

Cedar House







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?	Outstanding	
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 Cedar house as good because:

- staff and patients kept the wards clean and well maintained and patients received specific training for this role
- staff and patients told us that they felt safe
- staff were suitably qualified and trained to provide care to a good standard
- each patient had detailed risk assessments and risk plans that were thorough, up to date and person centred
- staff followed guidance to report incidents and we saw staff learnt from them
- staff assessed individual patient needs and planned their care thoroughly with a focus on recovery
- staff assessed patients' physical healthcare needs thoroughly and to a high standard
- all staff we spoke to had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice
- on all wards the multidisciplinary teams were consistently and proactively involved in patient care
- multidisciplinary team members felt their contribution was equally valued
- clinical meetings were effective and patient focused
- staff told us the service offered good quality training and professional development opportunities and all staff took them up
- staff interacted with patients in a respectful, patient, responsive and kind manner
- all relatives and carers we spoke to commented on how caring and compassionate the staff were towards them and the patients
- the service used innovative practices to engage and involve patients in their care and treatment
- staff thoroughly understood relational security. This is how staff use their knowledge and understanding of their patients, to ensure they keep the ward calm and minimise any conflict
- the service had effective bed management processes
- the service had strong relationships with many commissioners
- the service model encouraged patients' recovery, comfort and dignity
- there was a varied programme of recovery orientated therapeutic activities
- the service listened to concerns or suggestions made by patients and their relatives to improve services, which they acknowledged and implemented when possible
- staff told us their morale was good
- there was a strong leadership team, made up of clinicians and managers, who engaged and supported staff
- staff at every level felt part of the service and confidently discussed the philosophy of the hospital
- the service looked to continually improve and innovate

However:

- staff had not consistently checked the medicine fridge temperatures on four wards
- when the alarm system was activated it sounded on all wards, which disrupted patients and staff each time it happened
- most patients, who did not self- cater, complained about the food quality.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Forensic inpatient/
secure wards**

Good



Start here...

Summary of findings

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Summary of this inspection

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Good 

Cedar House

Services we looked at

Forensic inpatient/secure wards;

Summary of this inspection

Background to Cedar House

Cedar House is a specialist hospital, managed by the Huntercombe group offering assessment, treatment and rehabilitation services in a low secure environment. It has six wards and capacity for 40 patients. The hospital offers secure inpatient services for people with a learning disability or autism, who have offending or challenging behaviour and complex mental health needs.

- Folkstone ward provides a service for 14 male patients.
- Maidstone ward provides a service for eight female patients.
- Tonbridge ward provides a service to eight patients both male and female.
- Poplar ward is a pre-discharge ward for five patients both male and female

- Rochester ward has three male patients as well as a single annex for one male patient.
- Ashford ward has one male patient.

We inspected the services provided at Cedar House six times between June 2011 and May 2014. At the time of the last inspection, Cedar House was fully compliant in meeting the essential standards inspected.

We reviewed the wards at Cedar House between March 2014 and May 2015 through our Mental Health Act monitoring visits.

A registered manager and accountable officer were in post at Cedar House.

Our inspection team

Team leader: Jackie Drury

The team that inspected the service consisted of; two CQC inspectors, one specialist advisor (senior nurse), one Mental Health Act reviewer, an expert by experience for two and a half days and one inspection manager for one

day. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example as a carer.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited all six of the wards, looked at the quality of the ward environment and saw how staff cared for patients.
- Spoke with 24 patients.

Summary of this inspection

- Spoke with the 56 staff members including doctors, nurses, support workers, activity workers, a gym technician, occupational therapists, psychologists, psychology assistants, students, pharmacists and social workers.
- Received feedback from five relatives.
- Received four comment cards from patients.
- Spoke with one external commissioner.
- Interviewed the senior management team, including the hospital director.
- Held focus groups for consultant psychiatrists, psychologists, occupational therapists and other therapists, support services staff, front line ward staff and one for the Rochester ward multidisciplinary team.
- Attended and observed three multidisciplinary clinical meetings.
- Looked at 26 treatment records of patients, including 27 medication records.
- Carried out a detailed and specific check of the application of the Mental Health Act on Maidstone ward.
- Looked at four staff records.
- 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 24 patients and five of their relatives. With one or two exceptions, comments were very positive and highly complimentary about the care at Cedar House. They said that staff were caring, patient, kind, professional and supportive towards patients. Most patients and their relatives felt actively involved in

choosing and making decisions about care and treatment. Family and friends said they are provided with information about the service and they know how to stay in touch, they have a named staff member they can speak to and feel involved in the person's care and treatment.

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:

- Staff and patients kept the wards clean and well maintained and patients told us that they felt safe. Staff also told us that they felt safe in their working environment.
- There were enough suitably qualified and trained staff to provide care to a good standard.
- Patients' risk assessments and risk plans were detailed, thorough, up to date and person centred.
- The service had clear guidance in place to report incidents and we saw that the staff learnt from incidents and when things had gone wrong.

However:

- Staff had not consistently checked the medicine fridge temperatures on four wards.

Good



Are services effective?

We rated effective as **good** because:

- The assessment of patients' needs and the planning of their care was thorough, individualised and had a focus on recovery. Physical healthcare assessments and associated plans of care were thorough and consistently delivered to a high standard.
- There was evidence of best practice and that all staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice.
- Throughout all of the wards the multidisciplinary teams were consistently and proactively involved in patient care. Every member of the team felt that their contribution was equally valued.
- The three clinical meetings that we observed were effective and patient focused.
- Staff told us that training and professional development opportunities were good quality and offered to, and taken up by all staff. We saw this was the case in the training records we looked at.

Good



Are services caring?

We rated caring as **Outstanding** because:

Outstanding



Summary of this inspection

- We consistently saw respectful, patient, responsive and kind interactions between staff and patients.
- All relatives and carers we spoke with commented on how caring and compassionate the staff were towards them and the patients.
- There were innovative practices used consistently across the service to engage and involve patients in the care and treatment they receive.

There was a confident and thorough understanding of relational security among all of the staff. Relational security is how staff use their knowledge and understanding of their patients to ensure the ward environment is kept calm and any conflict is kept to a minimum.

Are services responsive?

We rated responsive as **good** because:

- Bed management processes were in place and effective.
- There were strong relationships with many commissioners.
- The service model encouraged patients' recovery, comfort, dignity and was discharge focused.
- There was a varied programme of therapeutic activities that were strong and recovery orientated.
- The service was particularly responsive to listening to concerns or ideas made by patients and their relatives to improve services. Staff acknowledged such ideas and implemented them wherever possible.

