Cedar Vale

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.

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

Summary of findings

Contents

Good

Cedar Vale

Services we looked at

Wards for people with learning disabilities or autism.

Summary of this inspection

Background to Cedar Vale

We have changed the rating for Cedar Vale from requires improvement to good and safe and well led from requires improvement to good because:

- During our inspection in February 2016 we asked the provider to ensure there was a robust process in place to provide staff with regular supervision and appraisal. At this inspection we found that staff had received regular supervision and an appraisal.
- At our inspection in February 2016 we required that the provider address the high turnover of staff. At this inspection we found that there were appropriate staffing levels on shifts with staff that received mandatory training and had the skills to meet the needs of the patients.
- The environment was clean and well maintained. The provider had carried out environmental risk assessments and had management plans in place to ensure patient and staff safety.
- Staff completed patients' comprehensive risk assessments and regularly reviewed and updated them as a multidisciplinary team to ensure that all identified risks were well managed.
- Staff reported incidents and the managers provided staff with the opportunities to learn lessons to ensure that practice was improved.
- The managers provided good leadership and support to staff. Staff felt supported by team managers and morale was good.

Our inspection team

The team was comprised of: one CQC inspection manager and two CQC inspectors.

Why we carried out this inspection

We undertook this inspection to find out whether Cedar Vale had made improvements since our last comprehensive inspection on 8th and 9th February 2016.

When we last inspected Cedar Vale in February 2016, we rated the hospital as requires improvement overall. We rated the key questions safe and well led as requires improvement and the key questions effective, caring and responsive as good. Therefore, the focus of our inspection was on the safe and well led domains.

Following our last inspection we told the provider that they must take the following actions to improve Cedar Vale:

- The provider must address the high turnover of staff.
- The provider must ensure there is a robust process in place for providing staff with regular supervision and appraisal.

We also told the provider that they should take the following actions to improve:

- The provider should ensure discussion with relatives about care and treatment is recorded in care plans.
- The provider should reconsider the use of the alarm for alerting staff in non-emergencies.
- The provider should continue to work on the recruitment issues identified.
- The provider should consider adding the vision and values of the company to the induction for agency staff.

We issued the provider with one requirement notice for Cedar Vale. This related to:

Regulation 18 (2) (a) of the HSCA (Regulated Activities) Regulations 2014 (Staffing) and required regular staff supervision and appraisal to take place.

Summary of this inspection

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the service and requested information about staffing numbers, vacancy levels, turnover, sickness rates and bank and agency staff use from the provider.

We announced this inspection on the evening before so that staff had some time to prepare the patients for visitors. Due to the needs of the patients we were not able to walk freely around the hospital but were supported by staff to reduce the anxieties for patients.

During the inspection visit, the inspection team:

- looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with the manager and the service manager
- spoke with six other staff members; including doctors, nurses and support workers
- looked at two care records and three medicine records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service

Information about Cedar Vale

Danshell Group owns Cedar Vale.

Cedar Vale is an independent hospital registered to provide treatment of disease, disorder or injury and assessment or medical treatment for up to 16 male patients with learning disabilities, autism, and behaviours that may challenge who may be informal or detained under the Mental Health Act.

At the time of the inspection, there were nine patients at the hospital; all were detained under the Mental Health Act (MHA).

A new manager had been in post since August 2016 and had applied to be the registered manager.

What people who use the service say

One patient told us they liked living there and did not want to move. Patients told us they liked the food and had plenty of activities to do. They liked gardening and playing snooker. Patients said they had chosen things for their bedroom and for the redecorating of the hospital.

Patients told us they liked the staff and they could go to speak to staff or the managers when they wanted to.

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?

