Old Leigh House

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 Old Leigh House as good because:

- Clinical areas were visibly clean and cleaning records were up to date. Staff prescribed and administered medication appropriately. Staff adhered to infection control principles. Resuscitation equipment was checked and accessible and staff carried personal alarms.
- Staff completed health and safety risk assessments of the environment, assessed the risks to patients thoroughly and reviewed plans to keep them safe regularly. They produced positive behaviour support plans that were holistic and based on the needs of each patient. Staff were aware of incident reporting and safeguarding processes, how to report and follow procedures.
- Patients had annual and ongoing physical health monitoring. Patients could see a General Practitioner (GP) at the hospital or at the local GP surgery. Patients could access other services such as dental, dietician or podiatry services when required. Nutrition, exercise and weight management were care planned if required.
- The hospital was appropriately staffed, regular bank staff were used who were familiar with the service, leave and activities were rarely cancelled due to staff shortages and there was adequate medical cover at day and night.
- All staff were trained in the Mental Health Act 1983 (MHA) and the Mental Capacity Act 2005 (MCA). Staff read patients their legal rights regularly and advocacy services were available. Staff assessed patients' capacity to make individual decisions. Where patients were unable to make decisions for themselves, staff worked with local authorities to assess patients' best interests and invited relatives to meetings to represent patients' interests. The Responsible Clinician (RC) assessed detained patients' capacity to consent to treatment on renewal of their detention.
- Patients had keys to their bedrooms, they had access to drinks and snacks when they wanted them and could personalise their bedrooms. Patients were involved in their Care Programme Approach (CPA) meetings, said they felt safe and listened to by staff, and knew how to complain. Relatives spoke positively about the manager, staff and the progress their relatives had made. Patients were happy with the access to and range of activities provided. They said they went out most days.
- All patients had Care Treatment Reviews to discuss discharge planning every three months. The hospital worked with case managers and care co-ordinators to find appropriate placements for patients.
- All staff involved in caring for patients, including nurses, doctors and therapy staff, worked well together and with external agencies.
- The provider reported, investigated, and learnt lessons from incidents and complaints. These were shared with staff and patients.
- Staff training, supervision and appraisals were up to date and staff had opportunities for professional development. Staff enjoyed their jobs, had good morale and job satisfaction.
- Senior managers visited the unit regularly and staff and patients knew who they were.

However:

- The provider had rated as low risk potentially harmful ligature points (anything that can be used to self-harm with) and the assessment was incomplete. Some staff were not aware of ligature points and the hospital's ligature risk assessment. However, Staff did mitigate this risk by maintaining constant observations of high-risk patients.
- The provider escorted all patients on leave, including patients not detained under the Mental Health Act. Staff confirmed this was due to patient risks and vulnerabilities but they would be reviewing their leave policy to consider unescorted leave for appropriate patients.
- One patient consent to treatment capacity assessment did not include a record of the discussion between the consultant and the patient.
- Although patients signed care plans, evidence of patient and relative involvement were minimal.
- Room space was limited. Patients could not access the kitchen to cook and there was no separate clinic room for staff to treat patients. The provider told us they were commencing renovation work to create separate rooms for these purposes.

Summary of findings

- Patients could not make a private telephone call or use the computer, as these were broken. The provider told us these were due to be repaired.
- Results of a staff survey conducted by the Danshell Group that owns the hospital were not broken down for individual services. Staff at Old Leigh House were not aware of the results for their service.
- There were no nurse call alarms for patients in their bedrooms, bathrooms or corridors. Staff mitigated this by regularly observing patients.
- The provider did not have patient discharge care plans or easy read versions for patients to work towards discharge.

Summary of findings

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Good

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Wards for people with learning disabilities or autism

Summary of this inspection

Background to Old Leigh House

Old Leigh House, part of the Danshell Group, is an independent mental health hospital for men between 18 and 65 with a learning disability. This service is a locked rehabilitation hospital with seven beds for patients who may be detained under the Mental Health Act 1983 (MHA) and may have challenging behaviours or a forensic history.

There were five patients detained under the Mental Health Act and one informal patient (there by choice). The provider was waiting for the outcome of a deprivation of liberty safeguards (DoLS) assessment for one patient. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment only when this is in their best interests and legally authorised under the MCA.

