Cambian Acer Clinic

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 Acer Clinic as good because:

- Patients told us it was good. Patients told us staff were kind and supportive and helped them get better.
- Staff assessed risks using recognised risk assessment tools.
- Care plans were recovery-focused and acknowledged patients' strengths.
- Patients were involved in their care plans.
- Staff measured patients' progress using a recognised outcome measure called Health of the Nation Outcome Scores (HoNOS).
- Patients had input from a psychologist who provided them with psychological therapies.
- Staff managed and stored medicines safely.
- Medicines charts had the appropriate authorisations including consent to treatment certificates.
- Staff undertook clinical audits.
- Managers consistently maintained staffing levels.
- Staff received clinical supervision regularly.
- Staff made safeguarding alerts appropriately and in a timely manner.
- Staff reported and recorded risk incidents accurately. The provider had governance systems for analysis of risk incidents. The risk register was up-to-date and accurately reflected the risks present.
- The provider mitigated blind spots for observation with convex mirrors.
- Mental Health Act 1983 documentation was accurate.
- Mental Capacity Act assessments were taking place regularly.
- Staff compliance with mandatory training was high.
- Staff commitment to continuous improvement was evident.
- Staff effectively balanced positive risk-taking with identified potential risks.
- There was clear learning from complaints and risk incidents.
- The provider had satisfactorily addressed all the issues highlighted in our inspection in November 2015.

Summary of findings

Contents

Good

Cambian Acer Clinic

Services we looked at:
Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to Cambian Acer Clinic

Acer Clinic registered with the CQC in May 2015. The hospital is a locked rehabilitation service providing assessment, treatment, and rehabilitation for up to 14 men and 14 women with complex mental health needs, challenging behaviour, and personality disorder. Patients may be detained under the Mental Health Act 1983.

Acer Clinic comprises two separate buildings, Upper House and Lower House. Lower House was unoccupied at the time of our visit. Upper House is a 14-bedded setting for females with a primary diagnosis of personality disorder. There were14 female patients on the day of our inspection. Three patients were informal and 11 were detained under the Mental Health Act.

All the rooms were en-suite, with additional shared bathroom facilities, if required. There was free access to fresh air and smoking areas in the internal courtyard.

Acer Clinic had a registered manager and a nominated individual. The registered manager and the nominated individual were on duty on the day of our inspection.

We undertook a focused inspection of this hospital in November 2015. We did not rate this hospital at that time. We made recommendations to the provider, which they implemented satisfactorily.

We undertook a Mental Health Act review in November 2015, which identified no concerns.

Our inspection team

Team leader: Caroline Mackay

The team inspecting the service comprised two specialist advisors and an expert by experience with her support worker.

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 the ward at the hospital and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 10 patients who were using the service
- spoke with the registered manager and the operational director
- spoke with nine other staff members including a doctor, the head of care, nurses, the occupational therapist, the psychologist, the therapy coordinator, and a social worker
- spoke with an independent advocate
- attended and observed the patients' morning planning meeting

Summary of this inspection

- attended and observed the patients' community meeting
- attended the multidisciplinary handover meeting
- looked at seven care and treatment records of patients
- carried out a specific check of the medicine management on the ward; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 10 patients during our inspection.

All the patients we spoke with told us the staff were caring and respectful. They told us they were involved in directing their care. They told us they felt safe at the hospital.

Most patients told us it was the best service they had experienced. Patients explained that the Acer Clinic helped their recovery. For example, one patient stated they had stopped self-harming. Another patient told us the therapies offered at the Acer Clinic were the catalyst for changing her life. Some patients told us the psychiatrist was one of the best doctors they had ever had.

All the patients were particularly praiseworthy of the registered manager. They commented upon the positive changes he had brought in to the hospital, and how approachable he was.

All the patients told us they enjoyed the food very much.

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?

Good

We rated safe as good because:

- Managers had assessed the nursing staffing numbers, and rotas showed they adhered to them consistently, with bank staff covering any short-notice absences.
- The ward was spacious with bedrooms and communal spaces on both the ground floor and the first floor. The provider mitigated blind spots with convex (fish-eye) mirrors and staff observations.
- Managers undertook an assessment of ligature risks annually.
- Patients' bedrooms contained kitchen areas where ligature risks were present. The provider mitigated these risks by positioning convex mirrors within patients' bedrooms to assist staff with observation. Convex mirrors are curved to allow staff to see round corners, as well as affording a wider area of vision. This was consistent with a service focused on rehabilitation.
- Staff used recognised risk assessment tools.
- Staff balanced positive risk-taking with risk management.
- Staff compliance with mandatory training was 95% for a total of 46 staff.
- Staff received training on safeguarding adults, knew how to raise a safeguarding alert, and did so when appropriate.
- Staff stored and managed medicines correctly.