Good

We rated safe as good because:

- The environment was clean and well maintained. The provider had carried out environmental risk assessments which included the building works taking place to ensure patient and staff safety.
- Staff, including agency staff, had completed an induction and mandatory training so they had the skills and knowledge to meet patients' needs. This was an improvement from our last inspection in February 2016.
- Staff completed patients' comprehensive risk assessments and regularly reviewed and updated them to ensure that all identified risks were safely managed.
- Restraint was used as a last resort when all other ways of keeping the patient safe had failed. Positive Behaviour Support (PBS) was used to help to reduce patients' anxiety and support them in a safe way.
- The volume of staff alarms had been reduced to minimise the impact of the noise to patients.
- Staff knew how to identify and report abuse and neglect, which helped to protect patients from harm.
- The provider managed medicines safely.
- Staff knew how to recognise and report incidents and the managers provided them with opportunities to learn lessons from incidents.

However:

- Some equipment had not been checked and calibrated to ensure it was safe to use. This was rectified on the day of the inspection.

Are services effective?

Good

Are services caring?

Good

Are services responsive?

Good

Are services well-led?

Good

We rated well-led as good because:

- Staff received regular supervision and an annual appraisal.

Summary of this inspection

- Staff knew the vision and values of the organisation and agreed with these.
- The managers provided good leadership and support to staff. Staff felt supported by managers and morale was good.
- Staff were open and honest and felt confident to raise any concerns with their manager.
- Robust recruitment plans were in place and managers used innovative ways to recruit and retain staff.
- There was a structured audit programme to manage quality and safety.
- Recognised outcome measures were used to monitor the quality of care provided to patients.

However:

- Actions from audits had not all been completed until we identified them during the inspection.

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.

We looked at the MHA records of three patients. These identified who the patient nearest relative was and how to contact them.

We saw second opinion appointed doctor visits took place. All relevant treatment certificates (T3) forms were in place with the three medication cards looked at so that staff were aware under which legal authority medication was administered.

Staff informed patients of their rights in a way they could understand. They repeated this on a regular basis and was recorded when a patient refused this. Staff used easy read information where appropriate to the patients' level of learning disability and communication difficulties.

Where patients had section 17 leave appropriate paperwork was in place for the period of leave, the number and gender of staff to escort and the place or the area where the patient could go. It stated in the provider's policy that the patient or their nearest relative should receive a copy of this, however, there was no evidence that they had.

Staff confirmed tribunals and hospital managers' hearings took place on the unit. One record included the paperwork for their tribunal held there.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make decisions. We found capacity assessments were in place for each patient's care plan. Where staff assessed the patient as not having capacity, they completed a best interest decision. These were also completed for physical health medication and treatment.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

Good

Wards for people with learning disabilities or autism

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

Information about the service

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At the time of the inspection, there were nine patients at the hospital; all were detained under the Mental Health Act (MHA).

A new manager had been in post since August 2016 and had applied to be the registered manager.

Summary of findings

We have changed the rating for Cedar Vale from requires improvement to good and safe and well led from requires improvement to good because:

- During our inspection in February 2016 we asked the provider to ensure there was a robust process in place to provide staff with regular supervision and appraisal. At this inspection we found that staff had received regular supervision and an appraisal.
- At our inspection in February 2016 we required that the provider address the high turnover of staff. At this inspection we found that there were appropriate staffing levels on shifts with staff that received mandatory training and had the skills to meet the needs of the patients.
- The environment was clean and well maintained. The provider had carried out environmental risk assessments and had management plans in place to ensure patient and staff safety.
- Staff completed patients' comprehensive risk assessments and regularly reviewed and updated them as a multidisciplinary team to ensure that all identified risks were well managed.
- Staff reported incidents and the managers provided staff with the opportunities to learn lessons to ensure that practice was improved.
- The managers provided good leadership and support to staff. Staff felt supported by team managers and morale was good.

Good

Wards for people with learning disabilities or autism

Are wards for people with learning disabilities or autism safe?

