values

- Staff knew and understood the values of the organisation. Some staff could say what these were. For example, 'personal respect', 'personal space' and 'personal best.' Staff felt the organisation worked in the interests of the patients.
- The service manager was supportive to staff. However, all staff spoke of a lack of senior management presence at the service. The majority of staff had not met managers above the service manager level, or had only met them in the past few weeks.

Good governance

- The provider has a legal duty to notify the Care Quality Commission (CQC) of different incidents/ safeguarding concerns that occur at the service. However, since April 2014 the CQC had not received any notifications. Whilst at the service we looked at the record of incidents and safeguarding concerns that had occurred since this time and found at least four allegations of abuse had not been notified to CQC as required.
- In addition the manager told us of a time when the police had been called to investigate an incident where money had gone missing. This is another type of incident that should be formally notified to the CQC. The manager confirmed a notification to CQC had not been made for any of the incidents and allegations we identified.
- The service did not have a registered manager in place even though this was a condition of registration with the CQC. The manager had not completed a formal application to CQC to become the registered manager of the service. However, he was in the process of applying and had submitted an application.
- Although the manager maintained good oversight of many aspects of the service he had failed to identify that a fire drill had not taken place in the service for over 12 months. The last recorded fire drill was in September 2013. The manager told us this would be addressed immediately.

- The manager carried out unannounced spot checks of the service at night to make sure that appropriate standards of care were being provided. Concerns had been identified by doing this and the manager had taken immediate action to address the concerns.
- The manager carried out a range of audits as a way of overseeing performance and to check staff were following the provider's policies and procedures. For example, a review of care plans had identified the need for improvement in staff members' writing skills and use of language, which had been addressed through individual supervision. The quarterly infection control audit carried out in December 2014 had identified some areas for improvement and an action plan was in place to address the concerns.
- The manager was aware that staff were not up to date with mandatory training and that they had not had an annual appraisal for more than 12 months and had plans to address this. The manager had put in systems to improve the provision of individual supervision to staff, which he was providing.
- The service manager attended meetings with managers of three other services provided by Cambian Learning Disabilities Limited and a senior manager every six to eight weeks. These meetings provided an opportunity to share learning and discuss bed occupancy and management. Regional clinical governance meeting minutes showed that incidents, safeguarding concerns, medication errors and complaints at all four Cambian services were discussed on a regular basis. Themes arising from audits were shared across the services in order to inform learning.
- The manager met with the independent mental health advocate who came to the service every two weeks to discuss any concerns or issues that had been raised by patients.

Leadership, morale and staff engagement

- Staff spoke of having a lot of autonomy in their work, which they appreciated, as it enabled them to focus on meeting the specific needs of patients. Staff felt valued and able to contribute effectively to multi-disciplinary team meetings.
- During the first quarter of 2014 there had been no manager at the service. The staff told us that whilst the

Is the service well-led?

work with patients continued, there was a lack of focus. However, they said that since the recruitment of the current manager in March 2014, the service had become more focussed and professional in its approach to the care and treatment of patients.

- An annual staff survey was conducted each October through completion of an online form. Staff said they were encouraged to complete this to give feedback about the service and any improvements needed. They said they had been listened to when they had previously raised concerns about staffing and incidents. These had been addressed through extra support being provided.

- Regular staff team meetings were held. Minutes of meetings showed that topics such as training, supervision and on-call procedures had been discussed.
- The manager had been able to successfully address issues of poor staff performance since his arrival at the service in March 2014.
- Service commissioners considered Rainham – Farm Lodge to be a good, well-organised service.

Commitment to quality improvement and innovation

- The manager had made a number of improvements to the service since his arrival the previous year. There were plans in place for these to continue.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered person had failed to notify the Care Quality Commission, without delay, of several allegations of abuse in relation to patients and an incident that was reported to the police.</p> <p>This was a breach of Regulation 18(1)(2)(e)(f)(5)(b)(ii)(iii) of the Care Quality Commission (Registration) Regulations 2009.</p>
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered provider did not have suitable arrangements in place in order to ensure that staff were appropriately supported in relation to their responsibilities. Staff had not received appropriate training and appraisal. As a result there was a risk that staff would not be able to provide care and treatment to patients that was safe and of an appropriate standard.</p> <p>This was in breach of regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(2)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>