However:

- There was a CCTV system in the building which was not operational and had not been removed.

Are services effective?

Good

We rated effective as good because:

- Staff received regular supervision.
- Staff consistently followed medicines management policies and procedures.
- Patients' care records were complete and up-to-date.
- Psychologists provided a range of psychological therapies. Patients' uptake of these therapies was good. All patients subscribed to various therapies that had been identified as useful to them following an assessment of their needs.
- Staff measured outcomes using a recognised outcome measure tool.
- Patients' care plans addressed physical healthcare issues.

Summary of this inspection

Are services caring?

Good

We rated caring as good because:

- Staff treated patients with respect and dignity.
- Patients told us that staff were caring and dedicated.
- Staff fully involved patients in decisions about their care.
- Staff sought patients' views about the service through surveys and weekly community meetings. Patients told us this was an effective mechanism for them to raise concerns or make suggestions for improvements.

Are services responsive?

Good

We rated responsive as good because:

- Patients had requested that informal patients be allowed to opt out of night time observation checks if individual risk assessments did not highlight any significant risks. Managers agreed to this, and staff had fully implemented it at the time of our inspection.
- The ward was fully accessible to people with physical disabilities.
- The provider displayed information about patients' rights prominently around the ward.
- Staff provided activities every day, including weekends. Uptake of activities was good. Patients not out on section 17 leave enjoyed the activities provided.
- Patients could make drinks or snacks at any time of the day or night.
- Patients had personalised their bedrooms.
- The choice and quality of food was excellent.
- Patients had their spiritual and cultural needs met.

However:

- The occupational therapy kitchen equipment was not fully functional. The cooker was not working.
- The temperature in the hospital building was not well regulated. This meant that patients could be too hot in warm weather, and too cold in cold weather.

Are services well-led?

Good

We rated well led as good because:

- The service was well led at ward level and by the operations director.
- Staff morale was good.
- Staff undertook clinical audits.
- There was clear learning from incidents.

Summary of this inspection

- Governance arrangements were robust. Staff were provided with feedback from complaints and investigations.
- Staff sought patients' views through surveys and weekly community meetings.
- The service responded to feedback from patients and external agencies.
- The team were committed to continual improvement.

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.

There was a clear system in place to scrutinise detention documents. We saw evidence of a thorough checklist, and notes identifying when staff requested missing documents (for example, original approved mental health professional reports. The Mental Health Act (MHA) files were well organised, and all detention information was available for scrutiny.

Patients had a good knowledge of their rights under the MHA. Records showed that staff read patients their rights and noted if they understood. Patients had a good understanding of advocacy, the hospital manager's hearings, and the mental health review tribunal. There was clear information about these displayed on notice boards.

The MHA files contained evidence of regular tribunal and hospital manager's meetings. Risk management underpinned section 17 leave, and was managed through the care planning system (where each patient had a section 17 care plan). Furthermore, staff discussed and risk assessed all daily leave at the daily morning multidisciplinary review meeting as well as reviewing it in the multidisciplinary team ward round.

A record of consent form completed by the responsible clinician underpinned medicine treatment authorisation certificates (section 58 consent to treatment documents). This form enabled the RC to document the nature and content of the consent discussion. Treatment authorisation certificates were legible, with a tick box approach helping to remove any doubt about the forms of medication authorised. Staff attached treatment authorisation forms to prescription charts.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training records showed that 95% of staff had attended training in the Mental Capacity Act.

No patients were subject to the Deprivation of Liberty Safeguards. Clinical staff undertook audits of MCA documents to ensure compliance with the Mental Capacity Act and related provider policies.

Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Good

Safe and clean environment

- Managers undertook an assessment of the environmental risks annually. They documented potential environmental risks and noted actions to mitigate them.
- There were blind spots in corridors, stairwells, in patients' bedrooms and the outdoor secure garden areas. Staff mitigated the risks with convex (fish-eye) mirrors and observations. Convex mirrors are curved and allow staff to see around corners as well as providing a wider-angle view. During our inspection, we saw staff observing the environment to help keep people safe.
- The clinic room was fully equipped with examination equipment. Staff checked clinic room and fridge temperatures daily to ensure safe storage of medicines. The temperature logs showed temperatures were consistently within the correct limits.
- Staff regularly checked resuscitation equipment and emergency medicines. These were all in-date, and logs showed when they had last been checked.
- The ward was clean and smelled fresh. Cleaning rotas were up-to-date and complete.
- The ward was a large, airy space with bedrooms and communal spaces on both the ground floor and the first floor. The ward had bright, clean décor. All fixtures, fittings and décor were in excellent condition.
- Staff adhered to infection control principles, including handwashing.
- Managers undertook an assessment of ligature risks annually. They highlighted potential ligature risks in the environment and noted strategies to mitigate them. Ligature risks related to fixtures within the building that could not be further modified. Staff used observations to mitigate potential ligature risks in the environment. We saw staff consistently carrying out their observations to reduce the potential risks. Patients' bedrooms contained kitchen areas that had potential ligature risks associated with the taps on the sinks. Staff mitigated the risks through observation and individual risk assessment. Staff could turn off the power supply to the kitchen areas if risks were identified for an individual patient in connection with the power supply. It was not possible to remove the kitchen equipment.
- Staff carried electronic alarms fixed to their person. If an alarm sounded, staff checked the wall-mounted display panel to identify the location. There were no alarms and no incidents during our two-day inspection.
- Managers had not removed the CCTV system despite it not being operational, and not required for the service.

Safe staffing

- Managers had assessed the number of nursing staffing required in the hospital. Day shifts comprised two registered nurses and five support workers; and night shifts had one registered nurse and four support workers. Rotas showed the provider adhered to these staffing levels consistently, with bank staff covering any short-notice absences. Cambian had its own bank staff in the Midlands region, and the manager drew on this

when there were gaps in shifts. Managers tried to use regular bank staff wherever possible to help promote consistency of care. The manager ensured that new staff received an induction to orient them to the ward.

- Staff turnover in the service was 13% in a 12-month period. Staff sickness rates were 3% in a 12-month period, below the national average sickness rate of 4.4%.
- The ward manager could adjust staffing levels in response to shortages on shifts or increased clinical activity.
- If managers were unable to recruit staff to cover short-notice vacancies, managers would step in and cover the vacancy themselves. For example, a manager had covered a shortage on a night shift over the Christmas period, due to staff sickness.
- During 2 November 2015 and 2 February 2016, 138 shifts required cover by temporary staff. This equated to 8.6 shifts per week. Given that staff worked 12-hour shifts, the provider needed temporary staff, on average, to cover at least one shift in a 24-hour period. Gaps in shifts were most usually due to enhanced observations, staff sickness, annual leave or vacancies. The manager had always filled all shortages in shifts. A registered nurse was present in communal areas of the ward at all times.
- There were enough staff to ensure patients received regular one-to-one sessions with their keyworker. Patients' care records showed that patients had regular one-to-one nursing time.
- Staff never cancelled escorted leave because of staffing shortages. However, staff sometimes rescheduled ward-based activities because of incidents. The activities always took place, albeit at a later time.
- The provider trained nursing staff to undertake physical interventions when needed. Staffing rotas showed that there were always enough staff to carry out physical interventions safely and in line with the provider's policy and procedure.
- The consultant psychiatrist and the GP provided medical cover Monday to Friday, during the day. The GP provided out of hours medical cover. The provider used the local accident and emergency department for emergency medical care.
- The duty psychiatrist provided out of hours psychiatric cover. The duty psychiatrist could attend the hospital within one hour.
- Staff were 95% compliant with mandatory training.

