

Cambian - Churchill Hospital







Quality Report

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

Ratings

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

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

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

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 - Churchill Hospital as **good** because:

- Following our last inspection of the service, in December 2015, we told the provider they must make improvements to ensure the safety of patients. At this inspection, we found that the management team had effectively implemented changes and all health and social care regulations were met.
- Mirrors had been installed to enable staff to better monitor patients and ensure their safety. Managers met each morning to ensure that there was a safe staffing level on each ward and any safeguarding issues were promptly followed up.
- Staff skills in managing actual or potential violence had improved. There was a reduction in the incidence of staff restraint of patients. When staff did use restraint, or administer rapid tranquilisation, they kept full and accurate records. There were notices in place to advise informal patients of their rights.
- Lessons had been learnt from adverse incidents. The management team had introduced a new way of training staff to respond to medical emergencies using simulations. Staff told us this had increased their skills and given them more confidence to deal with such situations.
- The experienced and well-staffed multidisciplinary team on each ward provided recovery-focused treatment and care. Staff supported patients to improve their mental health and move on from the service to a community setting.
- Patients told us staff treated them with dignity and respect. They said staff involved them in planning their treatment and care. They had opportunities for work experience and to follow their interests.
- Patients said staff took the time to talk to them about their medicines. They told us they received helpful support from an advocate who assisted them in discussions about their care and treatment.
- Staff morale at the service was positive. Staff said they had received training which had enhanced their skills in relation to meeting the complex needs of patients.

However:

- Some patients were at risk of an opiate overdose. The service did not stock Naloxone for use in an emergency. Naloxone is a medicine that can temporarily reverse the effects of an opiate overdose, providing more time for an ambulance to arrive.
- Staff may not have all the equipment needed to respond effectively to a medical emergency. The provider did not have a pulse oximeter in the emergency response bags, which meant staff may not have been able to easily check a patient's pulse. Staff did not routinely check the contents of first aid kits to ensure that all of the appropriate items are in the kit and can be used when required.

Summary of findings

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Good



Cambian -Churchill Hospital

Services we looked at:

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

Summary of this inspection

Background to Cambian - Churchill Hospital

Cambian - Churchill Hospital is an independent hospital for 53 adult male patients provided by Cambian Healthcare Limited. The service is registered with the Care Quality Commission to provide the following regulated activities: assessment or medical treatment for persons detained under the Mental Health Act 1983, diagnostic and screening procedures and treatment of disease, disorder or injury. The service has a registered manager.

At the time of this inspection on 16 -17 May 2017, 53 patients were accommodated on three wards: Juniper ward, which has 17 beds, Maple ward, which has 18 beds, and Mulberry ward, which has 18 beds. All three wards have the same function and were fully occupied. Elm ward, which is a four bed unit, was closed to patients at the time of this inspection. Most patients at the service are detained under the provisions of the Mental Health Act. At the time of this inspection, there were 49 detained patients and four informal patients.

Patients using Cambian - Churchill Hospital have a primary diagnosis of mental illness such as schizophrenia, schizoaffective disorder, bipolar affective disorder or depression, and may have additional complex needs. These additional needs may include issues related to substance misuse, resistance to treatment and behaviour which challenges services. The service aims to provide recovery and rehabilitation to patients, through programmes led by occupational therapists and psychologists.

NHS commissioners from across the country refer patients to the service and the average length of stay is about 14 months. Most patients are admitted to the hospital from an NHS mental health in-patient ward. The service is classified as a locked rehabilitation service and all patients are subject to detention under the provisions of the Mental Health Act at the point of admission. Patients are discharged from the service to a variety of settings. The majority of patients move to a community setting such as supported living.

We previously inspected Cambian - Churchill Hospital in November 2015 when we rated the service as 'good' overall. At that time, we rated safe as 'requires improvement' and effective, caring, responsive and well-led as 'good'. At that inspection, we found that some legal requirements were not met. We issued three requirement notices for health and social care regulations in relation to staffing, safe care and treatment and safeguarding service users from abuse and improper treatment.

At this inspection, we checked whether the provider had taken effective action to improve the quality of the service. We confirmed that improvements had been made and legal requirements were met in relation to all health and social care regulations.

Our inspection team

The team that inspected the service comprised five CQC inspectors, a nurse, a psychiatrist and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, mental health services.

Summary of this inspection

Why we carried out this inspection

We undertook this inspection to find out whether the provider, Cambian Healthcare Limited, had made improvements to Cambian - Churchill Hospital since our last comprehensive inspection of the trust in December 2015.

When we last inspected Cambian - Churchill Hospital the trust in December 2015, we rated Cambian - Churchill Hospital as good overall. We rated the core service as requires improvement for Safe, good for Effective, good for Caring, good for Responsive and good for Well-led.