Old Leigh House is registered with the Care Quality Commission for:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- treatment of disease, disorder or injury.

The registered manager and controlled drug accountable officer is Sibusiso Mudimbu.

Old Leigh House was registered with the Care Quality Commission on 27 November 2012. The last inspection was on 9 December 2013. The hospital was compliant with the regulations inspected at that time.

Our inspection team

The inspection team lead was Nese Marshall, inspector of mental health hospitals for CQC.

The team that inspected the service comprised two CQC inspectors and one mental health act reviewer.

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, asked other organisations for information and sought feedback from relatives of five patients.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- met with four patients who were using the service
- interviewed the registered manager

Summary of this inspection

- spoke with eight other staff members, including doctors, nurses, an occupational therapist, a mental health act administrator, a psychologist and a care manager.
- collected feedback from five patients using comment cards
- received feedback from three staff using comment cards
- collected one online feedback survey from a relative of a patient
- reviewed in detail seven care and treatment records of patients
- examined seven medication charts of patients
- carried out a specific check of the medication management and clinic room
- reviewed policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients told us they felt safe and happy at Old Leigh House. They liked the food and enjoyed the range of activities available. They felt that the staff supported them well when disturbed and with communication.

However, patients told us they were restricted to smoking cigarettes hourly and that staff supervised access to the garden for smoking and fresh air. All patients, including one informal patient, told us they were escorted on Section 17 leave by staff.

From comment cards, five patients said they were treated with care and dignity. They told us they enjoyed the activities provided, that they felt safe and were happy at Old Leigh House.

We spoke with five relatives. Four spoke positively about the service saying the care was very good and their relative had improved since being at Old Leigh House. However, one carer, who felt the care was good at Old Leigh house, did express dissatisfaction with one decision that was made concerning the care of a relative but they were able to make a complaint about this.

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:

- The unit was clean with appropriate furnishings. Cleaning rotas were up to date and health and safety risk assessments were completed and updated regularly. Staff adhered to infection control principles.
- The provider employed appropriately trained staff and at the time of the inspection had no vacancies. The manager covered the hospital with a sufficient amount of staff with a good mix of skill and experience. There were enough staff so that patients could have regular one-to-one time, and escorted leave and activities were rarely cancelled. There was adequate medical staffing cover throughout the day and night.
- There were comprehensive, regularly reviewed and updated individual risk assessments. Patients had detailed and individualised positive behaviour support care plans enabling staff to manage challenging behaviours. Staff described challenging situations in clinical notes and how these were managed in the least restrictive ways.
- All patients received annual and ongoing physical health assessments with a care plan in place.
- Each staff member had received mandatory training and were trained in and understood safeguarding reporting and processes.
- The provider responded to incidents, complaints, patient and relative feedback and shared lessons learnt with staff.

However:

- The hospital had blind spots where staff could not observe all aspects of the environment. Staff managed this by carrying out regular observations regardless of individual assessments and there were two mirrors in the corridors. We observed staff doing this throughout the inspection.
- We found ligature points (anything that can be used to self-harm with) including window handles, taps and rails in bedrooms and bathrooms. Staff had identified them on the ligature risk assessment but rated them as low risk and the assessment was incomplete. Some staff were not aware of ligature points and the hospital's ligature risk assessment. However, Staff mitigated this risk by maintaining constant observations of high-risk patients.

Summary of this inspection

- Although local incidents were reviewed in team meetings and lessons learnt were discussed, the hospital did not receive lessons learnt from other hospitals within the Danshell Group.

Are services effective?

Good

We rated effective as good because:

- Staff completed comprehensive and timely risk assessments on admission. Patients received annual and on-going physical health monitoring.
- Patient records showed up to date, holistic and personalised patient care plans. Patients were actively involved in their Care Programme Approach (CPA) meetings. Patients had detailed and individualised behaviour support plans to enable staff to manage challenge behaviours with patients.
- Psychological therapies were available to patients who received group and individual sessions. Patients had access to activities throughout the week including the weekends.
- Outcome measures including the Health of the Nation Outcome Scale (HONOS) for Learning Disabilities, the 'Life Star' and the Historical, Clinical Risk -20 (HCR-20) assessments were completed for each patient.
- Staff had access to appropriate mandatory and specialist training, supervision, appraisals and professional development. All staff completed an induction and newly registered staff completed a competency assessment on the management of medicines.
- We found good multi-disciplinary team (MDT) and interagency working.
- Every staff member had received training in the Mental Health Act (1983) and Mental Capacity Act, 2005 (MCA) and demonstrated a good understanding of the MHA, the Code of Practice and the MCA.
- Staff had completed decision specific capacity assessments for patients lacking capacity and pursued Deprivation of Liberty Safeguard (DoLs) best interest assessments when there were delays. The MDT held best interest meetings where necessary and family and carers were invited.

