

**Good** **Cambridgeshire and Peterborough NHS Foundation  
Trust**

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

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RT113	Fulbourn Hospital	Mulberry 3	CB21 5EF
RT1JJ	The Cavell Centre	Oak 4	PE3 9GZ

This report describes our judgement of the quality of care provided within this core service by Cambridgeshire and Peterborough NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

# Summary of findings

Where applicable, we have reported on each core service provided by Cambridgeshire and Peterborough NHS Foundation Trust and these are brought together to inform our overall judgement of Cambridgeshire and Peterborough NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

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 / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We gave an overall rating for long stay/rehabilitation mental health wards for working age adults of good because:

- Patients we spoke with were very positive about the wards and the care they received from staff and told us they were involved in their care, were listened to and treated with kindness and respect.
- Staff morale was high with staff positive about the leadership of both the trust and their line managers. There were good systems in place to monitor staff performance and the productivity of the ward.
- There was good management of risk, learning from incidents and complaints. Staff shortfalls were

managed safely with an active recruitment programme for staff vacancies. Staff were up to date with mandatory training and were able to undertake further training; for example, four nurses had trained in tissue viability and wound management.

- Patients had a full range of activities.

However:

- There was a general lack of psychology input which meant staff did not always have sufficient input to help them manage more complex and challenging patients.
- Oak 4 did not have a dedicated low stimulus/de-escalation area.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as good because:

- There was a safe and clean ward environment.
- There was safe staffing with substantive staff shortfalls mitigated by use of regular bank staff. Vacancies were being recruited to.
- There was good assessment and management of risk.
- There was evidence of learning from incidents

Good



### Are services effective?

We have rated effective as good because:

- A comprehensive assessment, including of physical needs was carried out in a timely way on admission.
- Staff were skilled and competent.
- There was good multidisciplinary work within the team and with staff working in acute wards.
- There was good adherence to the Mental Health Act and staff had a clear understanding of capacity and consent.

Good



### Are services caring?

We have rated caring as good because:

- Patients were treated with kindness, dignity and respect.
- Patients were involved in their care and had access to advocacy.
- People were able to give feedback at community meetings.

Good



### Are services responsive to people's needs?

We have rated responsive as good because:

- Beds were available when needed and people were not moved between wards unless on clinical grounds.
- The facilities promoted recovery comfort and dignity.
- Patients had access to activities seven days a week

Good



### Are services well-led?

We have rated well-led as good because:

- Staff felt part of the trust and were positive about their immediate and more senior managers.

Good



# Summary of findings

- There was good governance at ward level which fed into the trust governance system.
- Staff were positive about their roles and their teams.

# Summary of findings

## Information about the service

Mulberry 3 is based on the Fulbourn hospital site in Cambridge and Oak 4 is based at The Cavell Centre in Peterborough. They deliver a three month recovery pathway. CPFT has a '3-3-3' model, 3 days to assessment,

3 weeks acute admission and 3 months recovery ward. Stays on these wards are varied, with some delayed discharges due to housing, but wards aimed for the average stay to be 3 months.

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Steve Trenchard, Chief Executive, Derbyshire Healthcare NHS Foundation Trust

**Team Leader:** Julie Meikle, Head of Hospital Inspection (mental health) CQC

**Inspection manager:** Lyn Critchley, CQC

The team included CQC managers, inspection managers, inspectors, mental health act reviewers and support staff and a variety of specialist and experts by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team that inspected the long stay/rehabilitation mental health wards for working age adult consisted of: CQC inspectors, Mental Health Act reviewer, consultant psychiatrist and senior nurse specialist.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

## Why we carried out this inspection

We inspected this trust 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 these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited 2 rehabilitation wards, Oak 3 and Mulberry 2, and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 9 patients who were using the service
- spoke with 10 staff members
- reviewed 10 care records
- reviewed prescription charts on both wards



# Summary of findings

## What people who use the provider's services say

Patients told us that they felt safe on the ward. They said that staff treated them with respect and kindness.

