

Cambian Community Services East Midlands

Quality Report

The Sycamores, 15 and 7 The Sycamores,
South Normanton,
Derbyshire, DE55 3AG

The Limes Houses, Main Road,
Nether Langwith, near Mansfield,
Nottinghamshire, NG20 9EN

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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	

Summary of findings

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.

Overall summary

We rated Cambian Community Services East Midlands as good because:

- Staff provided a safe and caring service for patients in a friendly supportive manner. All areas of the service were maintained and visibly clean and tidy. The service did not use blanket restrictions, restraint or seclusion. Staff used a least restrictive approach to manage challenging behaviours.
- The arrangement for managing medication was safe. Patients had the option of storing prescribed medication in a locked safe in their bedrooms or in a locked cupboard in the staff office. We observed staff following the provider's self-medication policy as staff did not administer medication.
- Patients followed a therapeutic rehabilitation programme in the community. Staff encouraged patients to complete these activities independently or with support. Support provided by staff encouraged patients to integrate fully into local communities. Staff used a positive risk taking approach in encouraging patients to engage in activities.
- Patient records were up to date and comprehensive. Care plans we saw were holistic and reflected aims and goals set by patients. Risk assessments were current, detailed and clear. Patients attended multi disciplinary team meetings and were involved in discharge planning before and during admission to the houses.
- Staff were trained; knowledgeable and had many years' experience working in step down services. There

were no vacancies in this service as staff had remained in their posts for many years. Staff levels of sickness were low and the service reported no cases of bullying or harassment over the past 12 months.

- Patients said they raised issues with staff and managers without fear of victimisation. Patients raised their concerns at community meetings and received feedback about their concerns from staff. Interactions we saw between staff and patients were very positive.
- All staff received supervision every eight weeks and had an annual appraisal. Staff had access to mandatory and specialist training and had the opportunity to develop leadership and management skills. Staff we spoke to completed qualifications in leadership and management and the care certificate.
- The provider collected weekly data from the locations, which was part of the governance process. The provider used key performance indicators to gauge the team's performance, which was feedback to the provider's quality team.

However:

- The multi disciplinary team did not invite support workers to their team meetings. Support workers gave feedback to the multi disciplinary meeting by email and received multi disciplinary team feedback from house managers.
- Staff did not receive feedback of lessons learned that occurred in other hospitals and step down units owned by the provider.

Summary of findings

Our judgements about each of the main services

Service

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

Rating Summary of each main service

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- The arrangement for managing medication was safe. Patients had the option of storing prescribed medication in a locked safe in their bedrooms or in a locked cupboard in the staff office. We observed staff following the provider's self-medication policy as staff did not administer medication.
- Patients followed a therapeutic rehabilitation programme in the community. Staff encouraged patients to complete these activities independently or with support. Support provided by staff encouraged patients to integrate fully into local communities. Staff used a positive risk taking approach in encouraging patients to engage in activities.
- Patient records were up to date and comprehensive. Care plans we saw were holistic and reflected aims and goals set by patients. Risk assessments were current, detailed and clear. Patients attended multi disciplinary team meetings and were involved in discharge planning before and during admission to the houses.
- Staff were trained; knowledgeable and had many years' experience working in step down services. There were no vacancies in this service as staff had remained in their posts for many years. Staff levels of sickness were low and the service reported no cases of bullying or harassment over the past 12 months.
- Patients said they raised issues with staff and managers without fear of victimisation. Patients

Good



Summary of findings

raised their concerns at community meetings and received feedback about their concerns from staff. Interactions we saw between staff and patients were very positive.

- All staff received supervision every eight weeks and had an annual appraisal. Staff had access to mandatory and specialist training and had the opportunity to develop leadership and management skills. Staff we spoke to completed qualifications in leadership and management and the care certificate.
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Summary of findings

Contents

Summary of this inspection

	Page
Background to Cambian Community Services East Midlands	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	8
What people who use the service say	8
The five questions we ask about services and what we found	9

Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	21
Areas for improvement	21

Good 

Cambian Community

Services we looked at

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

Summary of this inspection

Background to Cambian Community Services East Midlands

Cambian Community Services East Midlands is part of the Cambian Group. This service provides long stay residential rehabilitation step down services for up to 12 male patients with a mental health diagnosis. A residential rehabilitation stepdown service is the final part of the care pathway for an individual who has successfully achieved a period of inpatient treatment and or rehabilitation. Step down services are a non-clinical environment that supports patients moving from secure hospital settings to the community.

