

Good 

Surrey and Borders Partnership NHS Foundation Trust

Wards for people with learning disabilities or autism

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)
RXXHK	Surrey & Borders Partnership NHS Foundation Trust	April Cottage	Surrey RH6 0BN

This report describes our judgement of the quality of care provided within this core service by Surrey And Borders Partnership 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.

Where applicable, we have reported on each core service provided by Surrey And Borders Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Surrey And Borders Partnership 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?

Requires improvement 

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 rated April Cottage as **good** because:

- The physical environment of April Cottage was clean, well-maintained and kept people safe.
- The patients interviewed reported they felt safe, protected from avoidable harm whilst at the same time they had their own freedom to take risks.
- The multidisciplinary team worked well together. There were sufficient staff to ensure safe levels of nursing were maintained.
- All staff were trained in positive behaviour support and this was incorporated into the model of care.
- There was clear evidence that the patient was at the centre of their care. Each patient had a folder which contained their likes/dislikes, aspects of their life and issues that were important to their life
- Patients we spoke with reported that they felt involved in decisions about their care, supported to make decisions in their lives and were treated well with compassion, dignity and respect.

- Patients we spoke with were aware of how to make a complaint. The complaints process was available in an easy read format. Patients were supported with individual issues which tended to be resolved informally.
- Staff were clear about their roles and what they were accountable for and had a positive working relationship with local commissioners.
- Morale was high, all staff were looking forward to moving to their new premises. The service had been nominated for 'team of the year' award.

However:

Risk assessments and physical health assessments were undertaken but were not presented in a standardised way. In addition, the therapeutic activities programme was poor as it was low-key and not based upon an occupational therapy assessment of peoples' needs.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- The physical environment of April Cottage was clean, well-maintained and kept people safe. The ward layout allowed staff to observe all parts of the wards and any ligature points (fixed points from which patients could suspend themselves to do harm) were adequately mitigated with a ward plan to safely manage these areas.
- Although the ward treated both men and women, it complied with guidance on same sex accommodation. The patients interviewed reported they felt safe, protected from avoidable harm whilst at the same time they had their own freedom to take risks.
- The multidisciplinary team worked well together. There were sufficient staff to ensure safe levels of nursing were maintained.
- Each patient had a named nurse and staff were with the patients for the majority of the time unless a patient chose to be alone. All staff were trained in positive behaviour support and this was incorporated into the model of care. The staff team rarely used restraint techniques and were trained in their use if required.
- We examined five care records which demonstrated good practice in the use of recording observation. However, risk was not assessed using a recognised assessment tool and it was not apparent from accessing the electronic patient records on SystemOne that risk assessments were dynamic or updated. There was evidence that patients' risk had been reviewed regularly in the progress notes.

Good



Are services effective?

We rated effective as **requires improvement** because:

- The care records did not contain a physical healthcare framework for assessment or action plans for the ongoing monitoring of new physical health conditions
- The paper records were clearer than those held on SystemOne. The electronic records were not in an accessible form, were difficult to find, and contained a series of entries rather than a dynamic plan of care.
- There was not a speech and language therapist or an occupational therapist on the staff team, therefore effective

Requires improvement



Summary of findings

communication with some patients with language difficulties was compromised and patients did not benefit from an occupational therapy assessment which contributed to a formalised programme of activities.

- Ward staff had applied for Deprivation of Liberty Safeguards (DoLS) authorisations for two patients and staff were waiting for follow up from the local authority . While we heard that there was informal follow up with the local authority in relation to the outstanding applications, there appeared to be no formal process for this, nor to continue to consider the risks of the patients continuing to be cared for on a locked ward without capacity to consent to their care and treatment and whether less restrictive options were available.

However:

There was evidence that the patient was at the centre of their care. Each patient had a folder which contained their likes/dislikes, aspects of their life and issues that were important to their life. There was evidence in the care records that patients had ready access to appropriate psychological therapies. Each patient had a personalised, positive behavioural support (PBS) plan. PBS was integrated into the ward model of care.

