

**Good** 

# Cambian Healthcare Limited

# Cambian Heathers

## Quality Report

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Date of inspection visit: 2 and 3 August 2016  
Date of publication: 14/02/2017

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-1942493938	Cambian Heathers	Cambian Heathers	B70 0HD

This report describes our judgement of the quality of care provided within this core service by

Cambian Healthcare Limited

. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by

Cambian Healthcare Limited

and these are brought together to inform our overall judgement of

Cambian Heathers

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# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

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 / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated Cambian Heathers as good because;

- The unit ensured that newly admitted patients and those with high dependency needs were based on the ground floor close to the nursing station. The unit was very clean with appropriate furnishings and patients could personalise their bedrooms.
- The unit had a large pool of bank staff to cover shifts if required. The multidisciplinary team routinely assessed, monitored and supported patients with their physical and mental health care needs and enabled a comprehensive range of primary healthcare services.
- Of the seven care records we reviewed, all contained up to date risk assessments with holistic, patient centred care plans that were adapted to the communication needs of the patient. The care plans had clear goals and were recovery focused. Patients had access to a variety of therapeutic interventions and had access to psychological therapies recommended by the National Institute for Health and Care Excellence.
- Staff had access to training and reported receiving regular supervision, 92% of staff had received regular supervision and all non-medical staff had received an appraisal. Staff were aware of what incidents to report and we saw evidence that they had acted in accordance with their duty of candour.
- We observed staff treating patients with kindness, consideration and respect and all of the patients we spoke with had a positive comment about the service. Staff were praised by patients and carers for being caring, supportive and patient.

- Patients had access to advocacy and there was information available for patients on how to access advocacy or how to make a complaint. Patients had regular meetings where they could share their concerns and comment on the running of the service.

- Patients had access to a wide variety of meals that met their dietary requirements and staff regularly facilitated access to spiritual support.

- Staff at the unit told us they were aware of the organisation's vision and values. We found that there were appropriate governance systems in place to ensure that best practice and lessons learned could be shared and that the majority of shifts were covered. We found that staff had the chance to feed back to the service and suggest improvements and that staff morale was high and staff we spoke with spoke highly of the organisation and their colleagues and the way in which everyone worked effectively together and supportively as a team.

However;

- We found that none of the equipment had been calibrated in the clinic in line with manufacturers recommendations and one item of stock was out of date.
- We found that the monitoring of patients vital signs post rapid tranquilisation was not always documented and we saw that these incidents were not always reported using the incident reporting system.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as good because:

- The Heathers was clean, well maintained and environmental audits and risk assessments were in place.
- Staffing levels were adjusted based on the needs of the patients at the unit.
- Patients had up to date, comprehensive and complete risk assessments and these were reviewed and updated daily in the multi-disciplinary team meeting.
- Staff had completed mandatory training and had the skills and knowledge to meet patients' needs.
- Staff knew how to identify and report abuse and neglect and 98% of staff had received safeguarding training.
- Staff adhered to infection control principles and reviewed these in line with Cambian policy.

However,

- The controlled drug register showed 18 amendments and/or deletions and these were not completed correctly and not completed in line with the provider policy document.
- Cambian policies stated that the COSHH files should have been due for review in December 2015 and this had not been completed.
- Clinic equipment had not been calibrated in accordance with manufacturers guidelines.

Good



### Are services effective?

We rated effective as good because:

- All staff had received an annual appraisal of their work performance and 92% received regular managerial supervision.
- All patients had received a comprehensive pre-admission assessment to get a background history. This was done by a multi-disciplinary assessment team.
- Each patient had a mental capacity assessment which was in a clear and structured format. There was evidence that the principles of the Mental Capacity Act had been considered and a two stage test had been completed.

Good



# Summary of findings

- The care plans we looked at were in different formats dependent upon the patients needs, they were holistic, person centred and written from the patients perspective.
- The team had a full range of qualified and experienced mental health and learning disability disciplines. Staff showed awareness of the different needs of clients with a diagnosis of learning disability, personality disorder, psychosis and autistic spectrum disorder, in relation to an acquired brain injury.

However,

- In some patient files part of the diagnostic test of the Mental Capacity Act was not fully completed and this meant that there was no written evidence that staff had supported patients to make decisions for themselves.

## Are services caring?

We rated caring as good because:

- Staff were praised by both patients and their carers as being caring, kind and supportive and for treating patients with dignity and respect.
- Patients and carers we spoke with reported they felt involved in their care and treatment they received.
- Patients were able to feed back to the service in patient meetings and the recent patient survey.

Good



## Are services responsive to people's needs?

We rated responsive as good because:

- Patients had access to facilities that could meet their support needs and facilities within the local community.
- Staff helped patients to access religious support and catered for their dietary needs.
- Staff learned from complaints and investigations and made changes to improve the service.

