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:

- The environment was clean and tidy and furnishings were in good condition. Cleaning records were up to date and demonstrated that staff regularly cleaned the environment.
- The provider had safe staffing levels. We reviewed the duty rotas for the past six weeks. All shifts were covered with sufficient staffing levels.
- Staff received and were up to date with mandatory training. Training records showed a 99% compliance.
- Staff completed a thorough and comprehensive risk assessment for each patient. Staff reviewed these regularly during care reviews or when there was a change in risk or following an incident.
- There were safe medicines management procedures in place. Staff followed the National Institute for Health and Care Excellence guidelines and the Nursing and Midwifery Council guidance on medication management.
- Patients' received an assessment of their needs following admission. Staff used the information gathered during these assessments to formulate care plans and risk assessments.
- Patients' care plans were up to date and covered a range of needs. We checked four patients' records and found that they reviewed these regularly during care reviews or when there was a change of need. Patients' were involved in the planning of their care and the care plans included the patient's views.
- Patients had access to physical health care. The provider registered patients with a local GP service. Staff also monitored physical health need regularly and evidenced this in the patients care records.
- Patients told us that staff were kind and supported them to meet their needs.
- Patients told us that the food was of good quality and that there was a choice. Staff would ask patients on a daily basis for their choice of food from the menu.
- Staff were aware of how to manage complaints. Staff we spoke with knew what action to take if a patient made a complaint to them. Staff told us they referred complaints to the manager who would then investigate them.
- The provider had systems in place to monitor mandatory training, supervision, and appraisals. The manager kept records of staff compliance with training, supervision, and appraisals. We checked these and found that they were up to date.
- The provider had systems in place to share lessons learned from incidents and complaints. The provider discussed these during governance meetings and then shared with ward staff through team meetings. We reviewed the minutes of these meetings and found incidents and complaints were a standard agenda item.

However:

- Staff had not complied with the provider's policy on supervision. All staff had received supervision within the past 3 months. The provider's policy stated that staff should receive management supervision at least four times per year. The supervision matrix showed that 13 out of the 21 staff listed had not had this in the past 12 months.
- Two carers felt they could be more involved in their loved one's care. They told us that they had not been consulted about care plans and had not been given a copy of their loved one's care plans.
- There was not a private room for patients to use to see visitors.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Wards for people with learning disabilities or autism	Good 	

Summary of findings

Contents

Good

Old Leigh House

Services we looked at

Wards for people with learning disabilities or autism;

Summary of this inspection

Background to Old Leigh House

Old Leigh House is a seven bed, locked rehabilitation hospital providing service for adult men. The service is for people who have a learning disability, mental health needs, and may have complex needs. Old Leigh House provides a service for informal/voluntary patients and formal patients/detained under the Mental Health Act 1983.

The Registered manager was Sibusiso Mudimbu. She is also the controlled drugs accountable officer.

Old Leigh House was last inspected on 30 March 2016. They were rated good in each domain and good overall. Following the publication of the report the provider were told they should:

- Review their leave policy for patients using individual risk assessment to guide.
- Ensure informal patient rights are made clear to them in care plans.
- Ensure ligature risk assessments are fully completed, rated appropriately and all staff are aware of ligature points and ligature risk assessments.
- Adequately document and demonstrate discharge care planning with patients.
- 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.

Our inspection team

Lead inspector: Lee Sears

The team that inspected the service comprised of two inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, and asked stakeholders for information.

During the inspection visit, the inspection team:

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

Summary of this inspection

- spoke with six other staff members; including doctors, nurses, care support workers, speech and language therapist, and a psychologist.
- spoke with four carers
- looked at four care and treatment records of patients
- carried out a specific check of the medication management on the ward; and
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

- We spoke with five patients and four carers.
- Patients told us that staff were kind and caring and supported them to meet their needs.
- Patients told us that there was good activity programmes throughout the week, including weekends.
- Carers told us staff treated their relatives with care and respect.
- Two carers told us they felt they could be more involved in their loved one's care.
- The provider had received five compliments from parents, carers and staff from other agencies. These stated how caring, kind and supportive the staff were and how happy the patients were at the service.

