

# Richmond House

## Quality Report

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Date of inspection visit: 4 July 2018  
Date of publication: 10/08/2018

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 Richmond House as good because:

- Staff completed detailed risk assessments using recognised tools that included comprehensive risk management plans. Staff updated individual risk assessments following incidents. Staff knew what incidents should be reported, incidents were reviewed and feedback distributed to staff via the Friday meeting and during staff handovers. The levels of incidents and physical restraints had reduced since the last inspection.
- Overall service specific mandatory training compliance for staff was 100%. Safeguarding adult training compliance was 100% and for safeguarding children was 100%. Staff received supervision in line with the provider's policy, attending both 1:1 supervision and group reflective practice sessions.
- The provider had estimated staffing levels for each shift and the numbers and mix of staff was adjusted to take into account of patient need and safety. The manager ensured the consistency of agency staff booked to provide continuity of care for patients.
- A comprehensive ligature risk assessment was in place. This was updated regularly. The provider had mitigated risks posed by obstructed lines of sight by the use of convex mirrors. New bedroom windows had been fitted to ensure that patients were safe and risks were mitigated. The provider had refurbished the bathrooms and wash hand basins in bedrooms with anti-ligature fixtures and fittings. Staff and patients kept the service clean.
- Patients accessed regular physical health care through visits to a local GP. Care records showed that staff monitored patients' physical health needs throughout their admission.
- Staff encouraged and supported patients to access opportunities to aid reintegration with the local community.
- Staff held regular multi-disciplinary team meetings and encouraged patient attendance to contribute to their care and treatment programmes. Patient records contained detailed information relating to individual rehabilitation.
- We observed caring and compassionate interactions between staff and patients. Patients told us that staff were caring and approachable, and most said they felt safe on the unit. Patients were involved in developing care plan goals, and completed a document that included their goals, strengths and how they liked staff to support them.

# Summary of findings

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Good 

# Richmond House

**Services we looked at**

Wards for people with learning disabilities or autism;

# Summary of this inspection

## Background to Richmond House

Richmond House is a community hospital for people with a primary diagnosis of a learning disability and associated mental health problems. It provides assessment, treatment and rehabilitation for female patients; with a mild to moderate learning disability.

The service is owned by Priory Healthcare Limited, and is one of a number of services they provide throughout the country.

Richmond House has been registered with CQC since 2010 to carry out the following legally regulated services/activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Act.

The manager has been registered with CQC since October 2016. The service had a separate controlled drugs accountable officer.

The service was last inspected in March 2017 and was rated as good overall with safe as requires improvement.

CQC identified the following area of improvement required:

The provider must ensure that the environment is safe and monitored. They must ensure that ligatures in the bedrooms and bathrooms are removed or replaced to reduce the risk.

The provider had addressed the identified concern when we checked at this inspection.

The hospital had eight registered beds. During the inspection, there were seven patients receiving care and treatment. Each patient was detained under the Mental Health Act with some patients being subject to additional Ministry of Justice restrictions.

## Our inspection team

Team leader: Peter Johnson Inspection Manager CQC Mental Health Hospitals

The team that inspected the service comprised of one inspection manager and one CQC inspector.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. This was an announced inspection.

## 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 the information that we held about this service.

During the inspection visit, the inspection team:

- reviewed the quality of the treatment environment and observed how staff interacted with patients
- spoke with five patients who were using the service
- interviewed the registered manager

# Summary of this inspection

- met with seven other staff members; including the responsible clinician, nurses and health care assistants
- examined in detail four care and treatment records
- reviewed four patient medication cards and the clinic room
- received and reviewed 11 comments cards containing feedback
- Examined a range of policies, procedures and other documents relating to the running of this service.

## What people who use the service say

We spoke with five patients individually during the inspection. One patient gave us a presentation at the beginning of the inspection.

They told us that staff offered them support and practical advice in relation to management of their mental health and wellbeing. Patients told us they knew how to make a complaint, and how to access the advocacy service.