Good

Safe and clean environment

- There were blind spots but the risk of these had been reduced by the use of mirrors and all patients, except one who was on general observations, had one to one staffing.
- There were some ligature points. However, we saw a ligature risk assessment which had reduced the risks of these for patients. Individual risk assessments were completed for patients who were at risk of self-harm.
- The clinic room was clean, tidy and organised. Oxygen was available in the clinic room and in the upstairs office. The oxygen cylinders were in working order and had not expired. A defibrillator was kept in the locked clinic room which the nurse had access to. A spare key to the room was kept in the key safe on the wall at the top of the door. It was not clear how staff who were short would be able to reach this particularly in an emergency. An audit completed in September 2016 stated that staff would be able to access the defibrillator in three minutes. However, two support workers spoken with were unclear as to how to access the defibrillator. We discussed this with the manager. The manager contacted us the next day to inform us that the defibrillator had been moved the previous evening to the nurse's station which was accessible to all staff. A notice was put on the door to inform staff where it was stored. In addition a read and sign memo went out to all staff at hand over the previous evening and next morning. The manager told us they would monitor that all staff signed this. Further training was to be provided so that all staff would be updated in how to use the defibrillator if needed.
- There was no seclusion room. We did not see any evidence that other rooms were used to seclude patients.
- All ward areas were clean. The building was being refurbished and the decoration and furnishings were well maintained. Consideration had been given to the safety of patients and staff during building works. Areas where builders were working had been cordoned off to reduce patients' anxiety and ensure their safety.
- Staff adhered to infection control principles and there were policies in place.
- Equipment was well maintained and in working order. However, we did not see any evidence that two blood pressure testing machines and a pulse oximeter had been calibrated and checked. The deputy manager told us that a general assistant had recently been recruited and this will be part of their role. Until they were recruited nurses would take on this role.
- Cleaning records were up to date and demonstrated that the environment was regularly cleaned.
- Environmental risk assessments such as ligature points, building and refurbishment works, fire safety and infection control were completed, regularly reviewed, and updated where needed.
- At our last inspection we found that the alarms that staff carried were noisy and did not consider the sensory needs of people who have autism.At this inspection the volume of these had been turned down and staff told us they would be quieter still when the refurbishment works were completed. The manager told us that they were looking at how they could use pagers rather than alarms to lessen the noise and disturbance for the patients but ensure patients and staff were safe. However, there was no system of checking and signing in and out the alarms and staff told us that sometimes agency staff took the alarms home by mistake. The manager said that further alarms were on order. The day after our inspection the manager contacted us to say that the system for checking alarms in and out had been restarted and the alarms ordered had been received.

Safe staffing

- The provider had estimated the number and grade of nurses required based on the occupancy levels and number of observation levels required. The current whole time equivalent (WTE) number of registered nurses required was five. There were vacancies for three WTE registered nurses which included one on maternity leave. The current WTE number of support workers required was 49. However, there were only 27 employed

which meant they had 22 vacancies. In April 2016 there were only 18 employed so this had improved in the last six months. The manager told us that three support workers were to begin their induction programme in November 2016. They also said they were interviewing on average three support workers per week with a target from application received to interview within five days.

