

Cambian Elms

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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Overall summary

We rated Cambian Elms as good because:

- The hospital environment was safe, clean, well maintained and furnished. It provided a variety of rooms and environments to carry out therapeutic and leisure activities. The hospital had a homely feel to it. Patients were able to personalise their bedrooms and felt comfortable within the environment.
- There was a comprehensive programme of individual and group activities to help patients achieve their recovery goals. Activities were available seven days a week and during the evenings.
- There were robust risk assessments and management plans in place for each patient. Positive behaviour support plans were in place for all patients. Staff had a good understanding of each patients needs.
- Care plans were personalised, recovery focused and holistic. All patients had a copy of their care plan. Care plans were presented in a way that was accessible to each individual patient.
- Patients and carers were fully involved in the planning and review of their care and treatment.
- All patients were supported to self-administer medication. There was a culture to continually review the need for medication to be prescribed and there was good monitoring of physical health care.
- Patients had access to a range of health care professionals who were skilled and received regular training to develop clinical skills.
- All staff received supervision and appraisal.
- The local management of the hospital provided effective leadership and support to the staff team. The staff team was supportive of each other and worked collaboratively to meet the needs of patients effectively.
- There were good governance systems in place which linked smoothly with regional and provider level governance systems. A patient representative participated in the hospital governance meeting. The hospital manager told us that they promoted an atmosphere of transparency and candour. Staff we spoke to reflected this and we observed many examples throughout the inspection.
- The Mental Health Act policy had been updated to reflect the changes within the MHA Code of Practice 2015. All staff had received training on blanket restrictions and promotion of least restrictive practice.

Summary of findings

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Good 

Cambian Elms

Services we looked at:

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Cambian Elms

- Cambian Learning Disabilities Midlands Limited is the registered provider for Cambian Elms. Cambian Elms has been registered with the CQC since 2 May 2012. At the time of inspection the hospital had a registered manager.
- The following regulated activities are provided at Cambian Elms:
 - Treatment of disease, disorder or injury
 - Assessment or medical treatment, for persons detained under the Mental Health Act 1983
 - Diagnostic and screening procedures.
- Cambian Elms provides a locked rehabilitation service for up to 10 female patients with a learning disability and additional mental health needs. They may present with co-morbid presentations: challenging behaviour, personality disorder, schizophrenia, depression, bi-polar disorder, dual diagnosis, complex needs and/or multiple diagnoses.
- May be detained under the Mental Health Act, informal or subject to a Deprivation of Liberty Safeguards Authorisation.
- Cambian Elms philosophy is that everyone has a personal best.
- At the time of our inspection, the hospital had 10 patients. Seven patients were detained under the MHA. Three were subject to Deprivation of Liberty Safeguards authorisation.
- There had been one previous CQC inspection at Cambian Elms. This was conducted on 14 November 2013. The hospital was assessed on five standards and met each one.
- There had been one previous Mental Health Act monitoring visit. This was August 2014.

Our inspection team

Team leader: Lisa Dainty

The team that inspected the Cambian Elms comprised two CQC inspectors, one Mental Health Act reviewer and an expert by experience.

Experts by experience are people who have had experience as patients or users of services.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information.

During the inspection visit, the inspection team:

Summary of this inspection

- visited all areas of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke with the registered manager and the head of care
- spoke with doctors, nurses, occupational therapist, psychologist and social worker
- spoke with an independent advocate
- observed one hand-over meeting
- collected feedback from 15 patients using comment cards
- looked at 10 care and treatment records of patients
- looked at three staff files and supervision records
- looked at a range of policies, procedures and other documents relating to the running of the service
- spoke with three carers.

What people who use the service say

The majority of patients and carers we spoke with were complimentary about their experience at the hospital. They all commented on how clean the environment was. They described staff as being friendly, polite and patient.

Patients told us they felt safe and that staff were helpful.

Carers told us that they were fully involved where needed. They said staff encouraged patients to become independent and supported patients with a variety of activities.

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 hospital was clean, well maintained and had good infection control systems in place. Clinical equipment was calibrated; equipment test certificates and copies were kept on file and updated annually.
- Environmental risk assessments identified risks present and had action plans in place to lessen risks. Staff were aware of what actions were needed to keep patients safe and protected from harm.
- All staff attended daily meetings in which information was shared about incidents, risks identified, observation levels and allocation of tasks such as fire warden. This meant all staff understood the risks and had a clear, accurate and current picture of any safety concerns.
- All staff had individual alarms and the system for responding was effective. The hospital planned and responded to individual risks well, through good risk assessment and management.
- All staff had completed up to date mandatory training, including basic and intermediate life support. There was a commitment to ongoing training and supervision.
- Staffing levels were adequate and staff sickness rates low.
- Staff produced incident reports and learning from these incidents was discussed at a range of staff meetings. Staff attended psychology facilitated reflection sessions twice a week. This helped staff look at how they might improve their practice following incidents.
- All staff had management of violence and aggression training specific to patients with learning disabilities.