However:

- Most patients complained about food quality.
- The alarm system sounded on every ward, each time it was activated, which caused disruption on all wards each time.

Good



Are services well-led?

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

- Staff told us their morale was good and they felt well supported and engaged by a highly visible and strong leadership team. This team consisted of both clinicians and managers.
- Staff at every level felt very much a part of the service and were able to discuss the philosophy of the hospital confidently.
- Managers had put systems in place to ensure good governance structures although these were not always formally set out or recorded.
- The service was very well led at ward level.
- There was a commitment towards continual improvement and innovation.

Good



Summary of this inspection

- The service was responsive to feedback from patients, staff and external agencies.
- The service had been proactive in capturing and responding to patients' concerns and complaints. There were creative attempts to involve patients in all aspects of the service delivery.

Detailed findings from this inspection

Mental Health Act responsibilities

We carried out a Mental Health Act (MHA) review on Maidstone ward, which included examining all the documentation for patients on the ward. Detention papers were available for review and in good order throughout.

All staff had received updated training on the Mental Health Act and were able to discuss the new Code of Practice. In addition the provider ensured all staff complied with the Mental Health Act requirements.


Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had undertaken Mental Capacity Act (MCA) training. There was a MCA policy in place and staff we spoke to were able to explain the principles and say how they applied these to their patients. There were no Deprivation of Liberty Safeguard (DoLS) applications in the previous six months to October 2015. Where

appropriate patients had a mental capacity assessment relating to their care and treatment. We also saw this reflected in care plans and additional assessments for specific interventions such as medical procedures and personal care delivery.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient/ secure wards	Good	Good	Good	Good	Good	Good
Overall	Good	Good	 Outstanding	Good	Good	Good

Notes

Forensic inpatient/secure wards

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

Are forensic inpatient/secure wards safe?

Good 

Safe and clean environment

- The physical and procedural security at Cedar House was provided to a consistently good standard. Staff applied strong operational policies and procedures effectively which ensured the safety of patients, visitors and staff. We saw a comprehensive range of effective procedures across the service, which enabled staff to establish and maintain clear boundaries across the site. Staff and patients told us that the procedures assisted them in feeling safe across the hospital site.
- There was a single main entrance to enter and exit the hospital site with a double airlock operated by a central control room. An airlock is an additional locked room to pass through before gaining access to or exit from the hospital. This strengthens security in and out of the hospital. Cedar House had a dedicated control room team who co-ordinated the entry and exit of all staff, patients and visitors. The entrance environment for patients, visitors and staff was welcoming, with comfortable furniture, lockers for storing personal belongings, cold water to drink, bathroom facilities and a variety of relevant leaflets and information. The control room staff showed a high degree of professionalism and the area operated efficiently.
- With the exception of the pre-discharge ward, Poplar, all areas of the hospital were within the secure perimeter

fence. This enabled access for patients and staff around the whole site. Poplar ward was in a self-contained building, next to the control room and in close proximity to the rest of the hospital.

- The layouts of the wards enabled staff to observe the majority of the ward areas. Where observation was restricted staff mitigated risks by using more staff to safely observe patients. In addition on Folkstone, which was the largest ward, mirrors were used to assist clear lines of sight through the ward.
- Staff carried out ward audits of ligature points and the service completed risk assessments for all wards. These assessments were of a high standard and included photographic evidence. Each ward had a booklet to make staff aware of the risks on their ward and plans were in place to reduce the risk. Staff highlighted specific actions needed to mitigate risks
- to patients. A charge nurse had overall responsibility to oversee the audit and risk assessments. Staff discussed the audit work at the health and safety meeting held monthly at Cedar House.
- With the exception of the pre-discharge ward, Poplar, and the rehabilitation ward, Tonbridge, all other wards were gender specific. Patients and staff on these two mixed gender wards told us about the arrangements, which included separate bedroom areas and bathroom facilities. We saw that the environment offered sufficient privacy and dignity to patients of different gender. Staff showed us individual care plans detailing discussions and support plans which had been put in place to ensure that patients did not feel vulnerable or unsafe at any time while living in a mixed gender environment.
- Emergency equipment was stored on all wards in well-equipped clinical rooms. An automated external defibrillator and anaphylaxis pack were in place. The

Forensic inpatient/secure wards

hospital practice nurse carried out checks regularly to check the equipment was in order and fit for purpose and we saw evidence of these checks. There were some inconsistencies with checks carried out on fridge temperatures in the clinic rooms across all of the wards. For example, Folkstone ward had eight omissions over a three month period in checking fridge temperatures, Maidstone seven omissions; Tonbridge had two omissions and Rochester 13 omissions.

- Cedar House had one seclusion suite on Folkstone ward, which was located on the main communal corridor. The suite was private, had a large reception or de-escalation area and the seclusion room was larger than the recommended size. There were good sight lines for observation throughout the suite. There were staff present throughout a period of seclusion and the staff were able to see and hear the patient at all times via a two way intercom system. The seclusion room had natural light, air conditioning, toilet and shower facilities, digital lighting and a visible clock. The seclusion suite had a dedicated staff office which had clear lines of sight into all areas of the suite and this office was only used when the seclusion room was in use. Should the seclusion room staff office door be open and a patient was using the bathroom facilities their privacy could be compromised if another patient was walking along the corridor. This was a minor concern as staff told us staff would not access the door without knocking first. In addition all staff on Folkstone ward were aware when the seclusion room was being used. Patients requiring seclusion from any other wards would need to be transferred from their ward to the Folkstone seclusion room. This practice did not raise any concerns.
- All wards were well maintained and clean throughout. Patients told us that they contributed to the cleaning on the wards. On Tonbridge and Poplar wards staff and patients carried out all of the ward cleaning. Cleaning schedules were on show in every room and on every ward. Patients contributing to the cleaning had received practical ward based teaching including training on specific pieces of equipment such as the dishwasher. In addition patients received theory and knowledge based teaching in the training department which included food hygiene, health and safety, infection control and first aid with some of the training provided as joint sessions with staff. Participation in the ward cleaning

rotas were part of the patients' rehabilitation programmes working towards more independent living. If the patients chose not to complete the cleaning then this was completed by ward staff.