Good



## Are services well-led?

We rated well-led as good because:

- Staff were aware of the organisations vision and values and told us that they believed them.
- The service had systems in place to monitor their effectiveness and used clinical audits to monitor this.
- The senior executives had made efforts to engage and be available to all staff at regular opportunities.

Good



# Summary of findings

- Staff told us that they contributed to service development and morale was high.
- There was a commitment by staff towards continual improvement and innovation within the service.
- The service was responsive to feedback from patients, staff and external agencies.

However:

- Some of the monitoring forms for patients had not been completed in line with NICE guidelines [NG10] on Violence and aggression: short-term management in mental health, health and community settings.

# Summary of findings

## Information about the service

The registered provider for Cambian Heathers is Cambian Learning Disabilities Midlands Limited. At the time of our inspection the hospital had a registered Manager.

Regulated activities that Cambian Heathers are registered with the CQC to provide are: Assessment or medical treatment for persons detained under the Mental Health Act 1983; Diagnostic and screening procedures; Treatment of disease, disorder or injury.

Cambian Heathers is located in West Bromwich near Sandwell and it provides twenty rehabilitation beds to men with acquired brain injury. The unit has two floors with communal areas and offices on the ground floor and patient bedrooms on first floor.

Patients admitted to the service have a diagnosis of established or suspected acquired brain injury, alcohol

related brain injury, Korsakoff's syndrome, Huntington's disease, early onset dementia with rehabilitation potential and may have been detained under the Mental Health Act.

Patients may present with challenging behaviour, co-morbid psychiatric disorders including forensic history or substance misuse, moderate to severe cognitive impairment, organic psychiatric disorder or organic personality change, dysphasia or other communication problems and abnormal movements or restricted mobility but will not typically be wheelchair-bound.

This was the first inspection for Cambian Heathers and the Mental Health Act monitoring visit was done on 8 August 2016.

## Our inspection team

Team leader: Donna Hussain CQC Inspector (Mental Health)

The team that carried out this inspection comprised two CQC inspectors, two specialist nurse advisors, a

pharmacist and an expert by experience. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care 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.

During the inspection visit, the inspection team:

- looked at the quality of the premises and observed how staff were caring for patients
- spoke with nine patients that were using the service
- spoke with three carers of patients using the service
- observed a patients disco bingo group and pet therapy group
- reviewed seven care records

# Summary of findings

- carried out a specific check of the medication management including a review of ten prescription records
- spoke with the registered manager of the service, the head of care, the responsible clinician and the consultant clinical neuro-psychologist
- observed a morning multi-disciplinary team meeting
- spoke with seven other members of staff including nurses, support workers, occupational therapists and psychologists
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We mostly received positive comments from patients and carers and they praised the staff for being polite, caring, helpful and patient. Patients liked their environment and their bedrooms which they could personalise however they wanted.

Patients told us they were given information about how the service was run and were able to input into this. Most

patients told us that they felt safe. Staff involved patients in their care planning and they were able to freely express their views about how the service was run and their care and treatment.

Carers told us that the service was beneficial to the patients, they felt re-assured by having their relatives well looked after and that there were therapeutic activities available, communication was good between all staff and carers and the staff were friendly and caring towards the patients.

## Areas for improvement

### Action the provider SHOULD take to improve

- Clinic equipment should be calibrated in accordance with manufacturers guidelines.
- Clinic stock should be regularly monitored and disposed of when out of date.
- Cambian Heathers should ensure that the monitoring of vital signs of patients are completed as detailed in the NICE guidelines [NG10] on Violence and aggression: short-term management in mental health, health and community settings.

# Cambian Healthcare Limited

# Cambian Heathers

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Cambian Heathers	Cambian Heathers

### 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.

Cambian Heathers is a specialist unit providing care for patients with an acquired brain injury. On the day of the inspection there was 16 patients who were detained under the Mental Health Act, one informal patient and one detained under Deprivation of Liberty Safeguards.

Training records indicated that 94% of staff had received training in MHA. Staff showed awareness of the different needs of clients with a diagnosis of learning disability, personality disorder, psychosis and autistic spectrum disorder, in relation to an acquired brain injury.

Staff told us that they were able to access guidance and advice about the Mental Health Act as the regional Mental

Health Act administrator was based at Cambian Heathers. They aim to promote good practice in MHA matters and make use of resources such as on line MHA practice forum and Cambian's legal advisor when necessary. We saw evidence of regular Mental Health Act audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from these audits.

Staff had put posters on the ward informing people of the advocacy service as well as details of when they were next due to visit the unit. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed. Patients knew about the advocacy service and knew what to do if they wanted to speak to the service at other times.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

Training records showed that 94% of staff had received training in the Mental Capacity Act (MCA). Staff we spoke to were aware of the policy on the Mental Capacity Act and demonstrated an understanding of MCA and could apply the five statutory principles.