Are services caring?

We rated caring as **good** because:

- We observed excellent interaction between staff and patients. Staff were approachable and engaged readily with patients.
- The individual needs of the patients were anticipated or responded to, and well met.
- Patients we spoke with reported that they felt involved in decisions about their care, were supported to make decisions in their lives and treated well with compassion, dignity and respect.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

- Patients were discharged to the local community unless a more intensive environment was required. NHS England identified a suitable placement outside of the trust area if necessary.
- We observed good interaction between the trust and local commissioners which ensured that people were discharged in a timely manner from April Cottage.

Good



Summary of findings

- April Cottage staff were able to adapt their model of care to meet individual needs. The service had accessibility for people with physical disabilities. Patients were able to personalise their own bedroom space and had access to their rooms as required.
- There had not been any recent complaints at April Cottage. The patients we spoke with were aware of how to make a complaint. The complaints process was available in easy read format.

Are services well-led?

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

- The staff we spoke with were aware of the trust and directorate vision and values. They felt that their own objectives reflected the organisation's values and objectives.
- Staff were clear about their roles and what they were accountable for and had a positive working relationship with local commissioners.
- The management team at April Cottage used key performance indicators and other indicators to gauge the performance of the team. Morale was high and all staff were looking forward to moving to their new premises. The service had been nominated for the 'team of the year' award. The manager had been nominated for the 'leader of the year' award and a support worker had been nominated for the 'support worker of the year' award within the Trust.

Good



Summary of findings

Information about the service

The single ward for people with learning disabilities known as April Cottage was situated in the South Eastern corner of Surrey. It was a 10 bedded, single storey facility with a secure garden. The service will shortly be decommissioned and re-provided as a 10 bedded facility in the central, Northern part of the county. At the time of inspection, there were five patients, two women and three men.

April Cottage provided the following service to both men and women with learning disabilities:

- Inpatient assessment and treatment.
- Promotion and maintenance of independence through assessment of everyday living skills.
- Preparation for return to community living.

Surrey and Borders Partnership NHS Foundation Trust was last inspected in 2014 and April Cottage was inspected at that time. There were no outstanding compliance actions from the previous inspection.

Our inspection team

The team was comprised of a CQC inspector, a Mental Health Act reviewer and three specialist advisors – a consultant psychiatrist, an occupational therapist and a specialist learning disabilities nurse.

Why we carried out this inspection

We inspected this core 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 this service, asked a range of other organisations for information and sought feedback from patients and carers at two learning disability focus groups.

During the inspection visit, the inspection team:

- Visited the single ward for people with learning disabilities (April Cottage) and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with two patients who were using the service.
- Spoke with a carer.
- Spoke with the managers of the ward.
- Spoke with 10 other staff members; including doctors, nurses and psychologists.
- Interviewed a commissioner from the local Clinical Commissioning Group (CCG).
- Interviewed the health service manager with responsibility for this service.
- Attended and observed a multidisciplinary clinical review meeting, a new admission meeting, a supervised mealtime, an activity session and medication dispensing.

Summary of findings

- Reviewed five treatment records of patients.
- Carried out a specific check of the medication management on the ward.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

The patients we spoke with told us that they generally felt involved in decisions about their care. They said they felt supported to make choices in their lives and were treated well with compassion, dignity and respect. Patients also told us they felt safe at April cottage because staff knew what to do to protect them from harm.

The carers that we spoke with however, stated they felt that people remained in April Cottage for too long. They also said that there were not enough activities in the building to keep people occupied and promote their mental health.

The service commissioners we spoke with advised us that there had been a lot of improvements within the service and within the senior team. They said that the team had facilitated reviews for transforming patient care, had improved throughput with transition plans and had worked increasingly with a number of people with challenging behaviour.

