

Cambian - The Limes Hospital







Quality Report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		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.

Summary of findings

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

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

Overall summary

We rated Cambian – The Limes Hospital as good for effective because:

During this most recent inspection, we found that the provider had addressed the issue that resulted in us rating the service as requires improvement for the effective domain in April 2016, by updating its Mental Health Act policies to reflect the revised Mental Health Act Code of Practice.

- The multidisciplinary team worked together to identify and meet the needs of patients. The team used the National Institute for Health and Care Excellence guidance to inform the care they provided.
- The manager supported the staff team by ensuring regular supervision and appraisals took place. This allowed the manager to identify development needs or issues in a timely manner.

Summary of findings

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Good



Cambian - The Limes Hospital

Services we looked at

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

Summary of this inspection

Background to Cambian - The Limes Hospital

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

The hospital provides care for up to 18 patients. At the time of our visit, the hospital had 16 patients, 15 were detained under the Mental Health Act under section 3 or section 37/41. There was one informal patient. There were no patients subject to the Deprivation of Liberty Safeguards.

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

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

The Limes Hospital registered with the CQC on 17 January 2010. The CQC has carried out five inspections at the hospital. The most recent inspection was in April 2016 where we rated the hospital as good overall. However, we rated the effective domain as requires improvement because the provider had not updated Mental Health Act policies to reflect the revised Mental Health Act Code of Practice.

This was a breach of Regulation 17 HSCA (RA) Regulations 2014 Good Governance. CQC issued a requirement notice to ensure the hospital made improvements.

Our inspection team

Team leader: Lynne Pulley

The team that inspected the service comprised of two further CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our follow up from the previous comprehensive mental health inspection in April 2016 to check the hospital had met regulatory breaches.

Following the comprehensive inspection in April, we rated Cambian – The Limes Hospital as good overall, good for safe, caring, responsive, and well led, but the effective domain as requires improvement.

We told the provider it **must** take the following action to improve services:

- It must ensure that all Mental Health Act policies were reviewed and updated in a timely manner in line with the revised Code of Practice.

This was a breach of Regulation 17 HSCA (RA) Regulations 2014 Good Governance.

CQC issued a requirement notice to the hospital to ensure it would make improvements.

We also made a few recommendations at the last inspection, which we looked at as part of this inspection. We told Cambian – The Limes following the last inspection it **should**:

- ensure all shifts have the required numbers of qualified staff at all times.
- ensure robust recording of the rationale for prescribing medicines above the British National Formulary (BNF) limits.
- gain assurance of sufficient psychiatric input to effectively meet the patients' needs following changes in psychiatric input.
- ensure all patients have access to activities appropriate to their needs.

Summary of this inspection

- ensure all staff are aware of procedures around safe lone working.

The provider had made the necessary improvements when we inspected on this occasion. We re-inspected the effective domain only and found the provider was now good within this domain.

How we carried out this inspection

This inspection was unannounced and focused on ensuring improvements had been made.

We asked the following question;

- Is it effective?

Before the inspection, we reviewed information that we held about Cambian – The Limes Hospital. This information suggested that the ratings of good for safe, caring, responsive, and well led, that we made following our April 2016 inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for effective.

During this inspection, we found the provider had updated their Mental Health Act policies and had met the requirement notice issued. This did not alter the providers overall rating as this was already good.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the environment and observed how staff were caring for patients
- spoke with four patients who were using the service
- spoke with the registered manager
- spoke with seven other staff members; including a doctor, nurses, support workers, an occupational therapist, and an assistant psychologist
- collected feedback from seven patients using comment cards
- looked at six care and treatment records of patients
- looked at 16 prescription charts
- carried out a check of 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 spoke with four patients and received seven comment cards.

Generally, patients felt that staff treated them with respect and were caring towards them.

Patients indicated the hospital was clean and a pleasant environment. Most patients said the food was good and varied.

Patients spoke positively about going out on community activities and trips. They felt this was helpful in their rehabilitation. They identified the range of staff available were helpful in meeting their needs in different areas.

Generally, patients were positive about the care they received and their involvement. However, several patients said they did not always feel listened too, particularly in relation to the treatment prescribed for them.

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?

At the last inspection in April 2016, we rated safe as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

However:

In the last inspection we recommended that the provider should take steps to ensure all shifts have the required numbers of qualified staff at all times and that the provider should ensure all staff were aware of procedures around safe lone working. The hospital now had a full complement of staff. The duty sheets we reviewed indicated that two qualified staff worked during the day and one qualified staff member at night. Additionally the manager who was also a qualified nurse worked most weekdays between 8am until 5pm. The service did not currently have staff who worked alone.