- Furniture, fixtures and fittings were of a good standard. Staff conducted regular audits of infection control and prevention and staff hand hygiene to ensure that patients, visitors and staff were protected against the risks of infection.
- All staff were issued with an alarm and radio when entering the hospital. Staff and patients told us that alarms were responded to quickly. We discussed with staff that the alarms sounded on every ward across the hospital and that all available staff attended the ward which sounded the alarm. Staff and patients told us that this was quite disruptive as the alarm could not be deactivated in any other ward and could be sounding for several minutes at a time. We raised this concern with the hospital director who told us that a meeting was scheduled with the estates department to plan to rectify this issue. In addition some money had been secured to fund any agreed changes to the alarm system.
- **Safe staffing**
- There were 33.5 whole time equivalent (wte) qualified nurses and 162.5 wte support workers working at Cedar House across the six wards. There were three vacancies for qualified nurses across the hospital and no vacancies for support workers at the time of our inspection. 12 support workers were undergoing their three week induction programme. Over a three month period from June to August 2015, 598 shifts (5.7%) were filled by temporary staff. 95 shifts were covered by substantive staff working overtime. 135 shifts were not covered; however managers told us that charge nurses would cover any shifts short of staff. A twilight shift from 20.30 to 24.00 or 02.00 had also been introduced to provide additional staff as a contingency plan. In addition the wards were also supported by non-rostered staff from the Cedar House education and therapy team. During this period charge nurses were working an average of two to three shifts per week covering the roster, which amounted to approximately 138 shifts over this period. The education and therapy staff were also providing sessions at weekends which amounted to approximately 25 shifts over this period; this did not

Forensic inpatient/secure wards

impact on the delivery of education or training.

Therefore approximately 163 shifts were covered by non-rostered staff. Safe staffing levels were maintained throughout and we saw evidence of this by looking at the staffing rotas.

- The sickness rate was high at 8.5% at August 2015 and the staff turnover rate was 16%. Senior managers were analysing the reasons why the sickness level was high.
- All staff told us there was sufficient staff to deliver care to a good standard. We looked at the staffing rotas on each ward and saw that there were sufficient staff available to provide care to a high standard. Ashford ward had three support workers on day and night shifts and was covered by the nursing staff on Rochester ward. Folkstone ward had 15 support workers and two nurses on a day shift and 13 support workers and one nurse overnight. Maidstone ward had five support workers and one nurse during the day and three support workers and one nurse overnight. Poplar ward had two support workers and one nurse during the day and one support worker and one nurse overnight. Rochester ward had nine support workers and one nurse during the day and five support workers and one nurse overnight. Tonbridge ward had four support workers and one nurse during the day and two support workers and one nurse overnight. All wards had a qualified nurse on shift during a 24hour period, over seven days each week.
- Arrangements were in place to provide effective support which enabled clinical staff to spend their time in direct contact with patients, for example strong administrative support. This meant staff had time released to be able to prioritise the care and treatment of their patients.
- The service had a comprehensive and thorough workforce plan. The plan described the way safe staffing levels ensured the successful delivery of services in an effective way whilst maintaining the highest of standards of care.
- We looked at four staff recruitment files and found them to be completed appropriately and to a good standard. For the files reviewed appropriate pre-employment checks of staff had been completed. These included thorough identity checks, references and educational certificate checks, completion of health questionnaires and satisfactory disclosure and barring service clearance.
- Staff told us that they could always access a doctor if required. Doctors were flexible and responsive to requests to attend the wards when required. This included in an emergency. Medical staff told us that there were adequate doctors available over a 24 hour period, seven days a week, who were available to respond quickly to the wards in an emergency. Staff showed us the medical staff rotas and we saw evidence of this.
- We were told by the charge nurses that senior managers were flexible and responded well if the needs of the patients' increased and additional staff were required. We saw that this was the case on Folkstone ward where extra staff had been employed on shift due to the escalation in the level of distress of two patients on the day we visited the ward.
- Staff told us it was usually possible to escort patients on leave. Patients told us that leave was rarely cancelled. Staff kept cancellations of escorted leave to an absolute minimum and recorded this.
- Patients told us they were offered and received a one-to-one contact with a member of staff every day.
- Cedar House staff had a 93% completion rate for mandatory training which included training on the MHA, the MCA, health and safety, personal security and safety, risk management, direct care and support, safeguarding, equality and diversity, emergency first aid, learning disabilities and conflict management and physical interventions.
- **Assessing and managing risk to patients and staff**
- We looked at 26 electronic care records across all of the wards at Cedar House, including ten records of patients detained under the Mental Health Act. We found a comprehensive risk assessment in place for all patients on admission. All patients, where they had wanted to, and had consented to, had been actively involved in the risk assessment process.
- The overarching risk documentation and assessment method used at Cedar House was called the 'clinical assessment of risk and management' tool. Risk formulations and plans were consistently well planned, of a good standard and used structured professional judgement (SPJ) risk assessment schemes which staff had been trained to use. This included the sexual violence risk-20 assessment. A structured decision support guide, called HCR-20, was used to assess risk factors for violent behaviour. An assessment of

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protective factors was used to help reduce the risk of any future violent behaviour as well as offering guidance for treatment and risk management plans. Cedar House used the health of the nation outcome scales (HoNOS) for people with learning disabilities and the HoNOS-Secure, both of which are relevant to a learning disabled population. The provider used the ARMIDILLO-S, a recently developed sexual offending risk assessment tool, specifically for people with intellectual disability and the Northgate fire-setting risk assessment tool. The head of psychology had chaired a learning disability risk workshop for Pavilion and had held learning disability specific workshops. All of this information was reviewed regularly and documented in the electronic care record system. Reviews of risk were part of the multidisciplinary care review process. SPJ assessment schemes are recommended good practice by the Department of Health for implementation in forensic and secure settings.

- Patients and staff were trained in risk assessing together as part of an education programme. The programme involved the use of accessible easy read documents which explained the nature of risk assessment and risk management. All patients were encouraged to discuss risk. These discussions took place in the 'my aims and goals' meetings ward community meetings and care programme approach meetings. Patients were encouraged to give feedback to staff on the education sessions through the use of easy read evaluation forms.
- There were blanket restrictions on the wards, such as contraband items and locked doors to access and exit the wards. These were justified and clear notices were in place for patients, staff and visitors explaining why these restrictions were being used.
- Staff told us that where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, the level and frequency of observations of patients by staff were increased. Individual risk assessments we reviewed took account of patients previous risk history as well as their current mental state.
- Relational security is the way staff understand their patients and use their positive relationships with patients to defuse, prevent and learn from conflict. This was practiced to a high standard across all wards and staff actively promoted de-escalation techniques to

avoid restraints and seclusion where possible. All staff were trained in promoting safer and therapeutic services and all staff were trained to use the conflict management training.

