

Cambian Cedars

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

Outstanding 

Are services safe?	Good 
Are services effective?	Outstanding 
Are services caring?	Good 
Are services responsive?	Outstanding 
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 Cedars as outstanding because:

- The hospital were creative and innovative in their approach to rehabilitating patients while following National Institute for Health and Care Excellence (NICE) guidelines. They were patient focused and they used strategies to enhance understanding and expression through individualised care planning. They used evidence based risk assessment models to inform clinical interventions and assist in treatment and risk management plans.
- The lead consultant psychiatrist for the hospital was involved in research aimed at reducing the use of medication and section. The psychiatrist actively worked with patients to reduce their medication and patients came off their medication and section during their stay, which was empowering and helped patients stay out of hospital.
- There was a strong commitment to developing the skills, competence and knowledge of all staff. There was strong emphasis on embedding learning and quality improvement. There was a thorough induction for new staff and a training programme was developed for all staff on communication and working with people with autism.
- All staff had regular, protected time for facilitated, in-depth reflection on clinical practice through supervision and reflective practice sessions. The aims were to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development.
- There was a schedule of audits that involved staff at all levels to help improve the quality of the service being offered and opportunities for developing staff.
- All new staff had a probation period, which could be extended if needed. The organisation supported new staff with a good induction programme and mandatory training. Those staff unable to fulfil the obligations of their role were dismissed.
- There was a good multi-disciplinary team (MDT) available to enhance the care and treatment for patients and support staff in working effectively with patients.
- The hospital promoted activity in a fun and therapeutic way to rehabilitate and help patients back in to the community. They supported healthy living through exercise and there was a range of indoor and outdoor activities that patients could access. The hospital supported individual projects with a view to developing small business enterprises.
- The vision and values of the hospital were embedded. There were clear team objectives, high levels of participation, commitment to excellence, and support for innovation.

Summary of findings

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Outstanding



Cambian Cedars

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Cambian Cedars

- Cambian Cedars provided a locked rehabilitation service for up to 24 men with a learning disability, who may be detained under the Mental Health Act 1983.
- The hospital provided services for people with mental health needs, learning disabilities, and problems with substance misuse.
- Regulated activities were assessment or medical treatment for persons detained under the Mental Health Act 1983, diagnostic and screening procedures, and treatment of disease, disorder, or injury.
- On the day of the visit, there were 23 patients. Eighteen patients were detained under the powers of the Mental Health Act, and three were subject to a Deprivation of Liberty authorisation. One patient was on section 17 leave as he prepared to move to a new placement.
- In August 2015 the hospital had appointed a new registered manager.
- Cambian Cedars philosophy was that everyone has a personal best.
- There have been two previous inspections at Cambian Cedars; the most recent being 21 May 2013.
- A Mental Health Act monitoring visit took place on 28 January 2015. We produced a report on this visit for the provider.

Our inspection team

Lead Inspector: Beth Houston

The team that inspected the Cambian Cedars comprised two CQC inspectors, one inspection assistant, one Mental Health Act reviewer, and one specialist advisor who was a psychologist who worked with patients who have a learning disability

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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all areas of the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service

Summary of this inspection

- spoke with three carers
- spoke with the head of care and the hospital manager
- spoke with one domestic and one kitchen staff
- spoke with one consultant psychiatrist, two nurses, one support worker, one social worker, one senior social worker, one occupational therapist, one forensic psychologist, one assistant psychologist and one speech and language therapist
- spoke with an independent advocate
- attended and observed a number of meetings including morning meetings and multi-disciplinary meetings
- looked at five care and treatment records of patients
- looked at three staff files and supervision records
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

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 hospital was clean and well maintained. Staff followed infection control processes. They assessed environmental risks and adequately mitigated these through action planning and intervention. Equipment was calibrated, equipment test certificates and copies were kept on file and updated annually.
- There were regular audits for medication reconciliation and where possible, patients administered their own medication safely, under varying degrees of staff supervision.
- All staff had individual alarms and the system for responding was effective. The hospital planned and responded to individual risks well, through good risk assessment and management.
- All staff were suitably trained to work with the patient group and there was a commitment to staff training and supervision.
- Staff produced incident reports and learning from these incidents were discussed at a range of staff meetings. Staff attended psychology facilitated reflection sessions twice a week. This helped staff look at how they might improve their practice following incidents.

