

Cambian The Grange




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?		Requires improvement	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

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

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

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

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

Summary of findings

Overall summary

We rated Cambian The Grange as good because:

- The environment was clean and well maintained. The provider had carried out environmental risk assessments and had management plans and emergency equipment in place to ensure patient and staff safety.
 - The provider had appropriate staffing levels on shifts with staff that received regular supervision, mandatory training and had the skills to meet the needs of the patients.
 - 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 multidisciplinary team routinely assessed, monitored and supported patients with their physical health care needs and access to a comprehensive range of primary healthcare services.
 - Staff treated patients with respect and dignity and involved them in their care and treatment planning. Patients were able to give feedback about how the service was run.
- The unit maintained effective links with outside organisations to support patients with daily programme of activities and rehabilitation process.
 - The managers provided good leadership and support to staff. Staff felt supported by team managers and morale was good.
 - The provider had developed key performance indicators and outcome measures to monitor the quality of care provided to patients.

However;

- The provider did not review and updated the Mental Health Act (MHA) policies and procedures to reflect the revised MHA code of practice. Only 61% of staff had received training in MHA.
- The care plans did not have specific goals, patients' views on what mattered to them and detailed interventions on how staff should support patients.
- Staff did not participate in a wide range of clinical audits to monitor the effectiveness of the service provided.

Summary of findings

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Good



Cambian The Grange

Services we looked at:

Services for people with acquired brain injury

Summary of this inspection

Background to Cambian The Grange

The registered provider for Cambian The Grange is Cambian Learning Disabilities Midlands Limited.

The hospital had a nominated individual and a registered manager who was on maternity leave at the time of the inspection. There was an acting manager covering for the registered manager. It also had an accountable controlled drug officer.

Regulated Activities:

Assessment or medical treatment for persons detained under the Mental Health Act 1983; Diagnostic and screening procedures; Treatment of disease, disorder or injury.

Cambian The Grange is located in Sutton in Ashfield near Nottingham and it provides eight rehabilitation beds to men with acquired brain injury. The unit has two floors with communal areas and offices on the ground floor and patient bedrooms on first floor. Patients admitted to this

service have a diagnosis of established or suspected acquired brain injury, alcohol related brain injury, Korsakoff's syndrome, Huntington's disease, early onset dementia with rehabilitation potential and may have been detained under the Mental Health Act.

Patients may present with Challenging behaviour, co-morbid psychiatric disorders including forensic history or substance misuse, moderate to severe cognitive impairment, organic psychiatric disorder or organic personality change, dysphasia or other communication problems and abnormal movements or restricted mobility but will not typically be wheelchair-bound.

Cambian The Grange was last inspected on 15 April 2013. The service was found to be compliant with all five standards inspected. The previous Mental Health Act monitoring visit was on 20 November 2015. There was evidence that all actions from that visit had been addressed.

Our inspection team

Team leader: Raphael Chichera

The team that inspected the service comprised of three CQC inspectors.

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 the location, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the unit and looked at the quality of the environment and observed how staff were caring for patients;
- spoke with four patients who were using the service;
- spoke with the acting manager for the hospital;

Summary of this inspection

- spoke with 11 other staff members; including doctors, nurses, health care assistants, occupational therapist, speech and language therapist, administration staff, domestic staff and the psychologist ;
- looked at eight care 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.

What people who use the service say

We received positive comments from patients and were happy with the care provided. Patients described staff as kind, polite and treated them with respect and dignity.

Patients told us they were given information about how the service is run. Patients told us that they felt safe. Staff involved them in care planning and were able to freely express their views about 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:

- The environment was clean and well maintained. The provider had carried out environmental risk assessments and had management plans and emergency equipment in place to ensure patient and staff safety.
- Staff had completed mandatory training and had the skills and knowledge to meet patients' needs.
- Staff completed patients' comprehensive risk assessments and regularly reviewed and updated them as a multidisciplinary team to ensure that all identified risks were safely managed.
- Staff knew how to identify and report abuse and neglect.
- 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.

Good



Are services effective?

We rated effective as requires improvement because:

- The provider had not reviewed and updated the Mental Health Act (MHA) policies and procedures to reflect the revised MHA code of practice. Only 61% of staff had received training in MHA.
- The care plans did not have specific goals, patients' views on what mattered to them and detailed interventions on how staff should support patients.
- Staff did not participate in a wide range of clinical audits to monitor the effectiveness of the service provided.

However:

- The multidisciplinary team routinely assessed, monitored and supported patients with their physical health care needs and access to a comprehensive range of primary healthcare services.
- The provider ensured that staff had appropriate supervision and training specific to their roles.
- The provider had regular and effective multidisciplinary team meetings that discussed patients' needs in detail.
- The teams had good working links with the external organisations.

Requires improvement



Summary of this inspection

Are services caring?