This service is available from two locations: The Sycamores is the step down service for Cambian Storthfield House, an independent mental health hospital based in South Normanton, Derbyshire. The Sycamores houses consist of one house and one bungalow. The Limes Houses is the step down service for Cambian The Limes, an independent mental health hospital based in Nether Langwith, Nottinghamshire. The Limes Houses consists of two, three bedroomed houses. Non-clinical staff operates this service and patients receive their mental health treatment as out patients of Storthfield House and Cambian The Limes.

The Care Quality Commission registered Cambian Community Services East Midlands in 2014 to provide the regulated activity: treatment of disease, disorder or injury.

Cambian Community Services East Midlands specialises in services that includes caring for adults under and over

65 years and mental health conditions. At the time of inspection, Cambian Community Services East Midlands had eight male patients, four patients at The Sycamores and four patients at The Limes Houses.

Patients admitted to The Sycamores and The Limes Houses are not detained in hospital under the Mental Health Act and are free to come and go from the place they reside. Patients may be placed on conditional discharge, guardianship or a community treatment order. Patients on a conditional discharge are discharged from hospital into the community by a tribunal or the Secretary of State for Justice, but have to as part of their discharge, meet certain conditions such as residence. Patients on a community treatment order can be discharged from a Mental Health Act section. A patient on a guardianship order helps a person with a mental illness or disorder to receive care within the community. A Guardian (who could be the local authority) has the right to decide where a patient resides.

Cambian Community Services East Midlands had four patients placed on a conditional discharge, one patient on Guardianship and three patients not detained under the Mental Health Act 1983.

At the time of inspection, a registered manager was in place. The Care Quality Commission had not previously inspected Cambian Community Services East Midlands.

Our inspection team

Team leader: Judy Davies

The team that inspected the service comprised of four CQC inspectors and an expert by experience.

Why we carried out this inspection

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

Summary of this inspection

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?

During the inspection visit, the inspection team:

- visited all locations, looked at the quality of the environment and observed how staff were caring for patients
- spoke with five patients who were using the service

- spoke with the registered manager and house managers for both locations
- spoke with four other staff members; including support workers, psychiatrist and mental health act administrator
- received feedback about the service from two commissioners
- spoke with an independent advocate
- collected feedback from eight patients using comment cards
- looked at eight care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Five patients said the support and care they received at Cambian Community Services East Midlands had a positive effect on their recovery. They described the support and care received as caring, kind and respectful. Patients said support from staff helped them to obtain the confidence to manage their mental health needs and

to gain skills towards living an independent life in the community. Patients were encouraged to give feedback to staff in meetings and completed annual satisfaction surveys about the support they received.

A carer we spoke with said staff were caring, respectful and listened to their views and concerns.

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:

- All parts of the building were clean, well maintained and appropriately furnished. Staff and patients followed and took part in the weekly cleaning rota.
- Staff we spoke with said there was enough staff to manage physical interventions.
- Patients we spoke with said they spent regular time with their key worker.
- Staff were trained to safely meet the needs of patients and a wide range of mandatory training was provided.
- There were no blanket restrictions used in this service.
- There were no incidents of restraint or seclusion in this service.
- The arrangement for managing medicines was safe.
- Staff understood their responsibility in using the provider's incident reporting system.

However

- Staff did not receive feedback of lessons learned from other hospitals and step down units owned by the provider.

Good



Are services effective?

We rated effective as good because:

- All the care plans we saw were comprehensive and focussed on the patient's goals and individual needs. Care plans were up to date and comprehensive.
- Prescribing doctors followed National Institute of Health and Care Excellence guidance.
- Various health professionals provided input into the multidisciplinary team.
- Staff used recognised rating scales. These scales helped patients to measure their own recovery process and staff to measure the effectiveness of the service they delivered.
- There were regular and effective multi disciplinary meetings and effective working relationships with teams outside of the organisation.

However:

- The multi disciplinary team did not invite support workers to their meetings.

Good



Summary of this inspection

Are services caring?

We rated caring as good because:

- We observed very friendly and positive interactions between patients and staff.
- Staff understood the individual needs of the patients.
- Patients told us they were involved in writing their care plans.
- Patients told us they were treated with kindness, dignity and respect by staff.
- Patients said they were able to raise concerns about the service and received feedback from staff about their concerns.
- A carer said staff treated patients and carers with dignity and respect.

Good



Are services responsive?

We rated responsive to people's needs as good because:

- All patients were encouraged by staff to have contact with family and friends.
- Patients were involved in discharge planning before and during admission.
- Patients could come and go from The Sycamores and The Limes Houses without restriction.
- Patients' bedrooms were large, spacious and personalised.
- Staff appropriately responded and gave feedback to patient complaints.
- Patients could do their own activities and took part in structured therapeutic programmes.

Good



Are services well-led?

