

Cambian - Storthfield House Hospital

Quality Report

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

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

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

Summary of findings

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

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

Overall summary

We rated Cambian Storthfield House Hospital as good because:

- Patients told us they felt comfortable. They said staff were friendly, helpful and treated them with respect. They were confident that staff would meet their physical healthcare needs. Relatives felt that patients were safe and well cared for.
- Care records were complete. They contained up to date risk assessments and care plans that the patients were involved in creating. There was a comprehensive treatment pathway. Outcome measures were used that allowed patients to see their progress. Good multidisciplinary relationships supported patients holistically.
- The team reported incidents. There were processes in place to review incidents and for the team to identify learning. The team were proactive at trying to pre-empt incidents rather than reactive once incidents had occurred.
- Staff received appraisals and supervision. The hospital supported staff to complete training and develop. Staff completed necessary training. Staff understood their role to safeguarding patients and took actions to do this.

- There was a range of therapies available to patients, both group and individually based. Patients could influence activities provided through a planning meeting. Activities were available seven days a week.

However:

- The hospital did have fixed ligature points that could pose a risk to individuals' intent on harming themselves. Ligature points are fixtures to which people might tie something to strangle themselves.
- We found staff understanding of the MCA and DoLS was variable. One staff member gave an excellent overview whilst other staff members could not give any of the guiding principles.
- There was no joint record of both informal and formal complaints. This made it difficult to assess the total number of complaints received. It could also make it difficult for the staff team to identify themes and potential learning.
- A review of two policies and procedures had not taken place as planned. The clinical and corporate governance policy was in place but not reviewed in October 2013, as planned. The policy for mission statement, standard operating procedures (SOP) and organisational structure was in place but not reviewed in June 2014, as required.

Summary of findings

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Good 

Cambian - Storthfield House Hospital

Services we looked at:

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

Summary of this inspection

Background to Cambian - Storthfield House Hospital

Storthfield House is an independent hospital service registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and assessment, or medical treatment of persons detained under the Mental Health Act 1983 for up to 22 people, male only, under the age of 65 years. The registered manager is Charles Stima. At the time of the inspection, 20 patients were at the hospital.

The hospital was last inspected on 25 February 2014 and complied with outcome standards inspected against. Storthfield House hospital had received one Mental Health Act monitoring visit in May 2015.

Our inspection team

The team was:

- Lynne Pulley team leader,
- two CQC inspectors
- an expert by experience
- three specialist advisors, a consultant psychiatrist specialising in rehabilitation, a mental health nurse, and an occupational therapist.

Why we carried out this inspection

We inspected this core service as part of our on-going 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 we held about these services and asked other organisations for information, including four commissioners.

During the inspection visit, the inspection team:

- visited the care environment in the hospital and looked at the quality of this,

- observed how staff cared for patients
- spoke with five patients and collected one comment card
- spoke with seven carers
- interviewed the registered manager of the hospital
- spoke with the head of care and team leader
- spoke with 17 other staff, including doctors, nurses of various grades, a psychologist and psychology assistant, an occupational therapist and occupational therapy assistants, maintenance staff, administration staff, housekeeping staff, a chef, a visiting pharmacist, and a visiting advocate.
- looked at six treatment records of patients
- reviewed 20 medication charts

Summary of this inspection

- attended and observed a hand-over meeting.
- attended one multidisciplinary meeting
- attended an incident review meeting
- attended one meeting about patient activities, a planning meeting
- observed two patient activities
- attended three patient reviews
- looked at policies, procedures and other documents relating to the running of the hospital.

What people who use the service say

Patients told us they felt comfortable and were complimentary of staff. They said staff were friendly, helpful and treated them with respect.

Relatives we spoke with felt patients were safe and well cared for. The hospital regularly updated relatives of patient changes and progress. The written information relatives received was easy to understand and jargon free.

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:

- The clinic room had the necessary equipment, including equipment for resuscitation.
- There was a process in place to manage the safe ordering, storage and disposal of medicines. Staff checked equipment and drugs on a weekly basis.
- The hospital had schedules in place to ensure regular cleaning and maintenance. The records we checked were up to date. The hospital was visibly clean and pleasant environment. The kitchen had received a five star food hygiene certificate in February 2014. The hospital had sufficient staff to care for patients. Staff regularly provided patients with individual time.
- The staff completed all mandatory training for their roles. Staff received safeguarding training. Staff knew how to raise safeguarding alerts.
- The hospital had a regular incident review meeting. A comprehensive review of incidents that had occurred took place. Staff focussed on proactively trying to prevent further incidents.

However :

- Although the provider risk assessed patients individually and mitigated against risk, the hospital did have fixed ligature points that could pose a risk to individuals' intent on harming themselves. Ligature points are fixtures to which people might tie something to strangle themselves. The hospital had identified the fixtures on the last two ligature audits. Staff mitigated the risk to patients through observations of patients at risk. The hospital had not taken actions to replace the metal door closures present.

Good



Are services effective?

We rated effective as good because:

- Patients had an up to date risk assessment and plans of care.
- Storthfield House used outcome measures, this showed progress patients were making. Care interventions followed a treatment pathway. Patients had access to psychological and social therapies.
- Staff completed comprehensive physical health assessments on patients. Staff identified patients' physical health needs and met them.

Good



Summary of this inspection

- Staff received regular appraisals and supervision. Staff valued the supervision.
- There was good multidisciplinary working which enhanced the opportunities available to patients. There were effective handovers between shifts for the sharing of patient information. Staff received training in the Mental Health Act (MHA) and had a good working knowledge. In records, we reviewed all MHA paperwork was in order.