Following this inspection we told the provider, Cambian Healthcare Limited that it must take the following actions to improve Cambian – Churchill Hospital:

- The provider must ensure that a plan of works, with completion dates, is developed to respond to identified ligature risks. The provider must also take steps to reasonably mitigate the risks caused by unclear lines of sight on the wards.
- The provider must ensure that sufficient staffing levels are maintained to keep patients safe at all times.
- The provider must ensure that there are appropriate procedures to manage all safeguarding matters without any undue delay.
- The provider must take appropriate steps to ensure that appropriate lessons are learned following incidents, that learning is incorporated into practice and those robust systems and procedures are in place to verify this learning. The provider must also ensure that all incidents of restraint are properly recorded.
- The provider must ensure that after a patient has been administered rapid tranquilization they are reviewed by a doctor and that this review is recorded.
- The provider must ensure that information given to informal patients complies with the Mental Health Act

We also told the provider, Cambian Healthcare Trust, that it should take the following actions to improve:

- The provider should ensure that the use of bank and agency staff is continuously monitored and recorded.
- The provider should ensure all cleaning records are kept up to date.
- The provider should ensure that patients' records, risk assessments and care plans are appropriately updated following a safeguarding incident.
- The provider should ensure that care plans which state the opinion of patients only do so where the words recorded are an accurate representation of patients' views.
- The provider should ensure that all care plans demonstrate a clear focus on recovery.
- The provider should ensure that staff supervision records should accurately reflect the support given to a staff member and detail the issues discussed, rather than being generic.
- The provider should ensure that staff training records are up to date to make sure that all wards have sufficient numbers of adequately trained staff .
- The provider should ensure that blanket restrictions should only be imposed where they are necessary and proportionate and in response to an identified risk.
- The provider should ensure that staff interactions with patients are, wherever possible, communicative and demonstrably caring, not simply short in duration and task focused.

We issued Cambian Healthcare with three requirement notices that affected Cambian – Churchill Hospital. These related to:

- Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment
- Regulation 13 Health and Social Care Act (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 18 Health and Social Care Act (Regulated Activities) Regulations 2014 Staffing

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?

Summary of this inspection

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

This inspection was announced in advance. We gave the provider two months' notice of the inspection. Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients by means of comment cards.

During the inspection visit, the inspection team:

- checked at the quality of the environment on all three wards and observed how staff were caring for patients
- spoke with 15 patients who were using the service
- collected feedback from four patients using comment cards

- spoke with an independent advocate who supported patients at the service
- spoke with the registered manager and the managers for each of the wards
- spoke with 20 other staff members, including psychiatrists, nurses, support workers occupational therapists, psychologist and social worker
- attended and observed a multi-disciplinary meeting
- read 16 care and treatment records of patients
- checked the administration and management of medicines and emergency equipment on all three wards
- reviewed information in relation to incidents, the restraint of patients and safeguarding referrals
- read a range of policies, procedures and other documents relating to the operation of the service.

What people who use the service say

Patients told us they felt safe at the service. They said the service was clean and comfortable and was convenient for access to public transport and central London. Patients told us they enjoyed using the facilities at the service, such as the gym and music room. They said there was a range of meals on offer and they could choose what they ate.

Patients told us staff took the time to explain the purpose of the medicines they were prescribed. They said they had easy access to an advocate to support them in relation to financial and legal issues. Patients said that staff talked with them about their care and treatment.

Patients said that staff were considerate and polite towards them. They told us there was a wide range of activities available to them throughout the week. Patients said they knew how to make a complaint if they needed to and staff listened to their point of view.

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:

- Wards and clinic areas were clean and well- equipped.
- Staff had successfully implemented strategies to support patients when they were distressed. Incidents where staff had restrained patients had reduced and staff recorded such incidents in full.
- Staff thoroughly assessed any risks to patients and regularly reviewed and amended plans to manage the identified risks.
- The provider took effective action in response to serious incidents. The hospital manager deployed staff effectively across the service to meet patient needs.
- Staff managed and administered medicines in a safe way.
- The provider ensured staff received training to carry out their work appropriately.

However:

- Some patients, who may misuse substances, were at risk of an opiate overdose. There was not an emergency supply of Naloxone available for staff to administer if required. Naloxone is a medicine that can temporarily reverse the effects of an opiate overdose, providing more time for an ambulance to arrive.
- The provider did not have a pulse oximeter in the emergency response bags, which meant staff may not have all the equipment needed to respond effectively to a medical emergency.
- Staff did not routinely check the contents of first aid kits to ensure that all of the appropriate items are in the kit.

Good



Are services effective?

We rated we rated effective as **good** because:

- Experienced staff from the full range of mental health disciplines provided care and treatment to patients. On each ward patients had access to therapists to support them with their rehabilitation.
- Staff carried out thorough assessments of patient needs. They devised recovery focused care plans to support patients to move on from the service to a community setting.

Good



Summary of this inspection

- Staff were well-trained for their roles and provided care and treatment in accordance with best practice guidance.
- Staff monitored the physical health of patients and ensured patients received the care and treatment they needed for all their identified physical and mental health needs.
- Staff had a good understanding of the Mental Health Act and codes of practice.

Are services caring?

We rated we rated caring as **good** because:

- Patients told us staff treated them with dignity and respect.
- Staff had a good understanding of each patient's individual needs.
- Patients had good access to advocacy and used the advocate to assist them in expressing their views during ward rounds and in accessing welfare benefits.
- Staff involved patients and their relatives in planning and reviewing their care and treatment.
- Patients were very well-informed about their medicines. They told us staff spent time with them explaining the purpose of their medicines and the side-effects.