Patients told us that they enjoyed the activities on the ward and that these helped them.

We were told that the food was varied and tasty.

## Cambridgeshire and Peterborough NHS Foundation Trust

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

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Mulberry 3	Fulbourn Hospital
Oak 4	The Cavell Centre

#### 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.

- The majority of information about patient care was on the electronic patient records system with Mental Health Act (MHA) paperwork stored separately.
- Staff were trained in and had a good understanding of the MHA, the Code of Practice and the guiding principles to an appropriate level. For example nurses and managers on each ward had a more extensive knowledge than health care assistants. Health care assistants understood the essential of the MHA.
- Assessment of capacity, and consent to treatment was evident, reviewed and recorded on electronic patient notes. There was good practice in that the capacity and consent form was attached to prescription charts.
- There was good recording of giving explanation of rights and staff checked patients' comprehension. There was evidence of tribunals pending or held, with outcome recorded.
- A central team provided ward staff with administrative support and legal advice on implementation of the MHA and its Code of Practice.
- Detention paperwork was filled in correctly, was up to date and stored appropriately.

# Detailed findings

- Patients had access to an independent mental health advocate service and staff were aware of this service.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were trained in and had a good understanding of Mental Capacity Act 2005, in particular the five statutory principles. Staff on both wards, of all grades, were able to demonstrate an understanding of capacity and consent.
- There was a trust policy on MCA including Deprivation of Liberty Safeguards which staff were aware of and could refer to.
- For people who might have impaired capacity, capacity to consent was assessed and recorded appropriately. We observed staff discussing capacity and including an independent mental capacity advocate to participate in the process.
- There were arrangements in place to monitor adherence to the MCA within the Trust.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- Staff were easily able to see all areas of the wards and we saw that staff were always present in communal areas of the wards.
- There were comprehensive environmental risk assessments in place on both wards. Mulberry 3 was currently being re-furbished. There were risk management plans in place to protect patients' safety. All ligature risks had been eliminated where practical. Both Mulberry 3 and Oak 4 had identified and put management plans in place to reduce risk until remedial work could be carried out.
- Both wards were compliant with guidance on same-sex accommodation. On Mulberry 3 the only bath was on the male side of the ward. Staff managed this by escorting female patients and remaining outside the door. All patients on both wards had en-suite shower facilities.
- Clinic rooms on both wards were fully equipped and resuscitation equipment was checked regularly. Emergency drugs were in date.
- Neither of the wards used seclusion. Mulberry 3 had a low stimulus area within the clinic which staff could use to support patients. There was no low stimulus area on Oak 4. This meant that when patients became distressed staff had to support them in their bedrooms and did not have the facility to move patients to a low stimulus area in order to reduce the need for potential physical intervention.
- Ward areas were clean and well-maintained. Ward furniture was in good condition.
- Both wards had alarm and nurse call systems in place.

### Safe staffing

- Staffing levels on both wards had been determined by the trust's safer staffing review which mapped activity on the ward to determine the required number of staff. Fill rates for nursing staff on Mulberry 3 were, on average, over 100% for nursing staff on day shifts and at 100% for night shifts since February 2015.

- Prior to the transfer from Lucille Van Geese (LVG) to Oak 4 at the Cavell Centre, staffing levels had been below 100%. This had improved following the move and figures from March 2015 showed that staffing levels had increased from 67% qualified nurses on day shifts to 95%. Additional health care support workers were on shift which increased overall staffing levels to 117%.
- Both wards used bank staff familiar with the ward whenever possible. There was occasional use of agency staff, but both wards aimed to use staff familiar with the ward. Figures for staffing demonstrated that both wards were able to increase staffing levels when needed.
- We saw that staff spent time out on the communal areas of the ward with patients rather than congregating in the nursing office. Staff gave patients 1:1 time if requested. We saw that staff spent time in the communal areas and responded quickly when appropriate. Escorted leave and ward activities were not cancelled due to insufficient staff. There were sufficient staff available on both wards to carry out physical interventions if necessary.
- There was adequate medical cover both day and night. Both recovery wards were based on hospital sites.

