

# Cambian - The Limes Hospital

## 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		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

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

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

# Summary of findings

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

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

## Overall summary

### **We rated The Limes Hospital as GOOD because:**

- The premises were clean and well maintained. There was a comprehensive programme of individual therapeutic activities to help patients achieve their recovery goals.
- The hospital's system of documenting patients' care plans was multidisciplinary in approach and we saw clear evidence of recovery focus, personalisation and patient involvement.
- The multidisciplinary team completed a robust assessment and review of risks for each patient and developed plans to manage these. The team reviewed risk assessments following any incidents.
- There was a good system of feedback to the staff team from audits, incidents and complaints. The hospital made changes in line with recommendations from incident investigations demonstrating lessons learnt.
- All staff received appropriate supervision, appraisal and training to help fulfil the requirements of their roles.
- We saw evidence of patients being involved in the planning and review of their care and treatment. There were advanced decisions documented in patients' care plans.
- The hospital catered for patients of different cultures, languages and religions.
- The local management of the hospital provided effective leadership and support to the staff team. The staff team was cohesive and worked collaboratively to meet the needs of patients effectively.

- The hospital had robust and effective systems in place to measure the performance of the service and was involved in research on developing outcome measures.

However:

- Mental Health Act (MHA) policies did not reflect the changes to the Code of Practice in April 2015. Cambian Healthcare Limited had an action plan to complete this task by 30 April 2016. However, this was not appropriately timely given the change in policy took place in April 2015 12 months prior to inspection.
- Several recent shifts did not have two qualified staff due to a qualified nurse vacancy for which recruitment was underway.
- Following the recent reduction in psychiatric input, there was no review or audit undertaken to evidence there was sufficient psychiatric input to meet the needs of the patients at the time of inspection.
- Some patients told us that when not receiving individual sessions they experienced periods of inactivity. However staff informed us that patients could choose to attend ad-hoc activities on a daily basis and staff offered attendance of these activities to promote periods of activity throughout the day.
- Recording of the rationale for prescribing medication above the British National Formulary (BNF) limits could benefit from further detail.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
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Long stay/ rehabilitation mental health wards for working-age adults		
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	Good	
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# Summary of findings

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### Summary of this inspection

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Good



# Cambian- The Limes Hospital

**Services we looked at**

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

# Summary of this inspection

## Background to Cambian - The Limes Hospital

The Limes Hospital is located in Langwith, Nottinghamshire. The hospital is an independent mental health hospital run by the provider, Cambian Healthcare Limited. The hospital provides care for male patients 18 years and over who have long-standing complex needs including long-term mental health needs or problems with substance, drug and alcohol misuse. Patients may be detained for treatment under the Mental Health Act (MHA) 1983 and have histories involving the criminal justice system (CJS).

The hospital provides care for up to 18 patients. At the time of our visit, the hospital had 17 patients all of who were detained under the MHA under section 3 or 37/41. There were no patients subject to the Deprivation of Liberty Safeguards (DoLS).

The Limes Hospital has a registered manager and provides the following regulated activities:

- treatment of disease, disorder or injury
- assessment or medical treatment, for persons detained under the Mental Health Act (1983).

The Limes Hospital registered with the CQC on 17 January 2010. The CQC has carried out four inspections at the hospital. The most recent inspection was on 26 February 2014 at which time we found the hospital to be compliant with all essential standards.

A MHA monitoring visit took place on 12 September 2014 and identified no issues. [Start here...](#)

## Our inspection team

Team leader: Kathryn Mason

The team that inspected the service comprised three CQC inspectors, a Mental Health Act reviewer, an expert by experience and a specialist advisor – psychiatrist.

## 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 this service, asked a range of other organisations for information, and conducted telephone interviews with five clinical commissioning groups (CCG) and three carers/relatives.

During the inspection visit, the inspection team:

- visited the hospital site and looked at the quality of the ward environment and observed how staff cared for patients
- spoke with six patients who were using the service
- spoke with the manager of the hospital

# Summary of this inspection

- spoke with nine other staff members including the doctor, nurses, healthcare support workers, the occupational therapist, the psychologist, and the Mental Health Act administrator
- spoke with the GP
- looked at seven care records of patients
- reviewed three sets of records for detained patients
- looked at six staff records
- carried out a specific check of the medication management on the ward and looked at 17 treatment cards
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

The majority of patients were complimentary about their experiences and happy with the care they received. They commented on the clean environment and good catering. Carers and relatives described staff as being friendly, polite and warm and having good interaction with patients and relatives.

Patients told us they generally felt safe at the hospital and staff were respectful and polite. On arrival, staff gave patients an information booklet and orientation to the

hospital and team. Patients felt that that there was a good range of activities for patients including community and hospital based activities. Some patients said they felt over-sedated by their medication.

Relatives told us that staff included them in care planning and gave them regular written progress updates. However, one carer expressed concern about limited contact with their relative's doctor. Another relative commented on the environment, saying there was a lack of a dedicated visitor's room.