Good



Are services effective?

We rated effective as **good** because:

- Every patient had a positive behavioural support plan to address behaviours that challenge. All patients had an “Essential Lifestyle Plan”. This was a visual guide to the patient’s interests and wishes. Staff tailored the care plans to the communication needs of the individual patient.
- There was a commitment to reduce the amount of medication prescribed and doctors were auditing the use of medication across the care pathway throughout the Cambian provider sites.

Good



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.
- The hospital had an audit schedule for 2016 which included case tracking for quality, health and safety, infection control, information governance and medications audit.
- Advent provided the Independent Mental Health Advocacy service for this patient group. The advocate visited the ward every week, and was available to support patients in ward rounds and a range of meetings.
- 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.
- Cambian had updated the majority of its Mental Health Act policy to reflect the revised Code of Practice. They had an action plan to complete the remainder of the update. All staff had received training focusing on blanket restrictions and promotion of least restrictive practice.

However:

- We found that an urgent Deprivation of Liberty Safeguarding authorisation had been requested despite the patient being assessed to have capacity to agree to an informal admission.

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, treated them respectfully and involved them in decisions about their daily care.
- Relatives and carers were involved where appropriate. The hospital had arranged open days for carers and relatives to attend to improve communication and promote positive links.
- Patients were fully involved in all aspects of their care, from individualised care plans to attendance at governance and community meetings.

Good



Summary of this inspection

Are services responsive?

Good



We rated responsive as **good** because:

- All admissions were planned and tailored to the patients individual needs. They were able to offer transition work to prospective patients. Every patient had a copy of their care plan in a format they could understand.
- The hospitals facilities promoted recovery and supported care and treatment. They provided a wide range of activities on and off site.
- There was a structured programme of individual and group therapeutic activities for patients throughout the week.
- Speech and language therapists helped staff to ensure patients were supported using their preferred communication methods.
- Patients could choose to eat from a menu or cook their own meals. Meal times were flexible and the hospital provided for a variety of cultural and dietary needs.

However:

- The hospital had a multi-faith room. The room did not have wash facilities; there was a wash room directly opposite that patients could access, but it was kept locked.

Are services well-led?

Good



We rated well-led as **good** because:

- There were good governance systems in place that meant that all staff were up to date with mandatory training, appraisals and received regular supervision. Staff participated in a variety of audits and completed action plans where indicated. Staff reported and investigated incidents, which were then fed back to the team and the wider Cambian group.
- Staff told us they were happy and enjoyed the job. They were proud of the work they completed and felt supported by each other.

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.

- On the day of our inspection there were seven patients detained under the Mental Health Act (MHA).
- The legal paperwork met the requirements for detention under the MHA. There was an effective scrutiny system for the receipt of MHA documents. The MHA Administrator told us about the support they received from colleagues in similar roles across the organisation.
- All section 17 leave was properly authorised on a standard form. The terms and conditions of leave, including the number of escorts, and any restrictions, were clearly set out. The form recorded that patients had received a copy. Where necessary, patient's records included a letter from the Ministry of Justice authorising their section 17 leave. During our visit, several patients made use of their leave.
- All patients' records included a photograph to help police identify patients if they absconded from the ward. In the records we looked at, patients had signed a permission slip to agree to this use of their photograph.
- The multi-disciplinary team, at the time of inspection had completed and signed a Community Treatment Order (CTO) in the case of one patient. We looked at the records of for this patient, which included a detailed discussion of the rationale for the CTO. However, discharge had been delayed. This meant that the patient remained on a section three of the MHA whilst CTO paperwork was also present. We raised this with staff at the time of inspection.
- Advent provided the Independent Mental Health Advocacy (IMHA) service for Cambian Elms. The advocate visited the ward every week, and was available to support patients in ward rounds and at Care Programme Approach meetings. They also attended Tribunals if the patient wanted this. All of the patients' records showed they had been referred to the IMHA.
- The IMHA attended the unit to support patients during our visit. They showed good knowledge of the needs of this client group and had built strong working relationships with patients and staff.
- Staff supported patients to appeal to the Tribunal and Managers' Hearings. They also arranged for the IMHA and solicitors to support patients appealing against detention.
- The Mental Health Act policy had been updated to reflect the changes within the MHA Code of Practice 2015. All staff had received training on blanket restrictions and promotion of least restrictive practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