The majority of assessments of capacity were documented well. We found examples relating to smoking, finances, contact with the police and managing epilepsy as well as consent to treatment.

At the time of inspection, the unit had one patient on Deprivation of Liberty Safeguards (DoLS). The provider had a DoLS policy in place and this was available via the intranet for staff to access for guidance.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- Ground floor was for new admissions only due to increased proximity to the clinic rooms and staff. Bed rooms were en-suite and could be personalised. CCTV was used in communal areas and there were multiple notices informing staff and visitors of this.
- Staff had completed ligature risk assessments in line with Cambian policy. Ligature risk assessments had been completed when the unit opened last year, six months after this and the month prior to our inspection. All identified risks had attached factors used to mitigate them.
- The unit was a single gender environment.
- The clinic room contained a defibrillator and daily checks were carried out and were recorded and found to be complete. An emergency bag was also present and this contained pocket masks, oxygen and spare defibrillator pads, this was checked weekly and a log of this was maintained and complete for eight weeks prior to our inspection. A first aid kit and burns kit was available in first aid room. Fridge temperature records kept for June 2016 onwards were all within min-max range of 2-8 degrees. However none of the equipment in the clinic had records of calibration dates and when we brought this to the responsible clinicians attention, they checked the manufacturers guidelines for calibrating the medical equipment and stated that this would be done in line with manufacturers guidelines.
- There were no seclusion facilities available at the unit and seclusion was not used on site.
- The unit was clean, well-maintained and had good, suitable furnishings. We observed that staff completed the daily cleaning records and had signed them. Patients we spoke with told us that they liked their surroundings and the level of cleanliness was very good.
- Staff adhered to infection control principles. Staff practiced good infection control procedures and hand hygiene to protect patients and staff against the risks of infection. Instructions on effective handwashing were available for information above all sinks. Hand gel dispensers were also available for use.
- The services maintenance manager completed a daily health and safety tour of the internal and external aspects of the service. Records of this were completed and signatures were documented of completion. Monthly health and safety checks were completed and logs were kept of this.
- Window restrictors, fire extinguishers, fire alarms and emergency lights functional tests were checked weekly by staff in line with Cambian policy.
- We observed that Legionella controls were in place, this included the check of water temperatures weekly, shower head cleaning schedules with a three monthly audit record completed.
- We observed that the central water tank was checked on a three monthly basis and inspections of personal protective equipment also were recorded.
- A COSHH file was available and reviewed as part of our inspection, this included details of the use of personal protective equipment and actions to be taken in case of contamination with skin or eyes. Cambian policies were in place to review the COSHH files, however this had not been completed and was due for review in December 2015. When we brought this to the head of care's attention they said that this would be reviewed.
- All staff wore personal alarms and these were pull/button activated. Panels located around the building alerted staff to the location if an alarm was triggered. All staff were required to carry alarms whilst on shift. Nurse call alarms were available to summon assistance in communal rooms.

### Safe staffing

- The unit had eight whole time equivalent (WTE) qualified nurses and 18 WTE nursing assistants. At the time of the inspection there were four WTE nursing assistant vacancies which had recently been recruited to and were awaiting start dates.

# Are services safe?

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- Staff sickness rates were low with an average of 2.7 % for the twelve month period prior to inspection. Staff turnover rate was 25% and this was mainly due to staff being promoted within Cambian or moving to another Cambian service.
- Cambian developed a staffing matrix to ensure all shifts had a suitable number of staff present to ensure patient and staff safety. Managers were able to adjust the staffing level if required.
- The staffing levels for the day at Cambian Heathers comprised of two nurses and six nursing assistants on duty and at night this was decreased to two nurses and five nursing assistants. Staffing rotas were reviewed daily as part of the morning multi-disciplinary team meeting.
- Agency staff were not used by the service. Bank staff usage for the three months prior to our inspection was 13.5% with 7% of shifts that did not have a full complement of staff. A bank staff co-ordinator was employed by the provider and was able to use regular bank staff, this meant that they were familiar with the service and the patients and had received Cambian specific induction and training.
- Two nurses were on duty every shift and maintained a presence in the ward area. In addition to the core staff mentioned above the hospital manager; head of care, and additional multi-disciplinary were always available during weekdays to provide extra support for patients if required.
- Most staff had no concerns about staffing levels. The unit had enough staff available so that patients could have regular one-to-one time with their named nurse. There were enough staff to carry out physical interventions if these were needed. For example, if a patient needed to be restrained for their safety or the safety of other patients and staff.
- The provision of activities and leave was monitored as part of their weekly key performance indicators. The unit aimed for 25 hours of meaningful activity each week and in the month prior to our inspection, they had recorded 60% of patients having received more than 25 hours of meaningful activity.
- All patients at Cambian Heathers were registered with a local general practitioner and the consultant neuropsychiatrist manages the care and treatment of

patients with epilepsy. On call medical cover was provided at weekends through a Cambian regional on call rota and staff told us they were always able to access medical support when required.