Most patients reported to feel safe on the unit, and that staff were caring, kind and supportive. They reported positive contact with families and carers when required and that staff ensured that family and other contact was maintained and supported.

Patients told us they enjoyed the activities provided and enjoyed going out into the community when able.

# 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 Richmond House as good for safe because:

- We identified positive reductions in restrictive practices linked to individualised risk assessments. Staff had completed detailed risk assessments using recognised tools that included comprehensive risk management plans. Staff updated risk assessments following incidents.
- The unit had a comprehensive ligature risk assessment in place with risk mitigation clearly identified. For example, the provider had mitigated risks posed by obstructed lines of sight by the use of convex mirrors.
- The provider had refurbished the bathrooms and wash hand basins in bedrooms with anti-ligature fixtures and fittings. New bedroom windows had been fitted to ensure that patients were kept safe and risks were mitigated
- Staff and patients kept the unit visibly clean.
- The provider had estimated staffing levels on the unit and the numbers and mix of staff was adjusted to take into account of patient need and safety. The registered manager had block booked agency staff to provide continuity of care for patients.
- Overall mandatory training compliance for staff was 100%.
- Staff knew what incidents should be reported, all incidents were reviewed and feedback distributed to staff via the Friday reflection meeting and discussion in monthly rehabilitation staff meetings.

Good



### Are services effective?

We rated Richmond House as good for effective because:

- Patients accessed regular health care monitoring through visits to a local General Practice and visits to a local dental surgery. Care records showed that staff monitored patients' physical healthcare needs throughout their admission.
- The staff team completed pre-admission assessments, collecting historic risk information and worked closely with the patient's previous placement.
- Psychology staff delivered specialist treatment programmes, working to models recognised for use in rehabilitation services.
- Occupational therapists provided rehabilitation programmes and encouraged patients to access opportunities to aid reintegration with the local community.

Good



# Summary of this inspection

- New staff received a thorough induction programme and bank and agency staff received information before working on the unit.
- Staff accessed regular reflective practice sessions as part of group supervision.
- Patient records contained detailed information relating to leave entitlement and outcomes.
- All staff had received training in the Mental Health Act and Mental Capacity Act and followed the guiding principles.
- Staff received supervision in line with the provider's policy, attending both 1:1 supervision and group reflective practice sessions. The current compliance rate was 94% for June 2018.

## Are services caring?

**We rated Richmond House as good for caring because:**

- We observed caring and compassionate interactions between staff and patients.
- Patients told us that staff were caring and approachable, and most said they felt safe on the unit
- Patients were involved in developing their care plan goals, and had completed a document that included their goals, strengths and how they liked staff to support them.
- Staff allocated patients a buddy on admission to assist with settling in and becoming familiar with the unit
- Patients accessed advocacy services who visited the service weekly.
- The unit held weekly community meetings to offer patients the opportunity to make complaints or contribute to the service.

Good



## Are services responsive?

**We rated Richmond House as good for responsive because:**

- Staff regularly discussed discharge planning as part of multi-disciplinary and professionals meetings. Discharge planning commenced at the point of admission and staff on the unit focussed on treatment, recovery and reintegration back into the community.
- The service had a large kitchen for cooking classes and a patient lounge where groups were held.
- Patients could personalise their bedrooms, and communal areas on the wards contained art work and items designed and chosen by patients.
- Patients attended weekly activity planning meetings to contribute to ward activity timetables and to plan their meals for the week ahead.

Good





# Summary of this inspection

- The service offered a range of activities including group sessions on mindfulness and relaxation, cooking and gardening sessions.
- Patients had a rota for cooking and each cooked one meal per week. Patients chose what they wanted to cook with input from staff and a weekly menu was agreed at the community meeting. The service provided easy read and visual information leaflets on treatment, activities and local services in an admission pack that patients had been involved in writing.
- The service had a clear complaints and feedback policy that patients were all aware of and all formal complaints were investigated and responded to.
- Patients accessed spiritual support, with regular visits to local churches. Diets for specific health or religious needs were available.
- The unit had a record of compliments received.