- On the day of the inspection, there were three patients subject to a Deprivation of Liberty Safeguards (DoLS) authorisation.
- The staff we spoke with showed a good knowledge and understanding of the principles of the Mental Capacity Act (MCA). We saw in patient records that patients were supported in making decisions, and that staff recognised the importance of patient wishes, feelings, culture, and history.
- Staff we spoke with had good knowledge and understanding of the principles of the MCA. We saw in patient records that patients were supported in making decisions. Staff recognised the importance of patient wishes, feelings, culture, and history. For example, three sets of care records had documented decision making process with regard to patient having their own mobile phone,
- All staff had received training on the MCA and DoLS.
- The hospital facilitated best interest decision meetings where needed. Staff reported that they always discussed with carers and relatives important decisions that needed to be made if it was assessed that the

Detailed findings from this inspection

patient was unable to make a decision. Carers we spoke to confirmed this and records we reviewed had written evidence documenting any best interest decisions made.

- Staff knew how to get advice regarding the MCA and valued the support they received from senior staff in ensuring adherence to the MCA.

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good 

Safe and clean environment

- Staff were not able to observe all parts of the ward as it covered two floors. Staff managed this by individual patient risk assessment, risk management plans and use of observation. Care records we reviewed and observations throughout the inspection confirmed that staff were able to monitor the patients and risks in a safe way.
- The ward and garden environment had ligature points. A ligature point is anything that can be used by a patient to self-harm. The hospital had an up to-date ligature risk assessment. This had identified ligature risks and how staff managed these risks. Management of risks included, staff awareness, individual risk assessment and care planning, observation and relational security. Staff we spoke to were aware of any identified risks and plans to reduce them. Staff knew where the ligature cutters were kept and we observed cutters to be accessible on both floors. During our inspection we observed staff carrying out observations and monitoring risks.
- There were two clinic rooms. Both were visibly clean, organised and well equipped. Both were fully equipped with accessible resuscitation equipment and emergency drugs. We reviewed documents, which confirmed daily equipment checks were carried out. Temperature logs

for fridges showed that minimum and maximum temperatures were recorded on a daily basis. All clinical observation equipment was present with evidence of regular calibration and maintenance.

- There was no seclusion room. Staff reported that they did not use seclusion.
- All areas we inspected were clean and well maintained. There was an up to date cleaning schedule. The housekeeper completed the schedule throughout the week and unqualified staff completed tasks at the weekends. All carers we spoke with commented positively about the cleanliness of the environment.
- We noted cleaning cupboards were secure and there was correct storage of cleaning products.
- There were alarm systems in place for staff and patients to use, to summon assistance if needed. Alarms were allocated to staff on arrival and there was an alarm checking process in place. Alarms were linked to a system which enabled others to identify their location. All bedrooms, bathrooms and communal areas had nurse call systems.
- The role of fire warden was allocated to an appropriately trained member of staff at every handover.
- We observed good hand hygiene and infection control in practice. Staff completed infection control audits every six months. We reviewed the last audit that confirmed staff had good knowledge and practice.

Safe staffing

Wards for people with learning disabilities or autism

- Staffing levels had been agreed by the Cambian group, based on a similar 10 bedded unit. The agreed establishment for Cambian Elms was five whole time equivalent (WTE) nurses and 14 WTE health care support staff.
- Daytime staffing consisted of two qualified nurses and four health care support workers. Night staffing consisted of one qualified nurse and three support workers. Staff rotas reflected adequate staffing levels. In addition, during the week, the head of care worked Monday to Friday, with support from the registered manager. The registered manager worked across Cambian Elms and Cambian Cedars.
- At the time of inspection there was one qualified nurse vacancy. This was filled by a permanent bank nurse. There were no vacancies for health care support staff.
- The head of care reported that they are able to adjust staffing levels when the need requires for example increased observations levels or for multi-disciplinary meetings and care planning meetings.
- Cambian Elms did not use agency staff. In the three months prior to inspection, bank staff familiar with the hospital covered 129 shifts.
- Staff sickness rates were low at 2.1% in the 12 month period prior to inspection.
- Patients we spoke to said staff were always available and visible around the hospital. Staff told us there were sufficient numbers of staff to deliver the care and support patients needs. Care records we reviewed showed patients had regular one to one time with staff.
- Staff, patients and carers reported that leave was rarely cancelled. If it was then it would be due to out of the ordinary events, such as staff supporting a patient with an emergency health appointment.
- There was adequate medical cover day and night. There was a 0.5 WTE consultant psychiatrist and 0.5 WTE speciality doctor. On call medical cover was provided by a regional Cambian medical rota.
- All staff had received and were up to date with mandatory training. The hospital provided mandatory

training through a mix of online and face to face workshops. Mandatory training included basic and intermediate life support, suicide and risk, Fire warden Marshall, Mental Health Act and Mental Capacity Act.