Good



Are services effective?

We rated effective as **outstanding** because:

- Patients had a positive behavioural support plan to address behaviours that challenged. This was in line with NICE guidelines around challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. All patients had an “essential lifestyle plan”. This was a visual guide to the patient’s interests and wishes. Staff tailored the care plans to the communication needs of the individual patient.
- Staff involved patients in identifying their risky behaviours, triggers and how staff could support them to manage these effectively. Patient files had graphics that showed the frequency and types of challenging behaviours. This meant that staff could see if there were trends or changes in behaviours.

Outstanding



Summary of this inspection

- The hospital had an audit schedule for 2016 which included case tracking for quality, health and safety, infection control, information governance and medications audit. The hospital were committed to using the audit outcomes to help improve professional practice and patient outcomes.
- All staff had an induction programme, which included mandatory training for example, safeguarding and equality and diversity. Newly recruited staff completed their induction and management of actual and potential aggression training before they worked on the ward. Extra training was on offer, for example, learning disability specific training.
- The multi-disciplinary team (MDT) met daily and had a weekly review meeting. All staff including the MDT met for a daily morning meeting to plan the day ahead and look at any incidents from the previous day.
- Advent provided the Independent Mental Health Advocacy (IMHA) service for this client group. The advocate visited the ward every week, and was available to support patients in ward rounds and a range of meetings.

Are services caring?

We rated caring as **good** because:

- We observed that the staff had a good relationship with the patients and that patients were treated with dignity and respect. Patients appeared friendly, happy, and engaging. Staff were friendly towards patients and engaged with them in all of the areas of the hospital.
- We saw staff supported patients in their communication methods and engaged in situations, which helped them to improve their social skills.
- All patients admitted to the hospital received welcome packs and a local induction. There were transition visits before admission and the psychology team worked with new patients in planning their care during their stay.
- Families and carers helped develop patient care plans and attended meetings. The hospital had family days, the most recent in December 2015, where families were invited to discuss service improvements. Families and carers were also involved in developing patient care plans. Staff sent photos and videos to families and carers to keep them up to date with their progress and show them activities they took part in.
- Advocacy was available and we saw the advocate worked closely with patients in supporting their needs.

Good



Summary of this inspection

Are services responsive?

We rated responsive as **outstanding** because:

- There was a good admission process in place, which included an introductory period in advance of access. The hospital worked closely with commissioners and the safeguarding team in managing appropriate referrals and discharges to ensure patients were given the right care at the right time for them. Discharges were planned well and involved all stakeholders where appropriate.
- The hospital had a good range of activity rooms to support rehabilitation and discharge. For example, there was a well-equipped gym and bicycles for patients to use. There was an outside covered area for smokers. There was a poolroom, an outside basketball court and football nets so that patients could engage in physical activities inside and outside.
- There were regular trips out in to the community. The hospital encouraged pet therapy and they had a range of pets who visited the hospital.
- There was hospital transport in the form of a people carrier and the hospital had access to taxis when needed.
- There was a good range of choice for patients at meal times. Community meetings ensured patients contributed to meal choices and planning menus.
- There was disabled access to the hospital, there was a lift to access upstairs, and there were six rooms for patients on the ground floor with ensuite facilities. There were also two apartments, which were suitable for patients with disabilities.
- The hospital had a prayer room that was accessible to staff and patients. There was a list of local spiritual and religious organisations and a timetable of religious events.
- There was a weekly community meeting for patients to talk about their plans for the weekend and discuss any issues they wished to raise with staff. Minutes of these meetings were available to patients and there was a 'you said, we did' board to remind patients of what changes had been made because of their comments.

Outstanding



Are services well-led?

We rated well-led as good because:

- We saw the vision and values of the hospital displayed on the walls as murals. There were posters and leaflets and staff wore t-shirts with the values printed. The vision for individual

Good



Summary of this inspection

patients was clear and staff supported this through the rehabilitative approach to the patient group. Each new patient attended a group to work on their objectives and for rehabilitation and discharge.