# 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 Limes Hospital premises were exceptionally clean and well maintained. There was a range of rooms to meet people's needs.
- The provider had an effective process in place for the assessment and monitoring of environmental risks including a specific ligature risk assessment.
- The multidisciplinary team completed a robust assessment and review of risks for each patient and developed plans to manage these.
- Staff managed medicines safely and a pharmacist audited these on a weekly basis.
- Staff knew how to identify and report any safeguarding concerns.
- The hospital made changes as a direct result of the findings from feedback and the investigation of incidents.

However:

- Several recent shifts had one qualified nurse instead of the two required. This was due to a vacancy for which recruitment was underway.
- Following the recent reduction in psychiatric input, there was no review or audit undertaken to evidence there was sufficient psychiatric input to meet the needs of the patients at the time of inspection.

Good



### Are services effective?

**We rated effective as REQUIRES IMPROVEMENT because:**

- At the time of inspection the provider, Cambian Healthcare Limited, had not updated their Mental Health Act (MHA) policies to reflect the changes to the Code of Practice in April 2015. Cambian Healthcare Limited had an action plan to complete this task by 30 April 2016. However, this was not appropriately timely given the change in policy took place in April 2015 12 months prior to inspection.
- Recording of the rationale for prescribing medication above the British National Formulary (BNF) limits could benefit from further detail.

However:

Requires improvement





# Summary of this inspection

- The hospital had a multidisciplinary approach to assessments and care planning. Care plans were recovery-focused, personalised and showed patient involvement.
- Staff used a range of therapeutic activities and interventions to help patients achieve their recovery goals.
- The provider ensured staff had the appropriate supervision, appraisal and training.
- Staff completed physical health assessments and care planning, and the hospital planned to develop further their links with the local GP clinic.
- The hospital had robust mechanisms for the monitoring of outcomes.

## Are services caring?

**We rated caring as GOOD because:**

- We observed friendly and positive interactions between staff and patients during our inspection.
- Patients reported that staff were kind and treated them respectfully and involved them in decisions about their daily care.
- The hospital had a comprehensive information pack for newly admitted patients to orientate and welcome them to The Limes hospital. This included information and basic essentials such as toiletries.
- All new patients could apply for 'wow pack money' up to 12 weeks after admission. Patients could then choose to use these funds to purchase clothes, electrical equipment or to help with therapeutic activities.
- An advocate attended the hospital twice a week and available between these times when requested.
- The hospital had a carers' strategy to promote engagement and communication with carers and relatives.
- Patients were involved in planning and reviewing their care and treatment. We saw evidence of advanced decisions documented in patients' care plans.

**Good**



## Are services responsive?

**We rated responsive as GOOD because:**

- The hospital's facilities promoted recovery and supported care and treatment.
- There was a structured programme of individual therapeutic activities for patients.
- The hospital catered for patients of different cultures, languages and religions.

**Good**



# Summary of this inspection

- The service had received many compliments from carers and relatives about the quality of its care.
- The hospital demonstrated commitment to learn and make changes from feedback and incidents.
- There was a good system of communication for giving feedback to staff from audits, incidents or complaints.

However:

- Some patients told us that when not receiving individual sessions they experienced periods of inactivity. However staff informed us that patients could choose to attend ad-hoc activities on a daily basis and staff offered attendance of these activities to promote periods of activity throughout the day.

## Are services well-led?

**We rated well led as GOOD because:**

- The local management of the hospital provided effective leadership and support to the staff team.
- The staff team was cohesive and worked collaboratively to best meet the needs of patients.
- Overall, the hospital had robust and effective systems in place to measure the performance of the service.
- The team was involved in research relating to their development of outcomes measurements.

However:

- The corporate teams updating of Mental Health Act (MHA) policies in line with changes in the MHA in April 2015 were not timely.

**Good**



# Detailed findings from this inspection

## Mental Health Act responsibilities

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

Staff had a good understanding of the Mental Health Act, which was part of their mandatory training. All staff had completed this training at the time of inspection.

There was clear documentation that showed that all patients received information on their section 132 rights on a regular basis.

There was an audit system to help ensure all paperwork was in place and up-to-date.

An independent mental health advocate (IMHA) visited the ward twice a week and was available outside of these times. The hospital had clear information about advocacy displayed on notice boards.

Senior staff and management were aware of the changes to the MHA Code of Practice and the impact on practice. There was an organisational-wide plan to update policies by the end of April 2016. However, this was not appropriately timely given the change in policy took place in April 2015 12 months prior to inspection.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff demonstrated good knowledge of the Mental Capacity Act (MCA) and the principles of the Deprivation of Liberties Safeguards (DoLS).

Staff received MCA training as part of their mandatory training. All staff had completed this training at the time of inspection.






Care records indicated where staff had involved patients in making decisions about their treatment and care.

Medical staff regularly reviewed capacity and consent to treatment and discussed it in the multidisciplinary team meetings (MDT). Where a patient lacked mental capacity, the consultant psychiatrist recorded how they made in their best interests.

There were no patients subject to DoLS at the time of our inspection.

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

Good 

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

## Summary of findings

Start here...