### Assessing and managing risk to patients and staff

- All patients on both Mulberry 3 and Oak 4 were risk assessed on admission and risk assessments were reviewed regularly and updated when required. Staff used the trust risk assessment tool available on the electronic patient records system.
- Restraint was only used if de-escalation techniques failed. The lack of a low stimulus or extra care area on Oak 4 meant that de-escalation options were more limited than on Mulberry 3 where this facility was available. Oak 4 used the female lounge for de-escalation.
- Both wards followed NICE guidelines when rapid tranquilization was used.
- Neither ward used seclusion.
- Staff on both wards were trained in safeguarding. On Oak 4 we saw that the ward manager had checked staff understood safeguarding and taken action when they did not.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- Safeguarding records were available on both wards with details of the outcomes of investigations.
- Medicines were stored securely in the clinic room. Prescription charts were in good order.
- Policies and safe procedures were in place for children to visit.

## Track record on safety

- Information was available about adverse events on each ward.

## Reporting incidents and learning from when things go wrong

- Staff knew what incidents should be reported and how to do this. Incidents that should be reported were reported.
- Staff received feedback from investigations and it was discussed at staff meetings. Action plans were developed and identified improvements were implemented. Staff felt supported and had the opportunity to debrief after incidents.
- We reviewed the records of two serious incidents on Oak 4 and one serious incident on Mulberry 3. Investigations had been undertaken thoroughly showing outcomes, learning and an action plan.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- Patients on all wards had a comprehensive assessment. Both Mulberry 3 and Oak 4 took the majority of their patients from linked acute wards or the low secure forensic unit. There was good liaison between the teams in respect of assessing readiness to move and preparation.
- All patients had a physical examination on admission and on-going physical health problems were monitored. Patients were supported to attend hospital appointments.
- Care records contained up to date, personalised, holistic, recovery-oriented care plans. On Oak 4 we saw one person was involved in their restraint plans, on Mulberry 3 a patient was supported to make decisions about their medication administration.
- All information needed to deliver care was stored securely and available to staff when they needed it. The majority of information was on the electronic patient records system with Mental Health Act paperwork stored separately.

### Best practice in treatment and care

- Records showed that staff followed NICE guidance when prescribing medication and clozapine was monitored within guidelines.
- Some group work was available and there was a full programme of occupational therapy on each ward.
- There was good access to physical healthcare for patients. Records showed that physical checks were carried out regularly. On Oak 4 four nurses had undertaken tissue viability training to help maintain patient skin integrity.
- Patients were supported to access their own GPs.
- Clinical staff participate actively in clinical audit.

### Skilled staff to deliver care

- Neither ward currently had a psychologist although Mulberry 3 was currently advertising. The ward manager on Oak 4 had training planned so she could deliver psychological interventions to mitigate this and was

awaiting recruitment of a psychology assistant. We reviewed the records of two complex patients on Oak 4 and noted that input and support from a psychologist could have supported the nursing team to work more consistently and deliver more effective therapeutic interventions.

- Staff were experienced, qualified, trained, supervised, appraised and had access to regular team meetings. However, we were told supervision had 'slipped' on Mulberry 3 due to staffing levels; in April 2015 12 out of 18 staff received supervision. Three band 5s had been recruited and were due to start in September. On Oak 4 each staff group had their own meeting and senior staff attended meetings with seniors from other wards and executives. Mulberry 3 held a monthly governance meeting with ward staff.
- We looked at staff records and saw that on both Mulberry 3 and Oak 4 staff performance was addressed within the trust's guidelines.