Good practice

We observed excellent interaction between staff and patients that had developed through staff taking time to form meaningful relationships with the individual patients, and for the patients to feel able to trust the ward staff. The team and individual staff members had been

nominated for the following trust awards, team of the year, leader of the year and support worker of the year. Nominations were made by managers, peers and patients.

A consultant nurse had introduced blood tests for patients to test for helicobacter following an incident in another service for people with learning disabilities.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve:

- Ensure that a comprehensive risk assessment framework is in place so that all staff can assess, record and report risks in the same way. This will enable staff to see and understand what risks currently exist and how these are to be effectively managed.
- Ensure that an agreed assessment framework for physical care is introduced so that all staff can assess, record and report physical health monitoring in the same way. This will enable staff to see and understand what health risks currently exist and how these are to be effectively managed.
- Ensure electronic patient records are organised in a way that promotes safety and wellbeing for people who use services and assists in the effective delivery of care and treatment
- Review the staff workforce to ensure that staff and patients have ready access to a speech and language therapist and an occupational therapist.
- Improve the current level of activities provided and ensure that activities are based upon an occupational therapist's assessment of need.
- Review the current arrangements for the recording and monitoring of ongoing DoLS assessment requests, to protect people's rights under the MHA and MCA .

Surrey and Borders Partnership NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ward for people with learning disabilities	Ward for people with learning disabilities

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 staff we spoke with were knowledgeable with regard to the Mental Health Act. They had participated in appropriate training and were aware of the MHA Code of Practice. There was information available on the notice boards in the wards regarding detention under section two and section three of the MHA which was in an easy read format. There

was information available regarding the Independent Mental Health Advocacy (IMHA) service. The advocate visited the ward on the day of the inspection and informed us that they also provided the function of an Independent Mental Capacity Advocate (IMCA) and also acted as an advocate for the Care Act. The section 132 form used by the ward to advise detained patients of their rights had different aspects of information in the form of a checklist but did not include information about the IMHA service.

Mental Capacity Act and Deprivation of Liberty Safeguards

April Cottage had a locked door policy. Applications for DoLS assessments had been made for the two patients who were not detained under the MHA. We saw that there had been email communication with the local authority indicating the ward had followed up the applications. There was however, no formal process of follow up or to

consider the risks of the patients continuing to be treated on a locked ward without the capacity to consent to their care and treatment. Therefore, whilst the service waited for the DoLS assessments, they risked the possibility that two patients were deprived of their liberty without formal

Detailed findings

authorisation, or were de facto detained. The ward was locked and there was no clear process in place to manage the situation if one of the patients who was not detained wished to leave.

The staff group had a working understanding of the MCA. Capacity assessments were recorded in care records but there was not a formal assessment process in place or a policy regarding how frequently capacity should be reassessed.

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

- The physical environment of April Cottage was clean, well-maintained and kept people safe.
- The ward layout allowed staff to observe all parts of the ward; any ligature points (fixed points from which patients could suspend themselves to do harm) were adequately mitigated with a ward plan to safely manage these areas.
- Although the ward treated both men and women, it complied with guidance on same sex accommodation. All patients had single bedrooms with toilet and washing facilities very close by. These facilities were clearly designated either male or female and there was a female only lounge provided.
- April Cottage had a fully equipped clinic room with accessible resuscitation equipment and emergency drugs that were regularly checked.
- There were no seclusion facilities at April Cottage.
- The ward area had good quality furnishings. The recent Patient-led Assessment of the Care Environment (PLACE) score for cleanliness of the environment for April Cottage was 100%; this was 2.18% higher than the national average. The cleaning records were up to date.
- Staff adhered to infection control principles including regular handwashing which was particularly well practiced during meal preparation.
- There was ready access to appropriate alarms and nurse call systems. The patients interviewed reported feeling safe at April Cottage because they knew what to do and knew staff would act if they were affected by the behaviour of others.

Safe staffing

- The service had seven qualified nurses and eight support workers. There was one vacancy for qualified nurses and four for support workers.