We rated caring as good because:

- Staff treated patients with respect and dignity. Staff showed that they understood the individual needs of patients.
- We observed good interactions between staff and patients. Staff behaved in a respectful, kind and considerate way.
- Patients told us that staff involved them in their care and treatment planning.
- Patients had access to advocacy services.
- Patients were able to give feedback about how the service was run.

Good



Are services responsive?

We rated responsive to people's needs as good because:

- All patients had discharge plans that were discussed with the placing commissioners.
- Patients were able to have hot or cold drinks and snacks anytime and a variety of choice of meals.
- The unit offered patients a wide range of meaningful individual and group therapeutic weekly programme of activities.
- Staff provided patients with easy read information in different languages on how the service was run.
- Patients knew how to raise concerns and make a complaint.

However:

- There was limited space for therapy rooms.

Good



Are services well-led?

We rated well-led as good because:

- Staff knew the vision and values of the organisation and agreed with the values.
- The managers provided good leadership and support to staff. Staff felt supported by team managers and morale was good.
- Staff were open and honest and felt confident to raise any concerns with their manager.
- The unit had effective governance processes to manage quality and safety.
- The provider had developed key performance indicators and outcome measures to monitor the quality of care provided to patients.

However:

Good



Summary of this inspection

- The unit did not participate in Accreditation for Inpatient Mental Health Services (AIMS) for inpatient rehabilitation units from the Royal College of Psychiatrists.

Detailed findings from this inspection

Mental Health Act responsibilities

We reviewed policies around how staff should apply Mental Health Act (MHA) in practice and we noted that the provider had not reviewed and amended policies in line with the revised MHA Code of Practice. Some of the policies were last reviewed in 2012 and 2013. The manager told us that senior managers informed them that the policies were under review. Training records indicated that 61% of staff had received training in MHA. The manager told us that the all staff were booked to attend by July 2016. Staff showed an understanding of the MHA and the Code of Practice. There were six patients detained under the 'Act'.

The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the MHA.

We looked at six consent to treatment and capacity forms and they were appropriately completed and attached to the medication charts of detained patients. The recording of consent to treatment in patient's care records was clearly recorded.

Information on the rights of patients who were detained was displayed and independent mental health advocacy services were readily available to support patients. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed.

Staff routinely explained to patients about their rights under MHA. Where staff felt patients did not have a good understanding of their rights this was regularly repeated with the help of easy read information. This ensured that patients understood their legal position and rights in respect of the MHA. Patients we spoke with confirmed that their rights under the Mental Health Act had been explained to them.

Staff knew how to contact the Mental Health Act administrator for advice when needed. The MHA administrator carried out audits twice a year to check that the MHA was being applied correctly.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training records showed that all staff had received training in the Mental Capacity Act (MCA).

At the time of inspection, the unit had two patients on Deprivation of Liberty Safeguards (DoLS). One application was made in the last six months from October 2015 to March 2016.

Staff demonstrated an understanding of MCA and could apply the five statutory principles.

Staff assessed and recorded patients' capacity to consent. These were done on a decision – specific basis concerning significant decisions. There was detailed information on how capacity to consent or refuse treatment had been sought. Documentation about capacity was clear and thorough where it was evident that the patient showed signs of impaired capacity to make some decisions about their care and treatment.

Staff supported patients to make decisions where appropriate. We saw very good examples of support from the speech and language therapist in providing communication support that enabled patients to exercise choice and make decisions. When patients lacked the capacity, decisions were made in their best interest, recognising the importance of their wishes, feelings, culture and history.

Staff understood and where appropriate worked within the MCA definition of restraint.

Staff were aware of the policy on MCA and DoLS and knew the lead person to contact about MCA to get advice.

There were arrangements in place to monitor adherence to the MCA.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Services for people with acquired brain injury

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

Are services for people with acquired brain injury safe?

Good 

Safe and clean environment

- The layout of the unit enabled staff to observe most of the parts effectively. The unit had all eight bedrooms on the first floor with the nursing office in the middle enabling staff in the office to observe the corridors. The blind spots on the staircases were managed using mirrors. The unit had good lines of sight in the communal areas downstairs.
- The unit had up to date ligature risk assessment completed and reviewed annually. This was last reviewed in September 2015. The unit had a mixture of anti-ligature fittings and some potential ligature points. The risk assessment identified all potential ligature points on bedroom door handles, en-suite bathroom taps and door handles, window latches, and taps from the communal assisted bathroom. The unit had a detailed risk management plan describing how to minimise this risk for each patient. The unit had ligature cutters available on both floors. Staff were trained how to use them and knew where they were kept. Staff knew the potential ligature points within the unit.
- The ward was a single gender environment.
- The unit had a small clinic room where medication and non-emergency medical devices were kept and only qualified nurses had access to the room. Emergency equipment such as automated external defibrillators and oxygen cylinder were kept in the doctor's office

where all staff could get easy access in an emergency. Staff checked equipment regularly to ensure it was in good working order, so that it could be used in an emergency. Medical devices and emergency medication were also checked regularly.