However:

- Staff understanding and knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards varied.

Are services caring?

We rated caring as good because:

- Patients told us they felt comfortable and were complimentary of staff. They said staff were friendly, helpful and treated them with respect.
- Patients were involved in decision making regarding their care. Patients told us their mental health had improved since moving to Storthfield House Hospital.
- Advocacy services were available. An advocate visited weekly to support patients. The hospital displayed information about an alternative advocacy service meaning patients had choice.
- Relatives we spoke with felt patients were safe and well cared for. The hospital regularly updated relatives of patient changes and progress. The written information relatives received was easy to understand and jargon free.

Good



Are services responsive?

We rated responsive as good because:

- There was a range of rooms patients could access. Patients could personalise their bedrooms if they wanted to.
- There was a varied menu available daily. If patients did not want to eat food from the menu, they could make their own meals supported by staff. Drinks were accessible throughout the 24-hour period.
- There was a range of activities throughout the week. Patients were involved in planning activities through the daily planning meeting.
- Therapeutic jobs were available to patients to help with their rehabilitation from hospital.
- The hospital supported relatives to attend for visits or meetings.

However:

Good



Summary of this inspection

The hospital recorded complaints as part of the daily handover. Complaints that were not presented formally were not being recorded. The team recorded formal complaints only in the register. As there was no collective log of all complaints, it would be difficult for the hospital to identify trends or learning.

Are services well-led?

We rated well led as good because:

- Staff clearly identified that the needs of the patients came first.
- Staff knew who senior members of the team were. Staff felt managers were supportive and approachable. Staff were confident to raise concerns with managers. Staff enjoyed their jobs.
- The hospital supported staff with supervision and appraisals, staff and had opportunities to develop and progress.
- Administration staff were employed this allowed nursing staff to concentrate on meeting patient needs.
- Staff reported safeguarding incidents. The local safeguarding lead attended the hospital every eight weeks to review incidents.
- The hospital had low sickness and absence rates, 3.6% for the previous year.

However:

- We found the team had not reviewed two documents relating to governance as planned. The clinical and corporate governance policy was in place but not reviewed in October 2013, as planned. The policy for mission statement, standard operating procedures (SOP) and organisational structure was in place but not reviewed in June 2014, as required.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

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

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- On the day of inspection, all patients were detained under the Mental Health Act. The hospital had previously had informal patients but this was unusual.
- We checked the records of six detained patients and found up to date and current (MHA) detention documentation in the patients' records.
- Recording of capacity to consent to treatment was present in all notes we reviewed. Staff attached MHA treatment authorisation certificates to medicine cards.
- Staff informed patients of their rights. Patients knew about the sections of the MHA they were subject to. We found tribunals and managers hearings took place.
- Staff were aware of the independent mental health advocacy (IMHA) service.
- A full-time MHA administrator based on site provided MHA support. We saw staff kept files detailing manager's hearings, tribunals, and second opinion doctor forms. The MHA administrator completed an audit of MHA paperwork twice yearly. The MHA administrator last completed this was in December 2015.
- Staff were confident in their use of the MHA. They received training in the MHA as part of their induction this was mandatory, this was refreshed annually via electronic training. All staff that required MHA training had completed it. The MHA administrator gave presentations to the staff as an update to the initial MHA training. Last year the responsible clinician and manager had delivered training on the MHA for staff.

Mental Capacity Act and Deprivation of Liberty Safeguards

- On the day of inspection, no patients were subject to the MCA or Deprivation of Liberty Safeguards (DoLS).
- Staff had training in the MCA and DoLS. This was delivered alongside the initial MHA training. All staff that required the training had completed it. Staff completed an annual refresher via an electronic learning package.
- There was a policy on the MCA and DoLS staff could refer to if unsure.
- All records had a capacity assessment present these were detailed and specific. We saw staff reviewed them periodically through ward round. The manager informed us that the team made best interest decisions on behalf of patients who lacked capacity.
- We found staff understanding of the MCA and DoLS was variable. One staff member gave an excellent overview whilst other staff members could not give any of the guiding principles.

Overview of ratings

Our ratings for this location are:

Detailed findings from this inspection

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- The hospital was visibly clean and we observed cleaning taking place throughout the inspection. The furniture was in good repair and fit for purpose. This made a welcoming clean environment for patients and visitors. Relatives said the hospital was always clean when they visited. Rotas in the main kitchen and activities of daily living kitchen confirmed regular cleaning.
- The layout of the main day area of the hospital allowed staff to observe patients. There were poor lines of sight within corridors and the garden area, which made it difficult for staff to observe patients. Staff managed this by actively deploying staff in these areas and by carrying out observation of patients
- The hospital was a male only environment.
- We found the clinic room was well equipped. There was physical health monitoring equipment. There were systems in place to ensure medications were stored and disposed of correctly. Staff checked the fridge temperatures daily to ensure the safe storage of medicines. Logs confirmed staff carried out weekly checks of emergency equipment and medications.
- Staff checked the temperatures of the fridges and freezers in the kitchens daily. An inspection by Bolsover

council in February 2014 achieved a five star food hygiene rating (the highest rating). This demonstrated the hospital achieved very good standards for food hygiene.