- There was enough staff to carry out physical interventions safely. All staff had received training by the British Institute of Learning Disabilities (BILD) for managing aggression and violence. All staff had completed both foundation and advanced training.

Assessing and managing risk to patients and staff

- There had been 39 episodes of restraint 12 months prior to inspection. The majority of these restraints were of a low level. The staff focus was de-escalation. All patients had an individualised de-escalation plan. These were planned in partnership with patients. Each plan identified interventions unique to individuals to deescalate challenging behaviours. One patient told us they had been restrained. They said that staff had explained why they had been restrained and they had understood why they had needed restraint.
- There were no episodes of prone restraint.
- Staff 'RAG' (red, amber, green) rated all patients risks at the daily meeting. This meant all staff understood the risks and had a clear, accurate and current picture of safety concerns.
- All patients had a detailed risk assessment and management plan. All 10 we reviewed were up to date, signed by staff and patients and thorough. Staff used the START (short term assessment of risk and treatability) risk assessment tool. This is a recognised tool to evaluate the risks for each patient. Staff had identified each patients risk in relation to violence, suicide, self-harm, neglect, unauthorised absence, substance use and victimisation. Staff undertook risk assessments on admission. Records confirmed that assessments and plans were reviewed after any incident and at regular multi-disciplinary meetings. Staff we spoke to were aware of patients protective factors, which could decrease risks.
- We did not see any evidence of blanket restrictions in place. All staff had attended training in March 2016 specifically about blanket restrictions and least restrictive practice.

Wards for people with learning disabilities or autism

- Entrance doors were kept locked. However, easy read, right to leave signs and posters were on walls for informal patients to remind them that they could leave at any time.
- Cambian had an up to date policy for therapeutic engagement and observation. Staff were understood the policy and impact upon practice. We observed staff carrying out proactive therapeutic engagement with patients throughout the day.
- There was a clear policy for searching patients and their property.
- Cambian Elms did not have a seclusion room and reported that they did not use seclusion or long term segregation.
- Rapid tranquilisation had not been used in the six months prior to inspection. Staff said it was rarely used. The hospital had a rapid tranquilisation policy.
- All Staff had up to date safeguarding adults and children training.
- Staff had made nine safeguarding alerts to the local authority between January 2015 and January 2016. Staff we spoke to knew how to identify a safeguarding concern. They were aware of the actions needed to protect patients.
- The hospital had easy read safeguarding posters displayed around the unit.
- Good medicine management was evident. All medications were stored securely. Medication cupboards were organised with up to date records. Controlled drugs were kept in a separate locked controlled drugs cupboard. There was a locked medicines fridge and staff checked temperatures daily. Records indicated that temperatures were all within appropriate range.
- We reviewed all 10 medication charts. Each patient had a medication folder. They were clearly named and photographs were attached to inform identification. All patients had a 'How I like to take my medication' profile completed. This indicating their likes and dislikes when taking medications. Each patient also had a personalised protocol for any PRN medication they were prescribed. PRN medication is medication that is

prescribed 'as needed' and not a regular medication. This recorded interventions staff and patients could use before taking PRN. All prescription cards were legible, fully completed, dated and signed.

- Cambian Elms had an up to date policy on children visiting. Children and other visitors were able to access a visitors room on site. This was off the ward.

Track record on safety

- There had been no never events reported.
- No serious incidents requiring investigation had occurred in the last 12 months prior too inspection.
- Staff completed incident forms when required. Learning from these incidents was discussed at a clinical governance meeting at the unit and at a regional level. Six incidents were reported as notifications to the CQC. Copies of incidents involving patients were kept in their care records.
- Staff attended a facilitated reflective practice session. Staff said this helped them improve their practice and understanding of incidents, particularly when managing challenging behaviours.