- There were no seclusion facilities available at the hospital and seclusion was not used on site.
- The unit was very clean, well-maintained and suitable furnishings. Staff completed the cleaning records and signed them on a daily basis to show that the routine had been followed. Patients told us that the level of cleanliness was very good. According to the patient survey report of January 2016 responded by 15 out of 16 patients including Cambian The Lodge, 89% of the patients were happy with the environment and living conditions.
- Staff carried out regular audits of infection control and prevention. Staff practiced good infection control procedures and hand hygiene to protect patients and staff against the risks of infection.
- Maintenance staff carried portable appliance tests regularly and consistently for all equipment used. These had stickers on them showing they had been checked and the date that they were next due for checking. The unit's policy showed that the tests should be carried out yearly.
- Staff carried out environmental risk assessments in areas such as health and safety, fire safety, access to therapy rooms, the gym, use of any equipment and infection control and prevention.
- All staff had personal safety alarms and nurse call systems were fitted in the unit. The alarms were tested on every handover shift to ensure that they were in good working order. This helped to ensure that staff could be able to summon help if required in an emergency.

Services for people with acquired brain injury

Safe staffing

- The unit had four qualified nurses and 17 nursing assistants. There were no vacancies for qualified nurses or nursing assistants.
- The organisation used a red, amber and green (RAG) rating to review performance around sickness and turnover rates. The sickness rate in the last 12 month period from April 2015 to March 2016 was 3%. The staff turnover rate in the 12 month period from April 2015 to March 2016 was 18%.
- There were 128 shifts filled by bank staff in the last three months from January 2016 to April 2016. No agency staff was used. The manager told us that they only used their bank staff that were familiar with the unit.
- There were 24 shifts that had not been filled by bank or agency staff, as result of staff sickness or absence in the last three months from January 2016 to April 2016. Staff and patients told us staffing levels were rarely below the required numbers. Patients told us that leave or activities were never cancelled. We saw records that showed patients' leave and activities were monitored and were rarely cancelled. Patients told us that they felt safe.
- The unit had one qualified nurse and four nursing assistants during the day. At the time of our inspection, there were two extra nursing assistants to provide cover for one to one observations. At night, there was one qualified nurse and four nursing assistants. We reviewed the staff rota for the last three months and found that the numbers mostly matched the number of nurses and nursing assistants on duty. The manager was available during weekdays. Staff told us that the manager offered clinical support when needed.
- We observed that the qualified nurse spent some time interacting with patients in the communal areas. Staff and patients confirmed that staff were always present in communal areas.
- The unit had enough staff available so that patients could have regular one-to-one time with their named nurse. There were enough staff to carry out physical interventions safely.
- Staff told us they could access medical input during the day. The doctor was on site or at the Lodge, which was very close during weekdays 9am to 5pm. Out of hours a

doctor on call system was available. We saw a regional on call rota for the doctors and we were informed that all doctors were from the region and could get on site quickly if needed.

- Records showed that the average rate for completed staff mandatory training was 96%.

Assessing and managing risk to patients and staff

- There were 13 episodes of restraint in the last six months from October 2015 to March 2016. None were recorded as being in the prone position and no staff or patients were injured in restraints in this time period. Staff only used restraint after de-escalation and diversion techniques had failed. The staff involved and methods of de-escalation used prior to restraint were recorded to indicate that it was only used after all other methods had been unsuccessful. Staff were trained in physical intervention (management of violence and aggression) (MVA) and were aware of the techniques required. Staff completed a detailed incident report following each incident.
- We looked at 17 care records of patients. Each patient had a risk assessment and risk management plan completed on admission, which identified how staff were to support them. The unit used strategies for managing patients' behaviours drawn from the positive behaviour support approach. Patients had a person centred management plan. These included triggers, early warning signs and de-escalation techniques for staff to follow first. This included when and in what circumstances staff should offer any medicines prescribed to the patient to be used as when required. Staff routinely completed and reviewed antecedents, behaviour and consequences forms (ABC) to back up the positive behaviour support plans after every incident.
- The unit prioritised assessing and managing risk. Staff used the short term assessment of risk and treatability (START) and were trained in using this tool. Risk was discussed on a daily basis in the morning meetings where all staff from different disciplines were involved. Any changes to risk were highlighted and communicated to all staff. This involved rating risk using red, amber and green (RAG) system. All patients in red were on high levels of observations.