- Staff had mandatory training and specific programmes to support them working with the patient group. There was regular supervision and performance management in operation.
- The newly appointed hospital manager promoted an atmosphere of transparency and candour. Staff we spoke with said there had been positive improvements since the new manager started. Staff knew the whistleblowing policy and there had been incidences where they had contacted CQC with concerns. The hospital responded to the concerns and took steps to investigate and take action where appropriate.

Detailed findings from this inspection

Mental Health Act responsibilities

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

We looked at a sample of five staff training records and found that two of the staff had completed their annual mandatory training in the Mental Health Act; the three

other records did not have MHA training indicated. We spoke with four other members of staff, registered nurses and support workers. All of them told us that they had completed MHA training. The hospital had a Mental Health Act administrator and staff we spoke with showed a good knowledge and understanding of the Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- On the day of the visit, there were 23 patients and three were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation.
- We looked at a sample of five staff training records and found that two of the staff had completed their annual mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS); the three other records did not have MCA and DoLS training indicated. We spoke with four other members of staff, registered nurses and support workers, all of them told us that they had completed MCA and DoLS training.
- The staff we spoke with showed a good knowledge and understanding of the principles of the Act. We saw in

patient documentation that patients were supported in making decisions, and saw that staff recognised the importance of patient wishes, feelings, culture, and history.

- Best interests meetings were held and this had been documented in patient care records and was decision-specific. Patients had access to advocates to support them in this process.
- Staff knew how to get advice regarding MCA and valued the support they received from senior staff in ensuring adherence to the MCA.

Overview of ratings






Our ratings for this location are:

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

Notes



Wards for people with learning disabilities or autism

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

Summary of findings

We rated Cambian Cedars as outstanding because:

- The hospital were creative and innovative in their approach to rehabilitating patients while following National Institute for Health and Care Excellence (NICE) guidelines. They were patient focused and they used strategies to enhance understanding and expression through individualised care planning. They used evidence based risk assessment models to inform clinical interventions and assist in treatment and risk management plans.
- The lead consultant psychiatrist for the hospital was involved in research aimed at reducing the use of medication and section and actively worked with patients to reduce their medication and we saw patients come off their section.
- There was an audit schedule, that involved staff at all levels to help improve the quality of the service being offered and opportunities for developing staff.
- There was a strong commitment to developing the skills, competence and knowledge of all staff. There was strong emphasis on embedding learning and quality improvement throughout. There was a thorough induction for new staff and a training programme was developed for all staff on communication and working with people with autism.
- All staff had regular, protected time for facilitated, in-depth reflection on clinical practice through supervision and reflective practice sessions. The

aims was to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development.

- All new staff had a probation period, which could be extended if needed. The organisation supported new staff with a good induction programme and mandatory training. Those staff unable to fulfil the obligations of their role were dismissed.
- There was a good multi-disciplinary team (MDT) available to enhance the care and treatment for patients and support staff in working effectively with patients.
- The hospital promoted activity in a fun and therapeutic way to rehabilitate and help patients back in to the community. They supported healthy living through exercise and there was a range of indoor and outdoor activities that patients could access.
- The vision and values of the hospital were displayed on the walls as murals, posters and leaflets. Staff wore t-shirts with the values printed on them. Each new patient attended a group to work on their objectives, plans for rehabilitation, and discharge.
- The hospital manager told us that they promoted an atmosphere of transparency and candour. Staff we spoke with said there had been positive improvements since the new manager started. The hospital responded to the concerns and took steps to investigate and take action where appropriate.



Wards for people with learning disabilities or autism

Are wards for people with learning disabilities or autism safe?