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 environment was clean and tidy and furnishings were in good condition. Cleaning records were up to date and demonstrated that staff regularly cleaned the environment.
- Mangers completed environmental risk assessments, which included a ligature risk assessment. These contained an action plan, which stated how staff would mitigate the risks identified.
- The provider had safe staffing levels. We reviewed the duty rotas for the past six weeks. All shifts were covered with sufficient staffing levels.
- Staff received and were up to date with mandatory training. We reviewed the training records. These showed a 99% compliance with mandatory training.
- Staff completed a thorough and comprehensive risk assessment. Staff reviewed these regularly during care reviews or when there was a change in risk or following an incident.
- There were safe medicines management procedures in place. Staff followed the National Institute for Health and Care Excellence guidelines and the Nursing and Midwifery Council guidance on medication management.

Are services effective?

Good

We rated effective as **good** because:

- Patients received an assessment of their needs following admission. Staff used the information gathered during these assessments to formulate care plans and risk assessments.
- Patients care plans were up to date and covered a range of needs. We checked four patients' records and found that staff reviewed these regularly during care reviews or when there was a change of need.
- Patients had access to physical health care. The provider registered patients with a local GP service. Staff also monitored physical health needs regularly. We saw evidence of this in the patients' care records.
- The provider employed a range of staff disciplines. All staff had the necessary experience and qualification for their role.
- The provider had good relationships with teams outside the organisation such as the local social services and safeguarding teams.

Summary of this inspection

- Staff received an annual appraisal of their performance. We checked the appraisal records of all staff and found that 18 out of 21 staff listed had received an annual appraisal.

However:

- Staff had not complied with the provider's policy on supervision. All staff had received supervision within the past 3 months. The provider's policy stated that staff should receive management supervision at least four times per year. The supervision matrix showed that 13 out of the 21 staff listed had not had four supervisions in the past 12 months.

Are services caring?

Good

We rated caring as **good** because:

- Staff were kind, caring and treated patients with respect. Patients told us that staff were kind and supported them to meet their needs.
- Staff understood patient's needs. All staff we spoke to were able to explain how they met individual patient needs.
- Patients were involved in the planning of their care. We checked the care plans of four patients. These included patient's views.
- Patients were able to give feedback on the service. The provider held a monthly community meeting where patients would be able to give feedback on the service. We reviewed the minutes of three community meetings and saw that the provider had acted on patients suggestions.

However:

- Families and carers felt they could be more involved in their loved one's care. We spoke with five carers. They told us that they had not been consulted about care plans and had not been given a copy of their loved ones care plans.

Are services responsive?

Good

We rated responsive as **good** because:

- The provider had a range of rooms to support treatment. These included a fully equipped clinic room a lounge area containing games, activities, and a kitchen, which had been refurbished to allow patients to use it as part of their therapy.
- Patients told us that the food was of good quality and that they had a choice of food. Staff would ask patients on a daily basis for their choice of food from the menu.
- Patients had access to drinks and snacks throughout the day. There was a drinks station in the lounge for patients to use. There was fruit available for snacks.

Summary of this inspection

- Patients were able to personalise their rooms. Patients could choose the colour their room was painted as well as bring in personal items such as posters and ornaments.
- Staff were aware of how to handle complaints. All staff we spoke to knew what action to take if a patient made a complaint to them. Staff told us they referred complaints to the manager who would then investigate them.

However:

- There was not a private room for patients to use to see visitors. Patients would have to use their bedrooms.

Are services well-led?

Good

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

- Staff were aware of who the senior managers in the organisation were. Staff told us the regional director visited regularly but senior staff at board level did not visit often.
- The provider had systems in place to monitor mandatory training, supervision, and appraisals. The manager kept records of staff compliance with training, supervision, and appraisals. We checked these and found that they were up to date.
- Staff spent their time on direct care activities as opposed to administrative tasks. We observed staff in the communal areas engaging with patients and encouraging them to take part in the daily activity programme.
- The provider had systems in place to share lessons learned from incidents and complaints. The provider discussed these during governance meetings and then shared with ward staff through team meetings. We reviewed the minutes of these meetings and found incidents and complaints were a standard agenda item.
- There was good staff morale. Staff told us that the team were supportive of each other and there were good relationships among the staff.