Services for people with acquired brain injury

- The ward had taken positive steps towards implementing least restrictive practice. Patients were individually risk assessed for access to kitchen, level of observations and access to smoking area.
- There was information to notify informal patients of their rights to leave the unit if they wished. On the day we visited, there were no informal patients.
- The ward had policies and procedures for use of observations to manage risk to patients and staff. Staff had a good understanding of the policies, followed them and they clearly documented in patients' records.
- The unit had a rapid tranquilisation policy that followed the National Institute for Health and Care Excellence (NICE) guidance. However, the unit did not use rapid tranquilisation. We looked at eight prescription charts and there was no rapid tranquilisation that had been prescribed. The doctor told us that it was not good practice to use rapid tranquilisation on patients with acquired brain injury.
- Training records showed that 98% of staff had received safeguarding training. Staff demonstrated a good understanding of how to identify and report any abuse. There was information about awareness and how to report safeguarding concerns displayed around the unit. Staff knew the designated lead for safeguarding who was available to provide support and guidance.
- The team discussed safeguarding issues in the morning meetings and handover each day. Information on safeguarding was readily available to inform patients, relatives and staff on how to report abuse. Patients told us that they felt safe on the unit.
- The unit had appropriate arrangements for the management of medicines. The unit kept medication in a locked clinic room and cabinet and fridge and room temperatures were recorded daily. We found good links between the unit and the local Lloyds pharmacy. We reviewed training records for medicine management training and saw that all nurses had received training. The unit had proper ways of supporting patients to self-administer their own medicines. Staff clearly assessed and took into account the ability and risks of each individual patient and how they could progress to the next stage until they were fully independent.
- There was a robust monitoring and audit cycle in place. The nurses audited medicines on a weekly basis to ensure that the correct doses were administered. The pharmacist visited once every month to carry out external audits. We reviewed eight medicines charts and

observed medicines administered and saw that all medicines were signed for and given as prescribed. The pharmacist conducted a weekly visit to monitor the safe management of medicines. The pharmacist did not attend multidisciplinary team meetings. However, was involved in reviewing individual patient's prescription charts and checking for errors and contraindications. The doctor and the manager told us that they could access pharmacist over the phone at any time if they needed support. Staff checked all the medicine stock when they received it from the pharmacy.

- All visits from children were risk assessed and discussed in the multidisciplinary team meeting taking into account any child protection issues. Where any risks had been identified, a risk management plan was developed to ensure safety.

Track record on safety

- There had been no serious incidents requiring investigation in the last 12 months from April 2015 to March 2016.

Reporting incidents and learning from when things go wrong

- The unit had an effective way of recording incidents, near misses and never events. Staff reported incidents on 'IR1' incident reporting forms. Staff were able to demonstrate how to use this and could give examples of what should be reported.
- Four incidents sampled during our visit showed that staff reported all incidents that should be reported and investigations took place with clear recommendations and action plans for any changes.
- Staff were aware of duty of candour and were able to give us examples of having been open and honest when mistakes had been made and apologising for any mistakes made. Incidents were discussed with commissioners, patients and their families where appropriate. Patients told us that they were informed and given feedback about things that had gone wrong.
- Staff were able to explain how learning from incidents was shared with all staff. Their responses indicated that learning from incidents was circulated to staff. Learning from incidents was discussed in morning meetings, handovers, local clinical governance team meetings and supervision.

Services for people with acquired brain injury

- Managers attended regional clinical governance team meetings where lessons learnt from incidents were shared within the wider organisation so that they could be circulated to staff in different units.
- Staff were offered debrief and support after serious incidents.

Are services for people with acquired brain injury effective?

(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

- We looked at eight care records and staff completed a comprehensive assessment for new patients to the service. These covered all aspects of care as part of a holistic assessment such as social, finance, physical health, mental health, communication, personal, cognitive assessment and activities of daily living. Staff also completed nutritional assessments and communication assessments.
- Care records reviewed showed that all patients had received a physical examination on admission and there was evidence of ongoing physical health monitoring.
- We reviewed eight care records and saw that staff consistently reviewed, updated the care plans. Care and treatment plans were recovery orientated and reflected patients' needs that had been identified in the assessment process. However, the care plans lacked specific goals, patients' views on what matters to them and had no detailed interventions on how staff should support patients. We found that four care plans were generic and not person centred.
- The unit stored both electronic and paper based information and care records securely in locked cupboards and secure computers. Records were well organised, managed and staff team members could access patients' records when needed. The manager and administrator locked staff files away in a different room and cupboard that could only be accessed by them. The unit had proper arrangements with their head office to send all records that required archiving.