## Are services well-led?

**We rated Richmond House as good for well led because:**

- Staff reported high visibility of the senior management team, offering regular support and visits to the unit.
- The provider's electronic dashboard allowed the manager to see an overview of staff training, supervision and appraisal compliance, linked to staff performance. This allowed the unit manager to monitor compliance with the provider's key performance indicators.
- The unit manager and staff demonstrated a strong recovery focussed approach for patients linked to the provider's vision and values.
- The unit manager held and regularly updated a unit specific risk register.
- The overall sickness rate on the unit was below three percent.
- Staff morale and job satisfaction was high across the unit. Staff felt involved in decision making and were actively involved in improving the care and treatment delivered to patients. There were no reported incidents of bullying or harassment at the time of the inspection.
- Staff recognised the importance of strong team working and support for colleagues.
- Staff demonstrated an understanding of the duty of candour and implemented this in their practice and approach towards patients.

Good



# 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.

- Overall Mental Health Act training compliance was 100%. Staff were able to give examples of applying the Act in relation to consent to treatment.
- The provider had a central Mental Health Act administrator who visited the service regularly and staff spoken with were aware of who they were, how to contact them and when.
- The service had clear records of leave granted, including contingency plans. Patients were risk assessed before going on leave.
- Consent to treatment forms and capacity assessments were included in the patient records and a copy attached to medication charts.
- Each patients had their rights under the Act explained to them on admission and regularly afterwards with their understanding recorded.
- Detention paperwork was stored in patient records and was correct and up to date.
- The Mental Health Act administrator visited the service regularly to complete audits of paperwork.
- Patients had access to an independent mental health advocate who visited the service weekly and patients we spoke to were all aware of the advocate and how to contact them.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall Mental Capacity Act training compliance was 100%.
- There were no current Deprivation of Liberty Safeguards applications or authorisations for this unit.
- There were no blanket restrictions were in place unless assessed to be clinically appropriate.
- Staff spoken with had a good understanding of the Mental Capacity Act and its guiding principles.
- Patients had a capacity assessment on admission and whenever decisions needed to be made regarding treatment. There were no patients who lacked capacity at the time of the inspection.
- The service had a Mental Capacity Act and Deprivation of Liberty Safeguards policy and further advice could be accessed from the Mental Health Act administrator.






## 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	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

### Notes

# Wards for people with learning disabilities or autism

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

## Are wards for people with learning disabilities or autism safe?

Good 

### Safe and clean environment

- The unit had a comprehensive ligature risk assessment in place with risk mitigation clearly identified. For example, the layout of the unit had numerous blind spots but convex mirrors were in place to promote staff observation of patients.
- The provider had refurbished the bathrooms and wash hand basins in bedrooms with anti-ligature fixtures and fittings. New bedroom windows had been fitted to ensure that patients were kept safe and risks were mitigated
- The unit only admitted female patients and therefore fully complied with the Department of Health guidance on the elimination of mixed gender accommodation.
- The clinic room was fully equipped with emergency equipment and the service had a contract for monitoring and calibration of equipment. The clinic room fridge and room temperatures were checked to ensure the safe storage of medications.
- Staff carried radios to enable them to summon assistance and plans were reported to install panic alarms throughout the unit.
- The service did not have a seclusion room and did not seclude patients.
- The ward areas were visibly clean and tidy with comfortable furnishings. Actions had been taken by staff to ensure that there were no trip hazards for patients with impaired mobility.

- Hand washing signs and sinks were in place and staff had access to hand sanitisers as required.
- A fire risk assessment had taken place on 27 August 2017 and actions arising had been addressed. Weekly fire alarm checks took place.

