

CAS Grange

Quality Report

39-41 Mason Street
Sutton in Ashfield
Nottinghamshire
NG17 4HQ

Tel: 01623 669028

Website: www.casbehaviouralhealth.com

Date of inspection visit: 21 August 2017

Date of publication: 26/10/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Overall summary

We rated CAS Grange as good because:

- The environment was clean and well maintained. The provider carried out annual health and safety audits such as ligature and environmental risk assessments. The hospital had management plans and emergency equipment in place to ensure patient and staff safety.
- The provider had assessed appropriate staffing levels for each shift, which the hospital followed. All staff received regular supervision, an annual appraisal and completed mandatory training which gave them the skills to meet patient needs.
- Staff completed patients' comprehensive risk assessments and regularly reviewed and updated them as a multidisciplinary team which ensured all identified risks were managed.
- Staff reported incidents, the registered manager provided staff with the opportunities to learn lessons to ensure that practice was improved.
- The multidisciplinary team routinely assessed, monitored and supported patients with their physical health care needs and access to a comprehensive range of primary healthcare services.
- Interactions we saw between staff and patients were caring, positive and friendly. Feedback we received from patients and carers said staff had a good understanding of the patients they cared for.
- The hospital maintained effective links with outside organisations to support patients with a programme of daily activities and rehabilitation process.
- The provider responded to and investigated complaints. Patients and relatives were provided with responses to complaints and staff were provided with lessons learnt from complaints.
- The managers provided good leadership and support to staff. Staff felt supported by the registered manager and multi-disciplinary team and morale was good.
- The provider had developed key performance indicators for staff and outcome measures to monitor the quality of care provided to patients.

However:

- CAS Grange used a form to record capacity which did not include the diagnostic test; therefore the form was legally incorrect in accordance with the Mental Capacity Act 2005.

Summary of findings

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Good 

CAS Grange

Services we looked at

Services for people with acquired brain injury.

Summary of this inspection

Background to CAS Grange

Clinical Adult Services (CAS) Grange is part of CAS Behavioural Health. CAS Learning Disabilities Midlands Limited is the registered provider. CAS Behavioural Health formerly known as Cambian Adult Services was sold to Universal Health Services Incorporated in December 2016. CAS Grange, located in Sutton in Ashfield, Nottinghamshire provides eight rehabilitation beds for men with an acquired brain injury. At the time of inspection there were eight male patients, all detained under the Mental Health Act 1983.

The hospital has two floors, communal areas and offices on the ground floor, patient bedrooms and a nursing station on the first floor. A registered manager and nominated individual were in post during this inspection.

CAS Grange is registered with the Care Quality Commission to provide the following regulated activities:

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

Patients admitted to this hospital have a diagnosis of established or suspected acquired brain injury, alcohol-related brain injury, Korsakoff's Syndrome, Huntington's disease or early onset dementia with

rehabilitation potential. Patients might be detained under the Mental Health Act, the Mental Capacity Act Deprivation of Liberty Safeguards, or admitted on an informal basis.

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

CAS Grange was last inspected on 5 September 2016. This inspection was an unannounced focused inspection due to previous breaches found in the comprehensive inspection in April 2016. This inspection found breach in Regulations 17 (governance), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The hospital responded to this breach by completing an action plan, which addressed the breach.

A Mental Health Act monitoring visit occurred on 20 November 2015. All actions from that visit had been addressed.

Our inspection team

Team leader: Judy Davies

The team that inspected this service comprised of three CQC inspectors, a mental health act reviewer and an

expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses health, mental health and/or social care services regulated by CQC.

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?

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from three patients.

During the inspection visit, the inspection team:

- Visited all areas of the hospital, looked at the quality of the hospital environment and observed how staff were caring for patients.

- Spoke with three patients who were using the service.
- Spoke with the registered manager and eight other staff members; including a psychiatrist, nursing, an occupational therapist and a psychologist.
- Received feedback about the service from two commissioners.
- Spoke with an independent advocate and mental health act administrator.
- Observed a morning meeting.
- Collected feedback from four carers.
- Looked at eight care and treatment records of patients.
- Carried out a specific check of the medication management; and
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We received positive comments from patients, they were happy with the care they received. Patients described staff as kind, polite and treated them with respect and dignity. Patients said they were given information about how the service is run. Patients said they felt safe. Staff

involved patients in care planning and patients were able to freely express their views about care and treatment. Patients had copies of their care plans in a format they understood.

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.
- The service had a maintenance and cleaning team who were responsible for daily maintenance for this service.
- 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.
- All staff were trained to safely meet the needs of patients, a wide range of mandatory and legislative training was provided.
- There were no blanket restrictions used in this service. The service did not use seclusion or long term segregation.
- The service had a robust medicines management procedure in place.
- All staff and patients received feedback of lessons learned from incidents at this hospital and debriefing sessions.

However:

- Staff did not sign the emergency resuscitation bag, clinic and hospital cleaning rotas checklists on all occasions.

Good



Are services effective?

We rated effective as **good** because:

- All the care plans we saw were up to date and included patients' goals and wishes.
- All patient records had a physical health assessment; staff completed monthly monitoring of patient's physical health.
- Prescribing doctors and staff 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 to measure the patient's recovery process and staff to measure the effectiveness of the service they delivered.
- There were regular and effective multidisciplinary meetings and effective working relationships with teams outside of the organisation.

However

Good



Summary of this inspection

- CAS Grange used a form to record capacity which did not include the diagnostic test; therefore the form was legally incorrect in accordance with the Mental Capacity Act 2005.
- Responsible clinicians did not record they had medically scrutinised medical recommendations as expected under the Mental Health Act 1983.