Reporting incidents and learning from when things go wrong

- Staff told us they knew how and what incidents to report. Between December 2015 and April 2016 staff had completed 42 incident report forms. Incidents reported were mostly self-harm, patient violence and ill health.
- If an incident involved a patient, a copy of the incident form was filed in their care records.
- All staff, including kitchen staff, domestic staff and maintenance personnel attended a daily morning meeting where they discussed all incidents and any changes in patients' presentations from the previous 24 hours.
- Learning from incidents was also discussed at clinical governance meetings, handover and multi-disciplinary meetings. We reviewed minutes of meetings that confirmed this happened.
- Staff attended facilitated reflection sessions twice a week. This helped staff look at how they might improve their practice following incidents

Wards for people with learning disabilities or autism

- Staff received email and communication bulletins which shared lessons learnt from around the other services provided by Cambian.

Are wards for people with learning disabilities or autism effective?
(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Patients were assessed prior to admission to consider their suitability for the hospital.
- Assessments were continued on admission and throughout their stay at Cambian Elms.
- We reviewed all 10 care records. The care planning system consisted of two parts: a version for professionals and an “easy read” version tailored to the communication needs of the individual patient. Care plans we looked at were highly individualised, holistic and recovery orientated. Care plans were often written in patients own words, included their views. Each had positive behavioural support plan to address challenging behaviours.
- All of the files we looked at included an “essential lifestyle plan”. This was a visual guide to the patient’s interests and wishes. It included their likes and dislikes, their communication preferences, and other significant information, created in partnership with the patient. The plans followed National Institute for Health and Care Excellence guidelines in providing a clear schedule of reinforcement of desired behaviour.
- Psychology and occupational therapy staff had a clear clinical assessment pathway and contributed to patients care plans.
- Doctors and nursing staff at the hospital recorded basic health observations such as weight and blood pressure. Staff completed monthly physical health checks. Details were kept up to date in patient care records. Staff had an electro cardiogram monitor on site to use if needed when completing health checks.
- Care records were paper based. All information needed to deliver care was stored securely and was available to staff when they needed it.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence (NICE) guidelines for Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges and other related NICE guidelines. For example, doctors prescribed psychoactive medicines safely and in conjunction with psycho-social interventions such as positive behaviour support to support discontinuation of medication. This was evident when we reviewed medication records and through discussion with the doctors.
- For patients who experienced seizures, doctors prescribed Buccal midazolam instead of rectal diazepam. Buccal midazolam is a medication that has a calming effect on the brain and can stop a seizure. Buccal midazolam is given to the patient via their mouth. Rectal diazepam is given rectally. Buccal midazolam is easier to administer and is less invasive for the patient than rectal diazepam.
- Patients had access to psychological therapies in line with the National Institute of Care Excellence (NICE) guidelines. For example, dialectical behavioural therapy and cognitive behavioural therapy.
- Staff supported patients to register with a local GP service to provide ongoing physical health care. We were told that the hospital had good links with the GP. Staff supported patients to attend smoking cessation sessions at the GP practice.
- Staff were able to refer patients to physical healthcare specialists when needed. For example, chiropody or physiotherapy.
- Patients attended individual sessions with psychologists, occupational therapists, speech and language therapists 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.
- Speech and language therapists supported staff to ensure patients used their preferred communication methods.

Wards for people with learning disabilities or autism

- Staff used Health of the Nation Outcome Scales to evaluate and record outcomes of interventions. We could see from records that these were completed every three months.
- Staff participated in a variety of clinical audits. For example, monthly medication audits, health and safety audits and the preventing suicide audit – tool kit for mental health services.

Skilled staff to deliver care

- The multi-disciplinary team included a consultant psychiatrist; specialty doctor; psychologist, assistant psychologist, occupational therapist and occupational therapy assistants, and a speech and language therapist. This meant that all patients had the benefit of a range of varied skills and experience of professionals who worked at the hospital to support their rehabilitation and discharge.
- Four of the nurses were learning disability registered and one was mental health registered.
- Ten health care support workers (HCSW) had completed a level 2 Care Certificate and were working towards a level 3. All other HCSW were working towards achieving a level two care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. This enabled support staff to be adequately trained and skilled to carry out their roles.
- All new staff received an induction and worked a probationary period. The manager reported that they would extend the probationary period if needed to ensure staff were supported to do the job.
- The speech and language therapist and the hospital manager had developed a training programme for all staff. This included workshops on communication and working with people with autism. They also used case scenarios with staff to develop skills and dealing with difficulties.
- All staff received regular supervision and annual appraisal. As of May 2016, 100% of staff had received an annual appraisal. Supervision recording logs were up to date and allowed the head of care to monitor when supervision was taking place.