- There were 44 incidents of seclusion within the most recent six month period. An audit was carried out in December 2014 and repeated in September 2015 which looked at the appropriate completion of seclusion documentation and paperwork. There had been a significant improvement in the completion of the paperwork following the first audit as a result of heightened awareness of staff about the requirements. The audit was presented to the local integrated governance forum. We looked at seclusion records for the preceding six months and found them to be in good order. All but four episodes of seclusion at Cedar House took place in the seclusion room on Folkstone ward. Patients not able to access the seclusion room on Folkstone ward would be safely restrained on their own ward in, for example the low stimulus room.
- There were 535 incidents of restraint within a six month period of time across all of the six wards and these involved 21 patients. 172 incidents of restraint took place on Folkstone ward, 161 on Rochester, 122 on Ashford, 54 on Maidstone, 18 on Poplar and 8 on Tonbridge wards. 38 of the 54 restraint incidents on Maidstone ward were attributed to one patient and 141 out of the 161 incidents on Rochester ward were attributed to one patient. A total of 16 restraints were made in a prone position and 11 of these restraints resulted in rapid tranquilisation.
- Reduction in the use of restrictive practices for each patient at Cedar House was achieved through the use of positive behaviour support (PBS) / Individual support guidelines (ISG) plans for every patient. These plans were developed in conjunction with the patient where possible (most cases). Individual support guideline (ISGs) frameworks are outlined and trained by the Institute for Applied Behaviour Analysis (IABA). A clinical psychologist was funded to attend IABA training in 2001, and more recently six staff (three from psychology, a nurse, a senior support worker and a support worker) attended IABA training. The PBS/ ISG approach was taught during the provider's induction courses, including individual teaching of the individual PBS plans for each patient on the staff member's allocated ward.

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PBS /ISG training was linked to the annual MAYBO (Physical intervention system) refresher courses, and regular refresher days for individual PBS/ISG training were provided for all wards.

- The provider reported no episodes of long term segregation in the preceding six months however staff told us that two patients with autism, on Ashford and Rochester wards, had bespoke individual packages of care in place which meant they were living in separate accommodation to other patients. In accordance with guidance contained within the Code of Practice of the Mental Health Act 1983, the Huntercombe Group had established a committee for the review of patients receiving care and treatment in circumstances that may amount to the definition of long term segregation. The committee had previously met in May 2015 and discussed the parameters of long term segregation, including specifically the care and treatment of these two patients. The committee at that time agreed that the patients were being nursed in an on-going basis in single person services and that their care did not amount to long term segregation. However their care had been the subject of further discussions in a conference call in November 2015, resulting in independent reviews taking place which were discussed at a committee meeting in December 2015 (After the CQC inspection). A decision was made at the meeting that the care, treatment and current environment were appropriate and continued to be necessary to meet the identified needs in both cases and that the conditions of care and treatment in both cases did amount to long term segregation. Therefore both patients received four hourly nursing reviews, an approved clinician review every 24 hours and a weekly review by the multidisciplinary team. Records were available which evidenced that this was happening.
- We spoke with 24 patients who were familiar with and had contributed to their plans of care. We looked at their care plans and found them to be comprehensive, personalised and detailed.
- We spoke with staff about protecting their patients from abuse. All the staff we spoke with were able to describe what constitutes abuse and were confident in how to escalate any concerns they had. 93% of staff had received training in safeguarding adults at risk and were aware of the provider's safeguarding policy. Since January 2013 to the time of our inspection 149 safeguarding notifications had been made by the provider to the local authority safeguarding team. There was regular contact on at least a monthly basis with a named local authority safeguarding lead. There were no active safeguarding investigations open.
- We checked the management of medicines on all the wards and looked at 27 medication administration records. There were no errors. The medicines were stored securely on all of the wards. Daily checks should have been made of refrigerator temperatures to ensure that the medicines remained suitable for use. There were omissions in the recording of fridge temperatures. For example Folkstone ward had eight omissions over a three month period, Maidstone had seven omissions, and Tonbridge had two omissions and Rochester 13 omissions. When we fed this back to the provider they agreed to review the procedure for checking fridge temperatures to ensure no further omissions occurred.
- All medicines needed were available. We looked at the ordering process and saw the process for giving patients their regular medicines. Patients told us about the information they were given about their medications. A pharmacist visited Cedar House every week and told us that the provider was responsive to any interventions that they made during their visits.
- The majority of patients on Tonbridge and Poplar wards told us they were on a self-medicating programme. There were comprehensive care plans in the care records available for these patients.
- Patients were provided with information about their medicines. We observed this in a discussion in a multi-disciplinary care review. Staff discussed changes to the patients' medicines with them and provided leaflets with more information.
- For any patients wanting to see children from their family we found that processes and protocols had been put in place to accommodate this. Each request was risk assessed thoroughly to ensure a visit was in the child's best interest. Separate and secure family rooms were available away from the ward areas in the control room area.
- **Track record on safety**
- The provider reported one serious incident requiring investigation in August 2015. This involved aggression towards a member of the public whilst a patient was on escorted community leave. The provider had carried out an investigation to establish the root cause of the incident. Managers showed us the report into the

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incident and we saw that lessons had been learnt. For example the provider would now carry out individual risk assessments of community venues before taking patients there on leave. In addition community venues would need to be age appropriate.

- **Reporting incidents and learning from when things go wrong**
- Staff knew how to recognise and report incidents on the provider's electronic based recording system. All incidents were reviewed by the multidisciplinary teams on each ward, at least weekly. Incidents were also forwarded to the hospital director and the clinical governance department. Staff told senior managers within the organisation about incidents in a timely manner so that they could monitor the investigations and respond to these. The senior management team discussed all incidents and analysed recommendations from all serious incidents and reported these back weekly to the wards for discussion in team and service-wide meetings. Staff investigated all incidents to try to establish the root cause. We looked at the draft report prepared by the Huntercombe group following the serious incident which occurred in August 2015. We saw after all incidents that staff and patients had been offered a de-brief session following an incident to immediately address any lessons to be learnt. Psychology staff prepared an individualised spreadsheet which listed any incidents for every patient on all wards. This was presented at every patient's clinical meeting as well as quarterly at the local integrated governance meeting.
- Staff told us that they received feedback from investigations in regular team meetings. Learning from incidents was shared and action plans to address any gaps were put into place. Staff said there was always a debrief session arranged after a serious incident, and that a facilitated, reflective session would take place. This ensured that as well as learning lessons from incidents, staff felt adequately supported. During meetings we attended managers discussed safety issues which was in keeping with an open and transparent culture and their duty of candour. We looked at the policy called, 'being open' which explained the process by which the required standards would be met to

ensure quality and consistency of communication following incidents which give rise to significant harm and how the organisation will meet its duty of candour obligations.