Are services caring?

We rated caring as **good** because:

- We observed very friendly, caring and positive interactions between patients and staff.
- Staff understood the individual needs of the patients.
- Patients told us they were treated with kindness, dignity and respect by staff.
- Patients were encouraged to engage with advocacy services.
- Patients were able to raise concerns about the service and received feedback from staff about their concerns.
- Carers and patients said staff treated patients and carers with dignity and respect.

However:

- Not all actions from patient's community meeting were followed up by staff and recorded in the community minutes.

Good



Are services responsive?

We rated responsive as **good** because:

- All patients were encouraged by staff to have contact with family and friends.
- The hospital followed the provider's admissions and discharge policies, which resulted in safe patient admission and discharge.
- Patients' bedrooms were large, spacious and personalised.
- Staff appropriately responded and gave feedback to patient complaints.
- Patients took part in structured therapeutic activities that were available seven days a week.

Good



Are services well-led?

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

- Team morale and job satisfaction was good at CAS Grange.
- Staff knew who the senior management team were and were happy with the frequency of their visits to the hospital.
- Staff demonstrated duty of candour and recorded discussions in patients' files.

Good



Summary of this inspection

- The hospital followed the provider's governance system.
- All staff received supervision, annual appraisal and completed mandatory training.
- Some members of the multidisciplinary team were involved in research and innovation.

Detailed findings from this inspection

Mental Health Act responsibilities

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

Training on the Mental Health Act code of practice was mandatory for staff in the service. At the time of this inspection, all staff received training on this. Staff received face-to-face and e-learning training in line with the updated code of practice and was aware of its requirements. Policies and procedures we saw were current, written in line with the updated code of practice and had a review date. The registered manager and other staff we spoke with were clear on the guiding principles underlying mental health legislation.

All patients at CAS Grange were detained under the Mental Health Act. We looked at all patient prescription charts and saw all charts had consent to treatment authorisation forms attached. This meant staff would know under which legal authority they were administering medication.

Responsible clinicians did not record medical scrutiny of medical recommendations as stated in the provider's policy. The Mental Health Act administrator audited all files every four months to make sure detention paperwork was correct and up to date. Section 17 authorisation documents were in place for all detained patients. These were up to date and recorded in a standard format. We saw in the patient records, staff had told patients about their rights. We spoke with three patients detained under the Mental Health Act. They told us that they understood how the Mental Health Act applied to them and they knew about their rights to appeal. All the three patients we spoke with 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 received training on the Mental Capacity Act. Mental Capacity Act policies and procedures were current and had a review date. Staff we spoke with were able to show their understanding of the Mental Capacity Act's basic principles. Staff wrote mental capacity decisions about care and treatment in patients' records; however,

CAS Grange used a Mental Capacity Act assessment form that did not include the diagnostic test of Mental Capacity. The multi-disciplinary team completed mental capacity assessment on a specific issue. CAS Grange reported no Deprivations of Liberty Safeguards applications from 1 August 2016 to 1 August 2017.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for people with acquired brain injury	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Services for people with acquired brain injury

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

Are services for people with acquired brain injury safe?

Good 

Safe and clean environment

- The hospital layout allowed staff to observe most parts of the hospital. We saw nursing staff present on the hospital's communal areas, which helped improve patient observation. The nurses' station was based in the centre of the ward, which helped nursing staff observe all patients' bedrooms. The communal staircase had blind spots, the provider placed mirrors and bright lighting on the staircase, which helped staff to view all areas of the staircase.
- CAS Grange had ligature anchor points. A ligature anchor point is a place to which patients intent on self-harm might tie something to strangle themselves. Staff completed an annual ligature risk audit on internal and external aspects of the building. The most recent ligature audit was completed in July 2017. The ligature audit contained detailed information identifying potential ligature risks and action plans to reduce them. We saw staff had access to ligature cutting knives.
- CAS Grange was a single gender hospital and complied with guidance on same sex accommodation.
- The clinic room was fully equipped; however staff did not document the weekly check of the resuscitation bag on all occasions. We saw the clinic room was clean, tidy and organised with a range of equipment (for example, blood pressure monitor and scales). The treatment couch used for patients' physical health examinations was based in the psychiatrist's office. The refrigerator in the clinic room, used for the storage of medication was clean and ordered. We looked at 12 months of refrigerator temperature records and saw staff checked and logged refrigerator temperature daily. The emergency resuscitation equipment was accessible and in order. We looked at the resuscitation bag check form which staff completed weekly and saw between May and August 2017 staff did not sign the form on two separate occasions.
- CAS Grange did not have a seclusion room. We found no evidence of seclusion used in this hospital.
- All areas of the hospital were clean, maintained and appropriately furnished. CAS Grange had a cleaner who worked five days a week. As part of their duties, night staff cleaned the hospital.
- Staff adhered to infection control principles. We saw infection control posters in the hospital. Infection control policies and procedures were in clear view in the clinic room. We saw staff following good infection control principles, such as handwashing.
- Equipment was maintained, there was portable appliance testing stickers on electrical appliances and equipment, which ensured they were safe to use. The registered manager completed an annual audit of portable equipment, which was updated.
- Staff did not sign the clinic and hospital cleaning rotas on all occasions. We reviewed 12 months cleaning rotas, which covered the clinic room and all other areas of the hospital. We saw in July and August 2017, staff did not sign the cleaning rota on five occasions. We looked at the clinic room cleaning rota for the past 12 months and saw between June and July 2017, staff did not sign the clinic cleaning rota on 12 separate occasions.
- Environmental risk assessments were regularly undertaken. The registered manager last completed an

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environmental risk assessment on the 31 July 2017. The registered manager said the environmental risk assessment was updated when a patient was admitted and discharged from the hospital. Maintenance and housekeeping staff completed environment audits on areas of the hospital they were responsible for.