Good



Are services effective?

- The provider had current policies and procedures in place to support the application of the Mental Health Act. Staff received training in the Mental Health Act and had a good working knowledge. The hospital had a Mental Health Act administrator to support it. The necessary paperwork was present and in good order.
- The hospital had a multidisciplinary approach to assessment and care planning. Care plans were holistic and included patients' physical health needs. Care plans were individualised and demonstrated patient involvement.
- Staff provided care, which was in line with the National Institute for Health and Care Excellence guidance. Therapies and activities were available to patients. Staff monitored patients using nationally recognised monitoring and outcome scales.
- The manager supported staff through regular supervision and appraisals. This allowed the manager to identify development needs or issues to be in a timely manner. Staff could access specialist training to develop.

Good



Are services caring?

At the last inspection in April 2016, we rated caring as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Summary of this inspection

Are services responsive?

At the last inspection in April 2016, we rated responsive as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

However:

In the last inspection, we recommended that the provider should take steps to ensure all patients had access to activities appropriate to their needs. We found that the hospital provided activities for patients both individually and group based.

Good



Are services well-led?

At the last inspection in April 2016, we rated well led as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

- The provider had policies and procedures in place that took account of the changes to the newly updated Code of Practice. Previously this had been an issue where we told the provider it must take action. The provider had made the appropriate updates and the provider now met the requirements of the notice we issued at the April 2016 inspection.
- The hospital had a Mental Health Act administrator as part of their team. The Mental Health Act administrator examined and scrutinised the detention paperwork. Staff approached the administrator for advice if they were unsure. The administrator made sure all legal requirements were up to date and reminded staff if necessary. We reviewed six records regarding detention paperwork it was current and complete.
- Staff documented arrangements relating to section 17 leave in records. Leave forms were present and contained a risk assessment. Patients signed and staff offered copies of their section 17 leave forms to them.
- Staff received training in the Mental Health Act. At the time of inspection, 96% of staff had completed the training. Staff renewed this training periodically and the hospital booked and planned future training for most staff. Two staff out of 47 had yet to complete the training. Staff we spoke with had a good working knowledge in relation to the Mental Health Act, and were aware of the Code of Practice, and could describe the guiding principles.
- Consent to treatment and capacity assessments were within the patient records and copies attached to medication charts as required. Treatment certificates allow staff to understand under what legal authority they are administering medications to patients. We saw when doctors amended medications, new forms were completed and old forms clearly discontinued. If a second opinion doctor was needed a copy of their assessment was kept on the patient records.
- Patients had their rights read and explained to them on admission to the hospital. If a patient declined to listen or staff were unsure of their understanding, staff re-read their rights a week later. Staff re-read rights to patients every three months after admission. Within records, we saw evidence staff read patients their rights and staff repeated this as necessary.
- The Mental Health Act administrator completed monthly monitoring of detention paperwork this fed into a quality meeting where staff reviewed and collated statistics. A quarterly report was produced which identified good practice and areas for improvement.
- A local advocacy service attended the hospital twice weekly. The independent mental health advocate offered specialist support to patients detained under the Mental Health Act. Patients presented themselves to the advocate, who was available in communal areas of the hospital. Staff knew about the advocate attending and reported good relationships. One patient received advocacy through another advocacy service by choice.

Mental Capacity Act and Deprivation of Liberty Safeguards






- Staff received training in the Mental Capacity Act. At the time of inspection, 96% of staff who needed to complete the training had completed it. Two staff had yet to complete the training. Staff repeated the training to ensure they stayed up to date. Staff we spoke with understood the guiding principles regarding capacity and that it could fluctuate and was decision specific. The provider had a policy in place relating to MCA.
- Between May and November 2016, no patients were subject to Deprivation of Safety Safeguards.
- Staff assumed patient capacity unless there was reason to doubt this. Where there were issues of concern, formal capacity assessments took place. The multidisciplinary team reviewed decisions around capacity as part of patient reviews. The registered manager told us capacity assessments in relation to

Detailed findings from this inspection

finances were becoming more common. The manager stated staff supported patients to make decisions if they had capacity and gave examples of patients buying expensive items, as this was their choice.

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

At the last inspection in April 2016, we rated safe as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

However:

In the last inspection we recommended that the provider should take steps to ensure all shifts have the required numbers of qualified staff at all times and that the provider should ensure all staff are aware of procedures around safe lone working. The hospital now had a full complement of staff. The duty sheets we reviewed indicated that two qualified staff worked during the day and one qualified staff member at night. Additionally the manager who was also a qualified nurse worked most weekdays between 8am until 5pm. The service did not currently have staff who worked alone.