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

Good 

### Safe and clean environment

- All the areas we inspected were exceptionally clean and well maintained. The cleaning records were robust, complete and up-to-date. However, staff ticked the charts when cleaning tasks were complete rather than initialling them, which limited the auditing of cleaning schedules. Infection control procedures were on full display in the hospital kitchen and staff were able to explain in full the infection control procedures they followed in practice.
- The hospital was a single-gender hospital for male patients. All patients had their own bedroom and ensuite bathroom. An additional bathroom was available on the hospital.
- There was no seclusion facility at the hospital.
- There were blind spots and ligature points within the hospital. A ligature point is anything that can be used by a patient to self-harm. The hospital had undertaken a ligature audit that set out how staff mitigated the risks. Mitigating actions included observation, staff awareness, care planning including clinical risk assessment and individual levels of observation, and good relational security. We saw examples of such mitigation during our inspection.
- The clinic room was clean, organised and air-conditioned. Drug cupboards, trolleys and fridges were tidy and in good order. We checked all equipment

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

Good 

including resuscitation equipment, and found it was in good order and regularly checked by staff. The hospital had a locked and alarmed controlled drugs cupboard for storage of controlled drugs. The hospital had no controlled drugs at the time of our inspection. Staff checked fridge temperatures daily and the records were all up-to-date.

- During our visit, we checked the hospital's 'grab bag' for use in emergencies. It contained all the necessary equipment, which was in-date and we saw evidence of regular checks made by staff. We saw first aid kits, eyewash kits and burns kits in the servery kitchen, the patient kitchen and the clinic room. Ligature cutters were stored in the hospital office for easy access for staff, and in the therapy room upstairs in the event of an emergency. Staff checked these daily.
- Staff used personal alarms in the event of an emergency. These had a tracking system that indicated where staff who needed assistance were. All bedrooms, bathrooms and communal areas had nurse call systems for patients to summon assistance.
- The hospital had an effective process for the general assessment and monitoring of environmental risks including a specific ligature risk assessment. Following a recent incident involving the window restrictors in a patient's bedroom, the hospital had replaced all the window restrictors, and put in place a regular audit to monitor the risk.

## Safe staffing

- The hospital had six whole-time equivalent (WTE) qualified nurses and 18 WTE healthcare support workers. At the time of our inspection, there was one qualified nurse vacancy and no vacancies for healthcare support workers.
- The hospital had a two-shift system. There were two qualified nursing staff and four healthcare support workers on day shifts, and one qualified nurse, and four healthcare assistants on night shifts. However, records showed that 11 out of 48 shifts had one qualified nurse on day shifts instead of two. The manager explained this was due to the vacancy, for which recruitment was underway. Staff told us there were sufficient numbers of staff to deliver the care and support that patients needed.
- The Limes hospital did not use a recognised staffing tool to review the number and grade of staff required. The

hospital manager stated that they had the support of senior management to adjust the staffing numbers in response to changes in patient needs and/or risks on a daily basis.

- From 1 January 2015 to 1 December 2016, the staff sickness rate was 4.7% and the staff turnover rate was 4%. The Limes did not use agency staff. In the three months prior to inspection, bank staff familiar with the hospital filled 14 shifts.
- Patients told us there was sufficient staff to meet their needs. They said that staff rarely cancelled their leave and rehabilitation due to staff shortages. Care records showed that patients had regular one-to-one time with staff.
- A consultant psychiatrist worked 0.5 whole time equivalent (WTE) at the hospital and provided 24-hour on-call cover. Up until December 2015, the hospital also had a part-time staff grade doctor. This changed in January 2016 when the medical cover from the consultant was increased and the cover from the specialty doctor reduced. There was no review or audit undertaken to evidence there was sufficient psychiatric input to meet the needs of the patients at the time of inspection, however we were informed this was scheduled to take place at the end of June 2016. The consultant attended the unit three days a week. In addition, he is available by telephone to respond to any emergencies that may arise.
- The hospital provided mandatory training through a mix of online and face-to-face workshops. As of 1 April 2016, 79% of staff had completed the required mandatory training. Ninety three percent of staff had completed their management of violence and aggression training and 72% had completed safeguarding adults and safeguarding children training (level 2). Staff also had training in basic life support (BLS) and intermediate life support (ILS) as part of their mandatory training.

## Assessing and managing risk to patients and staff

- We reviewed information from the provider on physical interventions at the service. There had been 23 incidents of restraint in the period 20 September 2015 to 21 February 2016; none were in the prone position. The majority of these restraints were of a low level when particular patients were loud and disruptive. Staffs focus was on getting to know their patients and proactively preventing incidents.