Assessing and managing risk to patients and staff

- There had been no use of seclusion in the last 12 months. The service did not have seclusion facilities.
- There had been no use of long-term segregation in the last 12 months.
- Staff had implemented physical interventions on 157 occasions in the period 18 October 2015 and 20 March 2016. This equated to an average of five restraints in a seven-day period. None of these restraints resulted in prone restraint. Staff explained to us that they had three stages of physical interventions: low level holds, medium level holds and high level holds. Staff usually managed incidents using low-level holds and occasionally used medium level holds, but not high level holds. Staff usually effectively resolved incidents through de-escalation and talking. Any physical interventions used were usually in response to patients self-harming rather than for violence or aggression. For example, staff would intervene if patients were repeatedly banging their head with force against hard objects such as walls.
- We reviewed seven patients' care records and all seven demonstrated good practice. Records were up-to-date, complete, accurate, signed and dated. Staff involved patients in risk assessment and care planning.
- Staff undertook a risk assessment of every patient on admission using a recognised risk assessment tool and they updated this weekly, as well as after any risk incident. Patients can experience increased risk in relation to a number of specific problems, including an increased risk of suicide, self-injury, neglect, exploitation (physical, financial or sexual) and violence towards others. Staff assessed patients' risks using the START (short-term assessment of risk for treatment) tool. Staff reviewed the START form each time there was a change in any risks. In addition to START, the multidisciplinary team met each morning to undertake a daily risk assessment. They reviewed each patient's risk status, observation level and access to activities. The risks assessed were suicide, neglect, harm to self and harm to others. Staff allocated a colour to each risk to grade it, such as, green for low or no risk, amber for higher risk, which staff were managing, and red for an ongoing high risk. Staff would plan risk management strategies and decide observation levels depending on the level of risk, and the patient's individual protective factors. Protective factors are conditions or attributes (skills,

strengths, resources, supports or coping strategies) which, exist in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities. Clinical risk assessment and management is a continuous and dynamic process for judging risk, and subsequently making appropriate plans considering the risks identified.

- Staff used blanket restrictions only when justified by identified risks. There was an airlock area at the front doors, controlled by reception staff. This helped staff monitor/control entry and exit to the building. Patients left their cigarette lighters at reception and collected them to take out on leave. An automatic wall-mounted cigarette lighter was available for use by smokers in the outdoor courtyard.
- Staff recorded details of risk incidents on antecedent, behaviour, consequence (ABC) charts. ABC charts collected information about the antecedents (what was happening immediately prior to the incident), the behaviour (what the behaviour looked like) and the consequences (what happened immediately after the incident) related to the risk incident. This allowed staff to identify any themes or trends associated with an individual's risks, and put interventions in place to prevent incidents in the future. If they were able to identify any common themes, they could take measures to break the cycle by avoiding triggers or consequences that support the risk behaviour.
- Patients had positive behaviour support (PBS) plans. A PBS plan is a document created to help understand and manage risk behaviour. A PBS plan provides staff with a step-by-step guide to making sure the patient not only has a good quality of life, but also enables staff to identify when they need to intervene to prevent an episode of risk behaviour. A PBS plan is based on the results of a functional assessment and uses positive behaviour support (PBS) approaches. A formulation summarises the patient's core problems and shows how the patient's difficulties may relate to one another by drawing on psychological theories and principles. The plan contains a range of strategies, which not only focus on the risk behaviour, but also include ways to ensure the person has access to things that are important to them.
- Informal patients could leave at will. There was always a member of staff available to open the airlock doors. During our inspection, we saw this happen consistently.
- Staff used the provider's policies and procedures on observation to minimise potential risks.
- Staff could use enhanced observations to check on patients more frequently or, in some cases, remain with the patient constantly if an imminent risk was thought to be present. Staff rarely used enhanced observations to manage identified risks; instead, they worked hard to develop good relationships with patients. They supported the patients to accept responsibility for themselves using positive risk-taking approaches. For example, patients approached staff if they felt unsafe with any items they identified as a risk. They would ask staff to hold on to the items until they felt they could be safe with them. Patients told us this worked well for them. They felt that they benefitted from learning to accept responsibility for their own safety, albeit in a controlled environment. Guidance from the Department of Health in 2007 stated that decisions about risk management involve improving the patients quality of life and plans for recovery, while remaining aware of the safety needs of the patient, their carer and the public. Positive risk management, as part of a carefully constructed plan, is a desirable competence for all staff, and will make risk management more effective. Staff can develop positive risk management by using a collaborative approach. Overdefensive practice is bad practice. Avoiding all possible risks is not good for the patient or society in the long term, and can be counterproductive, creating more problems than it solves. Any risk-related decision is likely to be acceptable if:

- it conforms with relevant guidelines;
- it is based on the best information available;
- it is documented; and
- the relevant people are informed.

As long as staff base a decision on the best evidence, information and clinical judgement available, it will be the best decision that can be made at the time.