- The hospital did not have a seclusion facility.
- The hospital had an alarm and emergency call system. Staff and visitors collected an alarm at reception this was to summon assistance. As we arrived, the receptionist gave us alarms. Relatives stated that they felt safe on the unit and staff gave them alarms on arrival.
- The ward had nurse call facilities, which meant patients could summon help if needed. In one bathroom, the nurse call system was a distance from the bathing area. This would have made it difficult for a patient to summon assistance from the bath.
- A maintenance schedule was in place, this was supported by a wipe board which contained due dates and served as a back up to ensure all checks were completed on time. We saw up to date records for health and safety detailing the testing of electrical items, maintenance of vehicles, and water testing. The hospital kept records of when external contractors were next due to attend. External contractors cut the trees and provided pest control services to the hospital.
- The hospital did have fixed ligature points that could pose a risk to individuals' intent on harming themselves. Individual patients were risk assessed this meant the risk of ligature was minimised, helping to keep patients safe. Staff were able to show us how to find and access ligature scissors on each floor. The hospital had

Long stay/rehabilitation mental health wards for working age adults

Good 

completed a ligature audit in December 2015 and identified potential ligature points. The hospital should review the metal closure hinges used on doors to reduce the ligature risk further.

Safe staffing

- The hospital used a Cambian tool to identify staffing levels; the tool used identified staffing needed by bed occupancy levels. The manager had authority to increase staffing levels if necessary to meet patient need.
- The hospital operated two main shifts per day. Days were 8am until 8pm. Nights 7.30pm until 8.30am. Additional shifts (9-5 & evening) were used dependent on patient need. Minimum nursing staffing levels were seven staff for days, five staff for nights. Multidisciplinary (MDT) staff: doctors, psychology, occupational therapy, the registered manager, and head of care were extra to these numbers. The hospital's minimum staffing levels were met. The registered manager and head of care had acted as nurse in charge on four occasions over the previous month to ensure the hospital had adequate staff. The hospital aimed to have two qualified nurses on duty for days and one qualified nurse at night. Of the records, we checked there was always one qualified nurse on duty.
- The hospital had 18 whole time equivalent (WTE) healthcare staff and six WTE qualified nursing staff posts. There was one vacancy for a qualified nurse. The hospital had appointed a nurse into this post. This nurse was working as a healthcare whilst awaiting her registration. There were two vacant healthcare posts, which the hospital were in the process of recruiting.
- The hospital used regular bank staff or the existing staff covered additional shifts. In the three months prior to inspection, bank, or regular staff covered 17.5 shifts. Four shifts at night and 13.5 day shifts. Using regular bank or existing staff meant they were familiar with the hospital and patients.
- Over the previous six months staff sickness had been three percent average.
- A qualified nurse was present in the main area of the ward throughout our inspection. Patients and staff told us this was normally the case.

- Patients received regular one to one time with nursing staff. Records checked reflected this. We also observed during handover one to one time had taken place. Staff rarely cancelled activities or escorted leave.
- All staff had training in managing violence and aggression (MVA). There were sufficient trained staff to carry out physical interventions.
- The hospital had two medical staff based on site; they worked nine to five, Monday to Friday. The hospital planned all patient admissions. It was unusual staff would call the doctors outside of normal working hours.
- Out of hours, the speciality doctor provided on-call support to the unit Monday to Friday. A medical team rota of Cambian doctors who worked in the local area provided weekend cover. The doctors based at Storthfield House contributed to the rota one weekend out of five. The journey time out of hours and at weekends was 20 minutes for a doctor to get to Storthfield. Staff would contact emergency services in a medical emergency.
- Staff completed on line mandatory training on induction. Monitoring of compliance with mandatory training took place. All staff had completed mandatory training.

Assessing and managing risk to patients and staff

- In the previous 12 months, there had been three incidents of restraint. The incidents were low-level restraints, such as guiding a patient or staff placing their hands on patients. Staff had not used prone restraint. Prone restraint is when a patient is held face down on the floor.
- The hospital had not use rapid tranquilisation medication in the past 12 months. No patients were prescribed rapid tranquilisation medication on the day of inspection indicating the hospital used other forms of less restrictive interventions.
- We reviewed six care records. Staff used the short-term assessment of risk and treatability (START) risk assessment. Records contained a detailed current risk assessment. Staff effectively assessed and managed risks.
- Staff assessed risks on an individual basis. The only restriction applied to all patients was access to cigarette

Long stay/rehabilitation mental health wards for working age adults

Good 

lighters as this was a Cambian company policy. Patients had access to mobile phones. Patients who were mentally stable and progressing were able to opt out of hourly checks between 12 midnight and 6.00am, if assessed as safe to do so. This meant staff imposed the lowest level of restriction to maintain safety. Patients were not routinely restricted unless staff identified risks.