- Ninety four percent of staff had received and were up to date with mandatory training. In addition weekly training sessions were held around different topics such as epilepsy. Staff told us that if they required additional training on a specific topic a training session would be arranged often within a fortnight. A training calendar was available for staff and the registered manager reviewed training objectives with all staff during appraisals. Staff we spoke with stated they had access to mandatory training for Mental Health Act, Mental Capacity Act, health and safety and specialist acquired brain injury training amongst others.

## Assessing and managing risk to patients and staff

- There were no reported incidents of seclusion or segregation in the six months prior to our inspection.
- There were 48 incidents requiring the use of restraint in the six months prior to our inspection. Prone restraint was not used in this location. Where restraint was used, the staff detailed the type of restraint used in accordance with training they had received in the management of violence and aggression. Staff told us they only used restraint after repeated de-escalation and diversional techniques had failed. The staff involved and methods of de-escalation used prior to restraint were recorded to indicate that it was only used after all other methods had been unsuccessful, however this was not present in all records viewed.
- Staff were trained in physical intervention Management of Violence and Aggression (MVA). Staff explained that they used Positive Behavioural Support Plans (PBSP) to address challenging behaviours. The neuropsychologist delivered an annual training course to equip staff with an understanding of how to manage behavioural challenges from patients with an acquired brain injury. Staff recorded the type of restraint used, the duration of the restraint and which staff had been involved, including who had been responsible for each body part of the patient. Patients and staff were offered access to support following restraint being used.
- We looked at seven patient care records. Each had a risk assessment and risk management plan completed on admission. Patients had a person centred management

# Are services safe?

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plan and there was evidence of these being regularly reviewed. These included triggers, early warning signs and de-escalation techniques for staff to follow first. This included when and in what circumstances staff should offer any medicines prescribed to the patient to be used as when required. The plan included a historical and medical context, possible causes and early warning signs. There were strategies for preventing the person from becoming aggressive and strategies to be used when the patient displays behaviours that are challenging.

- The unit prioritised assessing and managing risk. We observed this happening in the morning meetings where all staff from different disciplines were involved. Any changes to risk were highlighted and communicated to all staff. This involved rating risk using a red, amber and green (RAG) system. All patients had their levels of observations adjusted accordingly to their needs.
- Staff did not carry out random or routine searches of patients, their property or rooms. Some items were considered contraband and patients were not allowed to keep items such as razors in their rooms due to patient safety.
- Two patients specifically commented on how few rules there were on this unit. They felt they had a great deal of freedom compared with previous wards. There was information to notify informal patients of their rights to leave the unit if they wished. The unit recorded leave appropriately and included clear information about escorts and other conditions. There was evidence of people being able to take positive risks; one person was able to have unescorted leave. This was used to walk to the supermarket and local shops to buy what the person wanted or needed. Another person who had unescorted leave could no longer do so following an incident in the community, the Multi Disciplinary Team meetings (MDT) reviewed the risk assessment and the person was now escorted on leave. Patients carry carried a card with address and contact numbers on it in case this is was needed.
- Staff followed the Cambian policy on the use of observation and engagement and we saw that this was in use. We observed staff adjusting levels of observation dependent upon risks presented by patients in the MDT.
- All staff we spoke with were aware of safeguarding protocols and knew how to make a referral and 12 referrals

had been made in the last six months. Safeguarding training had been completed by 98% of staff. A safeguarding adults policy was in place and all staff had access to this via Cambians intranet.

- Medicines were stored securely and at the correct temperature. Staff completed monthly medicine storage audits.
- Medication was provided by an external pharmacy. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their prescribed medicines when they needed them. There were systems in place for stock checking medication. The expiry dates of the medication were noted alongside each medication. Liquid and cream preparations were annotated with opening dates on the label and were appropriate, within use by dates.
- We looked at the prescription charts for 10 patients. We saw appropriate arrangements were in place for recording the administration of medicines. When patients were allergic to any medicine, this was recorded on their prescription chart.
- The treatment room/clinic was clean, tidy and cold, with a wall air conditioning unit. Some patients were self-medicating and had lockable medicine lockers in their rooms. The record book available from June 2016 onwards showed all temperatures recorded in the clinic room were below 25 degrees.
- The nurse in charge held keys for the clinic. There was a secure controlled drugs cupboard and the stock quantity was checked daily and recorded in the controlled drugs register and this was seen over the last 12 months. Buccal Midazolam was the only medication present in the controlled drug cupboard and this was not required to be placed in controlled drug cupboard or on the register. Provider policy documents indicate that this was at manager's discretion and was good. All medication in the controlled drug cupboard was labelled patient's own and had separate pages in the controlled drug register, this was checked against the controlled drug entry and both were correct. However, the controlled drug register showed 18 amendments and/or deletions and these were not completed correctly and not initialled by two staff members as per the provider policy document.
- Individual staff competencies relating to administering medication were completed on an annual basis and after a

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medication error if required as an action. Medicine errors were logged on a paper form and these included near misses as well as error records. No omitted doses were seen on any charts and all prescription charts had the patients allergy status recorded.