Are forensic inpatient/secure wards effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Staff assessed patients' needs and delivered care in line with the patients' individual care plans. All patients received a thorough physical health assessment, called the 'Cardiff enhanced service for the care of adults with learning disabilities'. Staff identified and managed risks to physical health. We saw that in addition to psychiatrists working as part of the multidisciplinary teams, general practitioners visited the unit regularly every week. A clinical practice nurse was available on a full time basis and kept an overview of all patients' care plans with an identified risk associated with their physical health. All staff we spoke to were very confident in their ability to assess physical health care needs and provide robust care and treatment plans. The practice nurse told us that all patients received a complete physical health check every year and we saw evidence of this in the patients' care records. All patients had a health action plan which detailed their health needs, the professionals who support those needs and a log of various physical health appointments which included, for example dentistry, eye care, speech therapy and physiotherapy.
- Care plans were personalised, holistic and recovery focused. All wards used the care programme approach as the overarching method for planning and evaluating care and treatment. Wards used nationally recognised good practice recovery tools called the 'outcome star, my shared pathway, this is me and health action plans'. All of these processes focussed on patients' strengths and goals. Staff had fully implemented these approaches. This enabled a consistent approach during assessment, implementation and evaluation of patient's care and treatment.

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- Patients' told us that they received a copy of their care plans, which they kept in a folder called, 'my care plans'. The care plans were individually worded and where appropriate made use of pictures and symbols which patients' told us they understood. Patients' we spoke with told us that they were involved in the care planning process and that the plans were recovery focused. We saw many examples of staff applying this individualised approach to patients'. The clinical meetings we attended discussed patients as individuals with unique needs. For example, staff discussed their responses to one patient who repeatedly asked about moving on from the hospital. Staff also discussed the sexual needs of another patient and how these needs could be managed effectively with privacy, dignity and safety.
- All patients had an individual support guide which detailed their unique behaviours and listed things which may upset them such as feeling ignored or being told what to do. The guide went on to describe positive strategies which had been taught to patients'. These positive support plans included learning ways of coping with being upset. Examples included engaging in activities, not getting bored, participating in psychological therapies, using coping strategies and talking to staff to gain support. All of the guides were written in accessible language, easy read formats, with the use of pictures and symbols so that patients' could understand them easily. All staff told us they had received training in positive behavioural support in order to consistently and proactively implement this approach, we saw from training records that this was the case.

Best practice in treatment and care

- Patients had access to a variety of psychological therapies either on a one to one basis or in a group setting. Psychologists, occupational therapists and activity therapists were part of the multidisciplinary teams and were actively involved.
- The practice nurse was responsible for ensuring good access to physical healthcare. We were told that the practice nurse keeps an overview of the physical health needs of patients and ensures physical health care plans kept up to date. All wards received regular visits from a general practitioner and practice nurse. Regular physical health checks were taking place where needed.
- All patients were assessed using the 'health of the nation outcome scales' (HoNOS) for secure services and

learning disabilities. These covered twelve health and social domains and enabled clinicians to build up a picture over time of their patients' responses to interventions.

- Every patient had an individualised occupational therapy treatment plan which was based on the model of human occupation re-motivation process. MOHO is the acronym for the Model of Human Occupation, which is a therapeutic model that occupational therapists use to case formulate patients abilities and future care needs. The MOHOST is a screening tool that highlights deficits that require further assessment, in addition to acting as an outcome measures.
- Staff participated in wide range of clinical audit to monitor the effectiveness of the services provided. Areas covered included, individualised patient and whole hospital audits on incident occurrences, episodes of restraint, seclusion, self-harm behaviour and developing easy read formats for patient feedback. Action plans were developed to address any areas for improvement.
- All staff participated, at least weekly, in reflective practice sessions to also evaluate the effectiveness of their interventions.
- A local integrated governance meeting was held monthly and incorporated feedback and discussion which included, care and effectiveness, risk management, patient safety and patient and carer experience. We saw from the minutes of the meeting that all wards were represented. Areas of best practice discussed at the governance meeting included person centred care planning, assessing and managing positive risk taking, accessible and easy read documentation and engaging family and friends. All of these areas had associated audits which identified areas of best practice and other areas to work on to further improve the quality of service provision.

Skilled staff to deliver care

- The staff on all of the wards came from a variety of professional backgrounds, including medical, nursing, psychology, occupational therapy, social work, teaching staff and pharmacy and were all fully integrated into the service. All staff were trained in learning disabilities.
- Staff received appropriate training, supervision and professional development. Over 93% of staff had updated mandatory training refresher courses recorded. All new staff attended a comprehensive and thorough three week induction programme followed by a 12 week

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mentorship period. We saw that staff were also encouraged to attend longer internal and external training courses. We saw that a number of staff members had attended training on dialectical behaviour therapy, Makaton (A language programme using signs and symbols to help people communicate), counselling and management courses. Staff told us about a variety of training courses available by distance learning which included those about diabetes, learning disabilities and health and social care. For example a number of distance learning courses were accessed by staff from the 'Learning Curve Group' one of which was a Level 2 Certificate in Learning Disabilities.

- The induction programme for all new employees included teaching on autism and communication, a full day on intellectual disability and patient specific positive behaviour support training. In addition it was mandatory for all support staff to achieve the Pearson Edexcel Level 2 Diploma in Health and Social Care for England which included a unit on, 'Understanding the context of supporting individuals with learning disabilities'.
- All aspects of clinical training took into account the needs of the patient population for example safeguarding adults at risk and updates on the Mental Capacity Act and the new Code of Practice for the Mental Health Act.
- Further individual patient specific training was delivered on an as required basis as well as teaching on broader topics including the SPELL (structure, positive (approaches and expectations), empathy, low arousal, links.) framework, developed by the National Autistic Society and TEACCH (Treatment and education of Autistic and related communication- handicapped children) which is a service, training, and research program for individuals of all ages and skill levels with autism spectrum disorders.
- All staff we spoke to said they received individual and group supervision on a regular basis, at least every six weeks, as well as an annual appraisal. We looked at staff records which showed that this was the case. All staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the ward.
- All wards had a regular team meeting and all staff we spoke with described morale as very good. Staff said

their team managers were highly visible, approachable and supportive. Topics recently covered included managing and learning from incidents, duty of candour, care planning and setting boundaries.

- Senior managers told us they were performance managing a small number of capability issues at the time of our inspection.

Multi-disciplinary and inter-agency team work

- There were fully integrated and adequately staffed multidisciplinary teams throughout Cedar House. Regular and fully inclusive team meetings took place. We observed care reviews and clinical hand over meetings on most wards and found these to be effective and involved the whole multidisciplinary team. All members of the team were given space and time to feedback and add to discussions in meetings.
- We observed inter-agency working taking place with care-coordinators attending meetings as part of patients' regular reviews.