- A policy regarding searching patients was in place. Staff searched patients if there were identified risks. Staff gained patients written consent in relation to searches taking place. During handover, we heard staff had gained verbal consent from a patient prior to staff searching them on returning to the ward. One staff member told us that following leave pat down searches took place; they had never known a patient refuse this.
- All staff had received safeguarding training. Until safeguarding training was completed staff could not work with patients. Records confirmed regular bank staff received safeguarding training. Staff were able to tell us what safeguarding concerns were and they knew how to report them. Storthfield House had raised 36 safeguarding alerts in the previous 12 months. This meant staff were aware of their responsibilities and took measures to protect patients from abuse.
- The hospital had a clear process for the ordering, booking in, storage, and management of medicines. A local pharmacy supplied and delivered medication. The visiting pharmacist completed medication reconciliation weekly, including as required prescriptions. If the pharmacist found concerns, they liaised with the manager. The pharmacist last identified a dispensing error in September 2015. The pharmacist said practice had improved following her reporting the error to the hospital. The pharmacist communicated with the hospital team regarding prescription changes and advice either in person or via e-mails. This meant staff regularly reviewed and amended prescriptions to keep the patient safe.
- When viewing the hospital we noticed in one patient bedroom the patient had not securely store their medication in the locked facility provided. We discussed this with staff they assured us bedrooms were kept locked. Staff worked with patients on self-medicating regimes to try to address the safe storage of medication whilst trying to enable patients to self-medicate. Staff

were aware of the issue and monitored it. They were aware of the balance between safety and enablement and continually reviewed individual patient self-administration of medicines.

If children visited the hospital, visiting took place in the visitors' room at reception.

Track record on safety

- The hospital had reported one serious incident in the previous 12 months. The hospital had made changes to practice as a result. The incident involved a fire. The team focused on ensuring they emptied rubbish bins in patient bedrooms daily. The team supported patients who were struggling to keep their bedroom tidy. Staff identified without intervention patient bedrooms could become littered with rubbish. This could create a potential fire hazard.

Reporting incidents and learning from when things go wrong

- Staff reported incidents by filling in a paper form. Staff spoke confidently about incidents they should report and knew how to do this. The hospital had reported 137 incidents in the three months prior to our visit. We saw incidents were reported relating to verbal abuse, physical aggression to people or objects, non-compliance with treatment plans, patients being absent from the service, sexually inappropriate behaviour, clinical incidents and if patients were the victims of other patients.
- We observed a comprehensive review of incidents took place during the incident review meeting. Staff discussed previous actions and identified learning. We noted the team took a proactive approach to trying to manage incidents rather than a reactive approach once incidents had occurred. Every eight weeks the local safeguarding lead attended this meeting to review incidents and to help the hospital to identify any themes or actions needed.

Staff reported an immediate debriefing took place after an incident, with a follow-up meeting to check on staff health and wellbeing. Some staff reported that due to shift patterns the second meeting was sometimes difficult to attend by all those involved in the incident. At the incident review meeting staff discussed incidents.

Long stay/rehabilitation mental health wards for working age adults

Good 

Staff noted immediate actions taken and identified future learning. There was a policy in place for staff to share information with patients and relatives if things went wrong.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Six records were reviewed. All showed staff had completed a comprehensive and timely assessment of need. This meant patient needs were identified by staff and care planned for.
- When patients were admitted to the hospital, staff completed a physical health assessment. We saw evidence that staff continually monitored and reviewed patient's physical health.
- Care records were up to date and personalised. The care plans would benefit from further detail. For example, we found one care plan referred to a patient using distraction techniques but there was no detail regarding what techniques the patient should use.
- The records kept were paper based and in a locked office. The notes were in very good order, chronological with easy to access information. We found each patient had a set of multidisciplinary notes and a separate set of psychology notes. Psychology sessions were summarised within the main care record and a sheet of contacts with psychology were present in the main file. Staff told us that psychology team members met regularly with the rest of the team. We remained concerned that separate notes could have led to information not being readily available to all team members.
- Staff proactively worked with patients by completing early warning signs interviews and assessment scales. Early warning signs work helps patients to identify when they are becoming unwell. Once patients could identify they were becoming unwell they can seek additional

support or use techniques which have previously helped them. By completing this work, staff were empowering patients and preparing them for moving on from the hospital.

Best practice in treatment and care

- There was a range of therapies available to patients as described in NICE guidelines - Psychosis and schizophrenia in adults: prevention and management (2014). The six care records we reviewed contained care plans detailing psychological and social interventions. Psychology staff worked with individual patients. Psychological interventions included symptom management, developing personalised recovery action plans and relapse prevention. Social interventions included both individual and group based activities. The occupational therapy team provided interventions including travel training, cooking skills, community skills, and job club. The staff team did not provide formal family interventions but carers we spoke with did feel supported by the team.
- The team used a comprehensive treatment pathway checklist to inform intervention. The checklist detailed assessments completed for a minimum of every four months to inform the on-going care programme approach (CPA) process. Assessments used included health of the nation outcome scales (HoNOS) and care cluster ratings. Staff completed these monthly. HoNOS is a nationally recognised
- We checked twenty prescription charts. NICE guidelines (as above), recommend only one antipsychotic medication should be prescribed. The doctor prescribed fourteen patients one antipsychotic medication. The doctor had prescribed six patients more than one antipsychotic medication. Two patients were in the process of starting a new medication; the doctor was reducing the existing medication as he increased the new medication. NICE guidelines acknowledge this may be necessary. The doctor had prescribed more than one antipsychotic medication for four other patients. Despite the doctor prescribing the patients more than one antipsychotic medication, the collective total of the medications for three patients were within British National Formulary (BNF) limits. The doctor had prescribed one patient medication above BNF limits. The doctor had detailed this on the patients T2, consent to treatment form. The patient had remained unwell on

Long stay/rehabilitation mental health wards for working age adults

Good 

maximum dose medication therefore the doctor had decided to increase the medication beyond recommended limits to try to help the patient to improve. Our specialist doctor felt the prescriptions were justifiable with the patient group.