- Staff searched patients and their belongings if they suspected there were unsafe items present.
- Staff risk assessed individual patients for access to the kitchen facilities within their rooms. Staff could switch off power to the kitchen facilities if they judged there to be risks present.
- Staff did not use any intramuscular rapid tranquillisation medicine in the period 18 October 2015

Long stay/rehabilitation mental health wards for working age adults

Good

to and 20 March 2016. We reviewed all patients' medicine charts, which confirmed there had been no use of intramuscular rapid tranquillisation. Staff occasionally used oral rapid tranquillisation. Staff knew how to monitor a patient's vital signs following the use of restraint or rapid tranquillisation. The provider had a 'restraint and rapid tranquillisation monitoring form,' which guided staff monitoring a patient's physical health following restraint or rapid tranquillisation.

- Staff received training in safeguarding adults. They knew how to recognise and report safeguarding incidents, and did this when appropriate.
- Staff managed and stored medicines correctly. The provider trained support workers as 'second-checkers'. This meant they could check controlled medicines when only one registered nurse was on duty, such as at night. A pharmacist visited once a week to check medicines management practices and medicine stocks.
- Visiting children used the facilities in the Lower House. This arrangement was in place while awaiting building works in Upper House that would provide a safe and separate family visiting area. The planned start date for this work was 9 May 2016.

Track record on safety

- There had been no never events since May 2015.
- The hospital reported one serious incident in 2015. This involved a patient climbing up a drainpipe and sustaining a serious injury. Immediately following this incident, the provider 'boxed in' all drainpipes to prevent further incidents. During our inspection in November 2015, we found that patients could prise open the front door and leave the hospital. Soon after our inspection, the provider had replaced the doors with an airlock system. At this inspection, we saw this was in place.

Reporting incidents and learning from when things go wrong

- Staff knew how to report all incidents and near misses.
- Staff were open and transparent and explained to patients if and when things went wrong. One patient told us about when an item of hers went missing. Staff had refunded the cost of the item, and apologised to her for the loss.
- Managers provided feedback to staff on learning from incidents in staff meetings and in supervision.
- Staff received debriefs and support after serious incidents. Psychologists provided one-to-one and group debriefs for staff affected by incidents.

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

- Staff undertook a physical examination of patients on admission to the service. There was ongoing monitoring of patients' physical health and well-being. An adult nurse facilitated a well-woman clinic to provide education and advice about health issues; in particular those which affect women.
- Care records contained up to date, personalised, holistic, recovery-oriented care plans. Patients had input to their care plans, had signed, and received copies of care plans. Where patients had declined to participate in the care planning process, staff had documented in their care records.
- Staff stored patients' care records securely in the nursing office. Care records were paper based. All staff had access to the care records to record clinical notes, and to read.

Best practice in treatment and care

- The consultant psychiatrist followed national institute for health and care excellence (NICE) guidelines for personality disorder when prescribing medicine. The consultant acknowledged that there could be challenges in adhering to the guidance for medicines as patients had often been admitted to the service on a variety of medicines. Rationalisation of prescriptions occurred without compromising the best interests of the patient.
- Staff were able to provide various psychological therapies depending on each patients individual needs. Available therapies were evidence based, and included dialectical behaviour therapy, cognitive analytical

therapy, cognitive behaviour therapy, schema therapy and mindfulness. These therapies aimed to develop self-awareness and alternative, functional coping strategies.
- Patients were registered with a local GP. The GP referred them to specialist services as required.
- Staff used health of the nation outcome scales to assess severity and progress towards outcomes. Staff carried out this assessment once a month. Review of these assessments demonstrated patients making progress.
- Clinical staff actively participated in audit such as clinic audit, care records audit and medicine chart audit. This supported maintaining good practice.
- Patients had positive behaviour support (PBS) plans in place. PBS plans outline strategies to use if a patient is escalating towards risk behaviours. The plan will include primary strategies, secondary strategies and tertiary strategies.
- Staff engaged in positive risk taking with patients. Patients told us this had made a significant difference to them. They told us they were accustomed to having restrictions imposed upon them in other hospitals in response to any identified potential risks.

Skilled staff to deliver care

- Multidisciplinary team input was provided by psychologists, occupational therapists, a social worker, a psychiatrist, nurses and an activity coordinator. These staff spent 100% of their working time at the hospital and had no obligations at other facilities.
- Staff with professional registrations were current with their registrations with professional bodies.
- Staff were inducted to the service on commencement of employment. They undertook specific training in working with people with personality disorder, as well as the standard provider induction.
- Staff received clinical supervision monthly. In addition, they also had the opportunity to attend a reflective practice group fortnightly; and a weekly clinical forum. The clinical forum was facilitated by the consultant psychiatrist and was a forum where staff could learn more about diagnoses and treatments. Staff could also challenge the consultant's decisions regarding treatment if they believed it to be right thing to do. The consultant was open to challenges from staff and welcomed informed debate.
- In addition to the various supervision opportunities, staff had monthly staff meetings to discuss staff related issues and any learning from incidents or complaints.
- No non-medical staff had received an appraisal at the time of our inspection as staff had been in post for less than 12 months.
- Underperforming staff were managed appropriately either by disciplinary action or dismissal. One member of staff had been dismissed in the 12 months prior to our inspection.