The hospital manager met with all the patients once a month and acted in response to patient feedback to improve the service.

Good



Are services responsive?

We rated we rated responsive as **good** because:

- The service worked effectively in partnership with commissioners to plan and implement the discharge of patients from the service.
- The service was large and spacious with a wide range of facilities and amenities, such as a gym and a music room.
- The service could meet the diverse needs of patients. A range of food was available and patients' individual dietary requirement could be met. Staff had made adjustments to meet the needs of patients with a disability.

Patients knew how to make a complaint. Complaints were thoroughly investigated and patients were given detailed feedback on the outcome of their complaint.

Good



Are services well-led?

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

Good



Summary of this inspection

- The service had a strong leadership team who met each day to review risks across the service and ensure the quality of the service.
- Staff were positive about working at the service and told us that the managers of the service were committed to improving the service.
- The managers of the service had good oversight of the service through regular audits, information on performance, and from meetings with staff and patients.

Detailed findings from this inspection

Mental Health Act responsibilities






- All staff had completed training in the Mental Health Act. We found that staff had an appropriate level of knowledge of the Mental Health Act. The service employed an administrator who audited patient care and treatment records to ensure the Mental Health Act and its Code of Practice were fully implemented at the service.
- The 16 patient care and treatment records we reviewed showed that staff gave patients information on their rights in accordance with legal requirements. The 36 medicines administration records checked had the appropriate treatment forms attached where applicable.
- Patients told us they had good access to Mental Health Act advocacy and legal representation.
- There were notices on display in ward areas which explained the rights of informal patients.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Training in the Mental Capacity Act was mandatory for nurses, psychiatrists and support workers. Take up of this training was 100%. The 24 staff we spoke with had an understanding of the key principles of the Act.
- There was evidence in patient files that staff asked patients for consent to treatment and undertook mental capacity assessments appropriately in relation to specific decisions.
- Patient care and treatment records showed that staff supported patients to make decisions. For example, staff arranged for a patient to meet with their relative and an advocate to support them in relation to decision making about a property.

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

- At the last inspection of the service in November 2015, we found that the provider had not ensured a safe ward environment. We told the provider to take action to mitigate the risks created by unclear lines of sight on the wards. At this inspection, we found that the provider had installed convex mirrors in ward corridors, which enabled staff to better observe patients and ensure they were safe.
- After the November 2015 inspection, the provider informed us that since Cambian - Churchill Hospital is a rehabilitation service, they did not plan to make the service completely ligature free, as patients would be moving out of the service to environments with standard fixtures and fittings. At this inspection, we reviewed the ligature risk assessment, dated August 2016, which detailed the ligature risks throughout the hospital and how they were mitigated. Risks were mainly mitigated through staff undertaking observation of patients assessed to be at risk of harm. Additionally, the hospital manager told us that patients who were known to be at high risk were not admitted to the hospital. Staff we spoke with were aware of the ligature risks and the management plans which were in place to reduce risks.
- There was appropriate equipment available for staff to use to check the health of patients. There were first aid

kits, blood pressure monitors, thermometers, scales, defibrillators and oxygen cylinders. Staff had access to alcohol and drug screening kits and hand-held metal detectors, which they used in accordance with individual patient risk management plans.

- Staff had ensured that all equipment had been checked and maintained in accordance with the manufacturer's instructions. Emergency response bags were also checked weekly and records kept. Bags were tag-sealed to prevent interference between checks. We noted that the list of equipment in the emergency response bags did not include a pulse oximeter. This may have meant that staff would have difficulty checking a patient's pulse in a medical emergency. We informed the hospital director of this at the inspection, and she advised that the provider was currently reviewing the contents of the emergency response bag.
- We also found that the contents of first aid kits were not routinely checked to ensure that all of the appropriate items were in the kit. There was a risk that staff may not be easily able to access appropriate first aid items when required.
- On each ward fire response equipment was securely stored for safety. It was checked and dated as required.
- The clinical rooms and examination rooms on each ward were clean and tidy. There were cleaning rotas in place and a deep clean of all rooms took place every four weeks. Records confirmed that there were monthly audits of infection control procedures. Handwashing facilities were available for staff.
- The provider ensured that staff carried personal alarms with them for use in an emergency.

Safe staffing

- At the last inspection, we found that although the provider had always maintained minimum staffing

Long stay/rehabilitation mental health wards for working age adults

Good 

levels, at times there were insufficient staff to keep people safe. This was particularly the case when staff had to undertake one to one observation of patients. We told the provider to take action to ensure there were always sufficient numbers of staff.