- The staff sickness rate in March 2016 was 62 shifts and in September 2016 this reduced to 35. This included 13 shifts for nurses, 8 for support workers and 14 for ancillary staff, one of whom was on long term sick. There was a nurse who was on long term sick but they had now resigned from their post. In March 2016, 49 of the 62 shifts were support workers and 13 for ancillary staff.
- Staff retention had improved since our last inspection. The staff turnover rate for September 2016 was 25.6%. At our last inspection we found that the staff turnover rate was 45 % from March 2015 to February 2016 so this had reduced. We discussed this with the manager who told us that staff retention remained a priority with various initiatives being implemented and reviewed. Exit interviews were also conducted to allow managers to understand reasons for leaving and regular human resources clinics had been set up to provide an extra support mechanism for staff within the hospital.The regional trainer had been requested to support refresher courses and analysis of how the theory of the courses worked in practice. The management team supported new staff to ensure they developed the skills and knowledge needed and were able to raise any issues with ease. Links had been made with local universities to have student nurses on placement and to recruit newly qualified nurses.
- The multi-disciplinary team of doctor, psychologists, speech and language therapists and occupational therapists were now fully staffed, which was an improvement from our last inspection.
- We looked at the staff rotas for four weeks in October 2016. This showed that there was always a registered nurse on duty.
- Bank and agency staff were used, however, the manager told us that all agency staff members undertook a robust induction into Danshell Group, a thorough local induction with the management team and completed a six hours shadow shift.
- The manager told us they were able to adjust staffing levels daily to take account of case mix and the needs of the patients.
- In addition to the registered nurse on duty the manager and deputy manager were also registered nurses. A registered nurse was present in communal areas of the hospital at all times.
- There were enough staff so that patients could have regular one to one time with their named nurse.
- Cancellation of escorted leave or activities due to too few staff rarely occurred.
- There were sufficient staff to carry out physical interventions. All staff, including agency staff had completed the MAYBO course and were assessed as competent to use this. MAYBO is an accredited form of conflict resolution, its primary goal is to reduce the use of force, and it focuses on how to prevent situations arising and escalating but recognises there are times in some environments when staff have to act to prevent imminent harm to themselves or others.
- There was adequate medical cover day and night and a doctor could attend the ward in an emergency.
- The average mandatory training rate for staff at October 2016 was 77% which was slightly under the target of 80%. Staff were booked to receive training where needed to address this.

Assessing and managing risk to patients and staff

- There were 107 episodes of restraint from September 2015 to September 2016. In September 2016 there were seven episodes of restraint which involved five patients. This did not show that the number of restraints had decreased over the year. This was because of the different needs of the patients admitted. The figures were analysed for each patient and it was clear that the number reduced for each patient as their needs were being met.
- There were zero numbers of prone restraints and all staff spoken with said this was not used at Cedar Vale.

Good

Wards for people with learning disabilities or autism

- We looked at the records of two patients. These included detailed risk assessments of the patient on admission which were updated regularly and after every incident.
- We did not see any evidence of blanket restrictions. Care plans sampled showed that any restrictions were based on the patient's individual risk and this was regularly reviewed. All staff spoken with described a less restrictive approach to the care of the patients.
- There were no informal patients at the time of our inspection.
- There were good policies and procedures for the use of observation. Records sampled showed that each patient's observation levels were regularly reviewed and changed where possible to ensure patients were safe but not restricted unnecessarily.
- Restraint was only used after de-escalation had failed and using the correct techniques. Staff were trained in the MAYBO conflict resolution and physical intervention. This is an accredited form of physical intervention by the British Institute of Learning Disabilities (BILD). At October 2016 93% of staff had received MAYBO training. Records sampled showed that staff used verbal de-escalation first before moving through the stages of MAYBO which meant that most incidents were resolved before the need for physical intervention.
- Positive Behaviour Support (PBS) was used and this was evident in care records sampled. Care plans followed a PBS approach and detailed what the patient liked and disliked, how they liked to be communicated with and what helped them to feel comfortable and relaxed in their environment.At October 2016 89% of staff had received training in PBS.
- Rapid tranquillisation by injection was not used. Oral medication was prescribed as required. From August to October 2016 six patients had been given medication to help reduce their anxiety. One patient had only been given this medication once and the highest number of times in the three month period was nine to one patient.
- Seclusion was not used at the hospital and no episodes of seclusion had been recorded.
- At October 2016 89% of staff had received training in safeguarding adults from abuse. All staff spoken with knew how to make a safeguarding alert and did this when appropriate.
- There was good medicines management practice. Regular audits were undertaken by the supplying pharmacy. Medicines were stored, administered and disposed of safely.
- Staff were aware of and addressed any issues such as pressure ulcers. Records included a pressure ulcer risk assessment.
- No children visited the hospital. The manager told us that arrangements would be made based on risk assessment if this was requested.