### Multi-disciplinary and inter-agency team work

- Handovers on both wards were structured and effective. Patient status and current progress and issues were discussed as well as physical health and medication. Records of the handover were stored electronically.
- Regular multi-disciplinary team meetings were held. We attended a ward round. This was effective but lacked psychology input.
- Both wards admitted referred patients from specific acute wards or from the low secure unit. Admissions were planned and there were effective working relationships with the respective acute wards. Wards liaised with the local authority and community mental health teams to facilitate discharge.

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

- Staff were trained in and had a good understanding of the MHA, the Code of Practice and the guiding principles to an appropriate level. For example nurses and managers on each ward had a more extensive knowledge than health care assistants. Health care assistants understood the essential of the MHA.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Assessment of capacity, and consent to treatment was evident, reviewed and recorded on electronic patient notes. There was good practice in that the capacity and consent form was attached to prescription charts.
- There was good recording of giving explanation of rights and staff checked patients' comprehension. There was evidence of tribunals pending or held, with outcome recorded.
- A central team provided ward staff with administrative support and legal advice on implementation of the MHA and its Code of Practice.
- Detention paperwork was filled in correctly, was up to date and stored appropriately.
- Patients had access to an independent mental health advocate service and staff were aware of this service

## Good practice in applying the Mental Capacity Act

- Staff were trained in and had a good understanding of Mental Capacity Act 2005, in particular the five statutory principles. Staff on both wards, of all grades, were able to demonstrate an understanding of capacity and consent.
- There was a trust policy on MCA including Deprivation of Liberty Safeguards which staff were aware of and could refer to.
- For people who might have impaired capacity, capacity to consent was assessed and recorded appropriately. We observed staff discussing capacity and including an independent mental capacity advocate to participate in the process.
- There were arrangements in place to monitor adherence to the MCA within the Trust

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- On both wards we observed staff to be respectful, kind and caring. We saw that patients' needs were prioritised and staff time on the ward was spent engaging with patients. When we asked staff about individual patients they spoke with warmth and respect about them. It was evident that staff cared and were engaged with patients.
- Patients on both wards were positive about how staff treated them. They told us staff were polite and helpful and they felt safe on the ward. Patients told us that they felt listened to by the staff.
- Staff we spoke with, on both wards, had a good understanding of the needs of patients. They were able to discuss patients' needs, progress and discharge plans.

### The involvement of people in the care that they receive

- Both wards oriented people to the ward on admission. Each ward had their own printed information to give to patients about matters such as visiting, mobile telephones, mealtimes and access to the internet.

- The majority of patients we spoke with felt they had been involved in planning their care and knew about their care plan. We saw examples on both Mulberry 3 and Oak 4 where patients had been involved in decisions about medication. Two patients told us about being involved in decisions about managing aggression and restraint.
- Patients told us they knew about the advocacy service but not all of them had used the service.
- Both Mulberry 3 and Oak 4 had implemented electronic feedback from patients. However information was not available at the time of inspection.
- Patients were involved in deciding about daily activities and could participate in morning community meetings to discuss the daily running of the ward or any issues. We attended the morning meeting on Oak 4 and saw staff worked hard to engage people.
- There were no advance decisions in place on either ward.



# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- Beds were available to patients living within the catchment area. Patients moved from the attached wards into the recovery wards. Beds and admissions were managed between the wards as part of the trusts "3-3-3" system, with the stay on both recovery wards aiming to be 3 months.
- We were told that sometimes patients were admitted into a leave bed but there was no evidence that patients returning from leave did not have a bed.
- Patients were not moved between wards during an admission episode unless it was justified on clinical grounds and was in the interests of the patient. For example if a patient needed to be admitted to general hospital or became unwell and needed a more acute setting. Patients were not moved around in order to juggle beds.
- Patients on the ward had planned discharges, and some patients knew their discharge date and plan if they were working towards this.
- Both wards had delayed discharges. This was due to housing difficulties as patients were waiting for suitable accommodation to become available.