- Staff could attend reflective practice groups. These were facilitated by a psychologist. We reviewed minutes of these meetings. They confirmed staff attended and discussed issues relating to care and practice.
- In house training was available to all staff. We reviewed the hospital training matrix, it showed that staff had completed training suicide and risk, epilepsy and phlebotomy.
- The head of care and registered manager dealt with poor staff performance. At the time of the inspection there were no concerns.

Multi-disciplinary and inter-agency team work

- We observed a daily handover meeting. It was comprehensive and included identification of the fire marshal, expected visitors, incidents from the previous day, staffing issues, medication changes, and environmental issues including maintenance. The meeting had a set agenda and staff kept minutes. It was ran in an efficient manner and promoted communication amongst staff. All staff on duty at the hospital attended.
- The multi-disciplinary team (MDT) met once a month to review all patients. All relevant professionals, family and carers were invited to this review. Patients were encouraged to attend. Patients received an easy read feedback sheet after review. In addition to this, patients were given the opportunity to meet with the MDT team at fortnightly intervals. Staff or advocates represented patients if they did not want to attend.
- The hospital had established links within the local community. This enabled patients to use social and educational facilities in the community.

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

- Advent provided the Independent Mental Health Advocacy service for this patient group. The advocate visited the ward weekly, and was available to support patients in ward rounds and at Care Programme Approach meetings. They also attended tribunals if the patient wanted this. All of the patients' records showed they had been referred to the IMHA.

Wards for people with learning disabilities or autism

- The IMHA attended the unit to support patients during our visit. They showed good knowledge of the needs of this client group and had built strong working relationships with patients and staff.
- Staff supported patients to appeal to the tribunal and managers hearings. They also arranged for the IMHA and solicitors to support patients appealing against detention.
- A Mental Health Act (MHA) administrator worked across the hospital and the sister unit Cambian Cedars. They received support from other MHA administrators from within the Cambian group.
- There was an effective process in place for the scrutiny of detention documents. All documents were in order at the time of inspection. 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. All staff had completed mandatory training on the MHA. They were aware of the changes to the MHA Code of Practice in 2015.

Good practice in applying the Mental Capacity Act

- At the time of inspection three patients were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. Staff reported that they always discussed with carers and relatives important decisions that needed to be made if it was assessed that the patient was unable to make a decision. Carers we spoke to confirmed they were always included in decision making where appropriate. Care records we reviewed had written evidence documented any best interest decisions made.
- Staff we spoke with had good knowledge and understanding of the principles of the Mental Capacity Act (MCA). We saw in patient records that patients were supported in making decisions, and that staff recognised the importance of patient wishes, feelings, culture, and history. For example, three sets of care records had documented decision making process with regard to patient having their own mobile phone.
- All staff had received training on the MCA and DoLS.
- Staff knew how to get advice regarding the MCA and valued the support they received from senior staff in ensuring adherence to the MCA.
- We found that one patient had a Community Treatment Order (CTO) in place in advance of their discharge.

Unfortunately discharge had been delayed and the patient had agreed to stay in hospital informally. However, despite having assessed that the patient had capacity to make this decision, the managers made an urgent Deprivation of Liberty Safeguard authorisation (DoLS) application. The registered manager told us the application had been made in anticipation of the patient changing their mind after a few days and the application had been made in the patients best interests. A DoLS authorisation should only be requested when a patient has been assessed to lack mental capacity and requires immediate restriction of their liberty. However, the patient had not been assessed to be lacking capacity to agree to remain in hospital as an informal patient. The application for a DoLS authorisation in anticipation of the patient making a decision to leave the unit was acting against two principles of the mental capacity act; the presumption of capacity and acceptance of people making unwise decisions.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

- We observed positive and friendly interactions between staff and patients. We saw staff to be patient, responsive and caring.
- All comments from patients and carers about staff were positive. They indicated that staff were kind, caring and respectful. One patient told us that staff always knock and wait for a response before entering bedrooms.
- Staff knew their patients well. They understood when patients might have important events coming up, for example, a significant event might trigger unpleasant emotions. We saw that staff would support patients with this in mind to prevent increased unpleasant reactions.

The involvement of people in the care they receive

- Staff told us that each patient had a personalised admission process based on individual needs. For some patients this included spending time at the unit prior to

Wards for people with learning disabilities or autism

an admission date and completing transition work. All patients received a welcome pack. This was available in an easy read format. If needed, staff would adapt this pack to suit individual communication needs.