- When patients were admitted to the hospital, staff completed physical health checks. We saw evidence of on-going monitoring of patients' physical health. Where necessary staff had made referrals to specialist services, we saw evidence of this in the records we reviewed.
- As part of their rehabilitation, the team assessed patients for self- medicating. Staff recorded decisions and details in patient care plans and on prescription charts. Staff completed side effect monitoring of patients' medication using a recognised monitoring tool every four months. Staff used the Liverpool University Neuroleptic Side Effect Rating Scale.
- Staff completed clinical audits. Staff audited the patient care pathway to assess the patient journey. Staff completed audits regarding medication management and the care environment.

Skilled staff to deliver care

- The team consisted of a range of disciplines. Medical staff were a part-time responsible clinician and a full time associate specialist. There were five nurses, and 16 health care staff in post. There was a half time psychologist and two assistants. The half time occupational therapist was temporary in post, covering long- term sickness. There were two occupational therapy coordinators. A local pharmacist visited the hospital weekly and completed medication reconciliation. This meant there was a good range of professionals to support patients holistically.
- Some staff had worked at the hospital for in excess of five years, others were newer staff. Staff completed a comprehensive induction workbook. If possible new staff completed elements of their induction, such as training, prior to formally starting their roles. The hospital paid staff to attend training prior to taking up their roles.
- Staff received regular supervision. We saw records reflected both individual and group supervision. The

records were in depth and demonstrated support of staff development. Records reviewed were open and honest with a documented discussion about performance.

- Appraisals were completed. In the previous 12 months, 34 of 42 staff had received an annual appraisal. Five staff were not yet due as they were new staff. New staff received a six monthly probationary review and an appraisal after being in post 12 months. We saw plans were in place to address the three outstanding appraisals.
- Care staff had completed national vocational qualifications (NVQs). Staff told us that Cambian supported them to progress and develop. The hospital supported healthcare staff to complete nurse training.
- The hospital had recently introduced a weekly support worker clinic that the medical consultant ran. Staff were able to raise questions or concerns directly with the consultant. Staff we spoke with said this had made a positive impact on practice. They felt this initiative had increased understanding and enhanced communication.
- The hospital manager provided a recent example of where he had taken disciplinary action. The action taken had ensured patient safety and supported the staff member to develop.

Multidisciplinary and interagency team work

- Handovers occurred between the day and night shift twice each day, attended by nursing and care staff. We observed a morning handover to be comprehensive. Staff discussed all of the patients' needs, including observation levels, risks, completed activities, and leave plans. Staff highlighted any escorted or unescorted leave that patients had taken. Staff discussed medication compliance and stages of patient self-medication programmes. Staff provided an overview of individual patient presentations and mental states. During handover, the previously allocated fire marshal and first aider for the shift self-identified to all present as did response team members.
- We attended a multidisciplinary team (MDT) handover, which had 18 staff present: doctors, nurses, healthcare staff, occupational therapy (OT) and OT aids, psychology staff and assistants, administration, catering,

Long stay/rehabilitation mental health wards for working age adults

Good 

housekeeping, maintenance, and the hospital manager. Staff used handover record books to enhance communication. The discussion was patient centred. It covered level of patient risk, mood, and presentation. Staff discussed medication compliance and the use of as required medications. There was a review of any leave taken and general concerns. We witnessed an open discussion regarding one patient who staff had identified had changed. We noted that staff put actions in place to try to understand what had changed and made plans for the doctor to see the patient.

- Following the MDT handover, senior clinical staff, doctors, senior nurses, OT's, psychologists, and the hospital manager met daily to discuss any clinical issues that needed further debate. On the day of inspection, the team discussed five patients. We heard staff discuss individual patients with a good knowledge of them. There were discussions regarding actions to take, who would complete the actions and within what period. Staff discussed additional support and interventions to help patients.
- During the inspection, we attended three patient multidisciplinary reviews. External care co-ordinators attended two reviews. This demonstrated that relationships existed with external agencies. The hospital held care programme approach (CPA) meetings four monthly for all patients.
- We spoke with four commissioners and a case manager, they were positive about their relationships with Storthfield House. They reported Storthfield House worked with them to offer individual care packages to move patients forward. They said the service was responsive and was quick to report any issues with patients. The team regularly met with the local safeguarding lead. The safeguarding lead told us that Storthfield House were proactive in investigating any incidents and were swift in resolving these. Staff ensured that they registered patients with a local GP.

Adherence to the Mental Health Act (MHA) and the MHA Code of Practice

- On the day of inspection, all patients were detained under the Mental Health Act. The hospital had previously had informal patients but this was unusual.

- We checked the records of six detained patients and found up to date and current (MHA) detention documentation in the patients' records.
- Recording of capacity to consent to treatment was present in all notes we reviewed. Staff attached MHA treatment authorisation certificates to medicine cards.
- Staff informed patients of their rights. Patients knew about the sections of the MHA they were subject to. We found tribunals and managers hearings took place.
- Staff were aware of the independent mental health advocacy (IMHA) service.
- A full-time MHA administrator based on site provided MHA support. We saw staff kept files detailing manager's hearings, tribunals, and second opinion doctor forms. The MHA administrator completed an audit of MHA paperwork twice yearly. The MHA administrator last completed this was in December 2015.
- Staff were confident in their use of the MHA. They received training in the MHA as part of their induction this was mandatory, this was refreshed annually via electronic training. All staff that required MHA training had completed it. The MHA administrator gave presentations to the staff as an update to the initial MHA training. Last year the responsible clinician and manager had delivered training on the MHA for staff.