Best practice in treatment and care

- The doctor had access to information from National Institute for Health and Care Excellence (NICE) guidance updates that they shared with the clinical team. We saw information on patients' medicines based on NICE guidance that included information on specific monitoring needed for patients who were prescribed antipsychotic medication. This included drug interactions, dosages, contra-indications and side-effects.
- Psychological therapies were available. The unit had a full time clinical psychologist that is shared between two units for neuropsychology and therapies. A range of therapies available included cognitive behavioural therapy, anxiety management, family therapy, psychoeducation, neuropsychology and substance misuse.
- Staff routinely considered physical healthcare needs. We looked at eight sets of healthcare records to check if physical healthcare was monitored. All of the records showed that staff had carried out an evaluation and on going monitoring of physical health. Staff completed physical health checks at the point of referral. Staff monitored blood pressure and weight, but all other physical health checks were managed by GPs. The hospital had close links with a local GP surgery to monitor physical health needs of patients and ensured physical health care plans were kept up to date. Patients had access to specialists such as dentists, chiropodist, diabetic team, dietician and district nurses. Staff could also refer them to other specialists when required. Staff provided general physical and dental health promotion activities including dietary advice and the opportunity to exercise.
- There was a system for ensuring annual health checks undertaken included dysphagia assessments nutrition and hydration assessments where needed. Where the needs had been identified, the team had care plans in place. The speech and language therapist provided training to staff on dysphagia and supported staff to meet the needs of the patients with dysphagia.
- Staff used a range of outcome measures to monitor progress and recovery that included Health of the Nation Outcome Scales (HoNOS-ABI), Global Assessment Progress (GAP), Functional independent measure (FIM), Functional Assessment Measure (FAM), Model of Human Occupation Screening Tool (MoHOST) and Communication Checklist Adult (CCA).

Services for people with acquired brain injury

- Staff participated in clinical audits to monitor the effectiveness of the service provided. We saw records that included medicines audit, environmental audit, health and safety audits, patient involvement audit and MHA audit. Where staff identified areas of improvement, action plans were completed and followed up. Staff used the findings to identify and address changes needed to improve outcomes for patients. However, those were the only audits we saw on the day of inspection out of 16 audit areas listed in the unit's yearly audit schedule.

Skilled staff to deliver care

- The team had a full range of qualified and experienced mental health disciplines including a neuropsychiatrist, a psychologist, an occupational therapist, speech and language therapist, qualified nurses, support workers and mental health act administrator.
- Training records reviewed and discussion with staff showed that staff were provided with training specific to their roles. Staff had internal training on acquired brain injury, dysphagia, ECG, phlebotomy, diabetes awareness and positive behaviour support. The doctor and the psychologist held regular support worker forums to provide training to staff on acquired brain injury, positive behaviour support guidelines and reflection on individual patient's presentation. The psychologist told us that the organisation supported continuing professional development (CPD) was and there were quarterly CPD meetings for psychologists.
- New staff and bank staff had a two week period of induction that involved shadowing experienced staff before they were included in staff numbers. Unqualified staff were able to complete the care certificate. Staff told us that they received an appropriate induction.
- Records showed that the manager provided regular supervision and annual appraisals to staff. There was a tracking system that recorded planned dates of supervision that enabled the manager to ensure regular supervision was taking place on planned dates. The teams had access to regular team meetings every two months. Staff told us that they received regular supervision and attended staff meetings.
- All staff members currently employed had received an appraisal in the last 12 months from April 2015 to March 2016. We reviewed the quality of appraisals and found that they were thorough and clear, with specific and measurable objectives and timelines.

- The manager addressed issues of staff performance in a timely manner through management supervision and they were supported by human resources team when required. Human resources visited every three months to review staff sickness.

Multi-disciplinary and inter-agency team work

- The unit held regular and effective multi-disciplinary team meetings once every week. These meetings involved all different professionals within the team and other external professionals when required. We looked at six records of multi-disciplinary team meetings. The discussions held addressed the identified needs of the patients such as risk and physical health, social issues, medicines and were patient-centred and involved patients.
- The unit held two handovers each day at the end of each shift at 7.30am and 8pm. We looked at handover information and found that it was effective and included feedback from review meetings, any changes in care plans, patients' physical health, mental state, risks, observations and incidents.
- Cambian The Grange had close links with different external organisations. They had effective partnership and good working relationships with GP, hospitals, local community facilities, local authorities, police and health commissioners. Different external health and care professionals were invited to patients' care programme approach (CPA) meetings. They worked together to review the risk assessments, care plans and crisis plans as well as safe discharge planning. Staff told us that they had developed good working relationships with the local GP that they were able to share information quite easily.

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

- We reviewed policies around how staff should apply MHA in practice and we noted that the provider had not reviewed and amended policies in line with the revised MHA Code of Practice. Some of the policies were last reviewed in 2012 and 2013. The manager told us that senior managers informed them that the policies were under review. Training records indicated that 61% of staff had received training in MHA. The manager told us

Services for people with acquired brain injury

that the all staff were booked to attend by July 2016. Staff showed an understanding of the MHA and the Code of Practice. There were six patients detained under the 'Act'.