- All care plans we reviewed were of a high standard. They were recovery focussed and person centred. It was clear that patients were as fully involved as possible. Where able patients had signed their care plans and had their own copy to keep. All patients had chosen to 'watermark' their care plans with individual designs. This aimed to increase a sense of ownership. One patient we spoke to said that they knew what their care plan was and what they needed to achieve for discharge. They said that staff helped them understand it and work towards the goals set.
- Patients had access to advocacy service. An advocate visited the hospital once a week.
- Families and carers were involved in patients care where appropriate. This included attendance at care planning meetings. The hospital had planned a relative and carers open day. One carer we spoke with confirmed that they had been invited to this. Staff said that they were planning to hold days throughout the year in order to improve links and communication with carers and relatives. The hospital also produced a carer's newsletter.
- Patients were able to give feedback about the service at weekly community meetings. Minutes were kept and shared. Staff supported patients to chair these meetings.
- Patients nominated one patient to attend clinical governance meetings. Minutes we reviewed confirmed patient participation. This provided further opportunity for patient feedback and involvement.
- Cambian Elms completed a patient survey report for 2015. One hundred per cent of forms were completed. Most feedback was positive and the hospital had responded to some of the suggestions. For example, patients had requested a sensory room. During the inspection, the hospital was in the process of converting an office space into a sensory room.

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

Good 

Access and discharge

- Between October 2015 and March 2016, the average bed occupancy rate from was at 84%. Patients always had a bed to return to from leave.
- The average length of stay was 12-18 months.
- The hospital ensured that the right patients were admitted to the hospital and discharged those assessed as inappropriate with the support of commissioners.
- The hospital aimed to discharge patients to residential or independent living.
- Patients had 'moving on' plans. One patient told us they knew what they had to do and what their goals were for discharge.
- There had been no delayed discharges in the six months prior to inspection.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a range of rooms available to support treatment and care. For example, there were two clinic rooms, a therapy room, a beauty salon, quiet areas and internet room.
- Patients had access to quiet rooms. They were available on both floors. The hospital had a child friendly visitors room in the reception area. Children were able to visit patients following risk assessment as stated in the hospital visiting policy. Any restrictions to visitors were carefully scrutinised by the multi-disciplinary team and other people involved in the patients care.
- Patients had access to a phone room where they could make a call in private. This was kept unlocked and therefore accessible all the time. The room had posters displaying numbers for advocacy and the CQC.

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- The hospital had a mobile phone policy. Patients were individually assessed to determine if they were suitable to have a mobile phone. We reviewed records of two patients who had their own mobiles. There were clear, well documented records of risk and capacity assessments.
- Patients had access to a clean and well maintained garden area. It had outdoor seating, planting and the fencing had been decorated by the patients. Staff reported that the garden was accessible at any time of the day. Patients confirmed this.
- Patients had access to an outside smoking area which was covered. There were tables and chairs in the gardens and patients who enjoyed gardening had access to gardening resources.
- The local authority had awarded Cambian Elms a food hygiene rating of very good. Meal times were flexible. Patients who were able had the option to cook their own food or choose from a menu. The menu catered for a variety of different cultural preferences and dietary needs.
- Patients could access hot drinks and snacks at any time throughout the day and night.
- All bedrooms were en-suite. We saw that bedrooms were personalised. One patient had repainted her room with the support of staff. Patients had access to their room throughout the day and were able to secure their belongings in there.
- There was a full range of activities available throughout the week, at evenings and weekends. We observed a variety of activities during the inspection. For example, on the day of the inspection Cambian Elms were hosting a joint birthday and 'leaving' party for a patient that was being discharged. This had been planned and organised with the patients.
The unit had been decorated, staff and patients had worn fancy dress and there were a host of additional activities available for patients. For example, cake making, face painting and pet therapy.
- We saw a group of patients go on a trip to a local restaurant, which staff used as an opportunity to engage them in an activity to improve their social skills. Staff supported requests for additional activities when possible.

- The therapy team had been responsive to their patients' needs by offering the majority of therapeutic activities as individual sessions. However, they also provided groups and facilitated social activities on and away from the hospital site.