We rated well-led as good because:

- The provider had effective systems in place to measure service performance.
- Staff were familiar with the provider's vision and values.
- All staff had completed safeguarding training and received safeguarding supervision.
- Staff said supervision was effective, covering all aspects of their role.
- Team morale was high and all staff we spoke with said they were happy with their job.
- Staff demonstrated duty of candour and recorded discussions in patients' files.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

This service did not detain patients under the Mental Health Act. Training on the Mental Health Act code of practice was mandatory for staff in this service. At the time of this inspection, all staff had received training on this. We read the training programme, which showed staff received face-to-face training in line with the revised Mental Health Act code of practice. Staff demonstrated their understanding of the revised code of practice and was aware of its requirements. Policies and procedures we saw were current, had a review date and reflected the revised Mental Health Act code of practice. The registered manager, house managers and other staff we spoke with

were clear on the underlying mental health legislation guiding principles. The responsible clinician signed and dated capacity assessment relating to medication. The Mental Health Act administrator audited all patients' files every six months to make sure paperwork was correct and up to date. We spoke to a patient placed on Guardianship. He told us he understood how the Mental Health Act applied to him and knew about his right to appeal. All patients consented to their medication. Patients told us they could and did access independent mental health advocacy services.

Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training on the Mental Capacity Act. We read the training programme; training was delivered face to face and reflected the Mental Capacity Act code of practice and Deprivation of Liberty Safeguards. Cambian Community Services East Midlands reported no Deprivation of Liberty Safeguard applications within the last 12 months. Staff were able to refer to Mental Capacity Act and Deprivation of Liberty Safeguards policies. These policies were current and due to be reviewed in May 2019. Staff we spoke with were able to show their understanding of the basic principles of the Mental Capacity Act. Staff recorded mental capacity issues about patient care and treatment in the patients' records. We saw mental capacity assessments based on a specific issue completed by the multidisciplinary team. Best

interest decision assessments were stored in patients' records. Documentation about this assessment and decisions made was clear and thorough. Staff supported patients to make decisions. All patients had access to advocacy services; an advocate visited the unit weekly. Written information in easy read language about advocacy services was placed on communal notice boards. Staff knew where to get advice regarding the Mental Capacity Act including Deprivation of Liberty Safeguards. They said they would speak to the Mental Health Act administrator for advice on the Mental Capacity Act. Staff said they would contact the Independent Mental Health Capacity advocate and Team for further advice.






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- The purpose of this service was to support patient recovery and discharge to the community. The Sycamores and The Limes Houses were designed to reflect a domestic property suitable for individuals living in the community. As a result, there were many blind spots and ligature points at both locations. A ligature point is used for tying and binding something tightly and could be used by a patient to harm themselves. Before a patient was admitted to The Sycamores and Limes Houses, the multi-disciplinary team assessed the patient using a document called Short Term Assessment of Risk and Treatability that assessed the risk of suicide and self-harm. The registered manager said if a patient was assessed as having a risk of suicide and self-harming behaviour, that patient would not be placed in the service. We saw evidence of a Short Term Assessment of Risk and Treatability used by the multi-disciplinary team before admission in all patients' files.
- In case of emergency, we saw staff at The Sycamores and The Limes had access to ligature cutters. Staff said they were trained to use these cutters.
- Neither of the locations required a clinic room, however both locations had a locked medication storage facility.

Physical observations were carried out in the patients' bedrooms. If appropriate, patients would collect their medication from the hospital linked to the location they were based in.

- There were no seclusion rooms at The Sycamores and The Limes Houses.
- In both locations, furniture in communal areas and bedrooms were in good condition and well maintained. We read the risk and quality meeting minutes, which recorded monthly updates on the upkeep of both premises. We read in these minutes furniture and broken appliances were changed frequently. Communal areas were clear from clutter and visibly clean.
- Both locations had up-to-date policies and procedures on infection control. Soap and alcohol hand sanitisers were available in the kitchens and toilets. Handwashing posters were on display in the toilets.
- Equipment was well maintained, clean and clean stickers were visible and in date. We saw equipment was safety tested yearly. Dated stickers were clearly displayed on electrical items that required testing. Staff tested fire alarms weekly, fire extinguishers and fire blankets were displayed at all locations.
- Cleaning records were up to date and demonstrated the environment was regularly cleaned. Staff and patients at both locations were responsible for cleaning. Cleaning records and audits were up-to-date at both locations. Staff at The Sycamores and The Limes completed weekly environmental check of the premises.
- Both The Sycamores and The Limes Houses did not have an alarm call system.