- The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the MHA.
- We looked at six consent to treatment and capacity forms and they were appropriately completed and attached to the medication charts of detained patients. The recording of consent to treatment in patient's care records was clearly recorded.
- Information on the rights of patients who were detained was displayed and independent mental health advocacy services were readily available to support patients. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed.
- Staff routinely explained to patients about their rights under MHA. Where staff felt patients did not have a good understanding of their rights this was regularly repeated with the help of easy read information. This ensured that patients understood their legal position and rights in respect of the MHA. Patients we spoke with confirmed that their rights under the Mental Health Act had been explained to them.
- Staff knew how to contact the Mental Health Act administrator for advice when needed. The MHA administrator carried out audits twice a year to check that the MHA was being applied correctly.

Good practice in applying the Mental Capacity Act (MCA)

- Training records showed that all staff had received training in the MCA.
- At the time of inspection, the unit had two patients on Deprivation of Liberty Safeguards (DoLS). One application was made in the last six months from October 2015 to March 2016.
- Staff demonstrated an understanding of MCA and could apply the five statutory principles.
- Staff assessed and recorded patients' capacity to consent. These were done on a decision – specific basis concerning significant decisions. There was detailed information on how capacity to consent or refuse

treatment had been sought. Documentation about capacity was clear and thorough where it was evident that the patient showed signs of impaired capacity to make some decisions about their care and treatment.

- Staff supported patients to make decisions where appropriate. We saw very good examples of support from the speech and language therapist in providing communication support that enabled patients to exercise choice and make decisions. When patients lacked the capacity, decisions were made in their best interest, recognising the importance of their wishes, feelings, culture and history.
- Staff understood and where appropriate worked within the MCA definition of restraint.
- Staff were aware of the policy on MCA and DoLS and knew the lead person to contact about MCA to get advice.
- There were arrangements in place to monitor adherence to the MCA.

Are services for people with acquired brain injury caring?

Good 

Kindness, dignity, respect and support

- We observed a range of interactions between staff and patients. This included one to one support, support with personal hygiene, engaging in activities and therapy sessions. Staff spoke and behaved in a way that was respectful, kind and considerate. We saw that staff were responsive and provided reassurance. Staff showed that they knew and understood the individual needs of their patients and took their time to explain things to patients.
- We spoke to four patients and they all gave us positive feedback about how staff behaved towards them. Patients were complimentary about the support they received from the staff and felt staff provided them with the right support all the time. They told us that staff treated them with respect and dignity. They added that staff were polite, kind and they liked the fact that staff enabled them to make choices about their treatment.

Services for people with acquired brain injury

- The patient survey report of January 2016 responded by 15 out of 16 patients including Cambian The Lodge showed that all of the patients felt staff were polite and approachable.

The involvement of people in the care they receive

- The unit had a welcome pack given to all patients prior to or on admission day. This contained all the information about the service provided. The unit gave patients and relatives the opportunity to visit before an admission was agreed. Patients confirmed that staff had shown them around the unit on admission and introduced them to staff and others.
- Patients were actively involved in their multidisciplinary clinical reviews, care planning, risk assessments and care programme approach (CPA) meetings. We saw records that showed that patients were encouraged to chair their CPA meetings. Staff encouraged patients to express their views. Patients told us that they attended all clinical meetings that concerned them and were able to express their views and they were taken into account. Patients signed their care plans and staff gave them copies of their care plans if they wished. Patients had copies of their care plans in their bedrooms.
- Staff encouraged patients' relatives and friends to participate in care planning with the consent of patients. The multidisciplinary team took into consideration the views of families when planning care and treatment.
- Staff encouraged patients to maintain and develop independence. For example, patients were encouraged to self-administer their medicines. Staff supported patients with doing their own shopping and using public transport to learn about independent travelling. Patients were encouraged to make their own hot drinks, make breakfast and cook their own meals. Patients carried out their own laundry and involved in chores within the unit.
- Staff were aware how to access advocacy services for patients. Families, carers and patients were given easy read leaflets that contained information about advocacy services. Patients told us that they could to access advocacy services when needed. Advocates visited the unit every week and attended multidisciplinary meetings if the patients requested that.
- The unit carried out annual patient surveys to gather their views. The results were analysed to make any necessary changes to the service provided where needed. Staff also told us that patients' views were

listened to in clinical review meetings. Staff supported patients with weekly patient community meetings where patients were able to raise any issues. This was chaired by patients. Minutes of these meetings were displayed in the lounge every week. The manager addressed any actions and fed back to patients in the next meeting. In addition, there was a suggestion box where patients and relatives could post suggestions about how the service was run. The manager told us that patients were free to contact them any time to discuss their views.

- Staff recorded patients' advance statements in the care records where appropriate. These are decisions made by patients how they would like to be treated.

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

(for example, to feedback?)