However:

- Although the hospital had signs stating informal patients could leave, one informal patient told us they were unable to leave the hospital without staff with them. All patients, including informal patients told us they were escorted on leave by staff.

Summary of this inspection

Staff confirmed this was due to patient risks and vulnerabilities but they would be reviewing their leave policy and patient risk assessments to consider unescorted leave for appropriate patients.

Are services caring?

Good

We rated caring as good because:

- We observed good relationships and interactions between staff and patients. Patients said they felt safe, they spoke positively about staff and said that staff listened to them. Staff engaged patients regularly using activities and 1:1 sessions. Staff held regular community meetings where patient feedback was encouraged and recorded.
- We saw staff communicating well with patients using Makaton sign language.
- Patients had access to independent advocacy services regularly and on request.
- Staff completed patient centred care plans and most patients signed them. Staff invited families and carers to Care Programme Approach (CPA) meetings to give their input. Family members spoke positively of their relative's progress whilst receiving care and treatment at this hospital.
- Carers and relatives we spoke to talked positively about the leadership and staff at Old Leigh House. The five carers we interviewed said staff at Old Leigh House were caring, kind and competent. They said their relatives' conditions had improved since residing there. They said there were a range of activities available including accessing the local community to attend college, voluntary work, shopping or participate in activities.

However:

- Patients' involvement in care planning was variable, there was limited evidence that care plans had been drawn up in collaboration with patients or their families.

Are services responsive?

Good

We rated responsive as good because:

- Clear clinical admission criteria were in place, which included patients with learning disability diagnosis, and the provider proactively planned all admissions. All patients were from the local area and the provider facilitated home visits for patients.
- Patients could make hot drinks as and when they liked and staff provided snacks. Patients were involved in the selection of meal menus and these were in pictorial forms. Patients had their own bedroom door keys and could lock away valuable

items in their rooms and patients could personalise their bedrooms to their liking. Patients, relatives, and staff told us there were activities available throughout the week and on the weekends.
- Patients had Care Treatment reviews (CTRs) every six months. At the time of the inspection, all, seven patients had a CTR within the last 3 months detailing plans and attempts to find appropriate placements for discharge.
- The provider had made adjustments for patients requiring disabled access. Patients knew how to complain and information was in easy read formats. Several staff used Makaton, a form of sign language to communicate with patients.
- Systems were in place for managing complaints. Staff received outcomes and lessons learnt of complaints and incidents. The provider had acted on suggestions made by patients and staff to create further rooms at the unit.

However:

- Patients could not use the kitchen to cook and there was no separate clinic room for staff to treat patients. However, the provider told us that they were going to create a separate clinic room and kitchen for patients.
- Patients could not make a private telephone call or use the computer to contact families. These had been broken for several months. The provider told us these were due to be repaired.
- Despite the best efforts of staff, one patient continuously removed the curtains from his bedroom window. The provider told us they planned to cover the windows with a privacy film to enhance the patient's privacy and dignity.
- The provider did not have patient discharge care plans or easy read versions for patients' to work towards discharge.

Are services well-led?

Good

We rated well-led as good because:

- Staff and patients knew who senior managers were and they visited the unit regularly.
- Staff enjoyed their jobs, had good morale and job satisfaction.
- Staff were able to raise concerns without fear of victimisation.
- Staff had yearly appraisals, were supervised regularly and had regular team meetings.
- Sickness and absence rates were monitored and managed well.
- Staff were aware of how to report incidents and were informed of lessons learnt.

Summary of this inspection

- Staff were open and transparent with patients and we saw that duty of candour was exhibited when the service had made mistakes.
- Staff completed audits and completed internal audits of other hospitals within the Danshell group.

However:

- Staff at Old Leigh House were not given the results of Danshell's staff survey specifically to their service.