Adherence to the MHA and the MHA Code of Practice

- All staff had received updated training on the Mental Health Act.
- We carried out a Mental Health Act review on Maidstone ward, which included examining all the documentation for patients on the ward.
- All outstanding action from the previous Mental Health Act review had been addressed.
- The provider made sure that all staff complied with the Mental Health Act requirements. Staff checked Mental Health Act paperwork regularly. Detention papers were available for review and were in good order throughout. The Approved Mental Health Professional (AMHP) reports were available in the files scrutinised.
- Evidence that section 132 rights were explained to patients was found in all files scrutinised. Staff explained patients' rights to them at appropriate times and made a note of anyone refusing the discussion. Staff continued to try to hold this conversation with these patients.
- The system for recording patient leave was thorough. Staff told us that a leave of absence procedure was in place on the ward, with patients being assessed prior to leave and their attire noted.

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- In the files reviewed there was evidence that consideration of capacity to consent to treatment was present.

Good practice in applying the MCA

- All staff had undertaken Mental Capacity Act (MCA) training. There was a MCA policy in place and staff told us about the principles of the Act and how they applied to their patients.
- There were no Deprivation of Liberty Safeguard (DoLS) applications in the previous six months to October 2015. Where appropriate patients had a mental capacity assessment relating to care and treatment. We also saw this reflected in care plans and additional assessments for specific interventions such as medical procedures and personal care delivery.
- We saw documentation around best interest decisions in patients' notes and staff told us confidently what this meant. Families had been involved in discussions.
- The integrated governance meeting and the Mental Health Act administrator monitored adherence to the MCA and DoLS.

Are forensic inpatient/secure wards caring?

Good 

Kindness, dignity, respect and support

- All of the patients we spoke with complimented the staff providing the service throughout Cedar House, even when restrictions to their care and treatment were in place. Kind, considerate and respectful staff supported patients consistently. Patients we spoke with told us that staff were busy however were generally available for them. We saw that staff spent time with patients on and off the wards. Patients commented on the compassion and care shown to them by staff. Patients told us that staff were consistently respectful towards them. For example, several patients we spoke with told us that staff would always knock on their bedroom doors and wait for a response before entering. All of the patients said the staff could not do anymore to meet their needs and they worked hard and had patients' best interests and welfare always as their priority.

- Staff showed patience and gave encouragement when supporting patients. We observed this consistently throughout the inspection including during highly challenging situations, including restraint and aggressive patient episodes.
- Despite the complex and at times challenging needs of the patients using the service, the atmosphere throughout Cedar House was very calm and relaxed. We saw staff were particularly composed and not rushed in their work so their time with patients was meaningful. Staff were able to spend time individually with patients, talking and listening to them. Staff were very flexible in their responses to their patients. For example staff prioritised the needs of their patients throughout out the inspection, also dealing with visitors on each of the wards during the inspection. We did not hear any staff, on any of the wards, ask a patient to wait for anything, after approaching staff.
- During our inspection, we saw a lot of positive interaction between staff and patients on the wards. Staff spoke to patients in a friendly, professional and respectful manner and responded promptly to any requests made for assistance or time.
- All staff we spoke with had a very in-depth knowledge about their patients including their likes, dislikes and preferences. They were able to describe these to us confidently, for example, preferred routines for patients. Poplar ward had developed an 'at a glance' single sheet about their patients to be used by any temporary staff working on the ward. This listed the patient's everyday behaviours, such as preferred topics of conversation and things likely to cause them distress. The list also included what patients' particular like, such as preferred music and what specific information they would like the staff to know about them, such as wanting staff to be kind towards them.
- We received many commendations by patients about individual staff throughout Cedar House. Comments about them included them being particularly perceptive and patient focused.

The involvement of people in the care they receive

- Staff spoke confidently and passionately about their approach to patients and the model of care practiced across Cedar House. They spoke about enabling patients to be as independent as possible in order to work towards living in the less restrictive and non-

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clinical environment. We saw that staff were non-judgemental towards their patients and empowered them consistently to encourage their involvement. No staff, at all, were anything other than positive about caring for their patients, despite often extremely challenging circumstances.

- Patients received a comprehensive handbook on admission to the wards. The handbook welcomed patients and gave detailed information. This included information about health needs, the multidisciplinary team, care and treatment options, medication and physical health needs, arrangements for health records, the outcome star and care plans. We found the handbook helped to orientate patients to the service and patients we spoke to had received a copy and commented on it positively.
- Patients told us that they regularly had opportunity to develop ward agreements which helped remind all staff and patients about what was acceptable and unacceptable behaviour. For example the agreements stated that patients would not enter one another's' bedrooms or play music too loud. Staff and patients told us that the ward agreements were reviewed regularly and discussed in the ward community meetings. Patients told us that the agreements helped them learn about boundaries and living together harmoniously in the ward environment.
- There was evidence of patient involvement in the care records we looked at and all patients had a copy of their care plans in a folder in their bedrooms. Staffs' approach was person centred, highly individualised and recovery orientated. We also saw that all patients reviewed their care plan at least once every two weeks with the multidisciplinary care team and at least once each month with a member of the ward nursing team. These meetings were called, 'my aims and goals' instead of the more traditional, 'ward round' name. The new name had been selected by a patient competition winner. The winner was selected by a panel of patients and staff.
- Local advocacy services were advertised widely. A visiting mental health advocate told us how responsive and patient centred the staff were.
- Staff discussed patients' views and wishes with them. During our inspection we saw this happen in the multidisciplinary care review meetings we attended.

- Patients could get involved in their care through a number of initiatives. Patients told us that they had advance warning of any meeting held to review their care. They said that staff spent time with them to assist them in preparing for meetings. We saw accessible and easy read forms which assisted patients review their progress. One patient told us about their involvement in care planning. They showed us their, 'my shared pathway message of hope'. This document laid out the patient's story so far, work opportunities offered and accepted and what had assisted improved confidence and self-esteem. The patients told us what had led to them feeling more independent and how staff had given them a sense of belonging and hope for the future.
- Relatives and carers were provided with an information booklet about the hospital and what their relative could expect in the way of treatment options. Relatives and carers were invited to care programme approach meetings, with patients' consent and were invited to complete the family and friends test plus five at the end of each meeting to give feedback on their experience. Relatives we spoke with told us they are fully consulted in these forums, and their views and wishes expressed were considered. Patients were able to visit relatives and carers, not only within the hospital, but also in the community or at their residence providing it was safe to do so. Relatives were included in the NHS care and treatment review process, whereby their views and wishes were expressed and considered. The provider was planning a relatives and carers' event in the form of a welcome reception, a patient talent competition called, 'Cedar's got talent', followed by a buffet. Going forward these family and friends events would be held twice a year.