Good 

Access and discharge

- The average bed occupancy was 100% over the last six months from October 2015 to March 2016.
- The average length of stay in the last 12 months from April 2015 to March 2016 was 14 months. The target length of stay is 18 to 24 months. The unit had discharged six patients in the last 12 month period. Seven out of eight patients were out of area placements.
- Patients on leave could access their beds on return from section 17 leave.
- The unit had a good working relationship with organisations that placed patients in their unit to ensure that patients were successfully supported with their discharge plans. All patients had discharge plans in place that were discussed in their CPA meetings. Patients told us that they were aware of their discharge plans. All discharges and transfers were discussed in the multidisciplinary team meeting and were managed in a planned way.
- If a patient required more intensive care that could no longer be safely managed within the unit, the commissioners would be contacted to find a suitable placement.

Services for people with acquired brain injury

- At the time of our inspection, the unit had one delayed discharge in the last six months from October 2015 to March 2016. This delayed discharge lasted one week due to waiting for funding to be approved.

The facilities promote recovery, comfort, dignity and confidentiality

- The unit had one lounge where patients could sit and watch TV. It had one occupational therapy kitchen and one activity room, which was also used, as a multi-faith room. The unit had limited space and did not offer a wide range of therapy rooms. Staff told us that patients spent most of their time engaged in community activities.
- The unit had a well-equipped clinic room and a separate area to examine patients.
- There was one meeting room where patients could meet visitors in private.
- Patients were able to make phone calls in private. Some patients had their own mobile phones and they could use them anytime they wanted to in privacy.
- The unit had access to secure garden area, which included a smoking area which patients had access to throughout the day.
- All patients told us that the quality of food was good and meal times were flexible. They had a wide choice of menu that included vegetarian option. The patient survey report of January 2016 responded by 15 out of 16 patients including Cambian The Lodge showed that 93% felt they liked the meals offered and 87% felt they were offered choice of food.
- The dining area provided a drink station for cold drinks. Patients had access to hot drinks in the occupational therapy kitchen with staff supervision. Patients confirmed they had access to hot drinks and snacks anytime of the day.
- Patients were able to personalise their own bedrooms.
- Each patient had an individual allocated locked cabinet where values could be secured subject to individual risk assessments.
- Staff offered a wide range of activities to patients. Each patient had an individual structured daily programme of activities, which were related to their individual rehabilitation process. The occupational therapist assessed patients and encouraged them to actively engage in routine meaningful and purposeful activities that promoted their skills such as cooking, making their on hot drinks and laundry. There was a visual board

with a timetable for whole group activities that identified the time, activity and location. We observed patients participating in activities such as art, craft, cooking, community access and chores within the unit. Patients told us that they were always involved in activities all the time including weekends and evenings.

Meeting the needs of all people who use the service

- The entrance to the building had adjustments for disabled access. The unit had lift facilities. There were disabled toilet facilities and an assisted bathroom. The environment had appropriate signage in each area such as lounge, kitchen, toilets and laundry room. The whole environment was enriched with signs, symbols and photographs to ensure that patients were orientated about the unit.
- The unit had information leaflets in English and different other languages. Staff told us that leaflets in other languages could be made available when needed. Staff gave patients easy read leaflets and used visual aids to support spoken language using real objects, signs, symbols and photographs.
- Staff provided patients and their families with an information pack that contained leaflets, which were specific to the service. Staff gave patients relevant information that was useful to them such as treatment guidelines, conditions, advocacy, patient's rights and how to make complaints.
- Interpreting services were available when required. These were obtained from external services.
- Staff offered and supported patients with the choice of food they wanted to meet their dietary requirements and their health, religious and ethnic needs. We saw that patients were offered diabetic and low calorie meals. Two patients told us that they received special diets.
- The unit had contact details for representatives from different faiths. Patients had access to the multi-faith room that had information about various religions. Staff supported to attend faith centres to meet their spiritual needs within the local community.

Listening to and learning from concerns and complaints

- Cambian The Grange received nine formal complaints in the last 12 months from April 2015 to March 2016. One

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complaint was upheld, four of the complaints were partially upheld and four were not upheld. None were referred to the ombudsman. The themes included staff behaviour and medication.

- The unit had information on how to make a complaint displayed and patients were given this information. Patients could raise concerns with staff anytime. Staff told us they tried to resolve patients' and families' concerns informally at the earliest opportunity. Patients told us that they knew how raise complaints and were able to raise any concerns and complaints freely.
- Staff were aware of the formal complaints process and knew how to support patients and their families when needed. Records showed that staff responded appropriately to concerns raised by patients and they received feedback.
- Our discussion with staff and records reviewed showed that any learning from complaints was shared with the staff team through morning and staff meetings.