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.

- Five patients were detained under the Mental Health Act, (MHA) 1983. The provider had made a referral to the local authority for a deprivation of liberty safeguards (DOLs) authorisation for one patient. The referral was sent over a year ago and despite the provider regularly pursuing this, the local authority had only carried out the assessment the week before our visit. The patient was still waiting for their decision.
- One hundred percent of staff had training on the MHA and had a good understanding of the MHA and the Code of Practice.
- There was a process for receipt and scrutiny of detention papers. We saw six patient records which were complete and in order.
- Staff read patients their rights under the MHA every month.
- Staff completed Section 17 leave for patients detained under the MHA appropriately.
- The Responsible Clinician assessed the patient's capacity to consent to treatment on renewal of their detention.

Mental Capacity Act and Deprivation of Liberty Safeguards

- One hundred percent of staff had training in the Mental Capacity Act, 2005 (MCA) and demonstrated a good understanding of the MCA.
- Following a referral for deprivation of liberty safeguards (DoLS), there was evidence that the provider regularly checked the progress of this referral.
- Staff had completed decision specific capacity assessments for consent to treatment and finances and reviewed these at multi-disciplinary meetings (MDT).
- The multi-disciplinary team (MDT) held best interest meetings where necessary and family and carers were invited.

However:

- We reviewed five patient records and found all consent to treatment and capacity requirements completed and forms attached to medication charts. However, although one patient had a capacity assessment and a statement in the clinical notes that they consented to treatment, there was no record of the discussion between the patient and the responsible clinician.

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

Good

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 hospital had three floors with two bedrooms on each level. The general layout therefore, had blind spots where staff could not observe all areas of the environment. Staff managed this by carrying out regular observations of patients regardless of individual assessments and there were mirrors in the corridors for staff to observe patients.
- We found ligature points (anything that can be used to self-harm with) including window handles, taps and rails in bedrooms and bathrooms. The provider had rated these potentially harmful ligature points as low risk and had not completed its ligature risk assessments to include a plan of action to remove or reduce risks. Some staff were not aware of ligature risks or the hospital's ligature risk assessment. However, Staff mitigated this risk by maintaining constant observations of high-risk patients.
- Staff completed daily environmental risk assessments where actions were identified and completed.
- The hospital had a limited amount of extra rooms available for therapies, visitors, or activities. The nursing office was used as the clinic room. The clinic room was equipped with emergency equipment and a locked drugs cupboard. The staff completed all equipment checks regularly. However, there was not enough space for an examination couch or for staff to maintain the privacy and dignity of patients whilst administering medication.
- Staff adhered to infection control principles including handwashing and had appropriate equipment to adhere to this.
- The unit was clean with appropriate furnishings. Cleaning rotas were up to date and health and safety risk assessments were completed and updated regularly.
- Staff had access to personal alarms although there were no nurse call alarms for patients in their bedrooms, bathrooms or in corridors. Staff mitigated this risk by regularly observing patients.

Safe staffing

- There were five registered nurses in post and twelve support workers with no current vacancies at the time of inspection. Staff worked during the day from 8.00 am to 8.30 pm and at night from 8.00 pm to 8.00 am. Staffing levels throughout the day included one qualified nurse and three support workers and one qualified nurse and two support workers at night. Staffing levels were increased for all planned escorted community leave.
- The hospital did not use a recognised staffing tool such as the Keith Hurst Mental Health Staffing Tool to review the number and grade of staff required. The provider determined staffing levels centrally according to the number of patients at the hospital and observation levels.
- Data between 12 January 2015 and 11 January 2016 showed that there were three staff leavers in the last twelve months.
- Data between 07 December 2015 and 06 March 2106 showed 6% of staff sickness during this period.

Good

Wards for people with learning disabilities or autism

- Data between 7th February 2015 and 6th March 2106 showed there were 28 shifts filled by bank qualified nurses and 36 shifts filled by bank support workers. There were no unfilled shifts. The hospital did not use agency staff.
- We found that the hospital was safe and appropriately staffed. The provider used regular bank staff who were familiar with the hospital.
- We observed qualified nurses and members of the multi-disciplinary team interacting with patients in the communal areas of the hospital.
- Staffing levels were sufficient to facilitate regular one to one time with patients.
- Staff rarely cancelled escorted leave and activities due to staff shortages.
- There was adequate medical cover at day and night and a doctor could attend the hospital in an emergency.
- One hundred percent of staff had completed and were up to date with mandatory training.