- We reviewed the policy and procedure for visitation to patients and this contained special consideration concerning child visitors.

## Track record on safety

- There were no serious incidents reported at Cambian Heathers in the last 12 months.

## Reporting incidents and learning from when things go wrong

- Staff knew what constituted an incident and how to report and escalate this to senior staff using an electronic reporting system. Staff reported incidents on 'IR1' incident reporting forms. Staff were open and transparent with patients when discussing when things had gone wrong.
- A regional clinical governance group was held on a quarterly basis and a local hospital governance group was held monthly with representatives from all staff groups. Learning from incidents was discussed in morning meetings, handovers, local clinical governance team meetings and supervision.
- Staff demonstrated duty of candour and patients told us that they were informed and given feedback about things that had gone wrong.
- Staff were able to explain how learning from incidents was shared.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- Staff told us that there was a pre-admission assessment to get a background history of the patient. They told us that the assessment team gets to know people during the pre-admission assessment. Assessors get information from relatives or others who know the person and people were asked to complete a 'describe yourself' questionnaire. This helped to identify the person's preferences and what their aspirations for the future were when they no longer needed to be at the hospital. This was done by a multi-disciplinary assessment team. A red, amber, or green risk assessment was completed and an initial recommendation made for the level of observation that a patient would be on at admission.
- Seven care records were reviewed and each patient had a full and comprehensive nursing and MDT assessment completed before their admission with summary of the likely needs and support they would require during their stay.
- Each patient had a mental capacity assessment which was in a very clear and structured format. There was evidence that the principles of the Mental Capacity Act had been considered and a two stage test had been completed.
- A patient with a diagnosis of epilepsy had a management plan with a clear description of what their seizures looked like and how long they usually lasted.
- A patient who had a learning disability in addition to their acquired brain injury had a care plan that was in an accessible format with pictures and symbols to aid understanding. The contract for therapeutic occupation was in an accessible format that was different to other patients. It was evident that a person centred approach had been taken in communicating with this patient.
- There was evidence in care records of social stories to explain and reassure the patient about hospital appointments and other aspects of their care and treatment.

- The new version of the care plan was person centred and written from the patient's perspective. It covered personal care, communication, health, activities and risks. For a person who had diabetes there was a diabetes management plan that was person centred and accessible.
- There was evidence that patients met with or were offered meetings with their key worker weekly, where this happened the minutes were signed by the patients.
- Each patient had a personal emergency plan for evacuation of the unit.
- Each patient had a grab sheet for staff to use for effective communication strategies that were person centred to support individual needs.
- Patient files were comprehensive, stored securely yet easily accessible to staff.

### Best practice in treatment and care

- The doctor had access to information from National Institute for Health and Care Excellence (NICE) guidance updates that they shared with the clinical team. We saw information on patients' medicines based on NICE guidance that included information on specific monitoring needed for patients who were prescribed antipsychotic medication. This included drug interactions, dosages, contra-indications and side-effects. The policies and procedures were inspected for positive behaviour support, reducing restrictive interventions and the use of physical interventions. All policies cited the Mental Capacity Act, Mental Health Act, NICE guidance and the Department of Health 2014 guidance Positive and Proactive Care.
- All patients had access to psychotherapy on a one to one basis.
- There was evidence of a series of standardised, evidence based outcome measures having been completed for each patient that was specific to their needs.
- Patients at Cambian Heathers were registered with a local general practitioner. The consultant neuro-psychiatrist managed the care and treatment of patients with epilepsy. Access to physical health monitoring and routine checks were available via the local general practice surgery and staff and patients reported that there were effective links with this service. Nursing staff and medical staff reported that the surgery shared information with

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Good 

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them regarding patients physical health checks. Staff could also refer them to specialists when required. Staff provided general physical and mental health promotion activities including dietary advice and encouraging exercise.

- Staff completed recognised rating scales to measure the effectiveness of the clinical treatments and interventions that were being offered to patients, this included the Health of the Nation Outcomes Scales (HoNOS).
- Staff participated in regular clinical audits and we saw evidence of this.

access to regular team meetings every two months. Staff told us that they received regular supervision and attended staff meetings and all non-medical staff had received an appraisal in the last year.

- The manager addressed issues of staff performance in a timely manner through management supervision and they were able to access support from a human resources team if required.