- All staff, including maintenance and domestic staff, used personal alarms. We also saw staff used the internal nursing alarm system in place.

Safe staffing

- The provider had estimated the number and grades of nurses required. CAS Grange followed a policy called GHR 03 Staffing Analysis and Minimum Staffing Levels. This policy provided the hospital with guidance on the amount of staff needed to safely provide patient care. The establishment levels for qualified nurses were one qualified nurse for both day and night shifts. The establishment level for unqualified nurses was three for both day and night shifts.
- CAS Grange had no vacancies for qualified and unqualified nursing staff.
- From September 2016 to August 2017, the average staff sickness levels at CAS Grange was five percent. The registered manager said this sickness record related to two members of staff. Staff were offered an absence review meeting if they had more than one period of sickness. The registered manager and staff received support from the human resources department to manage staff sickness.
- From September 2016 to August 2017, staff turnover at CAS Grange reduced from 52 to 37 percent. These percentages only related to unqualified nurses. The registered manager said the human resources department interviewed staff leaving the service to find out why they left and to look at ways of reducing staff turnover rates. As a result of this research, CAS had changed their induction process which has reduced staff turnover rates.
- The numbers of nurses matched the established number of nurses on all shifts. On the inspection day, the day shift had two registered nurses and four unqualified nurses. We reviewed rotas from June 2017 to August 2017 and saw the number of nurses matched the established number per shift. No staff on the rotas we saw worked a 24-hour shift.
- CAS Grange used bank staff familiar with the hospital. The hospital did not use agency workers. The registered

manager said bank staff used at CAS Grange only covered shifts for hospitals within the organisation. All bank staff were managed by a manager based at Sherwood Lodge, a hospital owned by CAS Behavioural Health. Before working on hospital wards, bank staff would complete an induction programme and mandatory training. We saw staff rotas for the hospital which showed the same staff, were used to cover shifts at this hospital.

- From 1 May 2017 to 1 August 2017, bank staff filled 88 shifts. The number of shifts not filled by bank staff to cover staff sickness, absence or vacancies was zero. The registered manager said CAS Grange used bank staff to manage the increased need for patient observations, staff sickness, training, absences and vacancies.
- The registered manager was able to quickly arrange and authorise extra staff resources if a patient's needs increased or to cover staff sickness.
- There was enough staff so patients could have regular one to one time with their named nurse. Care records showed patients had regular one to one time with their named nurse or with another member of staff when their named nurse was not on duty.
- All staff and patients we spoke with said escorted leave and hospital activities were rarely cancelled because there was too few staff.
- Patients we spoke with said they were enough staff to carry out physical interventions.
- There was adequate medical cover day and night, and a doctor could attend the hospital quickly in an emergency. Between 9am to 5pm, Monday to Friday, the psychiatrist was based on site and at CAS Lodge, a hospital for adults with acquired brain injury close to CAS Grange. Out of hours staff used the doctor on call system. We saw a regional on call rota for doctors. Staff said they did not have any difficulty contacting a doctor in an emergency.
- All staff received and were up to date with appropriate mandatory training. At the time of inspection, all staff had completed mandatory training, for example, moving and handling, health and safety and infection control. The service had a target of 85 percent of staff to complete mandatory training.

Assessing and managing risk to patients and staff

- From 21 February to 21 August 2017, there had been six incidents of restraint relating to six patients at CAS Grange. No restraints at CAS Grange were in the prone

Services for people with acquired brain injury

position and none of these incidents of restraint involved rapid tranquilisation. We saw staff recorded information on these incidents on the relevant paperwork. Staff had carried out these incidents of restraint appropriately and had reduced the risk of harm to the patient and staff.

- Staff undertook a risk assessment of every patient before and on admission. All records we saw included an up to date risk assessment. Patients' records had a risk assessment completed before admission and a further risk assessment took place within 72 hours following admission. The multidisciplinary team reviewed risk assessment tools at the multi-disciplinary meeting and following an incident. These documents were signed and up to date.
- Staff used a recognised risk assessment tool. We checked eight care and treatment records and saw staff used the short term assessment of risk and treatability, a risk assessment tool used to evaluate the risk of each patient. The provider trained staff to use this tool.
- All staff used strategies influenced by the positive behavioural support approach. The positive behavioural support approach identified early warning signs that challenging behaviour may occur and suggests de-escalation and distraction techniques prior to crisis management. All patients had a person centred management plan which included early warning signs and de-escalation techniques which all staff followed.
- CAS Grange used no blanket restrictions. We saw no restrictive aspects of care such as internet access, bedtimes, or access to rooms. No patients were subject to restrictive practices such as mail monitoring or searches.
- Informal patients could leave at will. During our visit there were no informal patients at CAS Grange. Staff informed us from time to time they might admit informal patients. They were aware of their holding powers and in what circumstances to use these powers. In patient care records we saw staff had used the appropriate statutory forms to record the use of holding powers. CAS Grange had a Locked Door policy. We saw information displayed in the patient areas regarding informal patients' rights to leave the ward.
- CAS Grange had policies and procedures for use of observation and searching patients. We saw staff followed the policy and procedure on Therapeutic Engagement and Observation. The aim of this policy

and procedure was to ensure observation was considered as part of a range of interventions to manage risk and maintain patient safety. This policy was current and updated.