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

Good 

Vision and values

- Staff knew the vision and values of the organisation and agreed with the values. The vision and values were based on providing the highest quality of care to patients and actively enable them to achieve their personal best.
- Staff spoken with agreed their team objectives and knew how these fitted in with the wider organisation's values and objectives.
- Staff knew who their senior managers were and told us that they knew them and had visited the unit on occasions.

Good governance

- The unit had governance processes to manage quality and safety. The manager used these methods to give information to senior management in the organisation to monitor quality and safety of the unit. The manager demonstrated good and strong leadership of the team.

- We reviewed five personnel records and found that the provider followed good recruitment practice. The provider took up references, completed disclosure and disbaring service, completed occupational health checks and checked professional registrations.
- Staff received mandatory training and the manager had a clear system for monitoring compliance against set training targets.
- All staff received regular supervision. There was a monitoring system that recorded dates of supervision, which meant that the manager was able to ensure that supervision was taking place on time.
- Staff reported incidents that needed to be reported. The organisation encouraged staff to learn lessons from incidents, complaints and patients' feedback. Discussions about learning took place in handover, morning meetings and staff meetings.
- The unit had an identified safeguarding lead and there was good awareness of safeguarding procedures. Staff discussed safeguarding in multidisciplinary team meetings and clearly documented.
- Staff participated in clinical audits used to monitor the effectiveness of the service provided. They used the findings to identify and address changes needed to improve outcomes for patients. However, staff did not complete all audits listed on their audit programme.
- The unit had an MHA administrator that ensured staff had the right support to enable them to apply the MHA procedures correctly. Staff had a good awareness of the MHA and the MCA procedures. However, the organisation had not reviewed and updated MHA policies in line with the revised MHA Code of Practice and all staff were not trained in the revised Mental Health Act Code of Practice.
- The manager provided data on performance to the organisation's head office consistently. All information provided was analysed at unit, regional and national level to identify themes and trends. The information was used to improve the quality of service provided. The unit captured data on performance such as CPA reviews, patient surveys, staffing levels, staff sickness, restraints, incidents, complaints and safeguarding. The performance indicators were discussed at unit and regional clinical governance meetings that were held monthly and three monthly. The manager also met with

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the regional operations manager once every week to discuss performance. The manager and staff used the information to develop active plans on improving performance in any areas identified.

- The manager felt they were given the freedom to manage the unit and had administration staff to support the team. They also said that, where they had concerns, they could raise them. Where appropriate the concerns could be placed on the organisation's risk register.

Leadership, morale and staff engagement

- Staff sickness and absence rates were low in this team.
- There were no cases of bullying and harassment that we were made aware of at the time of this inspection.
- Staff knew how to whistleblow and told us they would feel confident in doing so if necessary.
- Staff felt confident to raise concerns with managers and that these concerns would be acted upon appropriately. We observed an open culture between staff and the manager.
- Staff told us morale was good and felt supported by managers. They described good team working and a strong culture of supporting each other.
- Opportunities for leadership development were available. Staff told us that the organisation supported career development. Two staff gave examples of how they had progressed within the organisation after one started as support worker and the other one an assistant psychologist.

- The team was cohesive and supportive of each other. Staff were respectful of each other's roles and we observed that all staff's contributions and views were valued.
- Staff were aware of duty of candour and were able to give us examples of having been open and honest when mistakes had been made, apologising for mistakes, and learning from them. Incidents were discussed every morning Monday to Friday in the morning meetings.
- Staff felt able to take ideas for improvement to their managers anytime and these would be openly discussed and taken into account if they benefit patients and the organisation.

Commitment to quality improvement and innovation

- The unit did not participate in Accreditation for Inpatient Mental Health Services (AIMS) for inpatient rehabilitation units from the Royal College of Psychiatrists.
- The unit is a member of Independent Neurorehabilitation Providers Alliance (INPA) and had participated in peer review. INPA is a group of independent specialist health and social care providers who shared the common goal of ensuring the delivery of excellent care in neurorehabilitation. It is also a member of United Kingdom Rehabilitation Outcomes Collaborative (UKROC), which had been set up through a Department of Health programme grant to develop a national database for collating case episodes for inpatient rehabilitation.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that care plans are person centred, have specific goals, patients' views on what matters to them and have detailed interventions on how staff should support patients.
- The provider must ensure that all MHA policies are reviewed and updated in line with the revised MHA Code of Practice and that all staff are trained in the revised Mental Health Act Code of Practice.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff participate in a wide range of clinical audits as listed in their audit schedule to fully monitor the effectiveness of the service provided.

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.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>The care plans lacked specific goals, patients' views on what matters to them and had no detailed interventions on how staff should support patients. We found that four care plans were generic and not person centred.</p> <p>This was a breach of Regulation 9(3)(a)</p>
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not update MHA policies in line with the new MHA Code of Practice and not all staff were trained in the new MHA Code of Practice.</p> <p>This was a breach of Regulation 17(2)(a)</p>