## Skilled staff to deliver care

- The team had a full range of qualified and experienced mental health and learning disability disciplines including a head of care, a consultant clinical neuro-psychologist, a consultant neuro-psychiatrist, a psychologist, an occupational therapist, speech and language therapist, qualified nurses, support workers and mental health act administrator who was the lead for the region.
- We reviewed three personnel files as part of the inspection process and found that disclosure and barring service checks had been undertaken and reference numbers were present and in date. Where applicable staff had registration certificates with professional bodies such as the nursing and midwifery council in their files. There was evidence in the files of the applicants suitability for the post they had applied for.
- All staff had completed an induction and probationary period and evidence to support this was available for the inspection team to review in staff files. Cambian have a corporate induction and there was evidence of this having been completed in staff files.
- Records showed that the manager provided regular supervision and this rate was 92%. Cambian had a tracking system that recorded planned dates of supervision that enabled the manager to ensure regular supervision was taking place in accordance with their policy. The teams had

## Multi-disciplinary and inter-agency team work

- The unit held regular, effective and comprehensive multi-disciplinary team meetings once daily and we attended one of these. These meetings involved all different professionals within the team and other external professionals when required.
- The unit held two handovers each day at the end of each morning and evening shift.
- The Heathers had close links with different external organisations. They had effective partnership and good working relationships with the general practitioners, hospitals, local community facilities, local authorities, police and health commissioners. Different external health and care professionals were invited to patients' care meetings.

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

- Staff at Cambian Heathers could demonstrate a good understanding of the Mental Health Act and the guiding principles and 94% had completed training in this.
- The majority of assessments of capacity were documented well. We found examples relating to smoking, finances, contact with the police and managing epilepsy as well as consent to treatment. The responsible clinician had talked to the patient about the outcome visits by the Second Opinion Appointed Doctor (SOAD).

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Where relevant, all patients had a certificate, known as a T2 or T3, to authorise their treatment after three months. In one case the SOAD had wrongly dated the T3. Staff at Cambian had identified the mistake and asked for the certificate to be amended.
- All detained patients had medication authorised on either a form T2 or T3. Mental Health Act status was completed on the front of the prescription charts and T2/T3 forms were held with these.
- Staff reminded patients of their rights every month. However, staff were not consistent in how they recorded this as it was not clear whether patients had understood their rights. In one case, staff had noted only that they had "explained" their rights. In other cases, staff had used terms such as "successful" and "understood" which better captured the patient's understanding.
- Two patients used the patient engagement form to say that they did not have enough information about their rights.
- The Mental Health Act Administrator based at Cambian Heathers is the Regional Lead for the area, covering seven hospitals, providing advice and support to four colleagues. She was part of a national group covering Cambian hospitals across the country. They aimed to promote good practice in Mental Health matters and make use of resources such as on line Mental Health Act practice forum and Cambian's legal advisor when necessary. They ensured that detention paperwork was in order. All patient files showed this scrutiny system in practice. The Mental Health Act administrator also Care Programme Approach meetings, tribunals and managers' hearings.
- We saw evidence of Health Act audits to ensure that Health Act was being applied correctly and there was evidence of learning from these audits.
- Staff showed a good understanding of working with patients whose capacity was impaired and were able to discuss the roles of the Independent Mental Capacity Advocate (IMCA) and the Court of Protection. Advent provides the Independent Mental Health Advocacy (IMHA) service. Cambian decided to commission this service because they were dissatisfied with the IMHA service provided by the local authority. Advent also provided the generic advocacy service at the Heathers. Advent supported patients at ward reviews; Care Programme

Approach meetings and appeals against detention. They visited the ward regularly. Cambian staff told us the advocate was well known to patients and had carried out a patient survey on behalf of Cambian.

## Adherence to the Mental Capacity Act

- Ninety-four per-cent of staff have had training in the Mental Capacity Act.
- One Deprivation Of Liberty Safeguarding application was made in the last six months.
- The majority of assessments of capacity were documented well. We found examples relating to smoking, finances, contact with the police and managing epilepsy as well as consent to treatment. However, part of the diagnostic test of the Mental Capacity Act was omitted on the form. This meant that there was no evidence that staff had supported patients to make decisions for themselves.
- Staff we spoke to showed an understanding of Mental Capacity Act and the Code of Practice and could discuss the five statutory principles.
- Patients told us they had been given information about their rights.
- Staff told us and we observed that leaflets and a Mental Health Act regional lead are on site as well as information on solicitors, IMHA and IMCA's.
- Staff told us that capacity was reviewed every time medication is changed and every four weeks as standard practice during the ward round. Capacity that was reviewed was clearly documented on patients files.
- Staff told us that they understand and where appropriate work within the Mental Capacity Act definition of restraint and that they were trained in this and there was an audit of 'clinical restriction'. The staff know where to get advice, show awareness of where Deprivation Of Liberty Safeguards were made and it was acknowledged that there were arrangements in place to monitor adherence to the Mental Health Act within the Trust.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- We observed a range of interactions between staff and patients. We observed staff being caring and treating patients with respect and dignity. Staff spoke and behaved in a way that was respectful, kind, considerate and responsive to the patients needs.
- In the patient survey conducted in July 2016 67% of patients said they felt that staff were polite and approachable and 56% felt that staff treated them with respect. Patients told us that staff bought them cards and a gift on their birthdays. When the unit had been open for a year in June 2016 they had a party and a barbeque for patients, their carers and staff.