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

(for example, treatment is effective)

Good 

- We reviewed six patient records and we found all of them had a comprehensive up to date assessment completed. It was clear that the multidisciplinary team contributed to the assessment.
- Within five records, we found evidence of staff completing a full physical health examination at the point of admission. In the remaining record, staff had clearly documented the patient had refused a physical examination. We saw evidence of the staff team trying to complete this on later occasions. Where patients consistently refused physical healthcare monitoring, the staff team completed capacity assessments to ensure the patients understood they might be putting their health at risk. We saw on-going physical health monitoring took place with patients who consented having six monthly physical health reviews.
- Records checked contained individualised holistic care plans. Patient views were acknowledged within the plans and goals identified. There was an emphasis on the strengths of individual patients and a clear recovery focus. Staff wrote care plans in the first person and patients signed them. If patients refused to sign staff recorded this. Staff reviewed care plans within the multidisciplinary meetings and patients contributed to the reviews.
- Patient records were both paper and electronic based. Current copies of the electronic care plans were within the patient records. Staff kept paper records securely in a locked room. When a care plan or risk assessment was under review, the current paperwork remained in the records until the new paperwork was agreed and signed.

Best practice in treatment and care

Assessment of needs and planning of care

Long stay/rehabilitation mental health wards for working age adults

Good 

- We reviewed 17 medication charts and found staff followed the National Institute for Health and Care Excellence guidance when prescribing medication. We found doctors had had prescribed six patients medications above British National Formulary recommended doses of antipsychotics and had prescribed more than one antipsychotic. For these patients additional monitoring took place. The hospital used the mental health medicines management monthly monitoring form to complete this. A screening tool and ready reckoner of drug doses was available in the clinic room for staff to access.
- Patients could access psychological therapies as recommended by NICE. The service had a half time psychologist and a full time psychology assistant who provided a range of psychological therapies, including, cognitive behavioural therapy, dialectical behavioural therapy, schema therapy, and motivational therapy. The occupational therapy team provided both group based and individual activities for patients aimed at improving communication, interaction with others and daily living skills.
- Staff registered patients with a local GP and supported patients to access the GP. In the records we reviewed we saw staff helped patients with on-going physical health needs to meet hospital appointments. Staff supported patients to attend dentists, opticians, and chiropody appointments, helping patients to meet their wider healthcare needs. Staff offered 'well man' clinics monthly for on-going monitoring of physical health.
- Staff used a wide range of recognised rating scales to monitor the progress of patients. Examples included health of the nation outcome scales, and the Liverpool university neuroleptic side effect rating scale. Patients monitored their own progress alongside staff members by completing the recovery star. Staff and patients via monthly multidisciplinary meetings then jointly reviewed this.
- The staff team carried out audits, completing case note audits and health and safety audits monthly. The local pharmacy department completed a monthly audit of medication management. The staff team completed infection control audits three monthly and ligature risk assessment audits every six months.
- The staff team consisted of an appropriate mix of disciplines. There were two doctors, mental health nurses, support workers, an occupational therapist, two therapy co-ordinators, a psychologist, a psychology assistant, a mental health act administrator, and a visiting pharmacist. Most staff were full-time although the doctors and psychologists were half-time. The hospital had completed an audit following changes to medical input at the hospital which identified that total hours provided had decreased by an average of three hours per week. However, the quality of medical input had increased as the consultant psychiatrist now provided all input. There were plans to review this further in January 2017.
- The hospital had a range of newer staff and experienced staff. We met with a newly qualified nurse who the hospital was supporting through a preceptorship programme to develop. Support workers were completing the care certificate. One support worker facilitated a learning group for other support workers working towards the care certificate. Staff completed additional training. The psychologist had recently delivered training on behavioural management to the support workers. Staff had received training in suicide prevention and ligature risks.
- Staff received annual appraisals. Not all staff were due an appraisal. Staff who had been in post and completed their probationary period became due an appraisal in 12 months' time. Of the 33 eligible staff 27 (82%) of staff had a completed appraisal. Two staff (6%) were on long term sick. Four staff that were in work were late receiving their annual appraisals (12%).
- Supervision took place every six to eight weeks unless there was a need for this to be more frequent. The service forward planned supervision and incorporated all staff including chefs, cooks, maintenance, housekeepers, reception, and relief and bank staff. Staff we spoke with confirmed receiving supervision. We found regular supervision had taken place for 100% of eligible staff. Three staff were on long-term sick or maternity leave therefore they had not received supervision. We reviewed a sample of six supervision records we found they covered objectives, discussion around performance, training needs, and sickness if relevant.
- Staff we spoke with confirmed having access to specialised training to complete their roles. Different staff groups had different training identified dependent

Skilled staff to deliver care

Long stay/rehabilitation mental health wards for working age adults

Good 

on their roles. For example, administration and domestic support staff received breakaway training whilst clinical staff received training in managing violence and aggression. Clinical staff received training in completing electrocardiograms and how to take bloods; this helped them to monitor patient's physical health. Clinical team members completed training in psychological approaches such as behavioural family therapy and cognitive behavioural therapy.