Track record on safety

- There had been no serious incidents reported since our last inspection in February 2016.
- The service continued to inform us, when required, of incidents between patients and any allegations of abuse. These were also reported to the local safeguarding team who are the lead agency for these.

Reporting incidents and learning from when things go wrong

- The provider used an electronic reporting system to report incidents. Staff knew what incidents they should report and reported them.
- The electronic system informed managers within the organisation when incidents had occurred so they could take the necessary action. Records of the number of incidents were kept and these were analysed by managers as to the patients involved and what type of incidents occurred. This meant that they could identify themes to ensure that lessons could be learnt and action taken to reduce incidents happening again. Incidents were discussed in monthly clinical governance meetings
- Staff were aware of their responsibilities to tell patients or their families if things went wrong. There was a duty of candour section on the electronic reporting form. However, we did not see any examples of this being used.

Good

Wards for people with learning disabilities or autism

- Staff received feedback from the investigation of incidents in handovers and team meetings, via email and the communication book.

All staff spoken with told us they received debrief following an incident. Psychologists from the multi-disciplinary team were involved in debriefs and supporting staff.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Are wards for people with learning disabilities or autism caring?

Good

Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Good

Are wards for people with learning disabilities or autism well-led?

Good

Vision and values

- At our last inspection in February 2016, staff were not aware of the vision and values of the organisation. This had improved at this inspection as staff had been reminded of these in supervisions and team meetings. All staff spoken with were aware of these.
- The objectives of staff and the hospital reflected the organisation's values and objectives.
- Staff knew senior managers within the organisation and these managers had visited the service. The service manager often based herself at the hospital and was there on the day of this inspection.

Good governance

- At our last inspection we found that staff had not received supervision before October 2015. At this inspection we saw and staff spoken with told us that since then they had received regular supervision and were booked to have six supervisions in a year. All staff had received an appraisal within the last year. Nurses had received clinical supervision and further dates for these were booked.
- Rotas seen for October 2016 showed that shifts were covered by a sufficient number of staff of the right grades and experience.
- There was an annual audit programme within the organisation which included fire safety, IT and governance, adherence to the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards, clinical records, observations policy, restraint, infection control, medicines management, health and safety and safeguarding. All audits had been completed and actions mostly met. However, it was identified in an audit that alarms were not being signed in and out. This had been discussed in a clinical governance meeting and new alarms ordered but the system of signing them in and out was not implemented until we identified it at this inspection.
- The consultant psychiatrist told us that every three months the consultants in the organisation met to review issues and share good practice.
- Incidents were reported on the electronic reporting system. Lessons were learned from incidents.
- Procedures and policies were in place and these were followed by all staff.
- The manager had sufficient authority and administrative support.
- The manager knew what was on the hospital risk register and was able to submit items to the organisations risk register when appropriate.

Leadership, morale and staff engagement

- Sickness and absence rates had improved since our last inspection.

Good

Wards for people with learning disabilities or autism

- There were no reported cases of bullying and harassment.
- All staff spoken with told us they felt able to raise concerns without fear of victimisation.
- Staff told us they felt valued and supported. One staff member told us they had raised an issue in supervision and changes had been made as a result.
- The manager had developed a robust recruitment plan to recruit and retain staff. They had linked with training organisations, the human resources department and local universities to progress this plan.
- All staff were involved in multi-disciplinary team meetings for the patients they supported and told us that they felt part of these meetings and able to contribute.
- Staff worked as a team and told us this reduced the number of incidents.
- Staff were offered the opportunity to give feedback on the service and were involved in the reconfiguration and refurbishment works.

Commitment to quality improvement and innovation

- There was no current participation in national quality improvement programmes.
- There were networks within the organisation which the manager, regional manager and medical director were involved in and good practice was shared to improve the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all equipment is checked and calibrated and a record of this is completed.
- The provider should ensure that any actions identified in audits are completed.
- The provider should ensure that patients or their nearest relative are given a copy of their section 17 leave form.

This section is primarily information for the provider

Requirement notices

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.

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.