Assessing and managing risk to patients and staff

- Data between 01 July 2015 and 31 December 2015 showed there was one episode of restraint which was not an incident of prone restraint.
- There were no recorded incidents of the use of long-term segregation or rapid tranquilisation between 01 July 2015 and 11 January 2016.
- The provider did not have a seclusion room.
- The psychologist completed the Historical, Clinical Risk-20 (HCR-20), a recognised risk assessment tool, which was discussed and reviewed in the multi-disciplinary team meeting for every patient.
- Clinical notes showed how incidents were managed using de-escalation. We saw that staff described challenging situations and how these were managed in the least restrictive ways.
- Patients had individual risk assessments for specific activities such as attending college.
- Each member of staff had received training in the use of physical restraint.
- Ninety six percent of staff were trained in safeguarding at the time of inspection. Staff showed an understanding of types of abuse and how to report safeguarding concerns.
- We reviewed seven prescription charts. The provider had good medicines management practices with safe prescribing and administration.
- We reviewed seven care records. All showed that a physical examination had taken place and physical health monitoring was ongoing with a care plan in place.
- Children did not visit the hospital due to the limited availability of private room space. The provider told us they facilitated visits with children and family in the community.
- One informal patient told us they were unable to leave the hospital without staff with them. All patients, including informal patients told us they were all escorted on leave by staff. Staff told us this was due to the risks and vulnerabilities of this patient group but said they would be reviewing their leave policy to consider unescorted leave for appropriate patients.

Track record on safety

- There were two serious incidents between 12 January 2015 and January 2016. The hospital had investigated one incident which was upheld and investigations were underway regarding the second incident.

Reporting incidents and learning from when things go wrong

- Incident data between 12 January 2015 and January 2016 generally included incidents of challenging behaviours or allegations of abuse.
- Managers documented and discussed all actions and lessons learnt with the team.
- Systems were in place to monitor any risks to patient safety. We found examples of changes made in response to previous safety concerns.
- We reviewed the hospitals health and safety report. This included an action plan to improve the safety of the hospital. The hospital monitored, acted on, and completed all identified actions.
- Staff reported incidents on an electronic system, which automatically alerted senior staff to the incident. Senior staff followed this up by carry out any necessary investigations and compiling an action plan within a timely manner.
- The provider used team meetings to review and discuss local incidents, including lessons learnt. The hospital did not review the lessons learnt from incidents that had happened in other hospitals within the Danshell organisation.

Good

Wards for people with learning disabilities or autism

- Staff followed duty of candour principles and were open and honest when providing feedback to patients and families.
- Staff were provided with de-brief sessions and support after a serious incident. This was recorded and led by a psychologist

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff completed comprehensive and timely assessments of patient needs within a week of admission.
- We reviewed seven patient care records which contained up to date, personalised and holistic care plans, which staff reviewed every three months or when patients needs change.
- All information was stored securely, and was available and accessible to staff in both electronic and paper formats.

Best practice in treatment and care

- Psychological therapies were available to patients, including a forensic psychologist who visited the site twice a week. Patients received individual and group psychological interventions using cognitive behavioural therapy and Dialectic behavioural therapy approaches.
- Staff prescribed medication according to the National Institute of Clinical Excellence (NICE guidelines and within recommended guidelines according to the British National Formulary (BNF).
- Staff completed outcome measures including the Health of the Nation Outcome Scale (HONOS) for Learning Disabilities, the 'Life Star', and the Historical, Current Risk 20 (HCR-20) risk assessment for each patient.
- We looked at seven patient records and found all patients had annual holistic nursing assessments including physical healthcare monitoring.
- Patients with nutritional needs were monitored and the hospital sourced a dietician to see patients if necessary. Patients had diet and exercise care plans to support them with weight management needs if required.
- A General Practitioner (GP) could see patients at the hospital and at the local GP surgery where all patients were registered. They also had access to a dentist and podiatrist outside the hospital supported by staff.
- We looked at seven patient records and found patients had detailed and individualised positive behaviour support care plans enabling staff to manage challenging behaviours at various levels of intensity.