### Safe staffing

- The provider had estimated staffing levels for each shift and numbers and mix of staff was adjusted to take into account of patient need and safety. The manager ensured the consistency of agency staff booked to provide continuity of care for patients. 55 shifts had been covered by an agency staff member in the past six months.
- Patients had regular 1-1 time with a nurse.
- The unit had a registered nurse on duty at all times. There was a 1.3 whole time equivalent vacancy for a trained nurse. There were no support worker vacancies. Ongoing recruitment was in place by the provider.
- The unit staffing levels were one qualified nurse and two or three or more support workers during the day, dependent on how many activities and escorted leave were booked. Night staffing levels were one trained nurse and two support workers.
- The service used the local GP surgery for healthcare including out of hours provision, and an ambulance called in case of emergency.
- Overall service specific mandatory training compliance for staff was 100%.

### Assessing and managing risk to patients and staff

- There were no incidents of seclusion over the past six months.
- There were 59 incidents of over the past six months, involving 12 restraints. None of these restraints were in the prone position.

# Wards for people with learning disabilities or autism

- We reviewed four patient care and treatment records and these had full risk assessments completed on admission and these were updated regularly. Staff had completed detailed risk assessments using recognised tools that included comprehensive risk management plans. For example, patients were assessed using the historic current risk assessment.
- Each patient had a positive behaviour support plan in place which identified how they wanted to be supported by staff if and when they needed it.
- The unit did not use blanket restrictions and followed a policy of least restrictive practise to increase patients' independence.
- The service did not have any recorded incidents of patients attempting to self-ligature in the past year.
- Staff were trained in conflict resolution and management of violence and aggression Restraint was only used after attempting de-escalation.
- There were no incidents of rapid tranquilisation used in the past year.
- Each member of staff had received safeguarding adults and children training. Staff were aware of safeguarding procedures and knew what and how to report any incidents. For example to their line manager, local authority and the Care Quality Commission. There were no patients reported to be on a current safeguarding protection plan.
- Child visiting arrangements were by appointment and any visits were supported by staff and took place off the unit.
- The provider had contracted an independent pharmacy who audited medicines management including reconciliation and error reporting. Medications were stored and logged appropriately.

## Track record on safety

- There were no serious incidents that required investigation in the past year.
- Patients and staff told us they felt safe on the unit.

## Reporting incidents and learning from when things go wrong

- The service used an electronic reporting system for incidents. Staff we spoke with were aware of what they needed to report and how to use the system to report it.
- All incidents were investigated by the manager and outcomes fed back to patients and staff.

- Staff were able to give examples of when they had used their duty of candour to inform patients when something had gone wrong.
- Lessons learnt from incidents were shared across the wider organisation and posters were displayed for staff. For example, following patients secreting items in another service.
- Staff held a de-brief following any incident and managers reviewed all incidents in their hand over meetings and risk management and positive behaviour support plans were updated as required.

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

Good 

## Assessment of needs and planning of care

- Each patient had a comprehensive assessment completed prior to and following admission
- The staff team completed pre-admission assessments, collecting historic risk information and worked closely with the patient's previous placement. Staff worked closely with patients and where appropriate; their carer to identify individual strengths and any areas for development. Each patient had a positive behavioural support plan in place.
- Staff had assessed any communication needs that individual patients may have had and we noted staff communicating with patients in such a way that was supportive as well as ensuring individual understanding.
- Care and treatment records showed that staff monitored patients' physical health throughout their stay and that patient's healthcare needs were fully met, including community access to dentistry, chiropody and optician services.
- Patients had comprehensive and personalised care plans. Care plans were recovery focussed and demonstrated the least restrictive practice and positive risk-taking ethos of the unit.
- Patient care records were stored on an electronic system so that all staff had access.