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

- Patients were orientated to the building on admission and were based in a room on the ground floor by the nurses station. Ground floor was for admissions due to increased proximity to the clinic rooms and staff. Once patients had settled in they then progressed to the upstairs wards.

- Patients were actively involved in their multidisciplinary clinical reviews, care planning, risk assessments and care programme approach meetings. The multidisciplinary team took into consideration the views of families when planning care and treatment. Patients and carers reported being very involved in their care, and one carer told us that they rang the ward twice daily for updates on their son and staff always gave her information and re-assured her about her sons progress and treatment. They said if the consultant was not available to speak to when they rang that he always rang her back as soon as he was able to that same day.
- Patients had access to advocacy. Posters were available with contact information, should patients or carers wish to contact the advocates. Advocates visited the unit every week and attended multidisciplinary meetings if the patients requested that.
- Weekly meetings were held where patients are able to give feedback on the service they receive and a patient survey was completed in July 2016 with the IMHA.
- Staff recorded patients' advance statements in the care records where appropriate.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- Cambian Heathers is a 20 bedded unit and occupancy had been gradually increased over the last year it had been open. At the time of our inspection there were 18 patients, two patients had been discharged from the unit over the last year with one patient being re-admitted.
- Patients could access their beds on return from section 17 leave if applicable.
- The unit had good relationships with commissioners from authorities that placed patients in their unit to ensure that patients were successfully supported with their discharge plans. Commissioners were invited to care programme approach meetings. Discharge plans were discussed with patients at admission and were discussed in their care programme approach meetings.
- Some patients we spoke with said that there were not any acquired brain injury services where they lived which meant that they were placed outside of their area. Referrals were country-wide.
- Staff told us that if a patients needs changed and they required more intensive care and support this would be discussed with placing commissioners.
- At the time of our inspection the unit had no delayed discharges.

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

- Cambian Heathers had a mixture of ground floor and first floor accommodation. Ground floor was for new admissions only due to increase proximity to the clinic rooms and staff. Bed rooms were en-suite and could be personalised. In the patient survey that was completed in July 2016 73% of patients stated that they liked their rooms and 84% said that they could personalise them if they wished.
- There were a range of rooms for vocational and educational activities, this included an activities room with

a pool table, a computer room and a gym with exercise machines. Risk assessments for the use of the equipment in the gym were carried out by a physiotherapist contracted to work within the service on a part time basis.

- We observed the unit as being very quiet.
- A private phone room was available within the activity suite for the use of patients and patients could use their mobile phones while on the ward, and use them to access the internet. All patients sign an agreement saying that they will not use their phones to photograph other patients.
- Patients can smoke outside in the garden. The garden area was closed at mealtimes to encourage patients to eat and after midnight. However, staff could waive this restriction in certain circumstances. Smoking cessation support was available.
- We observed the food available to patients as being good quality with a variety of choice and 67% of patients who responded to the patient survey said that they liked the meals offered and the same number said they were offered a choice. They also said that if they requested something that was not on the menu the cook would make it for them and 78% of patients said that they were able to make their own food and drinks.
- Patients were able to engage in paid work within unit as part of therapeutic duties and were paid weekly. They said that they enjoyed the work they did.
- There were a range of activities to do in the service including arts and crafts, table top games and puzzles, pool and table tennis. Some patients accessed the local leisure centre where they could use the gym and play badminton, there was also a small gym on the unit. There was a file in the activities room that contained a broad range of activities and places to visit in the local community and surrounding area. Patients could go to a place of worship, visit museums, watch motorcycle racing and go fishing. There was photographic evidence on the walls of the activities room that patients were engaged in meaningful activities.
- We saw a daily timetable of activities for patients to engage in with time allocated for patients to choose what they wanted to do.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

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

- A patient who had a learning disability in addition to their acquired brain injury had a care plan that was in an accessible format with pictures and symbols to aid understanding. The contract for therapeutic occupation was in an accessible format that was different to other patients. It was evident that a person centred approach had been taken in communicating with this person. Staff said that a patient who required a larger, different type of bed due to his mobility needs received one within two days of his admission to the unit.
- We were told that there was a variety of leaflets available in different languages if required by patients.
- On the display board in reception area there was a variety of information available. The rights of informal patients to leave was explained clearly. CQC registration certificate displayed and details for staff on the requirement for them to use personal alarms.
- CCTV was used in communal areas and there were multiple notices informing staff and visitors of this.
- Information was available on the recognition and reporting of potential abuse, advocacy services, whistleblowing, Caldecott guardian and patient rights.
- Easy read versions of signs were available for patients and pictorial signs were on doors to denote the room purpose.
- Staff told us that they were able to access interpreters if required.