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

Good 

- We checked care records for seven patients. The hospital had a thorough system of risk assessment. Staff used START (short-term assessment of risk and treatability), which is a recognised tool to evaluate the risks for each patient. Staff had identified each patient's risk in relation to violence, suicide, self-harm, neglect, unauthorised absence, substance use and victimisation. Staff undertook these risk assessments at the time of a patient's admission to the service and there was evidence of multidisciplinary input. The multidisciplinary team reviewed risks regularly thereafter, and following incidents of risk. Risk management plans were well documented. Staff described how the risks presented by some long-stay patients had reduced through their positive risk-taking practice.
- We did not see any blanket restrictions during our inspection. Patients had free access to the garden area, free use of their own telephones and the hospital's phone. Patients had access to a cigarette lighter from the staff in the garden area and during their unescorted community leave from the hospital.
- At the time of our visit, all patients were detained under the Mental Health Act. Even so, there was information on display by the door, which explained the rights of informal patients, and informed them of their right to leave the ward.
- The provider had an up-to-date policy for therapeutic engagement and observation that promoted proactive and positive engagement with patients to help maintain their safety. Staff regularly reviewed risks to patients at multidisciplinary meetings and adjusted management plans to ensure patients were as safe as possible.
- Staff undertook one-to-one activities with patients within the hospital and in the local community with patients but some staff we spoke to during inspection but some staff did not know about the procedures for safe one to one working.
- The hospital's policy for searching patients, visitors and property was clear and patients told us staff did not conduct searches outside of these protocols. Hospital staff did not routinely search patients on return from unescorted community leave unless there was a suspicion of items of risk entering the hospital environment. There was a clear contraband list (list of items not deemed appropriate or safe to have on the premises) which was also on display at the entrance.
- The use of rapid tranquillisation was rare. The most recent incident in which a patient was administered emergency intra-muscular medication was in January 2016. While the patient's prescription chart showed that the type of medication prescribed, it did not detail the means of administration for example intra muscular. We raised this at the time of inspection and staff addressed this documentation immediately.
- CQC figures show the hospital had made 12 safeguarding referrals between 14 February 2014 and 30 December 2015. Staff we spoke with knew about the signs and symptoms of the different types of abuse. They knew how to take action to promote patient safety in line with the provider's adult safeguarding procedures.
- The arrangements for managing medicines were robust and safe. The hospital stored medicines securely in a dedicated room. There was a locked medicines fridge and staff checked temperatures daily. The temperatures were within the recommended range. A locked cupboard contained controlled drugs and other medicines that could be misused. We checked three boxes of medicines and they were all in-date.
- We reviewed 17 medicine charts. Staff completed them fully, and a pharmacist audited them on a weekly basis and found minimal errors.
- The hospital had an up-to-date policy on child visitors. Children visiting used rooms away from the main ward area.

## Track record on safety

- The provider encouraged staff to report all incidents. The hospital reported one serious incident in the 12 months prior to inspection. This related to an electrical fault that caused a kitchen oven fire. Managers had fully investigated the incident and made changes to both the environment and to staff practice. Managers shared the learning and changes in practice across the wider organisation.

## Reporting incidents and learning from when things go wrong

- The provider encouraged openness and transparency about safety. Staff explained to us how they reported incidents. They understood their responsibilities for reporting and felt supported in doing so.
- All nursing staff attended shift handovers, and all other staff, including kitchen staff, domestic staff and

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

Good 

maintenance personnel attended a daily morning meeting where they discussed all incidents and any changes in patients' presentations. Staff 'RAG' (red, amber, green) rated all patients' risks at the daily meetings. All patients assessed as 'red' received 15 minute observations. This meant all staff understood the risks and had a clear, accurate and current picture of safety concerns. We observed a daily handover meeting, which was comprehensive and included identification of the fire marshall, expected visitors, incidents from the previous day, staffing issues, medication changes, and environmental issues including maintenance.

- The team had a robust process for investigating and monitoring clinical risks. Staff completed a START (short-term assessment of risk and treatability) risk assessment tool following each incident. The MDT reviewed and investigated the incident, and shared the findings with staff and the patients involved.
- Not all staff were familiar with the term 'duty of candour' which describes the principles of openness and transparency. However, all staff we spoke with understood and were committed to their responsibilities relating to being open and transparent and explaining to patients and their relatives if and when things went wrong. The provider had an appropriate policy and procedures in place.
- Staff received feedback on incidents from communication bulletins, emails, one-to-one meetings and team meetings. Staff also had the opportunity to discuss and reflect on incidents and feedback in handover meetings. Furthermore, staff could attend specific monthly incident reviews that took place in the multidisciplinary team meetings.
- There were several examples of the hospital having made changes following incidents. The hospital shared with us a clear example of learning from a recent oven fire in their kitchen that was due to an electric fault. The provider re-arranged the kitchen to give wider access and exit; moved the main switches from behind the appliances for easy access and changed the type of fire extinguishers on recommendation of the investigator. Furthermore, the organisation changed the fire extinguishers in kitchens at all its other locations following this incident.
- Hospital staff completed incident-debriefing forms after serious incidents. Staff felt they had adequate forums to

discuss and reflect on their experiences within debriefing meetings, staff meetings and handovers. Staff gave an example of additional training they received on verbal de-escalation highlighted in a debriefing session.