Skilled staff to deliver care

- The team included registered mental health and learning disability nurses, support workers, a consultant psychiatrist, an occupational therapist, an activity co-ordinator and a psychologist. A speech and language therapist was due to join the team shortly. The hospital would also access other services dependent on the needs of the patients including a dietician, dentist and podiatrist.
- The hospital had an occupational therapist and activity co-ordinator in post who worked closely with patients to develop their activities of daily living and independence including basic cooking, laundry, accessing the community, budgeting and volunteering.
- Staff received supervision on monthly basis. We reviewed five staff records from December 2015 to March 2016 and all staff had received supervision on a monthly basis.
- One hundred percent of staff had completed an appraisal.
- Staff were able to complete the care certificate training for support workers.
- Records showed that staff had undertaken training relevant to their role in a variety of topics. For example, all staff had completed learning disability training; positive behaviour support training and most staff had completed autism training. Some staff were trained in Makaton, sign language to enable them to communicate with one patient. The hospital were arranging for more of their staff to attend this training.
- All staff completed an induction and newly registered staff completed a medication competency assessment overseen by the registered nurse manager.

Multi-disciplinary and inter-agency team work

- The provider held weekly multi-disciplinary (MDT) ward round meetings to discuss patients' care and treatment.

Good

Wards for people with learning disabilities or autism

- Staff received comprehensive handovers twice a day where multidisciplinary team members also attended to keep up to date with patient care needs.
- The provider worked closely with external agencies including local authorities, the GP, and local authority safeguarding teams.
- The provider followed the framework of the care programme approach (CPA). Community teams were encouraged to attend hospital-based meetings and to maintain contact and involvement with the patient.
- Community staff were involved in discharge planning and attended CPA meetings to plan for this.

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

- One hundred percent of staff had training in the Mental Health Act 1983 (MHA).
- From the eight staff interviewed, it was evident that they had a good understanding of the MHA and the Code of Practice.
- Consent to treatment and capacity requirements were completed and staff attached forms to medication charts. However, one consent to treatment assessment did not include a record of the conversation between the consultant and the patient.
- Staff read patients their rights under the MHA regularly.
- The provider audited MHA documentation and had administrative support to do this.
- Staff knew how to contact their Mental Health Act leads for advice when needed and we found patients were advised of their legal rights under section 132 and provided with an easy read leaflet of information on their rights.
- Patients had access to an Independent Mental Health Advocate (IMHA) who visited regularly and could be seen on request.
- Staff recorded section 17 leave for patients detained under the Mental Health Act, and legal advice on the mental health act was available to staff and patients.
- The provider completed audits to ensure that the mental health act was being applied correctly.
- Although the hospital had signs stating informal patients could leave, one informal patient told us they were unable to leave the hospital without staff with them. All patients, including informal patients told us they were escorted on leave by staff. Staff confirmed this was due to patient risks and vulnerabilities but they would be reviewing their leave policy and patient risk assessments to consider unescorted leave for appropriate patients.

Good practice in applying the Mental Capacity Act

- One hundred percent of staff had training in the Mental Capacity Act, 2005 (MCA). We interviewed eight staff who generally demonstrated a good understanding of the MCA.
- There was one Deprivation of Liberty (DOLS) application made in the last year although the best interest assessment had only just taken place a year following the application. The provider was able to show us records of contact between them and the local authority in chasing this up.
- Staff work within the Mental Capacity Act definition of restraint and use restraint as a last resort.
- Staff had completed decision specific capacity assessments for patients lacking the capacity to do so themselves. Staff recorded best interest decisions in patient records detailing the five statutory principles.
- The multi-disciplinary team (MDT) held best interest meetings where necessary and family and carers were invited.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- We observed staff interacting with patients and found staff were helpful, supportive, and responsive to patients.
- We spoke with seven patients who told us that staff listened to them and treat them with respect and kindness.
- Two patients reported that Old Leigh House was the best hospital they had used.
- We observed good relationships between patients and staff.
- We saw staff effectively communicating with patients using sign language where required.
- Staff were passionate about their work and had a good understanding of their patient's individual needs. They

Good

Wards for people with learning disabilities or autism

knew how to re-direct patients to more meaningful activities during periods of agitation and how to distract and support them with any distress they were experiencing.