Multi-disciplinary and inter-agency team work

- Multidisciplinary (MDT) meetings took place weekly. Patients attended the MDT meetings to make their needs known, and to discuss goal setting towards discharge with the MDT.
- Staff worked 12-hour shifts so handover between shifts occurred twice a day. Handovers were comprehensive and covered patients' risks as well as leave entitlement, mental state and physical health.
- The MDT had good working relationships with other agencies such as care coordinators, accommodation providers and local authority safeguarding teams. The social worker in particular had put in a great deal of effort to create positive relationships with other agencies.
- The MDT had provided training to local GP surgeries in working with people with personality disorder.

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

- Ninety five percent of staff had training in the Mental Health Act and the Mental Health Act Code of Practice. Staff had a good understanding of the guiding principles of the Mental Health Act Code of Practice. The provider had updated policies to reflect revisions in the Mental Health Act Code of Practice.
- Consent to treatment and capacity requirements were adhered to and copies of consent to treatment forms were attached to medication charts where applicable so that staff knew under what legal authority they were administering medication
- People had their rights under the MHA explained to them on admission and routinely thereafter.
- Administrative support and legal advice on implementation of the MHA and its Code of Practice was available from the Mental Health Act administrator.

Long stay/rehabilitation mental health wards for working age adults

Good

- Detention paperwork was filled in correctly, up to date and stored appropriately.
- Section 17 leave documentation was correctly filled in, up to date and filed correctly.
- Clinical staff undertook regular audits to ensure that the MHA was being applied correctly and there was evidence of learning from these audits.
- Patients had access to the independent mental health advocate (IMHA) services. Staff and patients were clear on how to access and support engagement with the IMHA. There were posters and leaflets around the ward to provide information about the IMHA service. In addition, the IMHA regularly attended the ward so that patients can see her if they wanted to.

Good practice in applying the Mental Capacity Act

- Ninety five percent of staff were trained in the Mental Capacity Act (MCA). Staff demonstrated a good understanding of the MCA and its five statutory principles.
- There were no patients being cared for under deprivation of liberty safeguards (DoLS).
- The provider had a policy on MCA which staff could refer to for information and guidance.
- Patients were supported to make decisions where appropriate. When they lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history.
- Staff understood and where appropriate worked within the MCA definition of restraint. Section 6(4) of the Mental Capacity Act 2005 states that restraint is when someone uses force (or threatens to) to make someone do something they are resisting, and when someone's freedom of movement is restricted, whether or not they are resisting. Restraint can be appropriate when used from time to time to prevent serious harm to a person who lacks capacity if it is a proportionate response to the likelihood and seriousness of the harm, and if all other less restrictive means of achieving this have been tried.
- Clinical staff undertook audits of care records inclusive of MCA assessments.

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

Good

Kindness, dignity, respect and support

- We saw staff responding to patients in a respectful and positive manner during our inspection. All patients we spoke with commended the staff for their caring and respectful attitudes.
- Staff demonstrated an extensive knowledge and understanding of each individual patient's needs and preferences.
- All patients we spoke with said staff provided them with emotional support and reassurance when they were struggling to cope.
- Patients could lock their bedroom doors. We saw staff knocking on patients' bedroom doors before entering. Staff could over-ride the bedroom locks in case of an emergency.