- There were no instances of long-term segregation or seclusion at CAS Grange. Management of disturbed behaviour was directed through appropriate care plans.
- In the 12 months before this inspection, CAS Grange staff raised five safeguarding concerns and no safeguarding alerts. No safeguarding concerns were raised in error. Staff we spoke with knew about the signs and symptoms of different types of abuse. They knew how to take action to promote patient safety through use of the provider's adult safeguarding procedures. At the time of this inspection, all safeguarding referrals were closed.
- CAS Grange had good medicines management practice in place. Medicines were stored securely in the clinic room. The refrigerator temperatures were within the recommended range. A locked cupboard contained controlled drugs and other medicines liable to misuse, such as diazepam, were in order.
- Staff we spoke with were aware of the risk of falls and associated fractures, prevention and management of pressure ulcers and management of nutrition and hydration.
- There were safe procedures for children that visited the hospital. CAS Grange had a visitor's room for patients' families to use. This room was off the ward near to the reception area. Staff supported patients and their families to use this room. Staff said they would follow the hospital policy and encouraged families with children to meet patients in the community and not at the hospital.

Track record on safety

- CAS Grange reported one serious incident in the last 12 months. We looked at the 24 and 72 hour factual incident reports for this serious untoward incident. An investigation was completed within the timeframe set by the provider, summary of findings given, action plan following incident, duty of candour and debriefing for staff. We spoke with the carer whose family member was affected by this incident. The carer said they had no concerns with the manner in which staff at CAS Grange managed this incident.
- In the last 12 months, CAS Grange reported no staff injuries.

Services for people with acquired brain injury

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew how to report incidents. All levels of staff involved in the incident recorded what happened on a paper incident form. The registered manager created a trend analysis from information obtained from these incidents, which was sent to the governance group. The governance group reviewed this information and informed management at CAS Grange of the outcomes.
- All incidents that should be reported were reported. Staff gave examples of the types of incidents they reported such as patient restraint.
- Staff were open and transparent and explained to patients when something went wrong. Weekly patient meetings took place to promote the views and feedback of patients of the service. The registered manager said patients were given feedback on incidents they were involved in and invited to debriefings. The provider gave staff information about Duty of Candour. The registered manager informed staff of lessons learned from Duty of Candour. The provider had a Duty of Candour policy that was up to date.
- There was evidence of change having been made because of feedback. The registered manager looked at the high rate of restraint recorded on incident forms. The hospital decided to use a different method of restraint training in order to reduce the number of patient restraint. CAS Grange changed the restraint training provided to staff from managing violence and aggression to management of actual or potential violence and saw the incidents of restraints reduced over the last 12 month period.
- Staff received feedback from investigations of incidents both internal and external to the service. The registered manager said staff received feedback from investigations in handover meetings, team meetings, and the daily morning meeting. We saw evidence of feedback given to staff in eight team meeting minutes.

Are services for people with acquired brain injury effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff completed comprehensive and timely assessment before and after admission. We looked at eight patient records and saw patients received a comprehensive physical and mental health assessment before admission and within 72 hours of admission. We saw staff followed this practice in line with the provider's admissions policy.
- Care records showed a physical examination was undertaken and ongoing monitoring of physical health problems. All care records showed evidence of patients receiving a physical examination. We saw evidence of staff completing monthly patients' physical health examinations.
- Care plans focused on recovery or discharge. We saw a range of care plans in eight patients' care records which focused on the patient's individual needs. For example, care plans covered patient's relationships with their family, friends and significant others. The multidisciplinary team completed monthly care plan reviews. All the care plans were up to date and signed by staff. Care plans focused on the patient's strengths, goals and used the patients' own words.
- All information needed to deliver care was stored securely and available to staff when they needed it. All patient records at CAS Grange were computer based and available to all staff. We observed computer access to patients' records was password protected.

Best practice in treatment and care

- We reviewed eight patient medicines charts and saw evidence staff followed National Institute for Health and Care Excellence guidance. We saw the psychiatrist followed National Institute for Health and Care Excellence guidance CG115 alcohol use disorders, diagnosis, assessment and management of harmful drinking and alcohol dependence. CAS Grange had a contract with an external pharmacist who made regular medicines checks and looked at prescribing regimes.

Services for people with acquired brain injury

- Patients at CAS Grange had access to psychological therapies recommended by National Institute for Health and Care Excellence. The psychologist said there were no specific National Institute for Health and Care Excellence guidance on acquired brain injury. However, they would refer to National Institute for Health and Care Excellence guidance on QS53 Anxiety Disorder and QS74 Head Injury. Patients had access to therapies, for example, Eye Movement Desensitisation and Reprocessing, a psychological approach used for the treatment of trauma.
- Patients had good access to physical healthcare including specialists when needed. Patients' physical healthcare was under the care of a General Practitioner (GP) practice. Staff said patients did not experience any difficulties accessing the GP practice and received an annual physical health check.
- Staff regularly considered physical healthcare needs. We looked at eight patient care records and saw every patient had a health improvement profile which was reviewed every three months. Health improvement profiles documented patients' physical health medication and measurements. We saw in patients care files evidence of referrals made by members of the multi-disciplinary team to physical health specialists such as dietitians and diabetes teams.
- We saw evidence of patient's nutrition and hydration needs assessed and met. For example, the speech and language therapist completed three dysphagia assessments for patient's nutrition and hydration.
- Staff used recognised ratings scales to assess and record severity and outcomes. We saw staff use scales for example Health of the Nation Outcome Scales, Global Assessment Progress and the Model of Human Occupation Screening Tool.
- Some staff were involved in clinical audits. The registered manager, senior nurses and one patient were involved in clinical audits such as environmental, health and safety and ligature.