- At this inspection, we found that managers of the service had made improvements to ensure there were safe staffing levels across the three wards. We read notes of the meetings managers held each morning to clarify and address the demands on staff time on each ward. These showed that, managers made arrangements to ensure sufficient cover on the ward, for example, when staff had to leave the ward to escort patients to appointments outside the service.
- Since the last inspection, the provider had employed a staff member to coordinate the use of bank staff. Staff told us that they considered staff levels were now always safe and, when it was necessary, managers took immediate action to provide additional staff by moving staff from another ward or calling in additional bank staff. The service only used bank staff who were familiar with the service. Agency staff were not used.
- At the time of the inspection, there was one staff vacancy at the service for a night nurse, which was out to advertisement. All other posts were filled. The night nurse vacancy was covered by bank staff. Staff who worked at nights were expected to undertake a number of day shifts each month in order to ensure they were able to attend meetings and complete training. At night, each ward had one nurse and three support workers on duty. In addition, a senior staff nurse oversaw the whole hospital. During the day, each ward had a minimum of two nurses and three support workers. On each ward, during the day, a senior nurse and two senior support workers were included in these staff numbers.
- We read three recruitment records and confirmed that the provider had ensured all the appropriate pre-employment checks were carried out. Staff files contained references, records of the recruitment interview and confirmation that a disclosure and barring scheme criminal records check had taken place. In the case of nursing staff, the recruitment process included checks on the applicant's knowledge and understanding of mental health medicines.

- Staff and patients told us that activities and leave were only cancelled very rarely. Some patients told us they sometimes did not get their escorted leave at the time they wanted it and had to wait for it but then went out later the same day.
- Each ward had a consultant psychiatrist that worked there full time. Out of hours, nurses told us they were able to contact a psychiatrist for advice by telephone. We were told by the hospital manager that in an emergency a psychiatrist would be able to attend the hospital if required.
- Staff had the necessary training to support patients in a safe way. We saw information on the mandatory training rates achieved 4 May 2017. This confirmed that overall the rate was 78%. Training in key areas such as managing potential violence and safeguarding were at over 80%.

Assessing and managing risk to patients and staff

- In the six month period from 1 November 2016 to 30 April 2017, there were no serious incidents, instances of seclusion or long-term segregation at the service.
- At the last inspection in November 2015, we found that staff did not always keep sufficiently detailed records in relation to episodes of restraint. For example, staff had not always recorded the length of time the patient had been restrained or the physical health checks completed after a patient had received rapid tranquilisation.
- At this inspection, we found that staff had improved how they recorded their actions during and after the period of restraint. For example, in relation to an incident of restraint involving rapid tranquilisation in December 2016, there were detailed records on how the restraint was carried out and the checks staff had made on a patient's physical health after the incident. All the appropriate information was recorded in relation to how the patient was restrained and how the physical health of the patient was monitored.
- In the period 1 November 2016 - 24 May 2017 there were 18 incidents of restraint. One incident involved rapid tranquilisation and in no case was the patient in the prone position. Staff in the service had a good understanding of the provider's policies in relation to the use of physical restraint. They were positive about the training they had received since the last inspection in techniques to better understand patients' behaviour

Long stay/rehabilitation mental health wards for working age adults

Good 

and how to engage with patients in a way that reduced aggression and violence. During the inspection, we noted that staff interacted calmly with patients who were becoming distressed and took the time to explain the reasons for any restrictions that were in place. Patients told us that they felt safe on the wards and said that there was a code of conduct for patients. They said any issues between patients were discussed at community meetings and usually resolved.

- The hospital manager supplied us with information on the successful implementation of their strategy to reduce the use of restraint in the service. In 2016 there were 30 incidents of use of restraint, 20 of these were repeat restraints in relation to two patients. From 1 January 2017 to the inspection date on 16 May 2017 there were four restraints.
- The service assessed risks to patients and put in place plans to manage these risks. The hospital manager screened referrals to the hospital. The admission process did not proceed if there was information which indicated a high level of current risk in relation to self-harm or violence towards patients or staff. The provider employed nurses to carry out pre-admission assessments on patients before they came to the hospital. Information on the assessed risks and how these could be managed were discussed by the multi-disciplinary team.
- Staff used a recognised risk assessment tool to assist their professional judgements. Staff used the tool to assess and rate risks of self-harm, harm to others, self-neglect and victimisation. They used the tool daily and after incidents. The information about the level of risk was noted in patient records and on a white board in the staff office so that staff knew of any changes to risk. Staff told us there was good communication about risks within the multi-disciplinary team. They said this enabled them to effectively manage risks and make informed decisions, for example, about whether a patient should go on leave.
- At our previous inspection, we found that there was an inappropriate blanket restriction in place in relation to the use of the kitchens on the wards. At this inspection, we did not find any inappropriate blanket restrictions. Staff completed individualised assessments in relation to what, if any restrictions should be in place for each patient. Patient records showed that staff followed the provider's procedures in relation to observing patients, and undertaking room searches and body searches.
- At our previous inspection, we found that although staff had a good understanding of safeguarding issues, they did not always follow-up and record all safeguarding incidents. At this inspection, we found that staff had understood and fully implemented safeguarding procedures. There was a system in place to ensure prompt and effective action took place. The provider had ensured all safeguarding incidents were discussed at a daily meeting and promptly referred to the local authority safeguarding lead. The hospital manager kept a log of the actions undertaken by the service and the decisions and actions in relation to each incident.
- Patients received their medicines safely as prescribed. Pre-admission assessments included thorough accounts of patients' medicines regimes and allergies. Subsequent care plans included physical health care plans with references to historical medicines, possible side effects and risks of non-compliance.
- There were robust arrangements in place in relation to the storage and management of medicines. On each ward medicines were stored securely and at the correct temperature. The medicines administration charts we checked were fully and accurately completed.
- Night nurses completed medicines audits on a scheduled monthly basis. These audits included checks that staff had made accurate and full records on patient medicine administration record charts. Additionally, the night nurses audited stored medicines, checked fridge contents and fridge temperature monitoring, and confirmed the availability of the depot medicines which were due to be administered. There was a clear and up to date wall chart for staff to follow on the timetabling of patient's depot injections and blood tests.
- There were no controlled drugs in use during this inspection, but the facilities for storage, administration and recording were prepared and ready for immediate use.
- The service supported patients to manage their own medicines, when appropriate, as part of discharge planning arrangements. Some patients took responsibility for the storage of their medicines and administered their own medicines from blister-packs. In these circumstances, staff made additional risk management plans to ensure that the patient stored their medicines securely and took their medicines as prescribed.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Some patients, who may misuse substances, may have been at risk of an opiate overdose. The service did not have an emergency supply of Naloxone available. Naloxone is a medicine that can temporarily reverse the effects of an opiate overdose, providing more time for an ambulance to arrive.
- Patients could meet with any children who visited them at the service in a designated family room.