The involvement of people in the care they receive

- Staff undertook pre–admission assessment visits and patients were encouraged to visit the service prior to admission.
- Four patients care plans, out of the seven we reviewed, included their comments and six patients signed them. However, patients' involvement in care planning was variable, it was not clear whether the patients had discussed, understood, and agreed the plans before signing. The examples we saw were summaries of the nurse's plans and had little input from patients. Patients were not offered a copy of their care plans or an easy read version.
- Patients were actively involved in their Care Programme Approach (CPA) meetings and staff supported patients to complete a 'My CPA' document prior to the meeting documenting their views, questions, and input to the meeting. Families and carers were invited to these meetings and to give their input.
- We spoke with five family members of patients who all told us that their relative had improved significantly whilst receiving treatment at Old Leigh House.
- Regular community meetings were held and patients were encouraged to attend and share their views.

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

(for example, to feedback?)

Good

Access and discharge

- Old Leigh House had seven beds and all were occupied at the time of the inspection. All of the patients were geographically near to and accessible to home.
- NHS clinical commissioning groups referred patients to this service. Clear clinical admission criteria were in place for assessing the suitability of all new referrals including patients having a learning disability diagnosis. The provider planned for all new admissions.
- All patients had a care co-ordinator who was involved in the CPA process.
- The average length of stay was two and a half years although some patients had been at Old Leigh House longer than this.
- The provider had two delayed discharges beyond the average length of stay of two and a half years. Staff told us this was due to delays in finding placement opportunities within the community and that they were working with commissioners and care managers to resolve this.
- Patients had Care Treatment Reviews (CTRs) which were held every three months for each patient. All, seven patients had a CTR within the last six months of the inspection date in March 2016 detailing plans and attempts to find appropriate placements for discharge.
- Care managers attended and led CTRs to ensure discharge planning was in place. We spoke with one care manager who was responsible for discharge planning for several patients at Old Leigh House, who stated Old Leigh House staff were proactively engaging with them to ensure patient discharge planning was a priority.
- Although patients did have CTRs, they did not have discharge care plans.
- Placements were identified for patients, with their involvement and this was facilitated gradually to enable successful transition from Old Leigh House.
- The provider facilitated home visits for patients where appropriate.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients could make hot drinks whenever they liked and snacks were provided by staff upon request.
- The provider had very limited space and would use the dining room as an activity room. The hospital did not have additional therapy, activity, or visitor rooms and patients did not have a kitchen to use to be able to prepare snacks or cook. The provider told us they were due to start renovation work to create safe access to the kitchen for patients to use.
- Patients told us the food was of good quality and they could request foods for cultural and ethnic needs. Pictorial menus were available for patients to choose their food and they had input in to the menu.
- Patients could use the garden for access to outside space and fresh air. This was supervised by staff.

Good

Wards for people with learning disabilities or autism

- Patients had access to activities during the week and weekend although activities at the weekend tended to involve trips out or less structured activities.
- The provider facilitated family and friend visits at people's homes or in the community due to the limited space available at Old Leigh House.
- The provider did not have a phone for patients to use as the hands free phone had been broken for two months and was due to be repaired. Patients did not have mobile phones and had to use the office phone but could not make a call in private.
- The provider had installed a computer for patient use but this had been broken for two months. The provider has plans in place to repair it within the next few weeks.
- Patients and families had access to skype to contact each other although this was not available at the time of the inspection due to the computer requiring repair.
- Patients were able to personalise their bedrooms. We saw additional shelving created to enable a patient to store an extensive toy car collection and a collection of framed picture autographs placed on the wall for another patient.
- Patients all had their own bedroom door keys and had access to a key to lock away belongings in cupboards in their bedrooms.
- One patient's bedroom window did not have curtains. The window was large and overlooked other people's houses. Despite the staffs best efforts the patient continuously removed the curtains from their bedroom window. The provider planned to cover the windows with a privacy film to enhance the patient's privacy and dignity.