Skilled staff to deliver care

- CAS Grange had a range of mental health disciplines and workers who provide input to the hospital. The multidisciplinary team included nursing staff based at

CAS Grange, a psychiatrist, occupational therapist, clinical psychologist and speech and language therapist who were provided care for patients at CAS Grange and Lodge.

- Staff were experienced and qualified. Staff said their team was established and had many years' experience working at the hospital and with adults who had experienced mental health problems. The hospital employed nursing staff that were qualified in general and mental health nursing. All support workers employed at CAS Grange had completed the Care Certificate.
- Staff received an appropriate induction, which used the Care Certificate standards. We read the provider's induction pack. Staff completing their induction received an induction pack which included an activities sheet which was mapped to the Care Certificate standards.
- Staff were supervised, appraised and had access to regular team meetings. The registered manager was responsible for supervising senior nurses and management supervision for the psychologist, speech and language therapist and occupational therapist. Senior nurses supervised qualified nurses and support workers.
- Staff received supervision more frequently than stated in the provider's supervision policy. CAS Grange's supervision policy stated every person should have opportunity to take part in regular supervision activities, every six weeks. Staff we spoke with said they received supervision every four weeks. We read six supervision records which showed staff received supervision more frequently than stated in the supervision policy. Staff we spoke with said they were happy with the frequency of supervision.
- The percentage of non-medical staff that had an appraisal in the last 12 months was 100%. Staff we spoke with said they received an annual appraisal and six monthly reviews.
- Staff were offered specialist training to support their role. Staff we spoke with said they were able to access specialist training on dysphagia, acquired brain injury and epilepsy. A member of the nursing team was a specialist worker in epilepsy and provided support and guidance to the nursing team.
- Management addressed poor staff performance promptly and effectively. CAS Grange used performance

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improvement plans within the supervision process to manage poor performance. The registered manager and human resources department reviewed these plans frequently, if staff demonstrated improvement in their performance, the plans were closed.

Multi-disciplinary and inter-agency team work

- CAS Grange held regular and effective multi-disciplinary meetings. These meetings took place weekly. All staff members from different professions and patients attended this meeting. External professionals such as care co-ordinators were invited to this meeting.
- Handovers took place between care staff twice daily at shift changes. This meeting gave all incoming staff information about any changes in patient care needs. Staff told us handover meetings between shifts were informative and well run. Staff recorded tasks for the incoming shift to ensure the patient received appropriately coordinated and effective support.
- Staff at CAS Grange worked effectively with community mental health teams. For example, staff invited community mental health care co-ordinators to multidisciplinary meetings to discuss the patient's progress and to agree discharge plans. Staff said care coordinators frequently attended multidisciplinary and care programme approach meetings.

Adherence to the MHA and the MHA Code of Practice

- CAS Grange had a competent staff member examine Mental Health Act papers prior to patient admission. The Mental Health Act administrator checked the Mental Health Act paperwork before a patient was admitted to the hospital. As a requirement of their role, the Mental Health Act administrator had completed the Certificate in Mental Health Act Law Practice. The Certificate in Mental Health Act Law Practice is an accredited course for those responsible for the day-to-day application of the Mental Health Act.
- Responsible clinicians did not record medical scrutiny of medical recommendations. CAS Grange had a policy that clearly stated that all medical recommendations were scrutinised by a responsible clinician to ensure the grounds for detaining an individual are valid. However, staff told us at present medical scrutiny is not recorded in a tangible format.
- Staff we spoke with knew who their Mental Health Act administrator was. The Mental Health Act administrator,

based at CAS Sherwood House, would write to patients, nearest relatives and staff regarding pending tribunal meetings and renewal of detention dates. Staff would approach the Mental Health Act administrator for advice on the Mental Health Act.

- The provider kept clear records of leave granted to patients. Section 17 authorisation documents were in place for all detained patients. All paperwork we saw was up to date and recorded in a standard format. Staff kept patients and carers aware of the parameters of leave granted and offered copies of Section 17 leave forms. Staff indicated on the form whether the patient accepted a copy of this form. Copies of Section 17 leave paperwork was kept with the patients clinical records and patients' Mental Health Act records. Staff used a risk assessment and outcome form every time a patient took Section 17 leave. This document highlighted potential risk factors affecting the patient, patient clothing, medication and escorted leave.
- At the time of inspection, all staff received training in the Mental Health Act and its code of practice. The provider had a target of 85% of staff completing this training annually. The registered manager and staff were aware of the guiding principles of the Mental Health Act. Policies and procedures we saw reflected the up to date code of practice.
- Staff adhered to consent to treatment and capacity requirements. The multidisciplinary team requested second opinion appointed doctors in a timely way. Consent to Treatment Forms and Second Opinion Doctor certificates were in place for detained patients. Copies of Treatment Forms and Second Opinion Doctor certificates were kept with medication charts and the patient's Mental Health Act record. We saw eight detained patient records had a completed Section 61 review of treatment report in their care records.
- Staff clearly document when a patient refused to accept their rights under the Mental Health Act. Staff explained to patients their rights under the Mental Health Act on admission and every three months after admission.
- Administrative support and legal advice on implementation of the Mental Health Act and its code of practice was available from the provider's central team. The Mental Health Act administrator gave various examples of how advice was obtained from the provider's solicitors about the use of the Mental Health Act.