The involvement of people in the care they receive

- Patients were oriented to the ward upon admission. They received a patient information pack, which provided information about the service and what they could expect.
- Patients told us they were fully involved in risk assessments and care planning. We found patient involvement in care planning and risk assessment in all the care records we reviewed.
- Patients attended their MDT meetings and told us they were involved in the decisions made in the MDT meetings. Care records demonstrated patient involvement in MDT decisions.
- Patients had access to advocacy services. Patients could refer themselves to the advocate, or ask staff to refer them. The advocate visited the ward weekly. Staff contacted the advocate appropriately on behalf of patients and that the advocate had positive relationships with members of the MDT.
- Staff helped patients to maintain contact with their families. For example, staff facilitated home visits for patients.
- The provider undertook annual surveys with carers to seek their feedback about the service. Data from these surveys showed general carer satisfaction with the service. The provider identified two areas that required action. These were to make all carers aware of their

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Good

relative's named nurse/keyworker; and to inform carers of the complaints and comments procedure. These actions had not been followed up at the time of our inspection as they had only just undertaken the survey.
- Patients could provide feedback about the service at weekly community meetings. In addition, the provider undertook surveys annually to seek feedback from patients about their experience of the service. Data from these surveys showed patient satisfaction with the service they received.
- During our inspection, a patient participated in the provider's presentation to CQC inspectors. She was informative and inspirational, she had a great deal of valuable comment to make about the service in general, and her own individual experiences of the mental health care system in general, and her more positive experience at the Acer Clinic.
- Patients in the service were not involved in staff recruitment or policy reviews. However, patients' feedback from annual patient surveys and community meetings could inform service development.
- Patients had advance decisions in their care records. Staff reviewed incidents with patients, which helped inform advance decisions and future care strategies

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 referred patients to this service from all areas around the UK. This was a specialist service and many areas of the country do not have access to such a specialist service.
- Staff did not delay patients' discharge unless clinical reasons dictated otherwise.
- Acer Clinic reported mean bed occupancy of 87% between 18 October 2015 and 20 March 2016.
- Managers ensured that any patients being discharged or moved to another service did so at an appropriate time of day. This is important because patients should be moved at a time of day when a full range of professionals would be available to provide care, treatment and support to the patient.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had access to a full range of rooms and equipment to support treatment and care. There was a fully equipped clinic room, activity rooms, an occupational therapy kitchen, a gym and outdoor garden space. However, the occupational therapy kitchen cooker was not functional at the time of our inspection.
- Patients' bedrooms had kitchen areas and lounge areas. This meant their bedrooms were like studio flats. As patients progressed through their treatment towards discharge, they were able to practice shopping, cooking, cleaning and budgeting before leaving to live in the community.
- Patients had access to quiet areas on the ward to meet visitors. Staff facilitated visits with children in Lower House.
- Patients had access to mobile phones so they could make and receive calls at any time. The mobile phones were basic phones with none of the features associated with smart-phones. Smart phones have risks associated in terms of the potential for them to be used in ways that could potentially breach confidentiality of others in the environment.
- Patients told us the food was of excellent quality and that they had a good range of choices.
- Patients could make drinks or snacks at any time of the day or night.
- Patients could personalise their rooms. Some personal items had to be risk assessed. Any risk assessment of items was individualised rather than a blanket application.
- Patients had lockable storage in their bedrooms to store personal belongings.
- Patients had access to activities every day of the week including weekends. The weekly activity programme listed all the scheduled activities. Patients told us that activities took place as scheduled on the activity programme.
- The hospital building is modern with large, expansive glass walls and windows. The two days of our inspection were warm, sunny days and the sun coming through the

Long stay/rehabilitation mental health wards for working age adults

Good

glass made the building excessively hot throughout the day. Staff and patients told us the temperature was too cold in winter, and too hot in summer. Staff could not effectively regulate the temperature in the building.

Meeting the needs of all people who use the service

- The ward was fully accessible for people with disabilities.
- Information leaflets were available in English. Staff told us they could access information leaflets in other languages or easy-read if they had a patient who required information in that format.
- Staff told us they could easily access interpreters or signers should there be a need to do so.
- Kitchen staff could meet the needs of patients' dietary requirements in relation to spiritual or cultural requirements.
- There was a multi-faith room available with all faith books available.
- There were links with the local Muslim Women's group.
- Patients could access spiritual support in the community. Staff could facilitate access to local spiritual leaders.
- Managers ensured that posters and information leaflets around the ward informed patients about local services; as well as patients' rights, advocacy services, and how to make a complaint.

Listening to and learning from concerns and complaints

- Patients knew how to complain and receive feedback. Complaints were resolved locally. One patient told us she wasn't sure how to make a complaint, but that she was sure she could talk to her named nurse about if she needed to.
- There had been four complaints since the service opened in June 2015. None of these complaints had been referred to the Independent Sector Complaints Adjudication Service (ISCAS) or Ombudsman.
- The Local Clinical Governance meeting minutes dated 11 January 2016 reflected discussion of two complaints received relating to poor staff attitude. The provider identified training needs for staff interactions with patients. Interpersonal skills' training was arranged for March 2016.
- Staff received feedback on the outcome of investigations of complaints in supervision and in staff meetings.