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

(for example, treatment is effective)

Requires improvement 

### Assessment of needs and planning of care

- We reviewed seven care records all of which demonstrated holistic and a recovery- approach to care. There was clear multidisciplinary (MDT) input and assessments, and a good degree of monitoring of physical health of all patients.
- Patients received a physical health check on admission and regular six-monthly reviews thereafter. Medical staff monitored the physical health of patients prescribed high dose antipsychotic medication on a three-monthly basis. Staff generally offered and completed physical health checks at regular monthly 'well man' clinics. However, some patients repeatedly refused to engage with this aspect of care, thereby putting their physical health at risk. In these cases, the provider had actioned capacity assessments regarding physical health monitoring refusal. We also heard that there had been some problems with the provision of GP services but that these had recently been resolved. All patients were registered with the local GP at the time of inspection.
- The hospital used a single over-arching care plan with separate sections in it. There was clear evidence of personalisation and patient involvement. For example, care plans were written in the first person and were signed by patients. Staff noted the reasons if they were not signed by patients.
- We could not easily tell from the records how often the staff team reviewed the care plans, or the way in which this was completed because the notes contained only the most up-to-date care plans. It was not possible therefore to 'track back' and read previous reviews. However, the forms used were accessible and easily



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

Good 

understood by patients and there was a clear system of reviewing care in collaboration with the patient. This happened at the daily risk meetings and the regular MDT reviews.

- Occupational Therapy (OT) staff had a clear clinical assessment pathway with standardised assessment measures including the model of human occupation screening tool (MoHOST). All patients had OT care plans and OT support plans. Session plans set out recommendations for therapy coordinators and other staff to follow in sessions with patients.
- All information needed to deliver care was stored securely and was available to staff when they needed it.

## Best practice in treatment and care

- During the inspection, we reviewed 17 medication records and found that staff followed NICE guidance when prescribing medication. We found several patients had medications prescribed over BNF limits but all had received a second doctor's opinion on/about this. The medical staff gave strong, evidence-based rationale for their prescribing choices but did not record these fully in care records. Staff acknowledged they needed to record more detail.
- Patients had access to psychological therapies in line with the national institute of clinical excellence (NICE) guidelines. These included cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), schema therapy and motivational therapy.
- Patients attended individual sessions with psychologists, occupational therapists (OT) and other staff trained to deliver a variety of interventions to improve wellbeing and life skills. Psychology and occupational therapy staff worked collaboratively when required.
- Staff considered patients' physical health needs alongside their mental health needs. The care records we reviewed included full physical healthcare checks for the past 12 months.
- The hospital had a nurse designated as a physical health champion who ran a regular 'well man' clinic. One patient had consistently refused to have physical health checks. Staff had recorded this in his care records, and planned to assess his capacity to consent to or refuse these checks.

- The hospital staff worked closely with the local GP surgery and had started developing joint working protocols. Patients who had appropriate leave could visit the GP surgery in the community.
- The team used evidence and research to guide practice. Staff used nationally recognised tools such as the national audit in schizophrenia tool for monitoring physical health, and the health of the nation outcome scales (HoNOS). A 'star wards' champion led all staff and patients on 'project 25'. This project aimed to promote all patients engagement in a minimum of 25 hours therapeutic activity per week.
- Staff took part in clinical audits, for example, the NHS benchmarking audit of restraint and the national audit of schizophrenia, and participated in the national prescribing observatory for mental health (POMH-UK).

## Skilled staff to deliver care

- The staff team at the service included the full range of appropriate disciplines. There was an occupational therapist, two therapy co-ordinators, a psychologist and a psychology assistant, a visiting pharmacist, a mental health act (MHA) administrator, a psychiatrist and nursing staff. A central human resources team also supported the hospital.
- Staff working at the service had relevant qualifications and experience. For example, the hospital supported healthcare support workers to undertake Care Certificate qualifications. Staff also received specialised training to meet the needs of the patient group, for example, staff had received training in autism and behavioural family therapy. Staff told us that all staff including bank staff completed the same mandatory training to achieve consistency of knowledge and understanding across the team.
- All staff received regular supervision and appraisal. As of the February 2016, 100% of staff had received an annual appraisal, and the medical staff working at the hospital had completed medical revalidation. At the time of our inspection, 99% of staff were up-to-date with supervision. The outstanding 1% related to a member of staff who was on sick leave. The hospital manager held team meetings every two months for all staff to attend.
- Procedures and policies were in place to manage poor performance of staff. At the time of inspection, there were no current performance issues.