Are forensic inpatient/secure wards responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

- At the time of our visit there were four vacant beds, one on Folkstone ward and three on Maidstone ward. Bed occupancy ranged from the lowest of 76% on Maidstone ward to 100% on Rochester and Ashford wards. This

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gave the forensic inpatient and secure wards an average bed occupancy of 95%. In the preceding year, two patients had been discharged from Poplar ward into the community and one patient had moved to a mainstream low secure service. Three patients had been discharged from the other wards at Cedar house into the community and one patient had been moved to medium secure services. All of the care records we looked at had longer term discharge plans detailed for patients, including the two patients in long term segregation.

- Key clinical and managerial staff attended a bed management and referrals meeting. This meeting oversaw the inpatient secure care pathway. The bed management meeting monitored all actual and potential inpatient delayed discharges. There were no reported delayed discharges.
- Patients were not moved between wards unless clinically indicated. Some patients were admitted away from their home areas due to the specialist services available at Cedar House. Plans were discussed and put into action to enable family and friends to travel to the hospital to see their relatives.
- We spoke with patients who had progressed through the secure care pathway. Some came from prison or medium secure services. One patient told us how unwell he had been on admission to Cedar House and how, several years on, he was about to be discharged from his section of the Mental Health Act and move to a supported community placement. On Poplar ward patients told us that they appreciated the opportunity to exercise much more independence and in preparation for their discharge from hospital. Two patients we spoke with on Poplar ward were due to move imminently into the community.
- The provider had participated fully in the care and treatment reviews with NHS England which started in 2015 and they are active members of the local transforming care group, chaired by the local commissioning support unit.

The facilities promote recovery, comfort, dignity and confidentiality

- All of the wards had a full range of rooms and equipment to support care and treatment delivery. The wards had a good standard of environment and

provision with quiet spaces to use, therapy rooms and sensory rooms. Patient bedrooms could be personalised where requested and visitor rooms were all attractively furnished.

- Patients had access to telephones to make private calls on the wards and used their own mobile phones whilst on leave.
- Each ward had access to large outside gardens, all within the perimeter fence. Poplar ward had access to its own large garden area. Patients told us on all of the wards that they enjoyed planting the ward gardens and maintaining them.
- All of the patients we spoke with, who received catered food from the main kitchen, made some negative comments about the quality and variety of food served. This was predominately patients from Folkstone ward which is fully catered for. Patients and staff told us that a 'food tasting forum' had been set up to try to improve the quality of food provided. Patients were positive about this initiative and said the food at the taster session was good, however they said that the usual food provided on a daily basis remained unappetising. The catering manager told us that plans were in place to ensure that the food provided to patients was to the same standard of the food served at the taster sessions. Staff told us that patients had their own snack boxes to supplement their diets. All of the patients who self-catered spoke positively about the ability to do this and all wards with the exception of Folkstone ward had self-catering opportunities.
- There were facilities available on all of the wards for patients to make cold or hot drinks or to have snacks throughout the night and day
- Patients were encouraged to personalise their bedrooms and the communal areas of the wards. Patients showed us around some bedrooms and we could see that they had created a homely environment, if they wanted to. All patients, if they could manage to, had a key to their bedroom and could gain access at any time. Patients were all able to store their possessions securely.
- Daily and weekly activities were advertised and available on and off all wards. An excellent range of activities and groups were available to patients on all of the wards, facilitated by the activity co-ordinators, occupational therapy and ward staff. Patients had

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access to the education and therapy unit which was on site at Cedar House. Staff showed us the sensory room in the unit which offered a variety of electronic, individual and interactive activities available to patients.

- The activities were varied, recovery focused and aimed to motivate patients. Patients were actively encouraged to make suggestions for activities they would like. Sessions were available on a wide variety of skills based learning and included educational courses, social skills training, fun activities and creative groups. During our inspection we joined a number of these activities and found them inclusive, creative and enjoyable. Patients told us that staff were responsive to patient requests for activities. They told us, for example, about the disc jockey group which staff set up in response to a patient request.
- Many educational opportunities were available for patients to access. There were a range of award scheme development and accreditation network (ASDAN) courses on offer. ASDAN is a practical way of learning using fun tasks to learn instead of more traditional teaching methods. The courses included music, art, science, history, sports, English, shopping, cooking and budgeting skills. One patient told us about gaining a sports and fitness award. The patient showed us his evidence folder and told us that the course had been completed successfully.
- Staff told us that they used the treatment and education of Autistic and related communication- handicapped children methods (TEACCH), which develop the concept of the "Culture of Autism" as a way of thinking about the characteristic patterns of thinking and behaviour seen in individuals with Autism spectrum disorders. This approach was initially developed with children in mind, but has been developed for use with adults. The approach enables individualised, meaningful activity timetables and systems of working to be generated that are in line with autistic patterns of behaviour and thinking. The TEACCH approach aims to increase predictability, reduce anxiety, increase productivity and reduce untoward behaviours (such as aggression). We saw that visual supports were used with some patients which assisted their learning and independence. Staff showed us some individualised TEACCH programmes developed with, and for patients.

- Occupational therapy was available across all wards and a variety of therapy sessions were available on all wards. We saw they operated a model that focused on a holistic, person-centred and recovery-based approach.
- A dedicated gym instructor provided group and individual activities. We saw the well-equipped gym and heard that patients all received an induction and personalised plan. The instructor delivered a range of sports courses for patients. Patients' success was widely advertised and celebrated. We saw that patients on Poplar ward were assisted to use gym facilities in the local community, in preparation for their discharge.

Meeting the needs of all people who use the service

- All of the wards had full disability access.
- Staff respected patients' diversity and human rights, and asked about people's cultural, language and religious needs at admission. Contact details for local faith representatives were available. A dedicated multi-faith area was available.
- Interpreters were available and used when required. Leaflets were available explaining patients' rights under the Mental Health Act.
- There was up to date and relevant information on the wards and in communal areas which included information for visitors, contact details and information for advocacy, information on mental health problems and available treatment options, local services (for example on benefits advice) and how to raise a concern or make a complaint.
- A choice of meals was available which enabled patients with particular dietary needs connected to their religion or culture, and others with particular individual needs or preferences, to eat appropriate meals.