### The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment to support treatment and care on both wards although Oak 4 would benefit from a dedicated low stimulus/de-escalation area.
- There were quiet areas on the ward and room where patients could meet visitors.
- Patients could make phone calls in private and also had access to their mobile phones.
- Patients had access to outside space.
- Patients told us the food was of variable quality. Data on PLACE scores by the trust showed that the quality of the food at both Fulbourn Hospital (Mulberry 3) and the Cavell Centre (Oak 4) scored below the national average.

- On both wards there were facilities for patients to make hot drinks and snacks at any time.
- Patients on both wards had lockable secure storage.
- There was a programme of activities during weekdays and at weekends.
- Blanket restrictions were used only when justified. An example of this was the controlled access to patient lounges on Oak 4 due to ligature risk. This was a temporary measure in place until the risks could be removed.
- Informal patients were able to leave at will.
- There were policies and procedures in place for observation and searching. We saw observation being carried out by staff on Oak 4. On Mulberry 3 the ward manager had reviewed staff competency on observations and introduced training.

### Meeting the needs of all people who use the service

- Both wards were accessible for patients with disabilities.
- We noted that on Oak 4, one patient fitted the criteria to be admitted to an older adults' ward, however, staff felt a more appropriate service could be delivered on Oak 4. This was a good example of responding to individual need and providing a flexible service.
- We did not observe any leaflets which were available in languages other than English.
- Information was available for patients on how to complain. On Oak 4 there was a noticeboard which shared information about research in mental health.
- Patients were able to order food in line with spiritual or specific dietary needs.
- There was access to spiritual support through the chaplaincy service.

### Listening to and learning from concerns and complaints

- Patients on both wards knew how to complain. Records showed that complaints had been recorded, appropriate action taken and feedback given.
- Staff knew how to respond to and handle complaints.
- We looked at the investigation of complaints on both wards and saw that where actions had been identified these had been followed up and staff made aware

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- Staff knew and were able to discuss the organisation vision and values.
- Team objectives reflected organisation's values and objectives, for example wards were implementing the 'NO audit' where staff undertook to explain to patients when they could not respond immediately.
- Staff knew who the most senior managers in the organisation were and these managers had visited the ward. The chief executive of the trust had worked shifts on both Mulberry 3 and Oak 4. Ward managers of both wards met with senior managers on a monthly basis and were positive about and felt connected to senior management within the trust.

### Good governance

- Ward systems on both wards used a dashboard to identify performance. Staff were up to date with mandatory training, and had received appraisal and supervision. There was a shortfall in supervision on Mulberry 3 but this had been identified.
- The majority of shifts were covered by staff of the right grade, however there were vacancies and sickness on both wards. Staff maximised time on patient care and were present in communal areas. Staff participated in clinical audit and reported incidents appropriately. There was learning from incidents, complaints and safeguarding and MHA and MCA procedures were followed.

- Both wards had a ward dashboard with their key performance indicators which were rated red, amber and green. Where amber and red were indicated there were actions in place to mitigate and address this.
- Ward managers had sufficient authority and felt able to carry out their role effectively.
- Staff were able to submit items to the trust risk register and ward managers met monthly with senior managers to discuss governance.

### Leadership, morale and staff engagement

- Both Mulberry 3 and Oak 4 had some staff absence but this was being managed effectively.
- There were no current cases of bullying or harassment.
- Staff knew how to use whistle-blowing process and felt able to raise concerns without fear of victimisation.
- Staff we spoke with on both wards were very positive about management and told us they were well supported. There were many positive comments about both ward managers and leadership within the trust. Staff told us they enjoyed their work.
- There were opportunities for leadership development.
- There was good team working and nurses told us they had received high levels of support during their preceptorships. Healthcare assistants had the opportunity to develop their own roles and interests, for example, developing work with patients to access housing.
- Staff were offered the opportunity to give feedback on services and input into service development through their staff meetings and the whole team governance meetings.