- Each day there was a minimum of one qualified nurse on shift and one during the night shift. There were three support workers during the day shift and two during the night shift.
- All of the registered nurses at April Cottage were specialist learning disability nurses. The ward manager had identified the requisite number of registered and unregistered nurses required for each shift based on an assessment of individual patients needs and had the authority to flex these numbers according to additional need. The duty rota confirmed that safe nursing levels were maintained.
- An established group of agency staff was used to increase staff numbers or provide cover for sickness, absence, annual leave or training needs.
- A registered nurse was present in the communal areas of the ward at all times. On the two busiest days of the working week the ward manager had two registered nurses available for each shift.
- Each patient had a named nurse and staff were with the patients for the majority of the time unless a patient chose to be alone.
- The majority of the patients had accompanied leave to walk around the grounds with a staff member, patients and staff reported that this was rarely cancelled but was sometimes put off until later depending on the needs of the other ward patients.
- There were sufficient staff on the unit both during the day and at night to safely carry out physical interventions if required
- The consultant psychiatrist attended the ward most days of the week and an on-call rota allowed for doctors to attend the ward quickly in an emergency.

All staff had received mandatory training above the 75% compliance target.

Assessing and managing risk to patients and staff

- Seclusion and segregation were not used at April Cottage. There was occasional use of restraint although there had not been any episodes of use in the past four months.

Are services safe?

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

- Staff were trained in the use of positive behavioural support (PBS) and therefore always considered proactive ways to support patients before they presented behaviours that challenged. All patients had a personalised PBS plan and all staff were trained in positive behaviour support which was delivered as team training at whole ward level. The staff group were also trained in the use of physical restraint.
- The inspection team examined all five care records.
- Staff had undertaken a risk assessment of every patient. Each patient's risk had been reviewed, however, the assessment had not been completed using a recognised risk assessment tool and changes to levels of risk were recorded in the progress notes only and not on the SystemOne risk assessment.
- April Cottage had a locked door. Patients who were not detained under the Mental Health Act could leave the unit, however, due to their vulnerabilities this would be with a ward escort.
- Rapid tranquilisation was not used at April Cottage.
- Restraint was only used after positive behavioural support techniques and de-escalation practices had failed.
- There were effective strategies in place to protect people, including those with more complex needs who experience behaviour which challenges.
- All staff were trained in safeguarding and were aware of the reporting processes.
- There were no facilities for children visiting the ward and therefore this was discouraged although visits off of the unit with family members was encouraged.
- We observed the administration of medication. The staff interacted well with the patients and advice was given as to how and when to take medication.
- Medication storage and reconciliation practices were good, however, when we examined the controlled drugs register, we saw that a patient admitted to the ward on the previous evening had been administered a prescribed controlled drug by her mother although there was no record of the drug being taken in the

patient's care records. We brought this issue to the attention of the ward manager who recorded and reported the incident appropriately and briefed the ward team accordingly.

Track record on safety

- There were no serious incidents reported over the past 12 months.
- The nurse consultant for learning disabilities had implemented blood tests for all patients following recent incidents of stomach infections (*helicobacter pylori*) in another learning disability social care service. The nurse consultant was also leading a review following recent national guidance on effective epilepsy management and the impact of recent reviews into deaths of people with a learning disability.

Reporting incidents and learning from when things go wrong

- All staff were aware of when to report an incident and what to report. Even low-level incidents were reported as these were indicative of issues that could escalate in the near future. The trust used the datix incident reporting system.
- Staff members demonstrated a very positive rapport with patients and were open and transparent. They reported that they felt comfortable to explain to patients if and when things went wrong.
- The trust ran a Quality Action Group which addressed learning at both a local and national level and cascaded learning to all divisions and services. This meeting was attended by the ward manager who fed back learning and outcomes of investigations at staff team meetings.
- There was evidence in patients' care plans of changes being made to care plans following incidents or as a result of feedback received.
- All ward based incidents were reviewed as part of the weekly multidisciplinary team meeting. A trust-managed, staff support service was available to staff teams for formal de-briefing. Staff also had access to counselling from the provider's occupational health service.