## Multidisciplinary and inter-agency team work



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

Good 

- The hospital held weekly multidisciplinary team meetings. There was robust documentation to structure discussions, findings and actions relating to each patient. Patients were encouraged to attend meetings, and carers and relatives were invited to care programme approach (CPA) meetings.
- There were effective handovers between shifts to ensure staff understood and could meet patients' recovery needs and manage risks. At the start of each weekday, there was an additional handover for all staff including domestics, chefs and maintenance staff.
- There were effective working relationships with the local authority, who provided the hospital's mandatory safeguarding training. We interviewed several clinical commissioning groups prior to inspection who spoke very positively about the hospital. All commissioners shared the view that the hospital had professional staff, good record-keeping, good communication, a strong multidisciplinary approach and dynamic leadership.
- The hospital had established good relationships within the local community that included the local public house, newsagent and school. This helped people feel safe and comfortable in the community. The local GP surgery was across the road from the hospital. The hospital was forging new working relationships with the new GPs at the practice to benefit the patients at The Limes.
- We saw that the independent mental health advocate (IMHA) visited the hospital twice a week. The IMHA held an open drop-in session where any patient could access their services. Outside of these times, patients could contact the IMHA directly or a staff could make a referral. The IMHA was present at the time of our visit, and we observed her interactions with patients, in both group and one-to-one settings.
- There was an effective process in place for the scrutiny of detention documents. All documents were in order at the time of inspection. The staff requested second opinion appointed doctors (SOADs) in a timely manner. Treatment certificates were legible and filed both in the patient's record, and with the medication file.
- Hospital staff and managers understood the statutory requirements of the MHA. They were aware of the changes to the MHA Code of Practice in 2015. The corporate provider, Cambian Healthcare Limited had an action plan to complete this task by 30 April 2016.

## Good practice in applying the Mental Capacity Act

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

- At the time of inspection, 100% of staff had received mandatory training on the Mental Health Act (MHA). The hospital manager and other staff we spoke knew the guiding principles underlying mental health legislation. All staff were aware that the hospital's MHA administrator was available for advice on the implementation of the Code of Practice.
- There was clear documentation on a specific form evidencing all patients received information on their rights under section 132. In the three patient records we reviewed, this had taken place on a regular basis. This information included their right to advocacy and representation, and the right of appeal to the tribunal. If there was a lack of understanding, then staff generally revisited a patient's rights after two weeks. If the patient understood their rights, staff reviewed them on a quarterly basis.
- There was an expectation that all staff had basic training in the Mental Capacity Act (MCA), and at the time of inspection, 100% of staff had completed training. Staff understood the MCA definition of restraint and worked with the principle of least restrictive practice.
- Medical staff at the hospital were trained in MCA and received annual updates.
- The hospital carried out mental capacity assessments when there were doubts about a patient's mental capacity. This meant that patients received appropriate support to help them make specific decisions.
- Between 12 January 2012 and 4 February 2016, the hospital submitted five Deprivation of Liberties Safeguards (DoLS) applications. Although no patients were subject to DoLS at the time of our visit, we read documentary evidence of recent DoLS considerations. These reflected compliance with least restrictive options for patients.

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

Good 

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

Good 

### Kindness, dignity, respect and support

- During in the inspection, we observed very friendly and positive interactions between staff and patients. Staff respected and valued patients as individuals and consistently involved them in daily decisions relating to their care.
- All six patients we spoke with told us staff treated them with kindness and respect. Most patients said they got on well with staff and staff were always available for them to talk to.
- We attended a daily handover. All staff were invited for discussions and information about the running of the hospital including visitors and maintenance. Clinical staff then continued the meeting to discuss patients' and clinical issues. The discussions showed how well staff knew and understood patients and their needs.

### The involvement of people in the care they receive

- All patients admitted to the hospital received an information booklet that orientated them to the hospital and the local area. It introduced staff, and gave information about section 17 leave, MDT meetings, and access to personal money, advocacy, daily routines, and timetables. The hospital also gave new patients a welcome pack that included a CD player, an electric shaver, a clock, toiletries, a dressing gown and a leather wallet to assist in them settling in. Information also explained how to apply for 'wow pack money' up to 12 weeks after admission. Patients could choose to use these funds to purchase clothes, electrical equipment or to help with therapeutic activities.
- All of the seven care plans we reviewed were of high standard. They were comprehensive, recovery-oriented and focused on the patients' individual needs. Patients were involved in reviews, had signed their care plans and received a copy if they wished. Staff reviewed care plans each month.

- Patients had access to advocacy services on site twice a week. They could attend a drop-in session or arrange individual appointments. Outside of these times, patients could contact advocates directly or through staff.
- Families and carers were involved in their relative's care. Due to the widespread geography of family and carers across the country, the hospital had a carers' strategy that included a carers' survey to gain their feedback on care and involvement. A champion of the strategy had also produced a carers' newsletter to aid communication and involvement.
- The hospital staff involved patients in staff recruitment and service developments wherever possible and provided opportunities for feedback at weekly community meetings.
- The staff team discussed patients' wishes and drew up advanced decisions. We saw a care plan relating to a patient's PRN ('as required') medication that was personalised and reflected the patients advanced statement.

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

Good 

### Access and discharge

- The hospital had a weekly referrals meeting where the team discussed and considered referred patients for their appropriateness to the service. Between September 2015 and February 2016, the average bed occupancy in the service was 98%. There were no instances of patients being unable to access a bed on return from leave.
- Since July 2015, the hospital had discharged seven patients. Patients discharged from the hospital typically moved to step-down houses in the community, residential homes or supported living environments. Staff planned all discharges in collaboration with the patient, their relatives and other organisations involved.

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

Good 

- In the last six months prior to inspection, there had been no delayed discharges from the hospital. Even so, the hospital managers acknowledged there were challenges in discharging and transferring patients who required the Ministry of Justice approval.