Good



Safe and clean environment

- The hospital was clean and well maintained. There were two cleaners; one upstairs, and one downstairs and they worked Monday to Friday. The health care assistants cleaned at weekends. There was a cleaning schedule but it was not always completed. The domestic staff were involved in relevant aspects of the hospital's training and meetings, for example, safeguarding and management of actual and potential aggression (MAPA) training.
- The hospital identified a number of environmental risks using an assessment and ligature audit tool. We saw a related audit document dated 3 March 2016, which showed risks were adequately mitigated through action planning. For example, the hospital identified internal doors into ensuite area presented a risk of ligature. They removed the risk by moving 50mm from the top of the door and individual risk assessments applied where necessary.
- The hospital had a visitor's policy and there was a visitor's room in the reception area of the hospital for people to visit patients. Children were permitted to visit if assessed as appropriate. Any restrictions to visitors were carefully scrutinised by the multi-disciplinary team and other people involved in the patients care. We looked at the Cambian policy on searching patients, their rooms and their property and saw this was followed.
- We saw a comprehensive fire risk assessment and action plan dated March 2016. The hospital had identified when they were not compliant with a standard and the action they had planned to take to remedy this.
- Clinic rooms were clean and well equipped. For example, couch downstairs, weighing scales, emergency bags checked and secured (safe seal) checking system in place and signed off.
- There was an infection control audit and infection control schedules.
- There were calibration and equipment test certificates and copies were kept on file and updated annually.
- Fridges were clean and temperatures were checked.
- Most patients were self-medicating and there was a policy to support this. We observed three patients given medication and saw regular audits for medication reconciliation. Any discrepancies were reported to the head of care. Pharmacists were requested to do further audits as and when required.
- Patients had access to a phone room, which was left unlocked. Patients preferred to use their mobile phones, which they could use whenever they wished.
- Patients could access the kitchens supervised. The kitchens were locked when not in use. There were signing in and out checklists for sharps to maintain patient safety. Patients had 24 hour access to refreshments and there was a cafe style kitchen accessible for snacks throughout the day.
- There was a workshop for patients who were interested in nitro cars, which are fuel powered model cars. The fuel for nitro cars was kept locked away in a separate area and the workshop was locked when not in use.
- Staff had alarms on their person. We observed the hospital alarms being used and promptly and appropriately responded to.

Safe staffing

- All outstanding vacancies had been recruited to; however, one qualified staff was awaiting their disclosure and barring checks before a start date could be issued. Two support workers were recently recruited. One was due to start the week following our inspection and the other had references outstanding.
- Rotas and records showed that staffing levels were good and it was unusual if there were less than two registered nurses on site. The hospital used staff from other sites when needed to ensure safe staffing. They also had a bank staff system. This meant that they had a regular staff group to call upon to cover sick leave for example.
- We looked at the hospital records around staff absence for January, February, and March 2016, which ranged from 3% to 6%. Staff told us that they did not cancel leave or activities wherever possible when short staffed.



Wards for people with learning disabilities or autism

- Daytime staffing levels consisted of two registered nurses and seven support workers. At night, there were two registered nurses and five support workers. There was an additional registered nurse on the day of the visit because one patient was on enhanced observation levels.
- The multi-disciplinary team (MDT) included a consultant psychiatrist; specialty doctor; psychologist; assistant psychologist; occupational therapist (OT) and occupational therapy assistants (OTA) as well as speech and language therapist (SALT). This meant that all patients had the benefit of a range of expert advice for high quality care.
- The hospital had a hospital manager based on site from Monday to Friday. Senior members of staff were on a duty rota for out of hours services, including medical cover at weekends.
- The hospital had a consultant psychiatrist and other medical staff, including an on call out of hour's duty clinician. The hospital worked closely with the local medical practice to support patients with their physical health needs.

Assessing and managing risk to patients and staff

- All staff had training in use of management of actual and potential aggression (MAPA). This meant there was a focus on using de-escalation techniques and we were told that this had helped reduce the number of restraints. The hospital did not use face down (prone) restraint unless it was care planned. There were no recorded prone restraints.
- The hospital were keen to move patients off their section under the Mental Health Act and had done so recently on three occasions. We saw patients move freely in and out of the hospital where they were informal.
- We saw in files that patients were clearly involved in identifying risky behaviours, triggers and how staff can manage these risks effectively.
- There was one ongoing safeguarding concern and we saw the patient being managed well to ensure his safety. For example, the hospital had identified that the patient was better placed in a separate flat for his own well-being. The patient was happy with the interim arrangement and could access the rest of the hospital.

Track record on safety

- The hospital manager told us that following incidents that comprised the safety of others, they had transferred a number of patients to a more secure setting if were assessed as a significant risk and were assessed as being inappropriate for the service.