Safe staffing

Long stay/rehabilitation mental health wards for working age adults

Good 

- The Sycamores and The Limes Houses did not employ nursing staff in the service, as the service did not provide nursing care.
- The provider had estimated the number of support staff required. At the time of inspection, weekday shifts at The Sycamores and The Limes Houses consisted of one house manager and one support worker. Another support worker completed a 12 hour day shift. Weekday night shifts consisted of one support worker. Weekend shifts consisted of one support worker for both day and night time shifts.
- Both locations had no staff vacancies or staff resign from their post over the past 12 months.
- Sickness and absence levels in the past six months were 4.7 percent at The Sycamores and 0.03 percent at The Limes Houses. The provider's target for sickness was five percent.
- When required, staff from the hospitals linked to both locations covered staff absence. The registered manager said bank staff were used in the hospitals to cover permanent staff sent to The Sycamores and The Limes Houses. The registered manager said patients based at both locations received support from staff they knew. From April 2016 to September 2016, staff from the hospitals linked to both locations covered in total three day and six night shifts.
- The house managers at both locations and registered manager were able to adjust staffing levels daily. We saw evidence of this in the staff rotas.
- Patients said they had regular time with their named key worker. All staff had a key worker role, which was responsible for co-ordinating community services needed by the patient.
- There was enough staff to carry out physical interventions safely. All staff carried out physical health interventions such as weight monitoring and blood pressure checks on a monthly basis. However, a staff member said the provider did not provide training in using equipment to monitor physical health care checks.
- There was adequate medical cover day and night for medical staff to attend the locations quickly in an emergency. A psychiatrist was available to respond to emergencies within the day at both locations. Staff had access to psychiatrist's out of hours rota and to nursing staff based at the hospitals linked to their locations.
- Staff received and were up to date with appropriate mandatory training. At this inspection, all staff at both

locations completed Achieve mandatory training. Achieve mandatory training included training on issues for example: equality and diversity, food safety, safeguarding adults and children, infection control, information governance and responding to emergencies.

Assessing and managing risk to patients and staff

- There were no incidents of seclusion or restraint at The Sycamores and The Limes Houses in the last 12 months. The registered manager said staff followed a least restrictive practice approach using verbal communication to deescalate challenging behaviour therefore patients were not secluded or restrained. All staff received annual management of violence and aggression training. At both locations over the past 12 months, there were no breakaway episodes and no incidents of physical violence towards peers or staff. Breakaway is a set of physical skills staff used that help them separate from an aggressor in a safe manner.
- Staff undertook a risk assessment of every patient on admission. We examined the records of all eight patients using the service at the time of inspection. The multi-disciplinary team completed a Short Term Assessment of Risk and Treatability Assessment on admission and updated it every three months. Staff reviewed this assessment every time there was an incident; however, staff completed a risk assessment on patients' behaviour every day. We saw copies of this assessment in every patient's file. Risk assessments were detailed and included information on diagnosis, legal status, substance misuse and history of violence. Staff completed with patients a Wellness Recovery Action Plan, a tool that helped patients support their own mental health by reflecting on the causes of stress and poor mental health and by taking practical steps to address these triggers.
- In the last 12 months at both locations, there had been no blanket restrictions.
- Staff did not use an observational policy; however, staff had an awareness of patients' whereabouts. Staff completed an hourly visual check of the building and asked patients to inform staff when they were leaving the building. Staff did not record visual checks. Both locations had a fire register, which patients, staff and visitors signed when entering and leaving the premises.
- Staff completed safeguarding training and knew how to make a safeguarding alert. At the time of this inspection,

Long stay/rehabilitation mental health wards for working age adults

Good 

all staff completed level two training on safeguarding children and adults. Staff we spoke with showed an understanding of the safeguarding process, an awareness of the safeguarding policy and knew how to identify abuse. Staff received safeguarding supervision from a local authority safeguarding team every three months.

- There was good medicines management practice. At both locations, four patients had their medication stored in a locked safe in their bedrooms. Staff followed the self-medication and medicines management policy by completing a weekly self-medication audit. Patients chose to keep their medication in a locked medications cabinet in the office or in a locked safe in their bedrooms. Staff observed patients taking medication but did not administer.
- All patients were registered with a GP practice in their local area; physical health medication was obtained from their GP. In October 2016, an independent pharmacist completed an audit on medicines management practice at both locations. The registered manager said an action plan was implemented to address the findings of this report. Both locations aimed to achieve these actions by the end of November 2016.
- There were safe procedures for children that visited The Sycamores and The Limes Houses. Staff said children were encouraged to visit both locations and would follow the provider's policy concerning Child Visitors. Patients said they chose to meet family members and children in the community.

Track record on safety

- In the past twelve months, there were no serious incidents reported by the service.

Reporting incidents and learning from when things go wrong

- Staff knew how to report an incident and which incidents to report. All staff we spoke with used examples on the types of incidents they would report and the process for reporting incidents, for example, reporting verbal aggression and arguments between patients.
- Staff received feedback from investigations of incidents internal to the service. The registered manager discussed incidents with house managers at the monthly audit and quality meeting. Staff received

feedback on incidents at monthly team meetings. However, staff did not receive feedback on lessons learned from other hospitals and step down units owned by the provider.