However:

- Despite systems for monitoring supervision staff had not complied with the provider's policy on the frequency of supervision.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- There were five patients detained under the Mental Health Act.
- Staff compliance with Mental Health Act training was 100%.
- We reviewed patients care records and we saw that staff explained their rights on a monthly basis.
- Staff completed The Mental Health Act 1983 paper documentation correctly including Section 17 leave forms.
- Second opinion appointed doctors had assessed the patient's ability to consent to treatment where appropriate and the necessary documentation was completed and attached to medication records.
- The provider had accessible copies of original Mental Health Act paperwork. A Mental Health Act administrator carried out regular audits to ensure that legal documentation was correct.
- The provider ensured that photographs of the patients were in the care records and were on their medicine administration records as required by the Mental Health Act Code of Practice.
- Patients had access to independent mental health advocates.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff compliance with Mental Capacity Act training was 100%
- Staff completed Mental Capacity Act assessments. Staff completed these on a decision specific basis. When patients lacked capacity to make decisions for themselves, staff held best interest decision meetings. These included all relevant people involved in the patient's care.
- One patient was subject to Deprivation of Liberty Safeguards. Staff had appropriately completed the application and had systems to follow up applications with the local authority.
- Staff demonstrated good knowledge on the Mental Capacity Act. They were able to describe how they would assess patient's capacity and support a patient to make decisions.

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 layout did not allow staff to observe all parts of the ward. The hospital was an old residential property spread across three floors. There were winding staircases, which meant it would be difficult for staff to see. The provider mitigated this risk by placing mirrors in corridors, nursing observations, and some CCTV in communal areas.
- We found some ligature points throughout the building (A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation). These included handrails and paper towel dispensers in the bathroom. Managers had completed a ligature risk assessment, which covered all identified ligature risks and how staff would mitigate these through risk assessment, and observation. Staff were aware of the identified risks and incorporated this into patients' risk assessment.
- The hospital complied with the Department of Health guidance on same-sex accommodation as they only admitted male patients.
- The clinic room was fully equipped with accessible resuscitation equipment. Staff checked resuscitation equipment and emergency medication regularly.
- The provider did not have a seclusion room and did not seclude patients.
- All areas of the ward were clean and tidy. All furnishings were in good condition and well maintained.
- Staff adhered to infection control principles including hand washing. There were hand washing facilities available, including alcohol gel hand disinfectant.
- Staff regularly cleaned the hospital environment to avoid the risk of spreading infection. We reviewed the cleaning records and found that staff kept these up to date and filled in appropriately. Staff maintained and cleaned equipment regularly. We checked various equipment and saw that they had labels on to state when they were last serviced and when the next one was due.
- The provider had undertaken an environmental risk assessment. This highlighted potential risks throughout the hospital and included an action plan as to how staff would mitigate these risks.
- There was not a nurse call system in place for patients to use. We highlighted this in the previous inspection. However, the provider had discussed this with patients in a meeting in 2016. Patients stated that they did not feel that this was something that they needed.

Safe staffing

- The provider had a staffing establishment of five whole time equivalent nurses and 12 whole time equivalent care support workers. There were no vacancies for qualified nurses and one vacancy for a care support worker, which the provider was in the process of recruiting. The provider did not use agency staff. The provider covered vacant shifts with bank staff.
- The provider had low rates of bank staff use. Between 21 December 2016 and 20 February 2017, bank staff covered 26 shifts and no shifts were unfilled. The provider had small number of nurses and care support workers on their bank that they used regularly. Bank staff were included in the provider's training and supervision.