Meeting the needs of all people who use the service

- The hospital had disabled access. Patients with disabilities could access the hospital using a ramp. There was a lift to go upstairs for those with mobility issues. At the time of inspection, they had one patient who used the lift to access their bedroom. They were always escorted by a member of staff to ensure their safety.
- The entrance to the hospital was welcoming with a waiting room and reception. The reception had leaflets on display for both visitors and patients. The leaflets shared information about the hospital and its services. It also had a box of recyclable bags for patients to use when they went shopping.
- All posters on display in the hospital were pictorial and easy to read. For example, staff photos were next to their names and a clock face indicated what time they would be on shift.
- There was a wide range of information leaflets available in easy read formats. Staff said they would develop a personalised leaflet with the speech and language therapist if necessary, in order to provide accessible information to the patient. Staff kept easy read leaflets in the clinic. These described the effects and side effects of medications. We saw an easy read safeguarding leaflet displayed on the wall.
- Staff and patients had access to interpreters if needed.
- The hospital had a multi-faith room. The room did not have wash facilities; there was a wash room directly opposite that patients could access, but it was locked on the day of inspection. The registered manager later informed that this was a one off due to the room having had a deep clean.

Listening to and learning from concerns and complaints

- The hospital had four formal complaints between April 2015 and June 2015. All were upheld. None were referred to the ombudsman or independent sector complaints adjudication service. Two of the complaints

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were about the attitude of night staff. We could see from documentation that all staff had been spoken to about the complaint and the issues had been discussed in the community meeting with staff and patients.

- We reviewed three complaints and how they had been managed. All had been logged in line with Cambian policy. Staff had documented actions taken to investigate the complaint and any subsequent action plans. All complaints had been responded to in writing.
- One patient told us that they had made a complaint and that it had 'been easily sorted without a fuss'. Another patient told us they had recently made a complaint and they knew it was being dealt with.
- Carers we spoke to confirmed they knew the complaints procedure and felt able to complain if they needed.
- The waiting room had a complaints and compliments box for visitors and patients to use. Easy read complaint leaflets were available. However, staff told us patients were more likely to speak with staff directly about concerns or recommendations for improvements.

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

Good 

Vision and values

- Staff we spoke with said that helping patients reach their best was the philosophy of the hospital. This was evident in the interventions and interactions we observed throughout the inspection. Staff embraced this and supported the belief that 'everyone has a personal best' and 'can find something to aim for.'
- Staff told us that senior managers from the organisation visited the hospital. They were able to name the managers and felt that they were supportive.

Good governance

- The hospital had local governance structures in place and policies to manage the service. Staff attended monthly clinical governance meetings which involved Cambian Elms and Cedars. The outcome of monthly

meetings fed into the regional clinical governance meetings that all managers from Cambian sites attended. Learning from these meetings was shared at the local governance meetings.

- Staff had received mandatory training and specific programmes to support them working with the patient group. We looked at three staff files and all had comprehensive pre-employment checks, a six month probationary period and all disclosure and barring checks were completed and up to date with review dates scheduled for reminders. The manager said that they will extend the probationary period if they do not consider the member of staff has reached an adequate standard.
- The manager used a training matrix to monitor mandatory training requirements.
- Staff were appraised and supervised regularly. Reflective practice groups facilitated by psychology were available to help staff reflect, learn and develop. All staff had a yearly appraisal. Records showed that all staff had been inducted and completed probation or probation was in progress. Managers documented appraisals completed and when next due.
- Cambian Elms had a programme of continued professional development. This was available for all staff. The manager had also invited the local police liaison officer to attend to promote shared learning and to foster positive relationships with the hospital.
- Cambian Elms had key performance indicators set for staffing levels, occupancy and training. These were reviewed at local and regional governance meetings.
- The head of care was supported by the registered manager. They both felt they had adequate administrative support and authority to manage the hospital.
- Staff could submit items to the risk register.

Leadership, morale and staff engagement

- The hospital had recently completed a staff climate survey. Twelve staff responded. Staff comments predominantly focused on job satisfaction and enjoyment of working at the Elms. However, 44% felt that staff rewards could improve.
- Staff sickness rates were low at 2.1% in the 12 month period prior to inspection.
- Staff did not report any issues of bullying or harassment.

Wards for people with learning disabilities or autism

- Cambian Elms worked closely with Cambian Cedars (the local hospital for men), in sharing resources and good practice. Staff were part of the Cambian Group in sharing best practice as a good way to improve performance by replicating successes throughout the organisation.
- All staff spoken with felt able to raise concerns and told us they were treated fairly. Staff also told us that they were included in decision-making and could contribute to service improvements.
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Commitment to quality improvement and innovation

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- The staff team at the hospital were committed to reducing, where possible, the use of medication within the care pathway. At the time of inspection, doctors were working in collaboration with the providers' quality team to audit medication use. The audit process included physical health monitoring and supporting patients to reduce or come off longstanding medications.
- The hospital had supported all patients to reach the goal of self-administration in preparation for discharge. At the time of inspection, all patients, self-administered their own medication, in line with the hospital self-medication policy.