- The hospital had policies and procedures in place to manage the poor performance of staff. At the time of inspection, there were no formal performance issues. The manager proactively addressed any issues informally through supervision.

Multi-disciplinary and inter-agency team work

- Multidisciplinary meetings took place each week. Patients were actively involved in the discussions that took place regarding future goals, care planning and risk assessment. The records we reviewed clearly detailed the discussions that had taken place.
- Handovers took place between shifts to ensure staff could effectively support patients in their recovery. We did not witness a handover but staff talked us through the process and we saw within records that patients were risk assessed on a daily basis during the handover process. Following the handover between shifts, a daily handover took place, which included administration, catering, domestic, maintenance, and senior staff members. The purpose of this handover was to ensure the whole team remained updated regarding any changes with the patients' needs.
- The hospital proactively worked to maintain contact with external care co-ordinators during the patients' stays. Care programme approach (CPA) meetings took place every four months for patients. Carers and external care teams, including commissioners were encouraged to attend and contribute to CPA meetings. The local authority provided mandatory training to the team in safeguarding. There was a local GP practice where patients were registered, staff reported good working relationships, which meant that patients received a good service.

Adherence to the MHA and the MHA Code of Practice

- The provider had policies and procedures in place that took account of the changes to the newly updated Code of Practice. Previously this had been an issue where we

told the provider it must take action. The provider had made the appropriate updates and the provider now met the requirements of the notice we issued at the April 2016 inspection.

- The hospital had a Mental Health Act administrator as part of their team. The Mental Health Act administrator examined and scrutinised the detention paperwork. Staff approached the administrator for advice if they were unsure. The administrator made sure all legal requirements were up to date and reminded staff if necessary. We reviewed six records regarding detention paperwork it was current and complete.
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- The Mental Health Act administrator completed monthly monitoring of detention paperwork this fed into a quality meeting where staff reviewed and collated statistics. A quarterly report was produced which identified good practice and areas for improvement.
- A local advocacy service attended the hospital twice weekly. The independent mental health advocate

Long stay/rehabilitation mental health wards for working age adults

Good 

offered specialist support to patients detained under the Mental Health Act. Patients presented themselves to the advocate, who was available in communal areas of the hospital. Staff knew about the advocate attending and reported good relationships. One patient received advocacy through another advocacy service by choice.

Good practice in applying the Mental Capacity Act

- Staff received training in the Mental Capacity Act. At the time of inspection, 96% of staff who needed to complete the training had completed it. Two staff had yet to complete the training. Staff repeated the training to ensure they stayed up to date. Staff we spoke with understood the guiding principles regarding capacity and that it could fluctuate and was decision specific. The provider had a policy in place relating to MCA.
- Between May and November 2016, no patients were subject to Deprivation of Safety Safeguards.
- Staff assumed patient capacity unless there was reason to doubt this. Where there were issues of concern, formal capacity assessments took place. The multidisciplinary team reviewed decisions around capacity as part of patient reviews. The registered manager told us capacity assessments in relation to finances were becoming more common. The manager stated staff supported patients to make decisions if they had capacity and gave examples of patients buying expensive items, as this was their choice.

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

Good 

At the last inspection in April 2016, we rated caring as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

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

Good 

At the last inspection in April 2016, we rated responsive as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

However:

In the last inspection, we recommended that the provider should take steps to ensure all patients have access to activities appropriate to their needs. We found that hospital provided activities for patients both individually and group based. There were individual programmes that the occupational therapy staff had developed covering areas such as budgeting, travel training, and road safety. The hospital kept a collective activity log of patient activity hours completed. Between 19th September and 9th October 2016, 94% of patients had completed on average, in excess of 25 hours activity per week. Staff recorded individual patient hours of activity, for the three weeks prior to inspection all but three patients had engaged in over 25 hour of activities. Six patients had completed in excess of 40 hours of activities, some patients completing in excess of 60 and 70 hours of activities.

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

Good 

At the last inspection in April 2016, we rated well led as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure all staff appraisals are completed when due.