- The provider had a sickness rate in the past 12 months of 3%. This had reduced from 6% the previous year.
- The provider had one nurse and three care support workers on day shifts and one nurse and one care support worker on the night shifts. We checked the duty rotas for the past six weeks. These showed that the provider was covering all shifts with the required amount of staff.
- The ward manager was able to adjust staffing levels to take account of activity levels. The duty rotas showed staffing levels being increased to support higher observation levels or for escorted leave.
- Nurses spent the majority of their time in communal areas interacting with patients. There were enough staff so patients could have regular one-to-one time with their named nurse. During the inspection, we saw that staff were able to focus on spending time with patients rather than administrative tasks.
- The provider never cancelled escorted leave or activities due to staffing issues. The provider employed an activities coordinator and occupational therapists to manage daily activities.
- There was adequate medical cover day and night. The provider had a consultant psychiatrist who attended the hospital twice a week. There was an on-call rota for doctors to cover out of hours.
- Staff received, and were up to date with their mandatory training. We checked the training matrix, which showed that mandatory training compliance was 99%. Thirteen out of the 14 mandatory training courses had 100% compliance. Basic life support training was 86%, which was above the provider's target of 80%.

Assessing and managing risk to patients and staff

- There were no incidents of seclusion in the last six months. The provider did not have a seclusion room and did not use seclusion as an intervention.
- In the six month period between August 2016, and February 2017 there were two incidents of restraint. These incidents involved two different patients. There were no incidents of prone restraint. Patients' positive behaviour support plans contained information on triggers and informed staff how to deescalate patients and how patients preferred to be restrained.
- Staff had undertaken a risk assessment of every patient upon admission. This was updated on a monthly basis during care reviews or sooner if there was a change in the risk. Staff would also update risk assessments following incidents.
- Staff used the historical clinical risk 20, risk assessment tool. This is a comprehensive risk assessment tool that uses both historic and current information in order to identify potential risks.
- The provider did not use blanket restrictions and informal patients were free to leave at will. The provider displayed signs informing patients of their right to leave.
- There were good policies and procedures for the use of staff observation of patients. The provider used different levels of observations to manage patient's risks. These included level one general observations, level two, intermittent checks, and level three, one-to-one observations.
- Staff were trained in 'Maybo', which is a system for managing violence and aggression. Staff only used restraint if de-escalation techniques had failed. The provider had a low rate of restraint, which demonstrated that staff were able to successfully de-escalate patients when they presented as aggressive. Staff told us information in patients' positive behaviour support plans helped them understand how to manage patients if they presented as aggressive.
- Staff did not use rapid tranquilisation medication with patients.
- There were good medicines management practices in place. Medication was stored appropriately, in locked cupboards within the clinic room. We reviewed the medication administration records. Staff completed these correctly, and had the appropriate Mental Health Act documentation attached. The provider used a local pharmacy service for medicines reconciliation. Controlled drugs were stored in separate locked cupboards within the medicines cupboards. The name of the controlled drugs accountable officer was on display within the clinic room. There were appropriate systems in place for disposing of medicines, including controlled drugs. We reviewed the destruction of medicines records, which showed staff had filled these in correctly.
- The provider's policy for children visiting the ward stated that children were not allowed within the ward area. If visitors brought children in the patient would have to go off hospital site to see them.

Good

Wards for people with learning disabilities or autism

Track record on safety

- Staff reported 15 serious incidents over the past 12 months. These incidents consisted mainly of allegations of abuse or violence and aggressive behaviour. Managers had investigated these incidents and lessons learned identified. Managers reported these to the Care Quality Commission when necessary.
- There were no adverse events in the previous 12 months.

Reporting incidents and learning from when things go wrong.

- Staff knew what they needed to report as an incident. The provider had an electronic recording system for incident reporting. All staff, including bank staff had access to this. We reviewed incident records, which showed staff were reporting appropriately.
- Staff were open and transparent and explained to patients when things went wrong. We reviewed four patients care records. These showed evidence that staff had discussions with patients following incidents.
- Managers gave feedback to staff on the outcomes of incident investigations. Staff told us that senior staff shared lessons learned from incidents during team meetings and handovers. We reviewed the minutes of team meetings for the past six months. These showed that incidents and lessons learned were regular agenda item at these meetings.
- Staff received a debrief following incidents. However, staff we spoke with felt that the de-briefs could be improved by being more structured. Staff had fed back to managers about this. Staff offered patients debriefing following incidents. Patients told us that they were happy with the support they received following an incident.

Duty of Candour

- Staff we spoke with told us that they were aware of their responsibilities concerning being open and honest when things had gone wrong. The provider had a policy in place regarding duty of candour. Staff followed this where appropriate.