Track record on safety

- There had been no serious untoward incidents at the service in the 12 months prior to this inspection in May 2017. The provider had ensured a previous serious incident was robustly investigated with a report written by an external consultant. The investigation report and the provider's action plan in response to the recommendations of the report had been submitted to the coroner, commissioners and the CQC.
- As a result of the learning from this incident, the provider had improved the safety of patients at the service in several ways. For example, unannounced simulations of a sudden cardiac arrest were carried out on different shifts, including night shifts, so that staff could practice their life support skills. We read records of the outcome of these simulations. These included any further follow up actions and training for staff that was required. Other measures had been put in place to ensure staff on each shift knew their role in such a situation. Each shift now had a designated lead.
- At our previous inspection in November 2015, we found that the provider did not use the learning from serious incidents to make effective improvements to the service. At this inspection, we found that the provider had used the learning from the December 2015 serious incident to improve the service at Cambian –Churchill Hospital. Additionally, the provider had plans in place to roll out the learning and improvements to its other services.

Reporting incidents and learning from when things go wrong

- Staff used incident reporting processes appropriately. They were open with patients and relatives if there was an adverse incident. For example, staff had a clear

understanding of the procedure to be followed in the event of a medicines error, which included talking with the patient and notifying the patient's nearest relative if this was appropriate.

- Managers at the service had ensured staff learned from an incident when a patient had not received a depot injection on the day it was due. The error was identified the next day and rectified. The incident was discussed at staff meetings, and staff were informed about it by an email from the hospital manager.
- The hospital manager had sent a detailed briefing note to all staff in the service in April 2017 on the implementation of the action plan in relation to the December 2015 serious incident, which explained the changes that had been made to the service.
- Staff told us they had the opportunity to debrief after incidents during one to one meetings and in discussion with colleagues at staff meetings.

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

- Care and treatment records included assessments of patient needs, which staff completed promptly after the patient was admitted to the service. These assessments were comprehensive and included detailed information on the patient's background and social circumstances, their mental health history and details of their rehabilitation needs.
- An occupational therapist met with the patient on admission to the service to assess their daily living skills and clarify their interests. They then drew up a weekly activity schedule for the patient.
- The ward psychiatrist carried out a physical health examination of each patient on admission and staff developed a physical health care plan, which included relevant details of the patient's medical history and how the service would support the patient with their health. For example, one patient's health care plan explained how staff supported the patient in relation to the

Long stay/rehabilitation mental health wards for working age adults

Good 

management of their diabetes. In another instance, where a patient had a sleep disorder, staff had referred them to a sleep clinic. Staff were implementing the clinic's recommendations in relation to monitoring the patient's sleep pattern with the aim of developing a plan to improve the patient's sleep.

- Patients were assigned a keyworker who met with them each week and recorded their discussion with the patient about how the patient was feeling. Staff reviewed care plans were monthly and updated them as necessary.
- When patients were prescribed medicines that could impact on their physical health, the service monitored their health in accordance with National Institute for Clinical Excellence guidance. Staff arranged for patients who received a high dose of anti-psychotic medicine to have blood tests and tests in relation to heart health in accordance with National Institute for Clinical Excellence best practice protocols. Staff used a tool for measuring the side-effects of antipsychotic medicines on each patient at least yearly.
- Records showed that staff offered patients support to maintain a healthy body mass index and with smoking cessation. At the May 2017 community meeting, staff explained to patients the support available to them to give up smoking. This included giving patients a leaflet on giving up smoking whilst at Cambian – Churchill Hospital.
- Staff screened patients' health. Patient records included checks on blood pressure and pulse and complied with guidance on best practice. Patients told us they felt staff supported them with their health needs. A GP visited the service once a week and patients told us they could easily see the GP if they needed to.
- The 16 patient care and treatment records we read were accurate and up to date. Staff used paper records and information within the records was easy to find. Records were stored securely to protect patient confidentiality. The service organised monthly reviews and care programme approach reviews. Patients, carers, and commissioners of the service attended these meetings. Psychologists, occupational therapists and other members of the multidisciplinary team provided reports on the patient's care, treatment and progress towards discharge. These were discussed at the meeting

together with the patient's views on the situation. The meeting then made decisions on future plans for the patient in terms of their treatment, rehabilitation and discharge from the service.