Reporting incidents and learning from when things go wrong

- Staff completed incident reports when required. In February 2016, there were 11 patients on staff incidents recorded. Learning from these incidents were discussed at clinical governance meetings, morning meetings and handovers. Emails were also sent to staff to keep them up to date with any learning from incidents.
- Patient files had copies of incident reports and risk assessments reflected these incidents. There were related risk management plans and they were reviewed regularly. Patient files also had graphics that showed the frequency and types of challenging behaviours. This meant that staff could see if there were trends or changes in behaviours.
- Debriefs were held twice a week and daily handovers took place to share concerns and lessons learned.
- Staff attended facilitated reflection sessions twice a week. This helped staff look at how they might improve their practice following incidents.

Are wards for people with learning disabilities or autism effective? (for example, treatment is effective)

Outstanding



Assessment of needs and planning of care

- The care planning system consisted of two parts: a version for professionals and an "easy read" version tailored to the communication needs of the individual patient. All four of the care plans we looked at were highly individualised. These plans included the views of each patient, often in their own words. Patients also had a positive behavioural support plan to address behaviours that challenge.
- All of the files we looked at included an "essential lifestyle plan". This was a visual guide to the patient's



Wards for people with learning disabilities or autism

interests and wishes. It included their likes and dislikes, their communication preferences, and other significant information, created in partnership with the patient. The plans followed National Institute for Health and Care Excellence (NICE) guidelines in providing a clear schedule of reinforcement of desired behaviour.

- Cambian used the Short-term Assessment of Risk and Treatability (START) risk assessment model. This is a concise clinical guide for the dynamic assessment of short-term risk and intended to inform clinical interventions and assist in treatment and risk management plans. The system included a daily traffic light coded risk assessment and a risk summary every three months.

Best practice in treatment and care

- A consultant psychiatrist, who worked closely with staff at all levels, led the hospital. They followed National Institute for Health and Care Excellence (NICE) guidelines; challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges and other clinical guidelines. They had a therapeutic and rehabilitative approach to their recovery-based practice.
- The hospital approach was to take patients off their medication and section under the Mental Health Act (MHA) where possible. The consultant psychiatrist at the hospital was involved in a research project which aimed to reduce the use of medication and section. Historically, there was little understanding of the patient group and patients would have been heavily medicated in large numbers. More recently, through research advancements and following up to date NICE guidelines has meant teaching patients different ways in managing difficulties and dealing with challenging behaviours. The hospital accepted that some patients would benefit from staying on medication indefinitely or longer term.
- Medicines management reconciliation and audit was completed weekly for each patient. We saw emails to staff to ensure this had been done and reminders sent.
- The hospital had an audit schedule for 2016 which included case tracking for quality, health and safety, infection control, information governance and medications audit. Each audit had a due date for completion, the person responsible for carrying it out,

and each audit was reviewed at the hospital's clinical governance meetings. One nurse said she was involved in a number of audits, for example, hand washing and care planning.

- Local health services managed physical healthcare and nurses managed mental health. In three and half years, the out of hour's service had never been used.

Skilled staff to deliver care

- There was a strong commitment to developing the skills, competence and knowledge of all staff. Staff were supported in acquiring new skills through mandatory training and additional training. They attended twice weekly reflective practice sessions to share best practice.
- All staff had regular supervision. During supervision, there were standard policy agenda topics for discussion, for example, lateness and how it would be managed.
- The speech and language therapist and the hospital manager developed a training programme for all staff on communication and working with people with autism. They also used case scenarios with staff to develop skills and dealing with difficulties.
- Newly recruited staff were inducted and MAPA trained before they came on to ward. Extra training was offered, for example, learning disability specific training.
- Intermediate life support and defibrillator training was mandatory for all staff. There were annual updates and six monthly defibrillator refreshers for all staff to maintain their skills. All staff had an induction programme, which included mandatory training for example, safeguarding and equality and diversity.

Multi-disciplinary and inter-agency team work

- The multi-disciplinary team were relatively new. Four of the team had commenced employment within the last six months and were still on probation. All staff had a six month probation period. Some staff have had their probation period extended and some had been dismissed if they had not fulfilled the obligations required by the role.
- The multi-disciplinary team (MDT) met daily and had a weekly review meeting. We saw emails addressed to nurses and the MDT about any patient issues or changes to rotas etc. However, management expected staff to look at their emails during their breaks. Staff told us that communication could be improved between MDT and front line staff.