Services for people with acquired brain injury

- Detention paperwork was filled in correctly, up to date and stored correctly. We saw Mental Health Act paperwork was stored securely in the Mental Health Act administrator's office and in the patient's care record.
- There were good administration arrangements in place to ensure patients received information on their rights. Mental Health Act administrators reviewed Mental Health Act records from different mental health hospitals owned by the provider every six months. The outcomes from these audits would contribute to the provider's key performance indicators. We saw the Mental Health Act audit used by the provider's Mental Health Act administrators stored securely in their office.
- Patients had access to Independent Mental Health Advocacy services. Staff we spoke with said they would ask the Mental Health Act administrator to make a referral to advocacy services on behalf of patients. We spoke to an advocate who said they made weekly visits to CAS Grange to speak to patients and staff about their service. Posters and information about advocacy services were found on notice boards on both wards.
- We looked at capacity specific assessments and routine assessment of capacity for consent to treatment. These four assessments were documented in the legal section of the patients' records and in the appropriate care plan. Three mental capacity assessments were detailed and contained a clear outcome of the decisions made. However, we saw one assessment where a patient was concluded to lack capacity; it was unclear what was decided in the patient's best interest.
- Staff knew where to get advice about the Mental Capacity Act. All staff we spoke with knew of a person within the organisation to contact for advice on the Mental Capacity Act. One person we spoke with said they would speak to advocacy services and the provider's lead advisor on Mental Capacity.
- People were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interest. We saw evidence of best interest decision meetings in patient's files. These assessments showed patients, carers, advocates and the multidisciplinary team involved in supporting patients making significant decisions. In every patient file, the speech and language therapist wrote a guide advising staff on the most effective way in communicating with the patient, which supported the patient to make a decision.
- We saw issues such as restraint managed within an appropriate legal framework. Relevant care plans quoted relevant legal definitions found within the Mental Capacity Act code of practice.
- CAS Grange made Deprivation of Liberty Safeguards applications when required. Staff we spoke with were aware of when to make an application for Deprivation of Liberty Safeguards.
- CAS Grange had arrangements in place to monitor adherence to the Mental Capacity Act. The registered manager monitored the use of the Mental Capacity Act within the hospital every six months; information about Mental Capacity collected by the registered manager was added to the provider's governance system.

Good practice in applying the MCA

- At the time of this inspection, all staff received annual training in the Mental Capacity Act. CAS Grange had a target of 85% of staff completing Mental Capacity Act Training. In the six months prior to the inspection, there were no applications for Deprivation of Liberty Safeguards.
- Staff we spoke with had a good understanding of the Mental Capacity Act and its five statutory principles. They gave various examples of using the Mental Capacity Act within their roles.
- CAS Grange had a policy on the Mental Capacity Act and Deprivation of Liberty Safeguards which staff were aware of and could refer to. We read a copy of this policy and saw it was current and due to be updated in 2019.
- Staff at CAS Grange used a form to record capacity which did not include the diagnostic test; therefore the form was legally incorrect. Staff recorded Mental Capacity assessments on two forms: one form recorded Mental Capacity assessments and one recorded significant best interest decisions. The form staff used to record Mental Capacity assessments did not include the diagnostic test but included the functional test of capacity. The diagnostic test determines whether the individual has an impairment of, or a disturbance in the functioning of, the mind or brain.

Are services for people with acquired brain injury caring?

Services for people with acquired brain injury

- As part of our inspection process, we observed a range of interactions between staff and patients. Types of interactions included engaging in activities and therapy sessions. We observed good interactions and communication between staff and patients. We saw staff treat patients with dignity, respect and provided practical support and emotional support.
- Staff showed understanding of individual needs of patients. We observed staff interacting with patients who had complex communication, physical and mental health needs. For example, the speech and language therapist advised all staff on communication methods that met the specific need of the patient. The hospital received positive feedback from carers and commissioners on improvements in patient care.
- We spoke with three patients and read the latest patient survey. Patients were complimentary about the support they received from the staff and felt staff provided them with support. All patients who completed the last individual patient survey 2017 said staff were approachable and treated them with respect. Patients said staff were polite, kind and enabled them to make choices about their treatment.

The involvement of people in the care they receive

- The admission process informed and oriented patients to the hospital and the service. Before a planned admission took place, staff invited patients and carers to visit the hospital in order to familiarise themselves with the hospital environment, staff and other patients. Staff gave patients and carers an information booklet informing them about the hospital and the service it provided. This information was available in pictorial and easy read format for patients.
- Patients and carers were actively involved in care planning and risk assessments. All care records we looked at had detailed and individualised care plans. The care plans were specific to the patient's assessed needs and wishes. A risk assessment underpinned detailed care plans. These plans were largely personalised and written with the individual patient in mind. This document was completed and updated with the patient and carer. Staff made some attempts made to involve patients in the development and review of these plans.
- Patients had access to advocacy. Staff said detained patients under the Mental Health Act and Mental

Capacity Act had access to advocacy services. We saw posters about advocacy services, pictorial and easy read posters were placed on notice boards. We spoke to advocacy services who said they visited the hospital weekly to support detained patients.

- We saw carers and family members' views written in the care records and in care programme approach meeting minutes. We also saw written evidence of carers and families involved in the care planning and review process. The multi-disciplinary team took into consideration the views of patient and carers within care planning.
- Patients could give feedback on the service through weekly community meetings however not all actions were not followed up by staff. We reviewed 12 community meetings and noticed both patients and staff attended this meeting. All minutes showed patients giving feedback on the service however we read on eight meeting minutes actions from the meetings were not followed up by staff.
- The registered manager said patients were not involved in the recruitment process; however, the hospital was looking to review this decision.
- We looked at patients' care records and saw no advanced decisions in place.