- At the last inspection, we found that some care plans were not recovery focused. At this inspection, we found that overall the records in the service demonstrated a recovery focus, although some care plans did not have the recovery goals for the patient clearly set out.
- Patients told us they were supported by staff in relation to finding work and with education and training. Patient records confirmed this. As part of recovery planning and preparation for discharge, most patients undertook jobs within the hospital and received therapeutic earnings. For example, a patient went out to buy newspapers, whilst other patients worked in the kitchen or garden. Staff said this helped patients to develop the confidence and skills to seek training and work opportunities outside the hospital.

Best practice in treatment and care

- Psychiatrists prescribed medicines in accordance with national guidelines.
- The service provided a range of psychological therapies as recommended in national guidelines. Two qualified and two assistant psychologists worked across the service, there was no waiting list in operation and patients could access one to one sessions with a psychologist if they wished. Interventions available included cognitive behavioural therapy. Psychologists had set up a 'chat café' to meet with patients and explain to them how psychologists could support them.
- Staff ensured that patients registered with a local GP and, when necessary, saw the GP when they visited the service. Patient records showed that staff had supported patients to access appropriate specialist health care by ensuring the GP made the appropriate referrals and patients kept hospital appointments. Nursing staff said they used the on-call psychiatrist and the out of hours GP service for advice about patients' healthcare needs when this was necessary.
- Staff assessed patients' needs in relation to eating a healthy diet and maintaining an appropriate weight. Care records showed staff discussed these issues with

Long stay/rehabilitation mental health wards for working age adults

Good 

patients and worked with them to develop effective care plans. For example, we saw how staff were supporting a patient to reduce the amount of sugary drinks they consumed.

- The hospital manager had oversight of an audit schedule which ensured there were regular reviews of the standard of treatment and care at the service. Audits included checks on the cleanliness and maintenance of the wards and that staff were keeping patient records up to date. Managers ensured staff received feedback on the findings of audits and that actions took place to make any necessary improvements.

Skilled staff to deliver care

- Staff from a range of mental health disciplines provided care and treatment to patients. Patients on each ward received input from a therapy coordinator, psychiatrist, nurses and support workers. In addition, an occupational therapist, two psychologists and two psychology assistants provided support to patients in relation to their rehabilitation. An art therapist also provided sessions for patients.
- Staff at the service were appropriately qualified and were experienced in working with patients with complex needs in a rehabilitation unit. Staff could access internal and external training courses to develop their skills. For example, a psychologist told us they were able to attend seminars and conferences. Managers arranged continuous professional development training sessions on topics such as rapid tranquilisation. The same session was repeated three times in the course of a week to enable all staff to attend.
- Staff told us they received a comprehensive induction when they started to work at the service. All staff received an annual appraisal.
- Staff received the necessary specialist training to support them to work with patients who sometimes behaved in a way that challenged staff. Staff were very positive about the training they had received in management of actual or potential aggression. They told us that since this training was introduced to the service in August 2016, they were more confident about working with patients in a positive way. Staff said they felt they had learned to understand the patient's point

of view and how to communicate better with patients. They said they now had the skills to be able to talk with patients who were becoming stressed and calm the situations down.

- Records showed staff received one to one supervision every four to six weeks. The managers in the service kept records to ensure supervision took place regularly. Supervisors used standard templates to record supervision. For example, in the case of nurses, the template included information on the audits they had completed, the staff supervision they had carried out and any issues which had arisen in relation to patient care, safeguarding and team work. At the last inspection, in November 2015 we found that some supervision records were generic. At this inspection, we found that supervision records detailed the specific support the supervisor provided to the individual staff member.

Multi-disciplinary and inter-agency team work

- There were daily multidisciplinary meetings on each ward which included representatives from each discipline. We observed a multidisciplinary meeting on Maple ward. Staff discussed each patient's current risks, their progress, plans for the day and current health needs in depth. Staff worked well together and staff from all the different disciplines could give their feedback and contribute to team decision making. Any concerns about changes to patients' physical mental health were fully discussed and decisions made in relation to follow up. These meetings had a set agenda which included discussion and decision making in relation to the current risk management plans for each patient and any safeguarding issues. Additionally, there were handover meetings between staff twice daily. Staff from all disciplines reported that communication within the team was effective and they were able to work constructively with their colleagues to plan patient care and treatment.
- The service worked effectively with other organisations. The hospital manager updated commissioners of the service each month on the progress of the patients they were funding at the service.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Long stay/rehabilitation mental health wards for working age adults

Good 

- All staff had completed training in the Mental Health Act. We found that staff had an appropriate level of knowledge of the Mental Health Act. The service employed an administrator who audited patient care and treatment records to ensure the Mental Health Act and its Code of Practice were fully implemented at the service.
- The 16 patient care and treatment records we reviewed showed that staff gave patients information on their rights in accordance with legal requirements. The 36 medicines administration records checked had the appropriate treatment forms attached where applicable.
- Patients told us they had good access to Mental Health Act advocacy and legal representation.
- There were notices on display in ward areas which explained the rights of informal patients.