Are services effective?

Requires improvement 

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

- The team examined all five current care records, all records contained a comprehensive and timely assessment of need.
- Physical health checks were completed and known physical conditions continued to be managed. The assessing, recording and reporting of physical health checks was inconsistent and did not always lead to a plan to manage new physical health issues.
- There was clear evidence that the patient was at the centre of their care. Each patient had a folder containing their likes/dislikes, aspects of their life and issues that were important to their life. The care plans were written using the patients' words and were generally holistic and goal oriented.
- The paper records were clearer than those held on SystemOne which were not in an accessible form, difficult to find and contained a series of entries rather than a dynamic plan of care.

Best practice in treatment and care

- All care records demonstrated adherence to the National Institute for Health and Care Excellence (NICE) guidance with regard to medication prescribing, self-harming and physical interventions.
- April Cottage held Accreditation for Inpatient Mental Health Services for Learning Disabilities (AIMS-LD).
- There was evidence in the care records that patients had ready access to appropriate psychological therapies. Each patient had a personalised, positive behavioural support (PBS) plan. PBS was integrated into the ward model of care and was used by all staff in the management of behaviour that challenges.
- April Cottage had good links with a local GP practice. Patients either visited the practice accompanied by a staff member, or the GP visited the ward as required.
- The trust was working towards a 'one person, one plan' approach to care planning and recording, with all clinical disciplines participating in a single plan.

- Staff took part in clinical audit, we were shown the ward safety cross tool, this was an audit tool for the recording of all incidents of verbal or physical aggression, this was reviewed at the multidisciplinary team meeting and had been presented at the acute care forum too.

Skilled staff to deliver care

- A range of mental health disciplines and workers were available to the patients of April Cottage. However, at the time of the inspection, there was not a speech and language therapist or occupational therapist on the staff team. These disciplines were accessible from community learning disability teams.
- The registered nurses were specialist learning disability nurses. The other disciplines were appropriately qualified and experienced in delivering care and treatment to the patient group.
- The support workers accessed National Vocational Qualification (NVQ) training and participated in positive behavioural support training conducted at ward level.
- There was evidence contained within the electronic staff records (ESR) that individuals received regular clinical and managerial supervision and appraisal. The percentage of non-medical staff having had an appraisal in the last 12 months was 87%.

Multi-disciplinary and inter-agency team work

- There were regular and effective multidisciplinary meetings, these were held weekly and were attended by all disciplines and the lead for learning disabilities from the local clinical commissioning group (CCG).
- There were three handovers per 24 hour period to ensure the staff teams were aware of daily events.
- There was a good working relationship with the local community learning disability teams. Members of the community teams regularly attended clinical review meetings.

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

- 80% of staff had received training in the Mental Health Act in the past twelve months. There was a good level of understanding of the Code of Practice and guiding principles.

Are services effective?

Requires improvement 

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.

- The consent to treatment forms were attached to medicine cards as required and people had their rights under the MHA explained to them in an appropriate manner. All paperwork relating to detention under the MHA was up to date and stored appropriately. Audits were undertaken at provider level with learning cascaded down through the Quality Action Group (QAG) to ward teams.

Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) were provided by Kingston Advocacy Group (KAG) who visited weekly and were informed of new admissions by ward staff including when the patient had no identified nearest relative. Both the IMHA and the IMCA were present during our inspection.

Good practice in applying the Mental Capacity Act

- 77% of staff had received training in the Mental Capacity Act (MCA) in the past 12 months.
- On the day of our visit one patient was subject to the Deprivation of Liberty Safeguards (DoLS) and applications had been made for DoLS assessments for two patients. Staff were waiting for a response from the local authority. There appeared to be no formal process

in place to manage outstanding DoLS applications or to consider the risks of the patients continuing to be cared for on a locked ward without capacity to consent to their care and treatment. Therefore, whilst the service waited for the DoLS assessments, they risked the possibility that two patients were deprived of their liberty without formal authorisation, or were de facto detained .