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- All staff, including the MDT met daily to plan the day ahead and looked at any incidents from the previous day.
- The hospital manager spoke to us about working closely with commissioners, for example, to ensure the right referrals are made to the hospital, local general practitioners and police liaison to joint work with patients in their care and other Cambian services to share resources and improve.

Adherence to the MHA and the MHA Code of Practice

- The legal paperwork met the requirements for detention under the Mental Health Act (MHA). In one case, the Approved Mental Health Professional (AMHP) report was missing. The MHA Administrator had attempted to obtain a copy without success. There was an effective scrutiny system for the receipt of MHA documents. The MHA Administrator told us about the support they received from colleagues in similar roles across the organisation. However, it was not clear how the service carried out scrutiny of medical recommendations.
- All section 17 leave was properly authorised on a standard form. The terms and conditions of leave, including the number of escorts, and any restrictions, were clearly set out. The form recorded that patients had received a copy. Where necessary, patient's records included a letter from the Ministry of Justice authorising their section 17 leave. During our visit, several patients made use of their leave. We saw no evidence of section 17 leave being cancelled.
- All patients' records included a photograph to help police identify patients if they absconded from the ward. In the records we looked at, patients had signed a permission slip to agree to this use of their photograph.
- The MDT, at the time of inspection were considering the use of a Community Treatment Order (CTO) in the case of two patients. This means that patients will have supervised treatment when they leave hospital and can be brought back to hospital if needed. We looked at the records of one of these patients, which included a detailed discussion of the rationale for the CTO.
- Advent provided the Independent Mental Health Advocacy (IMHA) service for this client group. The advocate visited the ward every week, and was available to support patients in ward rounds and at Care

Programme Approach (CPA) meetings. They also attended Tribunals if the patient wanted this. All of the patients' records showed they had been referred to the IMHA.

- The IMHA attended the unit to support patients during our visit. They showed good knowledge of the needs of this client group and had built strong working relationships with patients and staff.
- Staff supported patients to appeal to the Tribunal and Managers' Hearings. They also arranged for the IMHA and solicitors to support patients appealing against detention.

Good practice in applying the MCA

- On the day of the visit, there were 23 patients and three were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation.
- We looked at five staff training records and found that two of the staff had completed their annual mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS); the three other records did not have MCA and DoLS training indicated. We spoke with four other members of staff, qualified and non-qualified, all of them told us that they had completed MCA and DoLS training.
- The staff we spoke with showed a good knowledge and understanding of the principles of the Act. We saw in patient documentation that patients were supported in making decisions, and that staff recognised the importance of patient wishes, feelings, culture, and history.
- Best interests meetings were held, this was decision – specific and documented in patient care records.
- Staff knew how to get advice regarding MCA and valued the support they received from senior staff in ensuring adherence to the MCA.

Are wards for people with learning disabilities or autism caring?

Good



Kindness, dignity, respect and support



Wards for people with learning disabilities or autism

- We observed that the doctor had a good relationship with the patients. The patients were asking questions and the doctor engaged with them about their concerns inside and outside formal clinic appointments.
- Staff told us that the good thing about working at the hospital was seeing the progress of patients. When we asked what brought people to work, one staff told us it was working with the patients.
- We saw relaxed relationships between staff and patients. We saw them engaging with staff at all levels. Patients appeared friendly, happy, and engaging. Staff were friendly towards patients and engaged with them in all of the areas of the hospital.
- Staff from all disciplines were patient focussed, including kitchen and domestic staff who were invited to attend morning meetings and training where appropriate.
- Patients were treated with dignity and respect. Staff asked patient's permission to access their personal space and rooms.
- Patients were supported in their communication methods and in engaging in social situations to improve their social skills.
- Information about activities was in pictorial form for patients to clearly see what activities were on offer and at what time. For example, an activity picture would have a clock face instead of numbers to indicate the time of the activity. All patients could access this format.
- Staff told us, and we saw, that patients could personalise their bedrooms, and were involved in choosing the décor of the ward.
- The hospital manager told us they were looking to involve patients in the recruitment and interviewing of new staff.
- All patients were actively involved in the development of their essential lifestyle plans. The plans were easy to read, highlighting their likes and dislikes, they were pictorial and included everyone involved in the patient's care and treatment.
- Advocacy was available to all patients three days a week. We saw the advocate worked closely with patients in supporting their needs.
- There was a 'you said, we did', wall that showed that patients had requested a pool table. There was a new poolroom in the hospital following the patients' request.
- Weekly community meetings took place and minutes kept in a folder for everyone to access but they were not in an easy to read form.