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

- The hospital had a spacious communal lounge, which had open access to the garden to the rear of the building. Patients could access a separate dining room throughout the day. Patients were able to make their own drinks and snacks whenever they wished. There were additional quiet rooms, and activity/educational and faith rooms. The furniture throughout the hospital appeared comfortable, contemporary and all in good order.
- The hospital facilities and premises were suitable for promoting recovery and supporting care and treatment. The clinic room was clean and well equipped. There were rooms where patients could relax and watch TV, or engage in therapeutic activities. These included quiet areas, activity and meeting rooms and outdoor areas. Patients and their visitors mainly used the quiet room for visits on the hospital. These were away from the main ward area and afforded privacy for patients and their visitors. Most patients preferred to go out with family and visitors during visits. Some patients had their own mobile phones and could make calls whenever they wished. All patients were able to use the hospital phone that was located in a private room.
- Patients had access to a well-maintained garden to the rear of the hospital. There was evidence of patient involvement in decorating and developing this space. We saw murals and paintings on the walls of the garden. Patients had open access to this space every day for fresh air, exercise and smoking. The hospital manager told us that the organisation had a non-smoking policy but the organisation had not implemented this to date.
- The hospital had two chefs who prepared all the food served at the hospital with the exception of meals patients cooked for themselves. The hospital planned a themed night for the evening meal once a month. During inspection of the kitchen, we saw patients' food allergy information displayed in the kitchen for reference during food preparation. Staff and patients ate meals together and both groups said the food was of high quality.
- Patients' bedrooms had ensuite bathrooms. They were spacious and well-furnished. They contained a lockable drawer for personal items. Patients could personalise their individual bedrooms.
- The therapy team had been responsive to their patients' needs by offering the majority of therapeutic activities as individual sessions. However, this resulted in periods of inactivity for some patients during the day. Staff facilitated some activities in small groups with patients' agreement.
- There was a full range of activities throughout the week. Therapy staff worked evenings and weekends and to help nursing staff patients follow their interests and access community facilities. For example, patients had chickens at a local allotment. Patients took responsibility for looking after the chickens and collecting their eggs on a daily basis. Patients reported specifically enjoying Thai Chi classes, guitar lessons and Sunday snooker.

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

- The hospital environment had not been specifically adapted for disabled access. However, all communal areas and garden access were on the ground floor. There was also a bedroom on the ground floor that could accommodate a patient with mobility needs. There was no hoist on site but hospital management were confident they could access one, if needed.
- All notice boards around the hospital were well organised and information creatively and effectively presented. Information available included star wards updates, multi-faith booklets, information about the team and their roles, treatments, activities including vocational opportunities, advocacy, and findings from patient surveys.
- At the time of inspection, all patients' first language was English. Staff assured us that they were able to access interpreters and information in different languages through the wider organisation's central offices.
- Patients could access appropriate spiritual support if they wished to do so. One patient occasionally attended a local religious meeting.
- Patients spoke positively about the range of therapeutic activities that were available to them such as budget management, thai chi and guitar lessons. Patients developed their independence and life skills through a range of activities available at the service and in the

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

Good 

community, for example, self-catering, well man clinics, college courses and travel experience. However, patients not receiving individual sessions experienced periods of inactivity.

- Staff reviewed the hospital activity and therapy programme on a quarterly basis. Small group work facilitated by OT staff did not have plans (group protocols) to underpin the planning and arrangements to be considered.
- The on-site kitchen staff were aware of the patients' preferences, their cultural and religious needs, as well as their allergies. The kitchen staff considered these in their menu planning. There were vegetarian and meat meals available each day. In addition to food provided by the kitchen staff, all patients had the opportunity to cook their own meals in the kitchen, with support from staff.

## Listening to and learning from concerns and complaints

- The hospital received five complaints from patients between 1 December 2015 and 15 February 2016. None of these were fully upheld. However, one was partially upheld and resulted in a change in practice to better meet the needs of the complainant. Staff dealt with all of these complaints locally, with the individuals concerned. There were no complaints referred to the Ombudsman in the above period.
- Between April 2015 and March 2016, the hospital received 14 formal compliments by way of emails, cards or letters. The majority of the compliments were from family members and carers, and thanked staff for their care and commitment to patient care.
- Most patients knew how to raise concerns and make complaints, and were confident that staff listened to them. Families and carers felt able to raise any concerns and complaints freely.
- Staff told us they were aware of the formal complaints process and knew how to support patients and their families when needed. Staff tried to resolve patients and families' concerns informally, and at the earliest opportunity.
- Staff received feedback, outcomes and actions relating to complaints and investigations in face-to-face meetings, one-to-one sessions and through email updates.

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

Good 

### Vision and values

- The provider displayed its vision and values in the hospital. The staff we interviewed knew the values of the service. They told us about their role in promoting patients' recovery, independence and quality of life, and supporting patients to move from hospital to the community.
- Staff told us that senior managers from the organisation regularly visited the service and local management operated a very interactive and hands-on approach to patient care and staff leadership.