## Best practice in treatment and care

# Wards for people with learning disabilities or autism

- We reviewed four patient medication records Clinical staff were aware of National Institute for Health and Care Excellence guidelines when prescribing medication and all medication was within recommended limits.
- Psychological interventions in line with National Institute for Care and Excellence guidelines were provided including positive behavioural support plans and mindfulness groups.
- Occupational therapists provided rehabilitation programmes and encouraged patients to access opportunities to aid reintegration with the local community.
- The unit used local GP and dental surgeries to provide ongoing physical healthcare to patients including asthma and diabetes reviews. Patients received an annual health check and any identified concerns were addressed by the service in liaison with primary care services. Emergency treatment was available through the accident and emergency department at the local acute trust.
- There were no patients in the unit with a diagnosis of epilepsy. Staff confirmed that if a new patient was admitted with this diagnosis; a specific care plan would be drawn up with the patient's GP.
- Patients had health action plans in easy read format to help them understand their healthcare needs and treatment.
- The service used recognised tools to assess and monitor outcomes for patients including Health of the nation outcome scales (HONOS Secure), Short term assessment of risk and treatability (START) and historic clinical risk assessment (HCR20). Psychological support and interventions were clearly recorded in patient notes. Staff had access to guidance regarding providing care under the transforming care new models of support framework.
- Staff had access to a speech and language therapist to provide advice and support as required. The service had a speech and language folder to refer to for additional guidance as required.

## Skilled staff to deliver care

- The service employed a range of disciplines including part time occupational therapy assistant, part time social worker, part time psychologist and part time speech and language therapist.

- New staff received a thorough induction programme and bank and agency staff received information before working on the unit.
- The provider had an induction programme consisting of e-learning and classroom training and all support workers were trained in the care certificate.
- Handovers took place between each shift to ensure that staff were updated with any changes in patient presentation.
- Staff spoken with had a good understanding of each patient's individual needs including any physical healthcare support needed. This was reflected in those care and treatment records reviewed.
- The service had a designated person responsible for coordinating the positive behaviour support plans on the unit. This was the assistant psychologist who worked closely with the nursing team.
- Staff had received supervision with a compliance rate of 94% in June 2018.
- The service held a staff support session weekly for three out of every four weeks and one team meeting per month.
- All staff had received an annual appraisal.
- Staff performance was reviewed in supervision and appraisal so that any concerns about individual performance could be addressed promptly by the unit manager.
- Staff had received the necessary training for their role. For example, training in conflict resolution, communication and understanding, positive behaviour support plans, the green light toolkit for learning disability and autism, and the prevention and management of violence and aggression.

## Multi-disciplinary and inter-agency team work

- Monthly multi-disciplinary team meetings, manager and clinical governance meetings were held. Care Planning Approach meetings took place every three months.
- The service had good links with the wider organisation; managers held monthly meetings with other learning disability service managers monthly and the service held events with another local learning disability service run by the same provider..
- The unit had a good working relationship with the local safeguarding team and held meetings to review safeguarding issues.

# Wards for people with learning disabilities or autism

- The service had links with the patient's community teams across the country and encouraged good communication with the patient's home area through the use of teleconferencing and skype access for care plan reviews and discharge planning.

## Adherence to the MHA and the MHA Code of Practice

- The organisation had a central Mental Health Act administrator who visited the service and staff we spoke to were all aware of who they were, how to contact them and when. They completed audits of legal paperwork and any actions arising were addressed by the service.
- Staff had completed their mandatory Mental Health Act training and displayed a good understanding of its guiding principles. Staff were able to give examples of applying the Act in relation to consent to treatment.
- The service had clear records of leave granted, including contingency plans. Patients were risk assessed before going on leave.
- Consent to treatment forms and capacity assessments in relation to the Mental Health Act; were included in the patient records and a copy attached to medication charts.
- Patients had their rights under the Act explained to them at admission and regularly afterwards in an accessible format with their understanding recorded. This was provided in an individualised way according to each patient's level of understanding.
- Detention paperwork was stored in patient records and was correct and up to date.
- Patients had access to an independent mental health advocate who visited the service weekly and patients we spoke to were all aware of the advocate and how to contact them.