Are wards for people with learning disabilities or autism responsive to people's needs?
(for example, to feedback?)

Outstanding



The involvement of people in the care they receive

- All patients admitted to the hospital received welcome packs and a local induction. There were transition visits before admission and the psychology team worked with new patients in planning their care during their stay.
- Patients participated in their care planning and were offered copies. When they refused copies of their care plans, this was documented in their notes. Patients had the choice whether to have their notes in their room.
- Carers were involved in patient care, invited to meetings, sent photos and video updates. The hospital had family days, the most recent in December 2015, where families were invited to discuss service improvements. Families and carers were also involved in developing patient care plans.

Access and discharge

- The hospital were clear about the criteria for patients and they worked closely with commissioners to ensure those patients assessed as unsuitable were referred somewhere better suited to their needs.
- During transition periods, they did not admit to a bed until a patient was formally discharged. The hospital held a bed for up to six weeks following discharge. This was an agreement with the local commissioning team.
- The hospital worked closely with commissioners and the safeguarding team to identify an alternative for a patient with behavioural issues. We saw good plans in place to manage discharges and transfers and there was



Wards for people with learning disabilities or autism

one patient awaiting discharge from Cambian Cedars to another service due to behaviour issues. We saw that they worked well with other services to aid smooth transition.

- The hospital had one patient awaiting admission. There was a good admission process in place, which included an introductory period before admission.
- On admission, patients completed “Moving on plans”. These plans depicted the patient’s journey from admission to discharge in visual form. These too reflected the needs and wishes of the individual patient. Two patients were able to tell us about their discharge plans.
- We observed an orientation and discharge planning group facilitated by the psychology assistants. This group focussed on who worked at the hospital, who was involved in the patient’s individual care, using accessible formats to orient the patients to the service and to consider process to recovery and discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had a wide range of activities and activity spaces. For example, a well-equipped gym, a number of bicycles and a café for patients to use.
- Staff actively supported patients with their hobbies. A room in the hospital had been made into a workshop for a patient who was interested in nitro cars, which are fuel powered model cars. This interested other patients and the hospital manager was helping one patient seek assistance to establish a small business in working with nitro cars. The hospital manager had also put forward a business case to the organisation to develop a vocational suite in an unused building attached to the hospital.
- Patients had access to an outside smoking area, and there was always a member of staff in to ensure patient safety. There was an outside covered area for smokers too.
- There were many posters on the walls throughout the hospital promoting healthier lifestyles, for example, healthy eating, and smoking cessation.
- The hospital had a number of activities that patients could engage in, for example, there were regular trips out in to the community, and we saw photos of a recent trip to the local fire station and Drayton Manor. The

hospital encouraged pet therapy and they had a range of pets who visited the hospital. We saw a number of photos in the form of a collage of patients with a wide range of pets that they had spent time with in the hospital.

- There was a poolroom, an outside basketball court and football nets so that patients could engage in physical activities inside and outside.
- We observed an art class facilitated by the occupational therapy assistant, four patients attended, attendance was optional. Weekend activities were informal and agreed at Friday community meeting by the patients and staff.

Meeting the needs of all people who use the service

- Staff knew their patients well, they understood when patient’s might have important events coming up, for example, a significant event might trigger unpleasant emotions and we saw that staff support patients with this in mind to prevent increased unpleasant reactions.
- There were a number staff qualified to drive people carrier and the head of care told us that they usually had a driver on each shift throughout the week. Staff could also access taxis to take patients on leave.
- All staff, including kitchen staff were invited to morning meetings. There was a good range of choice for patients at meal times. There was always a halal option. Diabetes was considered when planning and preparing meals. Community meetings ensured patients contributed to meal choices and planning menus.
- Patients with disabilities could access the hospital using a ramp. There was a lift to go upstairs, and there were six rooms for patients on the ground floor with ensuite facilities. Patients could also use two apartments on the ground floor.
- The hospital had a prayer room. Staff supported patients in accessing local spiritual and religious organisations and there was a timetable of religious events.
- We saw a group of patients go on a trip to a local restaurant, which staff used as an opportunity to engage them in an activity to improve their social skills. Staff supported requests for additional activities when possible.