### Good governance

- The provider had robust and effective systems in place to measure the performance of the service. Human resources (HR) supported the hospital manager to maintain the HR dashboard that monitored staff compliance with the provider's standards for supervision, appraisal, vacancies and sickness levels. HR also completed six-monthly audits on staff files to ensure robust recruitment and management procedures. Of the six files we inspected, all had current Disclosure and Barring Service (DBS) checks, references, and evidence of appropriate qualifications, supervision and appraisals. The hospital manager completed monthly returns on mandatory training levels, shifts and audits completed.
- In addition to these processes, the provider had created a clinical statistics reporting system (CSRS) to collate all clinical data from multiple sources into one main database for use by teams and services to measure performance and outcomes. This information enabled robust monitoring and analysis of incidents, observations, safeguarding, unescorted leave, medication errors, AWOL, restraints, discharges, 'project 25' (relating to patient engagement in therapeutic activity), vocational activity engagement, length of stay, patients' meetings and care plans.

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

Good 

- The hospital held quarterly clinical governance meetings. From the minutes we reviewed, there was evidence of good agenda setting, review of care and outcome measures, reflective discussions, and sharing of experiences and learning. The meetings also reviewed incident records to identify possible trends.
- The provider held local governance meetings that linked to the regional clinical governance meetings within the wider organisation.
- The hospitals corporate managers were aware of the changes to the Mental Health Act (MHA) Code of Practice in 2015. However, the MHA policies were not revised to reflect such changes at the time of inspection.
- We found overall performance to be of a high standard. For example, 100% of staff had received appraisals, 99% of staff had received timely supervision sessions, and 79% of staff had completed mandatory training.
- Staff audited assessments, care plans and risk management plans to ensure they were completed and reviewed regularly. The provider completed environmental audits that included specific ligature risk audits, and audits of infection control systems, equipment and medicines.
- The hospital had a thorough system of risk assessment and review. Staff used the START (short-term assessment of risk and treatability) tool, to evaluate the risks for each patient following any incidents. The MDT reviewed the START forms to reassess patients' risks.
- The hospital manager felt supported in her role by her senior managers, and had good administrative support. She said she was able to make decisions about how the service operated.
- The hospital completed a staff climate survey in October 2014 to which 35 of their 49 staff responded. The majority of staff reported good or excellent for flexibility, responsibility, standards, team, and motivation in their roles. However, 46% of staff reported that rewards for their roles were less than satisfactory. Staff comments predominantly focused on job satisfaction and enjoyment of working within a 'great' team.
- Staff morale was good. There were no reported instances of bullying at the service at the time of inspection and managers encouraged staff to raise any concerns openly. Staff were aware of the provider's whistleblowing procedures.
- Staff spoke positively about the local management team and described the team as cohesive and open. Managers involved staff in service developments, and staff could give feedback through a variety of forums and meetings. Staff described a culture of openness and transparency. They explained to patients if and when something went wrong.

## Commitment to quality improvement and innovation

- The hospital had a culture of improvement, embraced innovation, and encouraged patients' involvement in quality improvement. The leadership team at The Limes were committed to quality improvement and participated in national quality initiatives, for example, the outcomes matrix developed and used within services underpinned research activity to gain recognition as an outcomes tool.
- The hospital had adopted and further developed 'star wards' (a measure of patients' levels of therapeutic activity) to promote and engage patients in therapeutic activity during their admission.

## Leadership, morale and staff engagement



# Outstanding practice and areas for improvement

## Outstanding practice

- The hospital had a robust approach to assessing and reviewing risks. This involved the multidisciplinary team completing a START (short-term assessment of risk and treatability) assessment following any incident to identify any change in risks or management plans.
- The daily handover involved all staff including non-clinical staff to help maintain effective communication, positive risk management and smooth running of the hospital.
- The hospital's system for measuring outcomes helped ensure effective monitoring and implementation of changes in practice required for high quality care and treatment.

All patients admitted to the hospital received an information booklet that orientated them to the hospital and the local area. It introduced staff, and gave information about section 17 leave, MDT meetings, and access to personal money, advocacy, daily routines, and timetables. The hospital also welcomed new patients with a CD player, an electric shaver, a clock, toiletries, a dressing gown and a leather wallet to assist in them settling in. Information also explained how to apply for 'wow pack money' up to 12 weeks after admission. Patients could choose to use these funds to purchase clothes, electrical equipment or to help with therapeutic activities.

## Areas for improvement

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

- The provider must ensure that all MHA policies are reviewed and updated in a timely manner in line with the revised MHA Code of Practice.

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

- The provider should take steps to ensure all shifts have the required numbers of qualified staff at all times.
- The provider should ensure robust recording of the rationale for prescribing medicines above the British National Formulary (BNF) limits.

- The provider should gain assurance of sufficient psychiatric input to effectively meet the patients' needs following changes in psychiatric input.
- The provider should ensure all patients have access to activities appropriate to their needs.
- The provider should ensure all staff are aware of procedures around safe lone working.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not update MHA policies in line with the new MHA Code of Practice</p> <p>This was a breach of Regulation 17(2)(a)</p>