Good practice in applying the MCA

- Training in the Mental Capacity Act was mandatory for nurses, psychiatrists and support workers. Take up of this training was 100%. The 24 staff we spoke with had an understanding of the key principles of the Act.
- There was evidence in patient files that staff asked patients for consent to treatment and undertook mental capacity assessments appropriately in relation to specific decisions.
- Patient care and treatment records showed that staff supported patients to make decisions. For example, staff arranged for a patient to meet with their relative and an advocate to support them in relation to decision making about a property.

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

Good 

Kindness, dignity, respect and support

- On all three wards, we observed that staff had positive interactions with patients. We saw staff talking with patients in a polite and respectful way. Staff told us that

the training they had undertaken on the management of actual or potential aggression had helped them to better understand and support patients and to keep the atmosphere of the ward calm.

- Patients told us that staff treated them kindly and were approachable and friendly. Patients said that staff supported them to go out of the service on leave in the way they wished. We observed staff to be respectful and knock on patient doors before opening them.
- Staff had a good understanding of the individual needs of patients. For example, a nurse was able to explain the background of the patients they were responsible for, their current needs and risks, and the support they were receiving to move on from the service.

The involvement of people in the care they receive

- Patients told us they received helpful information when they started to use the service and staff had shown them round the building and facilities.
- Most patients told us they had been offered a copy of their care plan but said they did not want a copy. They said they had seen their care plan and had been asked to sign it. Patients told us they had regular meetings with the doctor and their named nurse to discuss their treatment and care.
- Patients were very well-informed about their medicines. They told us they talked about their medicines with staff who gave them written information about their medicines and the possible side effects. They said staff took the time to explain things to them and were patient with them. Patients said they could speak to a pharmacist about their medicines if they wished.
- Independent advocates visited the service three times a week. The advocates supported patients by attending ward rounds with them and assisted them in relation to financial and legal matters. An advocate told us that staff at the service actively promoted advocacy to the patients and understood the advocate's role in representing the views of patients. Patients told us that contact with the advocate was very helpful to them. They explained how the advocate had supported them in ward round discussions with the multidisciplinary team about medicines and leave. They said they had received good advice and support in relation to claiming welfare benefits.
- Patient care and treatment records showed staff involved the patient's family and carers in assessment

Long stay/rehabilitation mental health wards for working age adults

Good 

and care planning. Family members attended ward rounds and care programme approach meetings. The service held a carers evening every six months for carers to give their views of the service.

- The hospital manager held a monthly meeting with all patients. The notes of the May 2017 whole service community meeting showed the meeting was attended by 24 patients and 12 staff. There was a record of issues raised by patients at the previous meeting and the outcome. This showed the provider had acted to improve the experience of patients. For example, at the request of patients, the provider had purchased sandwich toasters for each ward. Additionally, the provider was aiming to improve ventilation in the wards through the provision of new windows, and a new type of window was on trial at the service. Planning meetings were also held on each ward at the start of the day which patients attended so that patients and staff were briefed on the planned activities for that day.

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

Good 

Access and discharge

- Commissioners from across the country referred patients to the service. Staff from the hospital went to assess eligible patients prior to admission and then discussed their assessment with the multidisciplinary team. Most patients were admitted to the service from an NHS mental health in-patient ward. If it was agreed that the patient should be admitted, staff informed the referrer and then made arrangements to ensure an effective transition of the patient to the service.
- The service worked closely with commissioners in relation to discharge planning. Staff updated commissioners on the progress of patients each month. Staff kept records of discharge planning discussions with commissioners which included timescales and action points. The average length of stay for patients at

the service was about 14 months. Patients are discharged from the service to a variety of settings. The majority of patients move to a community setting such as supported living.

- Patients had a good understanding of their individual discharge plan and the stages involved. For example, a patient who was due to move to a community setting told us staff were supporting them to prepare for this. Staff were assisting him in relation to budgeting and preparing meals. There were no delayed transfers of care.