## Good practice in applying the MCA

- All staff had completed Mental Capacity Act training.
- Staff spoken with had a good understanding of the Mental Capacity Act and its guiding principles.
- The unit did not make any Deprivation of Liberty and Safeguards applications over the past year.
- Patients had an individual capacity assessment on admission and whenever decisions needed to be made regarding their care and treatment. According to those

care and treatment records seen there were no patients who lacked capacity at the time of the inspection. Information to patients was presented in an accessible format to promote individual understanding.

- We did not find evidence of any decision specific capacity assessments being required for patients on the unit.

## Are wards for people with learning disabilities or autism caring?

Good 

### Kindness, dignity, respect and support

- We observed staff interacting with patients in a respectful and supportive way.

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

- The unit had a 'buddy system' where new patients were allocated peer support to help orient them on admission. The service had produced an admission pack with input from patients to inform new admissions of the service and local amenities.
- We reviewed four patient care and treatment records and saw evidence of patient involvement in all of the care plans examined. For example, patients had active involvement and participation in writing their care plans and positive behaviour support plans.
- Carers and families were actively encouraged to participate in care programme approach meetings and other reviews.
- Staff assisted patients to complete a document that included their goals, strengths and how they liked staff to support them.
- The service used the 'my shared pathway' process to increase patient independence and involvement in care. The service had an independent advocate who visited weekly to provide support and information.
- Staff were aware of the need to ensure patient confidentiality when discussing sensitive issues with patients.
- Patients spoken with told us that they generally felt safe on the unit and that staff were caring and approachable.

# Wards for people with learning disabilities or autism

- Staff spoken with demonstrated a good understanding of patients' individual needs and recovery focussed care. Care records showed a holistic view that took all patient needs into account.
- The organisation had a patient council where the representative from the service could raise issues and suggestions from other patients on the unit.
- The service gave patients a leaflet to explain how they could make suggestions and complaints.
- Patients were communicated with appropriately and sensitively. Staff spent time with patients to ensure understanding.
- The service held weekly community meetings where patients could raise any suggestions or concerns. These ensured that patients were actively involved in their daily and weekly routines.
- The service had a well-equipped kitchen for cooking classes and a large patient lounge where groups were held.
- The service did not have a specific room for patients to meet visitors but they could meet visitors in the dining room for privacy.
- Patients had access to mobile phones to make phone calls in private and there was a payphone located in the dining room which gave patients a quiet place to make calls.
- The service had a patient computer in the dining room and this was internet enabled. Access to this and to social media was risk assessed by staff. Two patients had their own laptops which were not internet enabled.
- The service had a garden area which patients could access at any time with a member of staff and also for gardening sessions with the occupational therapy assistant.
- Patients had a rota for cooking and each cooked one meal per week. Patients chose what they wanted to cook with input from staff and a weekly menu programme was agreed at the community meeting.
- Patients had access to drinks and snacks at all times.
- Communal areas contained art work and items designed and chosen by patients.
- Patients attended weekly activity planning meetings to contribute to ward activity timetables and to plan their meals for the week ahead.
- Patients could personalise their bedrooms and had individual keys to their room so they could safely store their possessions.
- The service offered a range of activities including group sessions on mindfulness and relaxation, cooking and gardening sessions. Patients were also encouraged to participate in community based activities seven days a week unescorted or with staff support.

## Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Good 

### Access and discharge

- The provider reported that that the average length of stay of those patients who had been discharged recently was 224 days. The overall average length of stay was 22 months.
- Staff were able to transfer patients to a more appropriate setting should there be a deterioration in their health.
- Discharge planning commenced at the point of admission on to the unit. Each patient had a discharge plan which staff reported had been discussed with them and the focus of care was recovery based and leaving the service for a more suitable long term placement.
- Regular meeting were held with commissioners to ensure that the service was the most appropriate placement for the individual concerned.
- The provider did not report any delayed discharges over the past year.