- Staff were open, transparent and explained to patients when things went wrong. Staff we spoke with gave an example of an incident when things went wrong when they were open and transparent with a patient. Staff met with patients to feedback on the incident and used an easy read Duty of Candour booklet.
- Staff were debriefed and offered support after a serious incident. Staff said they received feedback from incidents at staff meetings, multi-disciplinary meetings, weekly support worker meetings and de-escalation meetings. The head of care provided one to one support to staff on their request.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed eight patient records. All patient records included an individual profile, names of care co-ordinator and nearest relative/next of kin, funding authority, signed houseagreement, patient photograph with consent for use, copies of detention paperwork and a list of prescribed medication.
- Staff assessed each patient's needs on admission. There was evidence in all of the eight care and treatment records we reviewed that a comprehensive assessment was completed within 72 hours of admission. We saw clear admission notes, an assessment of needs and a physical health assessment completed by the multi disciplinary team.
- Staff said they supported patients with their physical health needs. All patients were registered with a local GP. The patients we spoke with said they received support and guidance about their physical health from their GP and staff.
- All eight care plans we saw were comprehensive, focused on the patient's individual needs and recovery orientated. Information found within the care notes

Long stay/rehabilitation mental health wards for working age adults

Good 

reflected the views of the patient and multidisciplinary team. Staff supported patients to identify their goals and help plan their treatment and support. Patients told us they would share their views with their key worker, which they were happy to do.

- Patient information was stored securely. All staff had access to patient information, which were paper notes stored in a locked filing cabinet in a locked office. Staff said some patient information was stored electronically. Access to these patient electronic records was password protected. All staff had access to patient information when required.

Best practice in treatment and care

- Staff did not prescribe or administer medication within this service.
- We reviewed eight patient medicines charts. Prescribing doctors had followed National Institute of Health and Care Excellence guidance in relation to the use and dosage of medicines. The psychiatrist we spoke with referred to National Institute of Health and Care Excellence guidance CG178 Psychosis and Schizophrenia in Adults when a medication review was completed. The registered manager said a pharmacist had made regular checks and ensured prescribing regimes were appropriate.
- Patients had good access to physical health care. All patients were registered with a local GP and staff supported patients to attend their appointments. Staff offered each patient a physical health care plan. Two patients at The Sycamores had physical health problems which needed specialist input. Staff supported patients to attend physical health appointments.
- Patients were able to access psychological therapies. The house managers said staff encouraged patients to access psychological therapies from external service providers as part of their rehabilitation process. The registered manager said patients not detained under the Mental Health Act could be offered psychological therapies from the linked hospitals on a needs basis.
- Staff used psychosocial approach with patients. A psychosocial approach considered the impact psychological factors and the surrounding social environment might have on an individual's physical

health, mental wellbeing and their ability to function. We saw staff used a behavioural plan, written with the patient to help him manage his challenging behaviours within the community and at the location.

- Patients developed their independence and life skills through activities. Patients followed the cleaning rota and cooked meals for themselves and other patients. They found this beneficial to gaining independence skills.
- Staff assessed and met patient's nutrition and hydration needs. Patients with nutritional needs for example diabetes were encouraged to maintain a healthy diet.
- Staff used recognised rating scales to assess and record severity and outcomes. The service used the Recovery Star, an outcomes measure, which enabled patients to measure their own recovery progress with the help of mental health workers and others. We saw copies of the Recovery Star in patients' records.
- The team carried out clinical audits. House managers, the Mental Health Act administrator, registered manager and the provider's quality team completed regular clinical audits. We saw evidence of audits completed by staff and the provider's quality team.

Skilled staff to deliver care

- The multi disciplinary team for The Sycamores was based at Storthfield House and the multi disciplinary team for The Limes Houses were based at The Limes Hospital. The team, which covered both locations, consisted of a responsible clinician (psychiatrist), speciality doctor, registered manager, house manager, forensic psychologist and occupational therapist. The multi disciplinary team did not invite support workers to the meeting. They would update the multi disciplinary team by email and received multi disciplinary team feedback from the house managers.
- Staff received training, were experienced and qualified. Staff said their team was established and had many years work experience working in step down units. The registered manager said two support workers had completed the Care Certificate and all support workers had national vocational qualification level three in care. House managers completed national vocational qualification level four in management.
- Staff received an appropriate induction. This was a two-week period of induction before starting work at The Sycamores and The Limes Houses. Staff induction was overseen by the hospitals linked to the locations.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff received supervision, appraisals and attended team meetings. Records we saw showed staff received supervision every eight weeks, received an annual appraisal and attended monthly team meetings. Staff were able to request supervision more frequently than eight weeks.
- All non-medical staff received an appraisal in the last 12 months.
- Staff received the necessary specialist training for their role. Staff attended training on diabetes management, mental health awareness and medicines management. Staff had access to online specialist training on learning disability.
- Poor staff performance was addressed promptly and effectively. The registered manager and house managers attended monthly risk and quality meetings where staff performance issues were discussed and addressed in a timely manner. The registered manager attended human resources review meetings every three months. Issues such as performance management, sickness levels, disciplinary conduct, staff turnover and grievances were raised.