Are services for people with acquired brain injury responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

- From 21 March to 21 August 2017, bed occupancy at CAS Grange was 90%.
- Beds were available when needed for people living in the catchment area. At the time of inspection, CAS Grange had no bed vacancies and one patient waiting to be admitted to the hospital. Patients had access to a bed on return from leave.
- Patients were moved or discharged from CAS Grange at an appropriate time of day. Staff we spoke with said patients, carers and staff involved in patient care were consulted to identify the best time to move or discharge patients.

Services for people with acquired brain injury

- A bed was not available in a psychiatric intensive care hospital if a person required more intensive care. CAS Grange would contact the commissioner responsible for that patient to arrange transfer to a psychiatric intensive care hospital or manage the patient's challenging behaviour.
- Discharge was never delayed for other than clinical reasons. The average length of patient stay at CAS Grange was 20 months. The registered manager said when a patient is admitted, a section 117 Mental Health Act aftercare meeting is held which focussed on patient discharge and a transition plan is completed before the patient is discharged from the hospital.
- In the last six months, CAS Grange had no delayed discharges, there were no readmissions to the hospital. There had been two recent discharges from the hospital.
- All care plans referred to identified section 117 aftercare to be provided for those who had been subject to Mental Health Act section three or equivalent Part 3 powers authorising admission to hospital for treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had access to rooms and equipment to support treatment and care. Occupational therapy staff said patients had access to a recovery kitchen and laundry. The speech and language therapist used the meeting rooms to provide specific therapies for patients.
- Patients had access to mobile telephones and received support from staff to use them.
- CAS Grange had a visitor's policy and children visiting policy. We looked at both policies, which covered arrangements for children and other visitors visiting CAS Grange. Staff encouraged patients to keep in contact with their families by inviting carers to the hospital or assisting patients to visit carers in their homes.
- Patients had access to outside space. At the rear of the hospital, there was a fenced area for patients to sit and smoke and patients had unlimited access to external outside space.
- Patients and carers we spoke with said food at CAS Grange was of a high quality.
- Bedrooms were clean, tidy and personalised by patients with their personal belongings. Patients had free access to their bedrooms; however, staff had access to keys if

patients wanted their rooms locked. Safes and lockable drawers were available in patient's bedrooms to secure personal possessions. Patients were encouraged and enabled by staff to tidy their rooms.

- CAS Grange had a food rating of five out of five. The Foods Standards Agency inspected CAS Grange on the 17 March 2017. CAS Grange displayed the rating at the entrance of the building and on the communal notice board. Catering staff placed the daily menu on the hospital notice board for to help patients with their meal choices. Staff showed patients food choices to help them choose a meal.
- Drinks and snacks were available to patients at all times. Hot and cold drinks and snacks were available to patients at all times.
- Patients had access to activities seven days a week. The occupational therapy team arranged weekly activities and nursing staff arranged weekend activities, which were mainly leisure activities. CAS Grange had a target for patients to receive 40 hours of activities per week. Staff collected information documenting the type of activity and amount of time patients would spend completing this activity. This data was then feedback to the registered manager. We saw staffing levels did not affect weekend activities.

Meeting the needs of all people who use the service

- The provider had made adjustments for patients requiring disabled access. CAS Grange had a lift, wide corridors, lit staircases and access parking. The registered manager said patients who used wheelchairs could be placed at CAS Lodge, a hospital for men with acquired brain injury nearby to CAS Grange as this hospital has bedrooms downstairs.
- We saw information boards in the communal areas on both hospitals. Information on patients' rights under the Mental Health Act and Mental Capacity Act, access to advocacy services, complaints and support services were on the display boards. This information was available in English, pictorial and easy read language.
- Staff knew how to access interpreters and signers. For example, staff demonstrated how they would access interpreting services for patients whose first language was not English.
- The provider offered a choice of food to meet dietary requirements of religious and ethnic groups. The kitchen staff spoke with patients, nursing staff and the speech and language therapist and to find out if specific

Services for people with acquired brain injury

dietary requirements were requested. Advice was obtained from the speech and language therapist for patients who had a diagnosis of dysphasia. Kitchen staff would source foods specific to a religious and ethnic group and obtain advice from the wider organisation on sourcing food.

- Staff said they would assist patients to access spiritual support within the community; staff we spoke with gave an example of supporting a patient to follow his spiritual beliefs within the community. Patients were able to use an occupational therapy activity room as a multi faith room.

Listening to and learning from concerns and complaints

- CAS Grange received four complaints in the 12 months before this inspection. One complaint was upheld, one complaint was partially upheld and two complaints were not upheld. No complaints were referred to the Ombudsman.
- We looked further at the upheld complaint. We looked at the investigation report and observed the registered manager completed the investigation. We saw everyone involved was informed of the outcome of the complaint verbally and in writing.
- All patients we spoke with told us they knew how to complain and if they had to, would complain. We saw leaflets on the hospital advising patients how to complain about their care and treatment. CAS Grange had a complaints policy. The complaints folder was up to date. The patient individual survey 2017 which showed six out of eight patients stated they knew how to complain and knew they would receive feedback.
- All staff we spoke with were aware of the complaints policy, able to handle complaints appropriately and would encourage patients and carers to make a complaint about the service.
- Staff received feedback on the outcomes of investigations and acted on the findings. We looked at seven team meeting minutes and saw the outcomes of investigations discussed as an agenda item. Investigations and learning from complaints was an agenda item in the team meeting minutes.
- Patients were not informed of actions agreed in community meetings. We reviewed 12 patient community meeting minutes. Patients talked about issues that were important to them, for example, activities and menus. Staff said patients had the

opportunity to make verbal and written complaints at the community meeting. However eight of the 12 minutes we read did not document actions created in response to issues raised by patients

Are services for people with acquired brain injury well-led?