- Meals could be provided to meet dietary requirements, and could be provided to meet the dietary requirements of religious and ethnic groups. There was a wide choice of food available and patients could choose food that was off menu if they wished.
- Patients had access to appropriate spiritual support and one patient was supported to attend church every Sunday.

## Listening to and learning from concerns and complaints

- Cambian Heathers had received six complaints in the year prior to our visit and these varied in themes from staffing levels and conduct to car parking.
- All complaints had been investigated in line with the providers policy, there was evidence of duty of candour being exhibited by the provider and apologies had been offered where mistakes had been made. There was a duty of candour and lessons learned folder. This included information about the requirement for candour in practice.
- Fifty-six per-cent of patients told the patient survey that they knew how to make a complaint and the patients we spoke to said that they knew to speak to a member of staff if they were unhappy or wanted to complain about any aspect of their treatment.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- Staff were aware of the four values of the service and all of those that we spoke with agreed with them and believed in them. These were the same as those in other services provided by Cambian. These were displayed in the unit and were also in the patient information booklet.
- Team objectives reflected the organisations values and these were; everyone has a personal best; everyone can find something to aim for; everyone can achieve something special and everyone should have the opportunity to strive for it.
- All staff were aware of who the most senior managers in the organisation were and also had the opportunity to regularly speak to the Chief Executive.

### Good governance

- Systems were in place to ensure that shifts were mostly covered. This included the use of regular bank staff to fill gaps in the shifts.
- Governance meetings took place every three months and we reviewed the minutes of them, it covered Key Performance Indicator's, restraint, DLSOS outcomes and the use of 25 hours of meaningful activity, per client per week. Governance meetings were on 01/07/16, 21/03/2016, 11/12/15 and 27/05/2015. Clinical governance meetings took place with other learning disability and acquired brain injury units. This meant that data discussed was comparable and valid and best practice could be shared.
- The service used key performance indicators to measure effectiveness. These were reported monthly to the manager of the service.
- The unit had an Mental Health Act regional lead administrator that ensured staff had the right support to enable them to apply the Mental Health Act procedures correctly.

- Staff were well trained, appraised and supervised; 100% of non-medical staff had received an appraisal, 92% of staff had received regular supervision and 94% of staff received mandatory training.
- Staff did not always follow NICE guidance. Staff did not always record the administering of intra-muscular rapid tranquilisation as an incident. We found that monitoring of vital signs after administering intra-muscular rapid tranquilisation was not always documented in line with NICE guidelines [NG10] on Violence and aggression: short-term management in mental health, health and community settings.

### Leadership, morale and staff engagement

- Staff sickness rates were low at an average of 2.7 % for the twelve month period prior to inspection.
- Thirty-four per-cent of staff stated that they received excellent support for their work at Cambian and 53% of staff said it was good in the Cambian Climate Survey. Staff told us morale was good and that they felt supported by managers. All staff we spoke with described good team working and that Cambian had a positive culture of support within its organisation.
- No staff reported any incidents of bullying or harassment and all staff said they knew the whistleblowing process.
- Staff we spoke with said they felt able to raise concerns without fear of victimisation.
- Twenty-seven per-cent of staff rated their job satisfaction as excellent at Cambian and 60% rated it as good.
- Staff we spoke with said there were opportunities for leadership development at Cambian and some staff had progressed through the organisation.
- Fifty-four per-cent of staff said their experience of team commitment was excellent and 43% said that it was good.
- There was a duty of candour and lessons learned folder. This included details on Regulation 20 and information about the requirement for candour in practice. Staff we spoke with were able to give examples of this.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Staff told us that they were regularly offered the opportunity to give feedback on service delivery and input into service development.

## **Commitment to quality improvement and innovation**

- The responsible clinician was a member of the Neuropsychiatry Faculty of Royal College of Psychiatrists and was the Research and Development Lead for Cambian Group.
- The consultant clinical neuro-psychologist was a representative of Cambian Heathers for Independent Neuro Rehabilitation Providers Alliance.
- Cambian Heathers hosted a national ABI conference in October 2015 aimed at exploring care pathways for neuro-rehabilitation.
- The responsible clinician published clinical outcome data from Cambian Heathers at the Royal College of Psychiatrists International Congress in June 2016.