Multi-disciplinary and inter-agency team work

- There were regular and effective multi disciplinary meetings. Patients attended the multi disciplinary meeting every eight weeks. The care plan was written using goals the patient set and language familiar to the patient. However, support workers were not invited to the multi disciplinary team. They sent the multi disciplinary team their views on patient care by email. House managers would feedback information from the multi disciplinary team to support workers. Support workers gave a weekly hand over on patient care electronically to the registered manager and responsible clinician.
- Staff we spoke to said handover meetings between shifts was informative and well run. This meant incoming staff had written information about each patient in terms of their mental health and progress on the previous shift. Staff recorded tasks for the incoming shift to ensure patients received appropriately coordinated and effective support. Staff attended morning and evening handovers and gave a twice-daily telephone handovers to nurses at the linked hospitals.

Staff talked about patient activities, possible risk issues including patients not returning to the locations, physical health issues and or if the care coordinator had visited the locations.

- The service worked effectively with community mental health teams. Staff said community mental health team members were invited to ward rounds and review meetings. Staff sent patient weekly progress reports to care co coordinators. However, due to long distances, community mental health staff did not frequently attend multidisciplinary team meetings.
- There were effective working relationships with teams outside of the organisations. All patients were registered with a local GP. Both staff and patients said there was a good relationship between the service and the local GP practices. Staff would encourage patients to attend GP appointments for their physical health care. Staff said they received support from a local authority safeguarding team who would provide support on specific safeguarding issues.

Adherence to the MHA and the MHA Code of Practice

- Training on the Mental Health Act code of practice was mandatory for staff in this service. At the time of this inspection, all staff had received training on this. We read the training programme, which showed staff received face-to-face training in line with the revised Mental Health Act code of practice. Staff demonstrated their understanding of the code of practice and were aware of its requirements.
- Policies and procedures we saw were current, had a review date and reflected the revised Mental Health Act code of practice. The registered manager, house managers and other staff we spoke with were clear on the underlying mental health legislation guiding principles.
- The Mental Health Act administrator audited all patients' files every six months to make sure detention paperwork was correct and up to date. These were up to date and recorded in a standard format. We spoke to one patient detained under Guardianship. He told us he understood how the Mental Health Act applied to him and they knew about his right to appeal.
- All patients consented to their medication. Patients told us they could and did access independent mental health advocacy services.

Good practice in applying the MCA

Long stay/rehabilitation mental health wards for working age adults

Good 

- All staff had received training on the Mental Capacity Act. We read the training programme; training was delivered face to face and reflected the Mental Capacity Act code of practice and Deprivation of Liberty Safeguards
- Cambian Community Services East Midlands reported no Deprivation of Liberty Safeguard applications within the last 12 months.
- Staff were able to refer to Mental Capacity Act and Deprivation of Liberty Safeguards policies. These policies were current and due to be reviewed in May 2019.
- Staff we spoke to was able to show their understanding of the basic principles of the Mental Capacity Act. They wrote in the patient's records the mental capacity to make decisions about their treatment and care. We saw mental capacity assessment on a specific issue completed by the multidisciplinary team. Best interest decision assessments were stored in patients' records. Documentation about this assessment and decision was clear and thorough.
- Staff supported patients to make decisions. All patients had access to advocacy services; an advocate visited the unit weekly. Written information in easy read language about advocacy services was placed on communal notice boards.
- Staff knew where to get advice regarding the Mental Capacity Act including Deprivation of Liberty Safeguards. They said they would speak to the Mental Health Act administrator for advice on the Mental Capacity Act. Staff said they would contact the Independent Mental Health Capacity Team for further advice.

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

Good 

Kindness, dignity, respect and support

- We observed very positive interactions between patients and staff. Staff had developed a good rapport with patients. We saw staff treated patients with dignity, respect and provided practical and emotional support.
- Patients told us staff were caring and treated them with dignity and respect. All the patients we spoke to said staff listened to them and were always very helpful, friendly and very approachable.
- We spoke to a carer who said staff treated patients and carers with dignity and respect.
- Staff understood the individual needs of patients. Patients we spoke to said staff were very good at their job and helped patients to learn skills to live independently. Staff gave support in tasks and gave patients the ability to learn skills to live independently in the community, such as cleaning, preparing meals, laundry, personal hygiene and going shopping.