- The process for the assessment of capacity to accept admission/treatment was unclear with one patient. This person had been admitted under the Mental Capacity Act (MCA) in what was felt to be their best interest; however, we were not able to see a clear assessment of their capacity for the consultant to have reached this conclusion, this meant that it was difficult to understand how the consultant had reached this decision.
- Staff had a good understanding of the MCA and there was a provider policy which included DoLS for staff to refer to as necessary.
- People were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

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

- We observed excellent interaction between staff and patients; staff were approachable and engaged readily with patients. The individual needs of the patients were anticipated or responded to, and well met.
- Patients told us that they were treated well and with compassion, dignity and respect.
- The Patient-Led Assessment of the Care Environment (PLACE) score in relation to privacy, dignity and wellbeing was 97.35% (10.73%) higher than the national average.

The involvement of people in the care that they receive

- An easy read welcome pack provided ward information and oriented patients to the ward environment.

- Much of the relevant ward information was available in easy read format on the notice boards, easy read materials were also available and used to assist patients with care planning and involvement in and understanding legal documentation.
- All care plans were written in the first person, and patients told us they felt involved in decisions about their care and were supported to make life choices. There was clear evidence of the patient being at the centre of their care as each one had a folder containing their likes/dislikes, aspects of their life and issues that were important to their life and what they wanted to achieve in terms of their future care.
- There was ready access to an advocacy service (KAG). Advocates visited when requested to do so.
- Family members were encouraged to visit and take patients out according to their MHA status.
- Patients were involved in decisions about the service on an individual basis.

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

- The average bed occupancy for April Cottage in the six months prior to our inspection was 44%.
- Discharges from April Cottage were to the local community unless a more intensive environment was required. NHS England identified a suitable placement outside of the trust area where necessary.
- Other Learning disability inpatient beds were closed in response to the Transforming Care Agenda and the reallocation of resources to an Intensive Support Team (IST). April Cottage was due to close and be re-located in September 2016. Until the move, beds were available when needed, including on return from leave.
- People were not moved between wards unless upon clinical grounds.
- There was good interaction between the provider trust and local commissioners which assisted in the facilitation of timely discharges from April Cottage.

The facilities promote recovery, comfort, dignity and confidentiality

- April Cottage was due to be relocated; this was in part to provide improved facilities for the patients and better access to a local community. The current facility had insufficient rooms and space for both staff and patients, multidisciplinary team meetings were therefore cramped and activity and recreational space for patients was limited.
- The current clinic facility did not provide an examination couch, activity rooms were small and there was limited quiet space for patients.
- Access to bedrooms could be requested at any time if patients wanted private space and patients were able to use their own mobile phones to make calls in accordance with their care plans.
- The service had a small secure garden and a larger grounds area although no direct access to a local community.

- The food was of good quality and on the day of inspection we observed staff making a variety of lunches with patients' input. Hot drinks and snacks were available.
- Patients were able to personalise their own bedroom space.
- Planned activities were limited. There were opportunities for individual and group outings but they were not planned as a result of an assessment of occupational need.
- Both the activity room used for creative arts and the patients' kitchen were well kept, clean and tidy. Patients were able to personalise their rooms.

Meeting the needs of all people who use the service

- April Cottage staff were able to adapt their model of care to meet individual needs and the facility had accessibility for people with physical disabilities.
- The needs of people from a variety of faiths and ethnicities were met. The service had ensured the spiritual needs of a previous patient, who was a Muslim, had been met.
- The service ensured that one of their patients, who was Jewish, had their nutritional needs appropriately met.
- Some staff members were bi-lingual and most staff had a basic working knowledge of sign language.
- Access to a speech and language therapist was by arrangement with a local community service, but this was not available on a routine basis.
- Ad hoc activities occurred with individual patients, staff aimed to supported patients to complete activities and stayed late if required.
- There was not a formalised programme of activities for patients to participate in, daily activities were delivered on an ad hoc basis and were not planned as a result of an occupational therapist's assessment of need. NICE guidance emphasises the importance of meaningful activity in managing behaviour. The activities provided were generally low-key and for everyone, for example, bike ride, walk, drive.