Good practice in applying the Mental Capacity Act (MCA)

- On the day of inspection, no patients were subject to the MCA or Deprivation of Liberty Safeguards (DoLS).
- Staff had training in the MCA and DoLS. This was delivered alongside the initial MHA training. All staff that required the training had completed it. Staff completed an annual refresher via an electronic learning package.
- There was a policy on the MCA and DoLS staff could refer to if unsure.
- All records had a capacity assessment present these were detailed and specific. We saw staff reviewed them periodically through ward round. The manager informed us that the team made best interest decisions on behalf of patients who lacked capacity.

Long stay/rehabilitation mental health wards for working age adults

Good 

- We found staff understanding of the MCA and DoLS was variable. One staff member gave an excellent overview whilst other staff members could not give any of the guiding principles.

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

Good 

Kindness, dignity, respect and support

- We observed staff treated patients with respect and dignity and patients appeared relaxed interacting with staff. A patient told us “I always feel comfortable here”. Another patient said staff were helpful, friendly, and respectful. One patient said ‘it is one of the best places I have been to’. Staff were described as ‘cool’, ‘sound’ and ‘excellent’, ‘ten out of ten’.
 - Two patients identified their mental health had improved since moving to Storthfield House. One patient told us ‘they’ve tried their best and got me well again’.
 - During review meetings, we noted patients were involved in the planning of their care and involved in decision-making, demonstrating that patient views were valued.
 - We observed through individualised care plans staff identified and met patients’ needs. One patient told us they went fishing locally each week. Another patient said he went to the local shop twice a day. Trips out were described to us. One patient said they would like more sport, especially football. Relatives told us that staff treated patients as individuals and knew them well.
 - Patients said they were confident staff would support them with their physical health. Patients confirmed a doctor had ‘checked them over’ when they first arrived at the hospital. Staff had discussed potential side-effects of medication with two of the patients. One relative told us when their son was very physically unwell they were fully updated and informed throughout.
- Relatives told us they felt patients were safe and staff treated them with dignity and respect.
- ### The involvement of people in the care they receive
- Patients were orientated to the ward on admission. Staff gave patients a guide ‘welcome to Storthfield House’ when they first moved there. We found the guide to be comprehensive and informative. It gave information of what to expect; meal times, daily routine and activities, staff team make up and roles, advocacy and how to complain, visiting, and leave arrangements. Relatives told us that they were contacted by the hospital team either before their relative was admitted or soon after admission.
 - Staff sought patient views we saw this from care records and by observing at patient reviews. We saw patients were involved as much as was possible in their care planning. Staff discussed risk assessment with the patient and sought their views. All six records checked indicated staff had provided patients with a copy of their care plan.
 - Advocacy services were available. The visiting advocate provided general advocacy and specialist independent Mental Health Act (IMHA) advocacy and independent Mental Capacity Act (IMCA) advocacy. The advocate stated there had been some confusion between her IMHA and IMCA roles by the staff initially. The advocate visited Storthfield weekly and saw approximately 10 patients per visit. The advocate had her own keys, alarm, and access to rooms but tended to work mainly in the patient’s games room. We saw information on a notice board regarding another advocacy service, which meant patients, had a choice of advocacy services.
 - The seven carers we spoke with confirmed staff continually updated them with any changes in their relatives and they felt staff listened to their views. The hospital invited carers to care programme approach meetings (CPAs). Prior to attending, staff sent an updated pack to carers to inform the CPA process. Relatives said this was easy to understand and free of jargon. Carers told us staff discussed changes to medication or treatment packages with them. Carers felt involved and supported. For carers who had transport difficulties Storthfield House provided transport to ensure they were able to attend meetings. Relatives said

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Good 

if they could not attend meetings staff gave them the opportunity to contribute by giving feedback before the meeting and they received an update on the outcome of the meeting.

- Patient community meetings took place. We reviewed the minutes and found there was a set template. This covered the ward environment, care and planning, staffing issues, patient involvement, and any other business. We reviewed records, which showed patients had raised issues with the staff. Staff had ensured they had handed an issue with a blocked sink over to the maintenance team. In this record, staff did not complete the outcome.
- We saw from August 2015 until 17th December 2015 staff had used a different recording template that was more colourful and pictorial. This change demonstrated the team had reviewed and tried to improve the running and recording of the community meeting. From the 21st December 2015, the team had gone back to using the old recording template, which covered more areas.
- Storthfield House had completed a patient experience and satisfaction survey in July 2015. Twelve patients had given feedback nine had declined. Feedback was generally positive; many areas scored 100%, such as feeling safe, staff were polite and approachable, access to the kitchen, having a private place for visits, being involved in identifying activities, feeling personal belongings were safe, being involved in care, being given information in a way it is easy to understand and feeling personal information is kept confidential.
- We saw that staff had developed an action plan to improve areas, which had scored lower in the 2015 patient survey. Patients felt the reason for searching them was not properly explained (25%), not enough information was available regarding diet and nutrition (17%). Patients who knew staff names and roles could be improved (83%). Patients who found advocacy useful (83%) and whom staff had given enough information about their diagnosis (83%) could improve. The action plan addressed these areas.
- A daily planning meeting took place which patients were encouraged to attend. On the day of inspection, we observed 10 patients, two staff and an advocate had attended. The meeting started with what activities and therapy groups were available. The cleaning schedule

for the day was re-enforced. Individual patient's money requirements and times for ward round were covered. We found the meeting to be comprehensive and focussed on the daily business of patients.