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

Good

Vision and values

- The provider's vision was "to become the highest quality provider of specialist behavioural health services in the UK". Staff we spoke with were proud of their service and the work they did. Striving to be the best at what they do was evident through the creative and innovative ways they were engaging with patients.
- The provider's values stated that "everyone has a personal best". Staff told us how their strengths were acknowledged and channelled at work. One support worker had been given a role working as a therapy coordinator in recognition of her skills. She was hopeful of being seconded from the ward to study for qualifications in occupational therapy.
- Staff knew who the most senior managers were. Staff told us the senior managers often visited and asked for their views about the service. The operational director was present at the hospital during our inspection. We observed him chatting warmly with staff and patients throughout our inspection.

Good governance

- Staff were 95% compliant with all mandatory training.
- Staff received supervision monthly. They also had access to group supervision and reflective practice sessions throughout the month. Staff could have additional supervision if this was identified as a need either by the staff member, or by managers.
- Managers ensured that shifts were covered by sufficient staff of the right grades and experience.
- Staff told us they spent most of their working time in delivering direct care to patients rather than on administrative tasks. Patients told us that staff were always available for them. We observed staff actively engaging with patients throughout our inspection. Care records demonstrated staff spending meaningful time with patients on a daily basis.
- Staff actively participated in audit such as care records, MCA and DoLS and medicine charts.

Long stay/rehabilitation mental health wards for working age adults

Good

- Staff knew how to report incidents. They reported all untoward incidents and near misses. Staff learnt from incidents, complaints and patient and carer feedback.
- Staff followed safeguarding, MHA and MCA procedures correctly.
- The manager had sufficient authority to respond to changing clinical needs.
- The manager had sufficient administrative support.
- Staff could submit items to the provider's risk register.

Leadership, morale and staff engagement

- Staff sickness rates were three percent for a total of 46 staff. This is lower than the national average of 4.4%. Low sickness absence levels can be indicative of high levels of staff well-being at work.
- There were no cases of bullying or harassment ongoing at the time of our inspection.
- Staff knew how to use the whistle-blowing process. A whistle blowing from November 2015 had been investigated internally by the provider and was reviewed by CQC, the clinical commissioning group (CCG) and the local authority safeguarding team. The CQC undertook a focused inspection of the service on 13 November 2015 in response to these concerns but were satisfied that the provider had taken appropriate actions.
- All staff we spoke with told us they felt able to raise concerns without fear of recriminations.
- Staff told us they enjoy job satisfaction and feel empowered to offer their thoughts or suggestions about service provision. They could offer suggestions about service provision at staff meetings or, informally, in discussion with the managers.
- Staff had opportunities to gain experience of leadership through managers allocating responsibility for specific roles when they were on duty such as nurse in charge, clinic nurse or security nurse. There were no courses available on leadership development at the time of our inspection.
- Staff told us they worked well as a team and provided each other with support. We saw staff working well as a team.
- Patients told us that staff were open and honest with them if things go wrong.
- The provider did not return any data from staff surveys. Managers told us they had not yet engaged the staff team in any surveys, but that they planned to do so now they have an established staff team.

Commitment to quality improvement and innovation

- The hospital was not involved in any national accreditation schemes at the time of our inspection.
- The team had developed a tool to focus each patient's care and treatment towards discharge and moving on with their lives. The outcome of the work was to create a visual depiction of the patient's path through the service with the various goals to be achieved clearly signposted. These were individualised to each patient; and were a personalised, visual reflection of their care plan. The team were gathering evidence on the use of this tool with the intention of creating an evidence base to be published in a healthcare journal. Patients told us they found the visual depiction to be a useful reminder of how far they had progressed, achievements they had obtained, and the work still to be done towards discharge.

Outstanding practice and areas for improvement

Outstanding practice

- The team had developed a visual tool to focus each patient's care and treatment towards discharge and moving on with their lives. Staff hoped to create an evidence base for the tool and to publish their findings.

Areas for improvement

Action the provider MUST take to improve

- The provider should ensure that all equipment necessary to support occupational therapy in the occupational therapy kitchen is fully functional.
- The provider should ensure that the temperature in the hospital building can be effectively regulated to avoid extreme cold or extreme heat.
- The provider should remove the defunct CCTV system.