The involvement of people in the care they receive

- The admission process informed patients and oriented them to the service. The registered manager said before admission the patient and staff developed a transition plan. The aim of this plan was for the patient to familiarise themselves with the location, staff and other patients before they were admitted to the service. The transition plan started with the patient visiting the location for a few hours. The patient would increase time they spent at the location until they were confident to have an overnight stay, gradually building up to fully moving into the locations. Staff and patients said the transition plan was patient led.
- The Sycamores and The Limes Houses had access to advocacy. The advocate would visit both locations every week. Patients said they knew who the advocate was and had used the service. Patients were able to access mental health, mental capacity and generic advocacy services. We saw leaflets about advocacy services on communal notice boards.
- Staff encouraged families and carers to be involved in patient care. Families and carers visited both locations freely. Patients were encouraged to visit their family in the community, for example, staff from The Limes Houses took a resident to their family home every fortnight. Staff said they had collected carers and brought them to visit their family member at the locations.
- Patients we spoke with said they were involved in writing their care plan, wellness recovery action plan and recovery star. We saw evidence of this in patient records.
- Patients gave feedback on the service they received. Patients attended weekly community meetings. We read

Long stay/rehabilitation mental health wards for working age adults

Good 

seven community meeting minutes, which showed patients making suggestions about the service, and raise specific issues. We saw staff feedback any concerns patients had about issues they raised, which resulted in improvements in the service.

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

Good 

Access and discharge

- Most referrals to The Sycamores and The Limes Houses came from Cambian inpatient services and were patients successfully rehabilitated to the stage of moving to step down services. The service received referrals from external service providers. The registered manager said the service received referrals for patients rehabilitated to the stage of moving to the step down service from external organisations.
- Patients were moved back to a hospital during an admission episode due to clinical issues. We saw discharge data for both locations. Over the past 12 months, The Sycamores had two unplanned patient discharges. These discharges were due to patients experiencing deterioration in their clinical presentation. Patients would be transferred back to the detaining hospital linked to the step down unit.
- The average bed occupancy for the past twelve months for both locations was 70 percent.
- Patients expected length of stay at both locations was between 12 and 18 months. We saw the discharge planning data for the service, which showed over the last 12 months, The Sycamores, had six and The Limes Houses had three patients discharged. Discharge planning was evident from admission however; one patient at The Sycamores had received a service lasting longer than 18 months. This was due to commissioners and the care coordinator sourcing an appropriate placement and funding pathway for this patient.

The facilities promote recovery, comfort, dignity and confidentiality

- The Sycamores and The Limes Houses were based in two separate properties per location. Each house had kitchen and laundry facilities, staff office and individual bedrooms with en-suite bathrooms. The Sycamores were in the process of creating a multi gym. All houses had access to outside space and maintained gardens.
- All properties had a communal lounge. Patients used the lounge as a quiet area and visitor's room.
- All patients had their own mobile phone they used to make a phone call in private. Each dining room had a telephone patients could use, but patients did not use the telephone when other patients used the dining room.
- Patients at both locations could access the kitchens at all times. Patients were responsible for preparing their own meals and encouraged to manage their money. At both locations, each patient had a monetary allowance to buy food for the week. Staff gave each patient £20 to spend on food over a seven-day period. Staff and patients had no concerns about the monetary allowance. Staff had a monetary allowance to buy patients' basic food essentials for example milk, tea, coffee and bread.
- Cooking facilities in both locations were in good working order. Patients had their own cupboards to store food in the kitchens and their own space in fridges.
- Patients were able to personalise their bedrooms. Patients said they were able to choose their bedroom colour and decorate their bedrooms with personal possessions. All rooms were fully furnished and patients were able to choose paint colours for the house décor.
- Patients had somewhere secure to store their possessions. All patients had a key to their room. Each bedroom had a safe where patients were able to secure their personal possessions and prescribed medication. Patients had their own combination to this safe. As both locations had staff present 24 hours a day, patients did not have a front door key.
- Patients had access to activities including at weekends. Patients at both locations had a timetable of community activities. Patients would complete these activities alone or with staff assistance. Staff prompted patients who required support to engage with planned activities.

Meeting the needs of all people who use the service

- The registered manager said the service and both locations were not set up in a way that accommodated

Long stay/rehabilitation mental health wards for working age adults

Good 

patients requiring disabled access. One of the properties at The Sycamores was a bungalow, but not fully adapted for people requiring disabled access. He said adaptations to both locations would be made if disabled access were required.