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

Good 

Access and discharge

- On the day of inspection, 20 patients were at the hospital. The hospital had 22 beds. The average bed occupancy for the previous 12 months was 91%. The service did not have a waiting list. The hospital served both a local population and took patients from other areas.
- Beds were available when patients returned from leave.
- The hospital had facilitated 14 discharges in the 12 months prior to the inspection. It planned discharges over a period and facilitated discharge through care programme approach (CPA) meetings. The consultant told us sometimes delays to discharge could occur, as there were not always packages available to support patients moving on from Storthfield House. The hospital team tried to pre-empt this by involving external care co-ordinators and commissioners throughout the patient admission. Commissioners told us the consultant was keen to move patients on when they were well. Adjacent to the hospital was a separate Cambian step down facility. We saw discharge planning for some patients focussed on this facility. Two patients were ready to move to the step down facility but this was delayed, as there were no vacancies. We were unclear if staff had explored other step down facilities or if there was an expectation, patients would step down to the adjacent facility.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a range of rooms and facilities to support patients. The hospital had a well-equipped clinic room.

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Good 

There was a games room and a main lounge. The hospital was in the process of having an extension built to facilitate another meeting/ group room. A quieter area that patients could access was available, it was located between the lounge and garden area.

- Staff locked the patient therapy kitchen. This was accessible to patients to make drinks or food by asking. We witnessed patients asking to use the kitchen and staff facilitating this. A quiet area that patients could access was not available.
- The hospital met the religious needs of individuals. A local Christian pastor visited the hospital. The hospital enabled patients to practice their faith by accessing a local church or facilitating patient attendance at a faith appropriate venue. There was a multi faith room, although this was small.
- There was a comfortable recently furnished visitor's room in the main reception area. Relatives we spoke to said staff gave them the opportunity to meet privately with the patient as well as them having access to patient's bedroom and communal areas.
- The hospital had a private payphone patients could freely access. If assessed as appropriate patients were able to have their own mobile phones.
- Outdoor spaces were available. There was a garden area, which was fenced. Patients were able to access the gardens freely. The garden area contained the designated smoking area. We saw staff accompanied patients on high levels of observation. They were not restricted in their movements.
- The chef provided varied menus to meet dietary needs. Patients completed a weekly menu. The chef was willing to make meals outside of the menu if patients changed their minds. Alternatively, patients could access the therapy kitchen to make their own meals. Staff accommodated patient choices and preferences. A bowl of fresh fruit and cold drinks were available in the main patient area.
- Patients were able to personalise their bedrooms. Patients felt their personal possessions were safe bedrooms were kept locked. Patients had keys to their own rooms if assessed as safe to do so, demonstrating the service valued patients' rights to privacy. Patients were able to opt out of night time hourly observation

checks between midnight and 6am if assessed as safe to do so. This recognised patients were recovering and allowed them to make choices demonstrating the service was flexible and not risk adverse.

- Relatives we spoke to said they were not aware that any activity or home visits being cancelled due to staff shortages.
- We saw both group and individual activities were available throughout the week. Staff did not cancel activities. Occupational therapy services covered Monday to Friday to facilitate to activities. Patients told us staff took them out at weekends. On the week of inspection, patients were due to visit a car show at the national exhibition centre. Staff had altered their duties to facilitate this trip. Relatives reported that staff offered the patients a wide range of activities that were specific to their requests and the patients were encouraged to participate. They said they took the patients out of the unit when they visited and felt this was encouraged by staff. Relatives we spoke to said they were not aware of staff cancelling any activity or home visits due to staff shortages.
- Commissioners were positive about the service provided. They said the service was responsive, communication was good, and staff offered patients individual treatment packages.

Meeting the needs of all people who use the service

- Patient's with disabilities, including wheelchair users, could access all areas of the hospital. The hospital was on two levels, a lift was available.
- We saw a wide range of leaflets and notices available. We saw information on the Mental Health Act, Care Quality Commission, advocacy, and how to complain displayed.
- There was a notice board containing recent community meeting information. We saw staff promoted therapeutic jobs, with the opportunity for patients to earn a wage. At the time of inspection, five patients had therapeutic jobs, examples were cleaning the hospital car and cleaning the therapy kitchen. This meant patients had opportunities to move forward with their recovery.

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Good 

- One patient regularly had an interpreter attend meetings to support him. Although the patient spoke English, the staff team felt for meetings it was beneficial an interpreter attended to ensure that the patients understanding was maximised.
- There was a wide variety of menus available. The chef used locally sourced vegetables and meat so had flexibility to quickly meet dietary needs. The chef had previously accommodated cultural diets.
- Relatives said that staff would assist with transport for them to visit the hospital or take the patients to their home. For some relatives this was a long distance and could involve several hours of travel. Relatives said staff always facilitated visiting and leave. Relatives told us they felt supported by staff to accommodate short notice visits and escorted home leave.

Listening to and learning from concerns and complaints

- The hospital had received five compliments since January 2015, four from external professionals, and one from a carer.
- Patients knew how to complain. We saw information in the welcome booklet and on notice boards advising patients how to complain. Part of the MDT handover was also to record any compliments or complaints. On the day we attended, there were no compliments or complaints.
- Staff we spoke with knew how to deal with and escalate complaints. Relatives we spoke to knew how to make a complaint but not all were clear on the process. Relatives stated that they would feel comfortable in complaining if they needed to.
- In the previous 12 months, the hospital had received three formal complaints. All had been resolved. We saw formal complaints were recorded and written responses given to people who complained. The hospital had upheld one complaint and a patient record altered consequently.
- The hospital recorded both compliments and complaints routinely as part of the daily handover. The hospital aimed to resolve all complaints informally if possible. There was no joint record of both informal and

formal complaints. This made it difficult to assess the total number of complaints received. It could also make it difficult for the staff team to identify themes and potential learning.