Are services responsive to people's needs?

Good 

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

Listening to and learning from concerns and complaints

- There had been no recent complaints at April Cottage.
- Patients told us they were aware of how to make a complaint. The complaints process was available in

easy read. Patients were supported with individual issues which tended to be resolved informally, and were recorded in the patients' notes and care plans in accordance with the trust policy.

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

- The staff we spoke with were aware of the trust and directorate vision and values, and felt that their own objectives reflected the organisation's values and objectives.
- Staff were aware of the make-up of the senior management team. The learning disabilities director had recently visited the ward at night to discuss the new proposed model of care.
- Members of the executive team had visited April Cottage four months prior to our inspection as part of their regular ward inspection programme and spoke with both staff and patients.

Good governance

- The ward systems at April Cottage were effective in ensuring that staff had been in receipt of mandatory training as evidenced by the staff electronic records we viewed. These records also demonstrated that staff were in receipt of timely and regular supervision, staff that we spoke with confirmed they were receiving supervision and that it was meeting their needs.
- We examined duty rotas that demonstrated that shifts were covered by a sufficient number of staff of the right grades and experience and we saw that staff were encouraged to spend as much time as possible with the patients, either individually or as a group.
- The staff group recorded all incidents of verbal or physical aggression and physical interventions which were mapped across onto a tool entitled a 'safety cross'. This assessment of the ward environment tool was reviewed weekly by the multidisciplinary team and had been presented at the trust's acute care forum.
- We saw that incidents were reported using the trust's electronic recording system. Staff advised us that all incidents were reviewed by the multidisciplinary team and/or discussed in supervision with staff members.
- Serious incidents were discussed at the learning disability services' Quality Action Group and outcomes were fed back to the staff team.

- The staff training record showed that ward staff were trained in the use of Safeguarding, the Mental Health Act and the Mental Capacity Act. Staff we spoke with were able to demonstrate their knowledge of this legislation and gave examples of how it was being appropriately used.
- The management team at April Cottage used key performance indicators and other indicators to gauge the performance of the team. For example, they monitored themselves against the 2010 Equality Act for protected characteristics and were working towards planned commissioning for Quality and Innovation (cQUIN) goals with regard to 'one person, one plan'.
- The ward manager told us they were empowered to fulfil their managerial role and felt well supported by senior managers and commissioners.

Leadership, morale and staff engagement

- The staff sickness and absence rate for the period February 2015 to January 2016 was less than 1%.
- There had not been any recent staff bullying or harassment reported, and all staff we spoke with were aware of how to use the whistle blowing process. They told us they felt empowered to do their job role and to raise concerns without fear of future victimisation.
- Morale was high. All staff we spoke with were looking forward to moving to their new premises.
- The service had been nominated for the trust's 'team of the year' award. The manager had been nominated for the 'leader of the year' award and a support worker had been nominated for the 'support worker of the year' award within the trust.

Commitment to quality improvement and innovation

- Positive action was being taken to improve the environment for patients and staff.
- A new model of service delivery was planned for the directorate whereby intensive support teams (IST) will work with people in the community to prevent accommodation break-down and admission. Where admission would be required, the IST would work with the ward to reduce the length of inpatient stay.

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.

- Examples of innovative practice were observed during medication administration whereby each patient had a personalised guide for what to look for prior to the administration of 'as necessary' medication. This guidance meant that staff new to the ward would have a

better understanding of when 'as necessary' medication should be administered and that patients would not be administered this additional medication when it was not required.