The facilities promote recovery, comfort, dignity and confidentiality

- The service was large and spacious with a wide range of facilities and amenities, such as a gym and a music room. Patients had their own bedroom and bathroom. There was a garden which all patients could access at scheduled times. There was also an area for smoking. Patients were able to use a pay phone or cordless phone in their room if they needed privacy.
- Clinic rooms were well designed with the full range of equipment and examination couches.
- Patients said meals were of good quality and there was a choice of meals and a salad bar. They said they could make drinks and snacks in the ward kitchens. Fresh fruit was available for patients on the wards.
- Patients could personalise their rooms and had keys to lock them.
- Patients told us that they had an individual programme of rehabilitation activities which was developed with the psychologist and occupational therapist. These programmes reflected the needs and interests of patients. For example, some patients received support to develop life skills in terms of meal preparation, and household management. Patients were also supported to follow their interests. We observed a member of staff playing a game with a patient in accordance with their activity programme. In addition, there was a wide range of more general activities available at the service, including at the weekends. Activities included trips out, games and music sessions.

Meeting the needs of all people who use the service

Long stay/rehabilitation mental health wards for working age adults

Good 

- The service was level and spacious and accessible to wheelchair users or people with a physical disability. Staff told us about the steps they had taken to ensure that a patient who was partially sighted could orientate themselves more easily on the ward.
- Patients had access to a variety of leaflets on the wards. These covered information about the service, patient rights and the advocacy service. These were all in English. Staff told us that the current patient understood English. They said they could access a translation and interpretation service if necessary.
- Patients had access to a multi-faith prayer room and told us they could have meals which met their cultural dietary requirements. Patients could use their leave to attend religious services. In some cases, staff made arrangements for religious leaders to visit patients.

Listening to and learning from concerns and complaints

- Patients told us they understood the complaints process. They knew they could access an advocate to help them make a complaint. An advocate told us that staff were open with patients and responded promptly to complaints.
- There had been eleven complaints in the 12 months February 2016 – March 2017. Four of these had been upheld. We looked at a recent complaint and the response the patient received. The response letter sent to the patient was very detailed and explained the action the investigator had taken in response to the complaint.

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

Good 

Vision and values

- The provider's stated vision was, "to actively enable each and every one of the people in our care to achieve their personal best, however it is defined by them or for them."

- Staff told us they understood the provider's values. They described working with patients to promote their recovery and achieve the best possible mental health. Staff gave us examples of the work they had undertaken with individual patients to support them to move on from the service.
- Staff told us the hospital manager and the three heads of care who managed each ward worked effectively together to ensure the quality of the service. They said senior managers from Cambian had visited the service.

Good governance

- The hospital manager and heads of care met daily to review risks and staffing across the service. This ensured staff made the necessary follow up actions in relation to incidents and safeguarding issues. It also meant managers could adjust how staff were deployed across the service to ensure patients were safe. There were local monthly clinical governance meetings which reviewed any incidents which had occurred. Team meetings took place on each ward once a month. Staff said they felt able to raise any concerns they had and kept them informed about relevant issues.
- The provider ensured lessons were learnt and there was service improvement. The service was linked into the Cambian Healthcare Limited governance processes, which comprised local, regional and corporate governance forums. This enabled the provider to escalate concerns and promote information and learning across all of its services. For example, in response to an incident at Cambian Churchill hospital, the organisation had introduced simulation training across all of its services.
- The hospital manager had systems in place to check the quality of the service through patient record audits and reports on supervision and completion of training. They told us they had good administrative support. For example, there was a member of staff who assisted managers in relation to supporting and using bank staff.
- The provider had a set of key performance indicators and used these to assess the performance of the service and benchmark the service against similar services. The indicators covered incidents, staff training and support and outcomes for patients. Patient outcome data included details of the type of discharge location and length of stay.

Leadership, morale and staff engagement

Long stay/rehabilitation mental health wards for working age adults

Good



- Staff we spoke with told us their morale was good and they enjoyed working at the service. The sickness rate at the service in March 2017 was 5%. They said their managers provided them with support and acted on their suggestions about how to improve the service. The last staff survey data was from May 2016, 48 staff responded. Staff were positive about the service, with 94% staff stating Cambian - Churchill Hospital was a good place to work.
- Staff told us they were not concerned about raising any problems they had with their managers and were aware of the provider's whistleblowing procedure. They understood their responsibilities under the duty of candour and were honest with patients if something went wrong. The duty of candour is a legal requirement, which means providers must be open and transparent with patients about their care and treatment. Staff had spoken with a patient and apologised when there was a one day delay in them receiving a depot injection.

Commitment to quality improvement and innovation

- Juniper ward completed the Royal College of Psychiatrist's accreditation for mental health in-patient services scheme in 2014. This accreditation had lapsed in April 2017. The hospital manager told us the provider was reviewing how the service would seek accreditation in future.
- The service promoted work opportunities for patients. Staff wrote a report in February 2017, which looked in detail at the type of rehabilitation services offered to 136 patients using the service. This included detail of the outcomes for patients and the support provided to patients in relation to accessing education and work. This showed that over 90% accessed work opportunities whilst at the service, with these being mostly within the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that the equipment in the emergency response bags includes a pulse oximeter.
- The provider should ensure that the contents of first aid kits are routinely checked to ensure that all of the appropriate items are in the kit.
- The provider should ensure there is an emergency supply of Naloxone available. Naloxone is a medicine that can temporarily reverse the effects of an opiate overdose, providing more time for an ambulance to arrive. Some patients, who may misuse substances during leave from the service, may at risk of an opiate overdose.