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

Good

Assessment of needs and planning of care

- Patients received a comprehensive assessment following admission. We reviewed four care records. These showed that patients had a thorough period of assessment upon admission to the hospital. Staff used the information gathered during these assessments to formulate care plans and risk assessments
- Patients received a physical examination upon admission and we found evidence of ongoing monitoring of physical health problems. We spoke to the consultant psychiatrist who told us that he would give patients a physical examination upon admission.
- Patients' records contained up to date, personalised, and recovery orientated care plans. Care plans covered a range of needs and explained what staff needed to do to meet these needs. Patients had copies of their care plans in easy read formats, which they kept in a locked cupboard in their room.
- All information needed to deliver care was stored securely within locked filing cabinets in the staff office. The provider used a paper-based recording system with colour-coded files so staff knew in which folder they kept different information for each patient.This information was accessible for all members of the staff teams, including bank staff.

Best practice in treatment and care

- Staff followed the National Institute for Health and Care Excellence Guidance when prescribing medication such as the use of anti-psychotic medication and the use of benzodiazepine medication. This included regular reviews and physical health monitoring such as electrocardiogram and blood tests. We saw evidence of this in the care records. We spoke with the consultant psychiatrist who explained that he also followed the National Institute for Health and Care Excellence guidelines for the management of epilepsy and prescribing anti-epilepsy medication.
- The psychologist provided patients with psychological therapies recommended by the National Institute for

Health and Care Excellence. For example, the adapted behavioural assessment systems three, this is an assessment of adaptive skills and offender behaviour therapy that is pertinent to the client group.

- Patients had access to physical healthcare. The provider registered patients with the local GP surgery. The GP would refer patients to healthcare specialists when required.
- Staff assessed patients' nutritional and hydration needs. Patient records contained assessments and care plans to meet patients' nutritional and hydration needs. The provider also had access to a speech and language therapist who would assist with assessing patients' with dysphasia (difficulty swallowing).
- Staff used recognised rating scales to assess and record patient outcomes. Staff used Health of the Nation Outcome Scales to monitor patients' progress with their treatment. Staff also used health action plans to monitor patient's physical health needs.
- Staff participated in clinical audits. Staff members were given lead roles such as health and safety lead, fire safety lead, and safeguarding lead. The lead staff member would have to complete the audits. We reviewed the clinical audits for the past six months and found that staff were completing these in line with the provider's policy.

Skilled staff to deliver care

- The provider had a full range of staff disciplines working on the ward. This included nurses, care, support workers, consultant psychiatrist, occupational therapist, speech and language therapist, and a psychologist.
- Staff had the relevant experience and qualifications for working at the hospital. We checked the files of five staff and saw that they all had the relevant qualifications for their roles.
- Staff received an appropriate induction prior to commencing work on the wards. Staff files contained induction checklist. This showed that staff had undertaken a two week induction period where they participated in mandatory training, and had to be shadowed another member of staff for three shifts. Unqualified staff had access to the care certificate, which they had to complete within the first three months of employment.
- Staff did not always receive regular supervision. We checked the supervision matrix and supervision records within staff files. The supervision matrix showed that 13 out of the 21 staff listed had not received supervision in line with the provider's policy over the past 12 months. Five staff files showed that they had not received supervision four times in the past year. The provider's policy stated that staff should receive management supervision at least four times per year. However, in the three monthly leading up to the inspection all staff had received supervision.
- Managers ensured that staff received an annual appraisal. Eighteen of 21 staff had a completed appraisal on file. Three staff appraisals were out of date and they should have completed these in February 2017.
- Staff had received specialist training pertaining to their role. Unqualified staff had been trained in national vocational qualifications level two and three. Staff also received autism specialist training, learning disability training, and positive behaviour support training.

Multi-disciplinary and inter-agency team work

- There were regular multidisciplinary team meetings. These happened on a weekly basis. We reviewed the minutes of these meetings. During these meetings, staff discussed various issues such as training, incidents, and complaints. There were also regular nurses' meetings where qualified staff would discuss various clinical issues within the hospital.
- There were effective handovers within the team. Staff met at the end of each shift. During these meetings, staff would discuss the patient's care throughout the day and discuss any incidents that had happened.
- There were effective working relationships with teams outside of the organisation such as the local authority, local commissioners, and the local safeguarding services. The manager told us they have a point of contact within the local social services who they liaised with regarding the patients.