Wards for people with learning disabilities or autism

Listening to and learning from concerns and complaints

- Patients were encouraged to raise concerns and make recommendations for improvements. There were comments boxes on display but staff told us patients were more likely to speak with staff directly about concerns or recommendations for improvements.
- There was a 'you said, we did' board in the common area highlighting what patient requests were and what the hospital did about these requests.
- Patients attended a weekly community meeting to talk about their plans for the weekend and discuss any issues they wish to raise with staff. Minutes of these meetings were available to patients. However, these minutes were not in an "easy read" format. Staff told us they would use the whiteboard to highlight the main points of the meetings and update with action points.

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

Good



Vision and values

- The vision and values of the hospital were displayed on the walls as murals. There were posters and leaflets and staff wore dark polo shirts with the values printed as a logo at the top of the sleeves.
- The hospital manager, head of care and staff told us they felt the values were embedded through the work with the patients. We could see that patients were encouraged to achieve their own personal best. For example, there was a strong focus on vocational development and we saw a patient with a love for nitro-cars had their own workshop.

Good governance

- The hospital had local governance structures in place and policies to manage the service. Staff attended monthly clinical governance meetings which involved Cambian Elms and Cedars. The outcome of those monthly meetings fed into the regional clinical governance meetings that all Cambian sites attend. Learning from these meetings were shared at the local governance meetings.

- Staff had received mandatory training and specific programmes to support them working with the patient group.
- Staff were appraised and supervised regularly and reflection groups facilitated by psychology were available to help staff reflect, learn and develop.
- The hospital had an established bank staff and called on substantive staff to fill any absences in the first instance. One nurse told us that they would step in to cover a support worker if needed to avoid cancelling any patient activities.
- The head of care told us that where appropriate staff would participate in audits. We saw an audit schedule and a number of audits that had taken place.
- The hospital manager told us that they promoted an atmosphere of transparency and candour. He did this by following policy, for example, in managing conduct or sickness and absence and communicating openly with staff regularly about any issues or concerns. We saw records of this happening with staff during supervision.

Leadership, morale and staff engagement

- The hospital had made positive changes since the registration of the newly appointed registered manager. Staff told us they were happy with the improvements. We saw regular supervision and performance management in operation.
- Cambian Cedars worked closely with Cambian Elms (the local hospital for women), in sharing resources and good practice. Staff were part of the Cambian Group in sharing best practice as a good way to improve performance by replicating successes throughout the organisation.
- The hospital manager told us that they were keen to promote an atmosphere of openness and fairness. They did this through ensuring that policies and processes were followed consistently. Staff we spoke with said there had been positive improvements since the new manager started.
- Staff knew the whistleblowing policy and there had been incidences where staff had contacted CQC with concerns. The hospital responded to the concerns and took steps to investigate and take action where appropriate.



Wards for people with learning disabilities or autism

- All staff spoken with felt able to raise concerns and told us that they were treated fairly. Staff also told us that they were included in decision-making and could contribute to service improvements. For example, the speech and language therapist worked alongside the hospital manager in developing a training programme for staff to improve their skills when working with people with autism.
- All staff spoken with told us that they were happy in their role, they felt empowered to carry out their duties effectively and that they had a good relationship with senior members of the team.
- One member of staff had left and returned to work at the hospital since under new management. This worker has since been promoted to a more senior post and was encouraged to apply for nurse training in the future, which the hospital would support.

Outstanding practice and areas for improvement

Outstanding practice

- The hospital held an orientation and discharge planning group, facilitated by the psychology assistants. This group focussed on who worked at the hospital, who was involved in the patient's individual care, using accessible formats to orientate the patients to the service and to consider process for recovery and discharge. This meant that patients understood the roles of the staff who worked at the hospital, how this supported their individual recovery plans and to consider an end goal of rehabilitation and discharge.
- The hospital focussed on recovery through meaningful occupation. We saw the hospital had converted a space as a workshop for a patient to develop a small business enterprise in nitro-car maintenance. This meant that some patients could rehabilitate through training and could continue their small enterprise following discharge.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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