- All patients using the service spoke English and no one required an interpreter. Staff at all locations showed an understanding of supporting and attended to patients' cultural and spiritual needs.
- The Sycamores and The Limes Houses had notice boards in communal areas with information leaflets. Both notice boards had information on various issues for example, advocacy, mental health act, safeguarding, guardianship and local support services. Information in easy read language was available on notice boards.
- Patients had easy access to interpreters and/or signers. Staff told us they sought an interpreter for a service user who could speak English but needed an interpreter to help him understand complex legal language.
- Staff encouraged patients to practice their religion and maintained culturally specific dietary requirements.

Listening to and learning from concerns and complaints

- In the past 12 months, there had been no formal complaints reported by Cambian Community Services East Midlands. The Sycamores and The Limes Houses service user satisfaction surveys indicated staff resolved one informal complaint at each location in the last twelve months. Patients said complaints they made were resolved.
- Staff knew how to handle complaints appropriately. They gave examples of how complaints had been handled previously and referred to the complaints policy.
- Patients knew how to complain and received feedback on the outcome of an investigation. Staff made patients aware of the complaints procedures at community and one to one meetings. Patients leaflet on how to complain about the service was available from the advocate. All the patients we spoke to said they felt confident to make a complaint and received feedback from the investigation.

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

Good 

Vision and values

- Staff knew and agreed with the organisation's values. All staff said they helped people achieve their personal best by providing innovative and outcome focussed care in a safe and clinically led environment. We saw this value during the inspection in the discussion we had with staff.
- All staff we spoke with could clearly describe their roles and responsibilities.
- Team objectives reflected the organisation's values and objectives. We saw the Cambian philosophy 'everyone has their personal best' and team objectives such as 'a positive risk taking approach and learning and developing with others through others' in supervision notes and team meeting minutes.
- Staff knew and had frequent contact with house and registered managers, but said they did not have contact with senior managers.

Good governance

- We reviewed three personnel files. All files had evidence of an appropriate and clear recruitment process for example, relevant references, up-to-date disclosure and barring service checks and copies of contracts.
- All staff completed mandatory training. We looked at staff training records, which showed staff completed online Achieve training and face to face training arranged by the provider.
- All staff received supervision every eight weeks and had an annual appraisal. Support staff received clinical supervision from the house manager. House managers received clinical and management supervision from the registered manager. The registered manager said in the future, qualified nurses would be responsible for support worker clinical supervision. The registered manager and house managers discussed supervision and appraisal rates at the monthly risk and quality meeting.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The provider used key performance indicators to gauge the performance of the team. House managers passed information on supervision and appraisals from both locations to the quality team, this data contributed to the organisation's key performance indicators. Other examples of collected data were care plans, care programme approach reviews, discharge, admissions, and patient activity levels. All information was analysed at service level to identify themes and trends. The quality department provided key performance indicators data in a graphical format on the provider's intranet page.
- We saw two supervision records. House managers and staff discussed issues such as key performance indicators, reflective practice and continued professional development needs.
- All staff had received training in the Mental Health Act revised code of practice. The Care Quality Commission found policies and procedures had a current review date and met the requirements of the Mental Health Act code of practice.
- The team carried out clinical audits. House managers, mental health act administrator and registered manager completed clinical audits; but the quality team completed regular audits. We saw evidence of audits completed by staff and Cambian quality team.
- The house manager had sufficient authority and administration support. For example, house managers were able to authorise the use of bank staff. Administrative support was provided by the hospital linked to each location.
- Sickness and absence levels in the past six months were 4.7 percent at The Sycamores and 0.03 percent at The Limes Houses. The provider's target for sickness was five percent.
- There were no cases of bullying or harassment at both locations.
- Staff knew the whistle blowing process. Each house had a whistleblowing poster displayed.
- All staff we spoke with knew how to raise a concern with management and said they felt comfortable to do so. Staff were able to approach management, and if they were not satisfied, knew whom they could go on to speak to.
- Staff had opportunities for leadership development. The house manager was in the process of completing the Institute and Leadership and Management qualifications.
- Staff described morale as good. They described their teams as supportive and tight knit. We saw the staff survey for both locations. Four out of five staff said the provider location was a good place to work and support worker opinions were valued.
- Staff understood Duty of Candour. Staff gave an example of when a patient's possessions were thrown away without his permission. The patient received an apology, which was written in his file.
- Staff gave feedback on service and inputted into service development at team meetings.

Commitment to quality improvement and innovation

- Cambian Community Services East Midlands did not participate in any quality improvement or research initiatives.

Leadership, morale and staff engagement

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure staff receive feedback of incidents from other hospitals and step down units owned by the provider.
- The provider should invite support workers to multi disciplinary team meetings.