- Staff were aware of the duty of candour. There were no recent examples of staff informing patients or relatives when things had gone wrong. However, relatives told us when things changed staff were honest and open and kept them updated and informed.

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

Good 

Vision and values

- Staff we spoke with were clear their priority was patient improvement. Staff spoke of valuing progress of the patients and the importance of engaging with patients to help them to move forward. Three staff members described their team as like a family.
- The values and team aims were reflective of the wider organisations values.
- Senior staff members were a daily presence on the main ward. Both staff and patients were familiar with the management team and addressed them by their first names.
- Commissioners told us they had found the service to be accommodating and it would only take patients who it believed it could help.

Good governance

- There was a system in place for the team to communicate with the main company. The manager attended regular meetings where he could raise issues. The company communicated any new developments or changes to the manager who then shared the information with his team.
- Staff received mandatory training.
- Staff supervision and appraisal took place. Staff valued the range of supervision available. Group and individual, formal and informal supervision took place.

Long stay/rehabilitation mental health wards for working age adults

Good 

- There were sufficient staff to meet the needs of patients. Any shortfalls in staff were covered internally or with the use of regular bank staff.
 - Administration staff were available freeing up the nursing staff to concentrate on patient care.
 - There were processes in place for the review of incidents, formal complaints, and feedback.
 - Staff knew and reported safeguarding processes. The local safeguarding manager visited every eight weeks to review incidents that happened since their last visit.
 - An external pharmacist carried out quarterly audits of medicines at the hospital. They reviewed prescriptions and medicine administration records. A local pharmacist visited the unit once a week.
 - The team reported their key performance data and received feedback on this from the organisation. The hospital developed plans for the team to improve their performance.
 - The hospital manager had sufficient authority and had administration support to complete his role.
 - The hospital manager could submit items to the organisations risk register.
 - A governance structure was in place and we reviewed minutes from the operational governance meetings held throughout 2015. Staff received training in the Mental Health Act (MHA), staff were confident in the use of the MHA. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was completed. Staff knowledge and understanding of the MCA and DoLS was variable.
 - Staff had not reviewed two governance items as planned. The clinical and corporate governance policy was in place but not reviewed in October 2013, as planned. The policy for mission statement, standard operating procedures (SOP) and organisational structure was in place but not reviewed in June 2014, as required.
- satisfactory and (10%) as poor. Other scores rated as excellent or good were flexibility (97%), responsibility (93%), standards (90%), clarity (97%), team (80%), self-worth (76%), and motivation (76%).
- Sickness and absence rates were low for the previous 12 months fluctuating between 0.5% and 3.6%, compared to a national average of 4.25% in the National Health Service.
 - There were no current bullying and harassment cases
 - Staff were confident to raise concerns and felt managers would listen to them. Staff were aware of the whistle blowing procedure.
 - Staff told us they enjoyed their jobs. Leadership was strong. Staff gave us consistently good feedback about the management team and the support that they received.
 - Staff felt able to raise concerns. They described their managers as supportive. Staff were able to suggest improvements and managers acted upon these
 - The service had introduced a healthcare workers support clinic run by the consultant. Healthcare staff we spoke with were very positive about this. The aim of the clinic was to increase understanding and communication for healthcare staff. Staff had opportunities to develop. We met an occupational therapy assistant (OTA) who initially started as a cleaner a few hours each evening. They had progressed to healthcare work and then OTA. The hospital manager had previously worked as a nurse for the organisation. Staff we met felt the organisation supported them to develop. Training opportunities were available to them.
 - One nurse had concerns how they would meet the nursing and midwifery council (NMC) standards for revalidation. They were concerned to meet the NMC standards they may have to self-fund training.
 - We witnessed open and transparent discussions with patients at reviews. We noted that staff made apologies to patients when things went wrong. Staff were aware of the duty of candour. Relatives told us when things changed staff were honest and open and kept them updated and informed.

Leadership, morale and staff engagement

- A staff survey completed by 30 staff members scored highly in all areas. The lowest score related to staff feeling rewarded (70%), (27%) of staff rated this as excellent, (43%) as good, (20%) rated as less than

Commitment to quality improvement and innovation

Long stay/rehabilitation mental health wards for working age adults

Good 

- The manager had recently introduced an employee of the month award; staff members voted for this. The

winner received a small gift and certificate. The manager hoped this would increase staff engagement and be a way of recognising the work the staff team completed.

Outstanding practice and areas for improvement

Outstanding practice

The hospital had recently introduced a weekly support worker clinic that the medical consultant ran. Staff were

able to raise questions or concerns directly with the consultant. Staff we spoke with said this had made a positive impact on practice. They felt this initiative had increased understanding and enhanced communication.

Areas for improvement

Action the provider SHOULD take to improve

- The hospital should review the metal hinges used on doors to reduce the risk of patients self-harming.
- The hospital should ensure all staff have the necessary knowledge in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The hospital should ensure that they review all policies and guidance when planned.
- The hospital should collectively record complaints to facilitate the identification of trends and potential learning.
- The hospital should ensure it continually assesses all self-medicating patients as safe to do so.