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

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

- The unit had one ground floor bedroom which could be accessed by a patient with limited mobility. The remaining bedrooms were on the first floor and so were not accessible for patients with reduced mobility.
- Information leaflets were displayed and were in an accessible format for patients. These included information on local services, advocacy services and unit activities.
- Appropriate signage was used to aid patient understanding.

# Wards for people with learning disabilities or autism

- Patients had a choice of food for each meal including vegetarian and healthy eating options. Cultural and religious appropriate diets were made available if required. Menus were discussed at the weekly community meetings. Patients shopped, prepared and cooked their main evening meal with the support of staff. This was arranged on a rota basis.
- Patients accessed spiritual support, with regular visits to local churches. Diets for specific health or religious needs were available.

## Listening to and learning from concerns and complaints

- There had been no formal complaints about this unit over the past year.
- Informal complaints were recorded and addressed by the service at a local level. Staff did not report any common themes but stated that all concerns were taken seriously.
- Staff had produced an easy read guide on how to complain. Patients spoken with knew how to complain if they needed to. Patients felt that staff listened to any concerns that they may have had and had taken action as a result. This had been explained to them so that they understood and could ask any further questions.
- The provider had a complaints policy that included sending an update letter and meeting with the patient concerned whilst the investigation was being completed.
- The unit had received ten compliments from commissioners, family members and patients over the past year. These included compliments about the activities being provided by the service and the positive attitude of staff.

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

Good 

### Vision and values

- Staff spoken with were aware of the provider's vision and values of 'putting people first', 'being supportive',

'acting with integrity', 'striving for excellence' and 'being positive'. Observations of staff interactions with patients showed staff demonstrating these values and this was evident in care records and through patient feedback.

- The provider was taking positive action to comply with the national transforming care programme aim of reducing hospital admissions for people with learning disability or autism. For example, the unit manager demonstrated a strong recovery focussed approach for patients and actively encouraged this ethos in their staff. The recovery focus was shown through a commitment to least restrictive practice, discharge planning and positive risk taking.
- The unit manager had an open door policy for patients and staff and knew their patients well.
- Staff knew who the organisation's senior managers were and told us they visited the service regularly.

### Good governance

- The provider's electronic dashboard allowed the manager to see an overview of staff training, supervision and appraisal compliance, linked to staff performance. This allowed the unit manager to monitor compliance with the provider's key performance indicators.
- Commissioners were invited to care programme approach meeting to review individual patient progress and to assess whether the unit could meet the needs of individual patients.
- The manager reported positive links with local commissioners and the patients' own home based services.
- The unit manager reported that they could book additional staff on overtime, bank or agency when required.
- The organisation shared learning from incidents, complaints and feedback at monthly clinical governance meetings and fortnightly senior manager meetings.
- The unit manager had sufficient authority and was able to access additional support from other nearby services run by the provider.
- Staff were able to submit items to the local risk register through the weekly Friday team meeting.

### Leadership, morale and staff engagement



# Wards for people with learning disabilities or autism

- The provider reported low levels of staff sickness, with 3 % sickness across the unit. This was below the national average.
- There were no bullying or harassment cases ongoing at the time of inspection.
- Staff spoken with were aware of the whistleblowing process and how to use it.
- Staff spoken with told us that they felt able to raise concerns without fear of victimisation. Staff confirmed that their levels of morale were good, that they were busy and worked hard but felt high levels of job satisfaction.
- Staff spoke highly of the unit manager and felt supported by them. Staff told us that they worked well as a team and helped each other. They reported that there were opportunities for development.
- Staff were trained in the duty of candour and were open and honest with patients if something went wrong.
- Staff told us they felt they had the opportunity to give feedback on services and that they could raise any ideas and concerns with the unit manager.

## **Commitment to quality improvement and innovation**

- The Learning Disability Service medium and low secure services participated in the Quality Network for inpatient learning disability services.
- The service is currently undergoing self-assessment for accreditation in the accreditation of inpatient mental health services (AIMS).

# Outstanding practice and areas for improvement