Good 

Vision and values

- The registered manager said staff were not fully aware of the organisation's values. He stated staff were going through a period of transition to understand the merged organisation's identity. CAS Grange has a mission statement which states what they do and aim to achieve.
- CAS Grange's team objectives reflected the organisation's values and objectives. Staff from all disciplines said they could contribute to the running of the service on a daily basis and that their views were valued.
- All staff members knew who the senior management team were. Staff members were happy with the frequency senior managers would visit the hospital. They said senior management had visited the hospital before and during the merger to discuss the process with them. Staff members said senior management were approachable and encouraged staff to raise concerns and comments.

Good governance

- CAS Grange followed the provider's governance system. The registered manager gathered and inputted clinical key performance indicators, for example, infection control and physical intervention. This information was used to give information to senior management in the organisation to monitor quality and safety in the unit.
- We reviewed four personnel records and found the provider followed good recruitment practices. All records we looked at contained completed disclosure and disbaring services, occupational health checks, professional registration check and references.

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- All staff completed mandatory and legislative training. We looked at staff training records, which showed staff completed online training and face-to-face training arranged by the provider.
- All staff received supervision according to the provider's policy and an annual appraisal. Staff we spoke with received supervision; which they described as of a good quality. We looked at six supervision records and appraisals and found these records were up to date. The hospital had a system which recorded dates of supervision and alerted the registered manager when staff supervision was taking place.
- Staff received training in the Mental Health Act revised code of practice. We saw the provider's policies and procedures had a current review date and met the requirements of the Mental Health Act code of practice.
- The service carried out clinical audits. For example, the registered manager, mental health act administrator and speech and language therapist completed clinical audits such as suicide, environmental risk assessment and Mental Health Act. However, staff did not complete all audits listed on their audit programme.
- Staff learned from incidents, complaints and service user feedback. The registered manager said staff learned from incidents and complaints within the internal and external to the hospital at team meetings and daily morning meetings. We looked at the service's incident form, which documents lessons learned from an incident, we saw evidence of staff informing patients of lessons learned from incidents. CAS Grange completed an annual individual patient survey. Feedback from this survey was on display on notice boards.
- Staff completed safeguarding training and knew how to make a safeguarding alert. At the time of this inspection, all staff had completed levels two and three 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.
- All staff we spoke with showed an understanding of how they would use the Mental Health Act and Mental Capacity Act within their role; however, we saw one mental capacity assessment form that did not document the diagnostic test of capacity. The registered manager completed an annual audit of Mental Capacity Act within CAS Grange, staff knew whom to contact within the organisation for advice.
- Feedback we received from carers said staff maximised shift time on direct care activities.
- CAS Grange used key performance indicators to gauge the performance of their staff. Examples of key performance indicators were patient engagement, role modelling, training and relationship with patients. Key performance indicators for non-care staff were based on their job description. We looked at six supervision notes, all notes contained staff key performance indicators. Actions had a red, amber and green rating scale. The registered manager said actions rated as red resulted in performance management plans for the member of staff.
- The registered manager was able to submit items to the provider's risk register; however, other staff members were unable to.
- Staff at CAS Grange had sufficient authority and administration support. The registered manager was able to authorise the use of bank workers. Administrative support was provided at CAS Grange for the registered manager and multidisciplinary team.

Leadership, morale and staff engagement

- CAS Grange completed an annual staff survey. We read the 2017 survey which was completed by four out of 16 staff members. All staff who responded said they were highly motivated in their job, highly committed to the team and fully supported in their role.
- The total percentage of permanent staff sickness from 1 January 2016 to 1 January 2017 was 5%. The provider had key performance indicators to measure sickness levels. Sickness levels were measured using a red, amber and green rating scale. Staff with red sickness ratings would be placed on performance management plans.
- There were no allegations made by staff of bullying and harassment. There were no grievance procedures pursued by staff.
- Staff we spoke with said they were able to use the whistle blowing procedures and would raise concerns without fear of victimisation. The provider had information about whistleblowing to advise staff on the process.
- Staff we spoke with said morale and job satisfaction was good. Staff said the team worked together and were supportive. We looked at the 2017 staff survey. All

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respondents, four out of 16 staff described job satisfaction as excellent and CAS Grange a good place to work. Staff said there was a strong culture of teamwork and supporting each other.

- There were various opportunities for leadership development. For example, qualified nursing staff had the opportunity to complete training on supervision, leadership and management.
- Staff were open, transparent and explained to patients when something went wrong. Weekly patient meetings took place to promote the views and feedback of patients of the service. The provider gave staff information about Duty of Candour. The registered manager told staff of lessons learned from Duty of Candour. The provider had a Duty of Candour policy that was up to date.

- Staff said they had opportunities to feedback to management about the service and input into service development. We looked at team meeting minutes where service development was a frequent item on the agenda. Staff felt able to take ideas for improvement to the registered manager for further discussion. We saw evidence of this in six supervision minutes we read.

Commitment to quality improvement and innovation

- Some members of CAS Grange's multi-disciplinary team were involved in research. The psychiatrist had two publications accepted for the annual Neuropsychiatry Conference and involved in researching the prevalence of depression in Huntington's disease. The psychologist and speech and language therapist submitted a patient video to the United Kingdom Acquired Brain Injury Forum.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure all staff clearly record checks on the emergency resuscitation bag, clinic and hospital cleaning rotas.
- The provider must ensure all forms used to record capacity include the diagnostic test of mental capacity.
- The provider should ensure responsible clinicians record medical scrutiny of medical recommendations.
- The provider should ensure staff follow up actions from patient community meetings and record actions in the community meeting minutes.