Meeting the needs of all people who use the service

- The provider had made the necessary adjustments for patients requiring disabled access. We saw one disabled patient in a wheelchair being able to independently manoeuvre around the building. There were ramps and a lift available but there were no assistive technology facilities to support disabled patients having a bath. Patients used the shower instead.
- Information on patients' rights, treatment and how to complain were available for patients in easy read formats.
- Patients were able to access their place of worship with staff support. The hospital did not have a faith room for patients to use.
- Patients were provided with food to meet dietary requirements and cultural needs.
- Leaflets and information were available about local services and activities.
- The provider had a sign on the wall leading to the exit for all informal patients wanting to leave, which outlined their rights as an informal patient.
- All patients had access to advocacy services who visited weekly. Staff told us they assisted patients, on request, to also access these services

Listening to and learning from concerns and complaints

- Systems were in place for managing and dealing with complaints with information provided to staff and patients.
- The four patients we spoke with knew how to complain.
- Between 4th January 2015 and 26 November 2015 there were three complaints regarding miscommunication, lack of information sharing and discharge planning. One was near completion and was upheld and two were not upheld. Records were seen for these including outcome response letters to carers. These were open, honest and demonstrated good duty of candour.
- Staff received feedback on the outcome of complaints from Old Leigh House but not from the Danshell group as a whole.

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

Good

Vision and values

- The provider had a clear set of organisational values including being people focused, compassionate, innovative, committed and professional.
- Staff knew who senior managers were and said they visited the hospital regularly. We saw evidence of this during the inspection and observed that patients were familiar with the senior managers when they attended the hospital.

Good governance

Good

Wards for people with learning disabilities or autism

- The hospital had a range of current policies in place. We looked at seven policies and all were appropriate, in date and reviewed regularly.
- Managers had access to key performance indicators to gauge the performance of the hospital and compare with other hospitals run by this provider.
- Systems were in place for reporting and recording incidents. All incidents within the organisation were cascaded to senior staff via email, discussed at governance and ward meetings.
- The registered manager monitored and followed up complaints. Patients told us they knew how to complain if needed.
- The provider responded to incidents, complaints, patient, and relative feedback. The hospital manager shared lessons learnt with staff.
- Staff had yearly appraisals and regular team meetings and we saw minutes of these recorded.
- Staff followed safeguarding, Mental Health Act and Mental Capacity Act procedures.
- The provider's risk register highlighted safety concerns, identified actions to resolve these with timeframes for completion. On-going risk were identified.
- Information from regional and national service user representative groups was shared at clinical governance meetings to develop the service.
- Staff completed audits and completed internal audits of other hospitals within the Danshell group.
- Old Leigh House had a service strategic development plan, which was used to highlight and plan for improvements to the service. For example, the need for additional rooms was identified and an action plan to build a separate clinic room and kitchen for patients was included.

Leadership, morale and staff engagement

- Results of a staff survey conducted by the Danshell Group that owns the hospital were not broken down for individual services. Staff at Old Leigh House were not aware of the results for their service.
- Staff knew who the senior managers were and reported that they were approachable and supportive.
- The registered manager said that they felt supported by senior managers, and they had sufficient authority to make prompt changes to the hospital when needed, for example promptly increasing staffing levels to meet the enhanced observation needs of patients.
- Staff enjoyed their jobs, had good morale and job satisfaction.
- There were no reported bullying and harassment cases and staff said they worked well as a team. Staff knew how to raise concerns if they needed to without fear of victimisation.
- Staff were open and transparent with patients and we saw that duty of candour was exhibited when the service had made mistakes.
- Sickness and absence rates were monitored and managed well.
- There were opportunities for staff to engage in further development, for example leadership courses and to gain experiences by working in other areas within the Danshell group.

Commitment to quality improvement and innovation

- The provider was not part of any external accreditation scheme.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should review their leave policy for patients' using individual risk assessment to guide them.
- The provider should ensure informal patient rights are made clear to them in care plans.
- The provider should ensure ligature risk assessments are fully completed, rated appropriately and all staff are aware of ligature points and ligature risk assessments.
- The provider should adequately document and demonstrate discharge care planning with patient involvement.
- The provider should ensure patient and relative involvement with care planning.
- The provider should consider conducting a staff survey to inform practice and development needs at Old Leigh House.
- The provider should address maintenance issues in a timely manner to support patients' recovery and maintain contact with family and community.
- The provider should consider how they could enable patients to have access to make snacks throughout the day.
- The provider should consider nurse call systems for patients to summons assistance if required.
- The provider should put in place mechanisms to learn lessons from incidents and complaints from within the wider organisation.