Listening to and learning from concerns and complaints

- There were 56 formal complaints in the 12 months preceding the inspection. 34 of the complaints were made from Folkstone ward. Overall the provider upheld 16 of these and partially upheld a further eight complaints, which showed us that the provider was fair and transparent when dealing with complaints.
- Each ward had a daily planning meeting and weekly community meeting where patients were encouraged to raise any concerns that they had. When a patient raised a concern a response about any changes was advertised

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on the ward to encourage other patients to raise any issues of concern. We saw that the yearly patient satisfaction survey outcomes were also made into a poster, for advertising on the wards, and listed the positive action taken by the provider. We saw a monthly news bulletin was circulated and in addition each ward produced a news bulletin, primarily updated by patients. For example we saw that patients had complained about bullying and bullying awareness sessions were provided and posters about bullying were posted on all wards. Patients said they were feeling unappreciated so wards provided 'praise boxes' for patients and staff to make compliments which were then fed back to patients and staff in community meetings.

- During our inspection we saw that ward communication boards were up to date, relevant and informative. This meant that patients and staff were aware of all current communications and issues affecting Cedar House.
- Copies of the complaints process were on display in all of the wards and in the ward information handbooks. Patients and their relatives we spoke with all knew how to make a complaint should they wish to do so.
- Staff confidently described the complaints process and how they would handle any complaints. Staff told us that they try to deal informally with concerns and to do this promptly in an attempt to provide a timely resolution to concerns.
- Staff met regularly in the integrated governance meeting to discuss learning from complaints. This informed a programme of improvements and training, for example dealing with bullying and development of the 'ward agreements'. Patients and staff had come together to develop the ward agreements which detailed respectful and kind boundaries to be shown on the wards. For example the agreements said that individual difference was to be embraced and personal space should be respected at all times.

Are forensic inpatient/secure wards well-led?

Good 

Vision and values

- The provider's vision, values and strategies for the service were evident and on display in all of the wards. Staff on the wards understood the vision and direction of the organisation. Staff at every level felt very much a part of the service and were able to discuss the philosophy of the hospital confidently. Staff told us they aim to provide a high quality, safe and secure environment which encourages the development of skills and competencies in adults with learning disabilities through a person centred approach. They aim to provide an assessment and treatment programme that will improve a patient's mental health, reduce difficult behaviour and help patients find ways of coping with and hopefully solving their problems.
- The ward charge nurses had regular contact with the hospital director and senior medical staff. The senior management and clinical team were highly visible and staff said that they regularly visited the ward, usually every day.
- Good administrative and ancillary support was provided such as housekeeping, catering, transport, human resources, the education centre, administration and maintenance departments.
- We heard excellent feedback about the senior clinical leads and the director responsible for Cedar House. Staff said that the senior management team had great experience and they could ask them about any matter at any time. Staff were confident the response would be proactive and responsive.

Good governance

- All of the wards had good access to governance systems which enabled them to monitor and manage the ward effectively and provide information to senior staff in the organisation and in a timely manner. One example of this was the quality scorecards which were published monthly and covered the quality of data provided, incident analysis and trends, mandatory training compliance, staff sickness rates and complaints data for each ward.
- We looked at the performance management framework and saw that data was collected regularly. This was presented in the monthly integrated governance meeting, across the hospital and in ward meetings. Where performance did not meet the expected standard action plans were put in place. Managers could compare

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their performance with that of other wards through the scorecards and this provided a further incentive for improvement. We saw evidence of all wards meeting their key performance indicators and that the information provided was accessible and well-advertised.

- All ward charge nurses told us that they were encouraged by their managers to operate autonomously in managing their wards and received very good support from the hospital director and senior clinical staff.
- All ward managers we spoke to were familiar with and actively participated in the formulation of the Cedar House risk register, which we viewed. Managers were able to articulate how the hospital risk register contributed to the Huntercombe Group's overarching risk register.

Leadership, morale and staff engagement

- We found all of the wards were well-led. There was evidence of clear leadership at a local level. The ward charge nurses were visible on the ward during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.
- All of the ward staff we spoke with, without exception, were enthusiastic and engaged with developments on the wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line managers. Some staff gave us examples of when they had spoken out with concerns about the care of people and said this had been received positively as a constructive challenge to ward practice.

- Staff told us that staff morale was good. Staff showed us a monthly bulletin sent to all staff called 'conversation into action'. This detailed what staff had said and how managers had responded. For example staff had complained about high staff vacancies and managers responded by successfully recruiting more staff and reviewing staffing levels at the weekend. Staff said that they did not always feel appreciated so managers set up two staff award schemes where patients voted for a staff member of the month who had, 'gone above and beyond' their role or who was a 'happy' staff member.
- Sickness and absence rates were 8.5%. Managers told us they recognised this figure was high and that they are carrying out more analysis to understand why in order to develop an action plan to try to reduce sickness levels.
- At the time of our inspection there were no grievance procedures being pursued within the wards, and there were no allegations of bullying or harassment.
- Staff were aware of the whistleblowing process if they needed to use it.

Commitment to quality improvement and innovation

- The Cedars hospital was an accredited member of the Royal College of Psychiatrists quality network for low secure mental health services (March 2015).
- Staff participated in a wide range of clinical audits to monitor the effectiveness of the services provided. We saw that all staff participated, at least weekly, in reflective practice sessions to evaluate the effectiveness of their interventions. Audits included reviewing adherence to annual physical health checks for patients, reviewing adherence to the risk assessment policy, ensuring good practice in prescribing and management of medication, adherence to the Mental Health Act Code of Practice and evaluating the effectiveness of a variety of health and safety practices and protocols.

Outstanding practice and areas for improvement

Outstanding practice

- Many educational opportunities were available for patients to access. There were a range of accredited ASDAN courses on offer. (ASDAN is a practical way of learning using fun tasks to learn instead of more traditional teaching methods). The courses included music, art, science, history, sports, English, shopping, cooking and budgeting skills. One patient told us about gaining a sports and fitness award. The patient showed us his evidence folder and told us that the course had been completed successfully.
- Staff told us that they used the, 'TEACHH' approach for their patients. This was an Autism program which developed the concept of 'the culture of Autism'. We saw that visual supports were used with patients which assisted their learning and independence. Staff showed us some individualised TEACHH programmes developed with, and for patients.
- Staff consistently showed patience and a positive, non- judgemental approach towards patients. Staff gave encouragement continuously when supporting patients. We observed this throughout our inspection including during highly challenging situations, including restraint and aggressive patient episodes. Staff were passionate about supporting their patients and about the model of care provided.

Areas for improvement

Action the provider **MUST** take to improve

Start here...

Action the provider **SHOULD** take to improve

- The provider should ensure that the clinic room fridges are checked every day to ensure they are at the correct temperature to store medicines safely.
- The provider should review the alarm system which sounds on all occasions on all wards.
- The provider should review the quality and provision of food.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.