Adherence to the MHA and the MHA Code of Practice

- All staff had received training in the Mental Health Act and the Code of Practice. The staff we spoke to were able to demonstrate good understanding of the Mental Health Act and the Code of Practice.
- Staff adhered to consent to treatment and capacity requirements. Staff attached copies of consent to

treatment forms to medication records of patients detained under the Mental Health Act. Patients had their rights read under the Mental Health Act upon admission and monthly thereafter.

- Staff had access to a Mental Health Act administrator. The Mental Health Act administrator made sure staff had completed all Mental Health Act paperwork correctly. They also undertook an audit to ensure that staff were applying the Mental Health Act correctly.
- Patients had access to an independent mental health advocate. The provider used a local advocacy service. Patients had information on how to access the service. Staff were aware of whom to contact to make a referral to the service.

Good practice in applying the MCA

- All staff had received training in the Mental Capacity Act. Staff we spoke to were able to show good understanding of the Mental Capacity Act and the five statutory principles.
- The provider had made one Deprivation of Liberty Safeguards application in the last six months. The provider was waiting for the local authority to approve this. However, staff regularly checked on the status and any progress made.
- The provider had a policy on the Mental Capacity Act, which included Deprivation of Liberty Safeguards. Staff were aware of the policy and were able to refer to it when necessary.
- Patients had their capacity to consent assessed and recorded within the care records. Staff completed capacity assessments on a decision specific basis. When a patient lacked capacity to make a decision, staff held a best interest decision meeting involving all appropriate people who were involved in a patient's care including families and carers. We reviewed patient records and saw evidence of these meetings documented within the records.
- Staff knew where to get advice regarding the Mental Capacity Act. The staff we spoke to told us they would get advice from the ward manager or from the Mental Health Act administrator.
- There were arrangements in place to monitor adherence to the Mental Capacity Act. Staff would undertake an audit of staff compliance with the Mental Capacity Act and deprivation of liberty safeguards.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- We observed staff to be kind and caring towards patients and they treated them with dignity and respect. Staff were responsive to patient's needs and supported them to meet these. We observed staff sitting in communal areas, talking and engaging with patients throughout the day.
- Patients told us that staff treated them with kindness and were very caring and supportive. We spoke to five patients who told us that all staff were approachable and supported them to meet their needs.
- Staff understood individual patient's needs. Staff supported patients to attend to their needs and therapeutic activities throughout the day. We spoke to five staff that were able to explain how they met individual patient's needs such as helping a patient with dysphagia (swallowing difficulties) choose appropriate food.

The involvement of people in the care they receive

- Patients were orientated to the ward upon admission. Prior to admission, patients attended for lunch and have sleepovers. This enabled staff time to orientate patients' to the ward, making the transition easier upon admission.
- Patients were involved in the planning of their care and had a separate folder in their rooms with care plan information. We checked four sets of care records. These all demonstrated that patients were involved in their care plans. Patients were encouraged to attend their care reviews.
- Patients had access to an advocacy service. The provider used a local advocacy service to provide this service. Patients had information on how to contact advocates in their bedrooms.
- Families and carers were not always involved in patients' care planning. Records did not show that staff had discussed care plans with families and carers. We spoke with five carers. Two told us that they had not been consulted about care plans and had not been

given a copy of their loved one's care plans. All carers we spoke to said that staff had invited them to care reviews and would attend when they could. Carers said that staff would keep them up to date regarding the patients care.

- Patients were able to give feedback on the service. The provider held monthly community meeting in which patients could share their views. We reviewed the minutes of three meetings. These contained an action plan, which stated how the provider was going to respond and whose responsibility it would be to complete the action. The provider displayed a "you said we did" board which contained information on changes that the provider had made following suggestions from patients. Carers were able to give feedback on the service via a parent/carer questionnaire. We reviewed eight parent/carer questionnaires in which families were highly complimentary with the service patients had received.
- Patients were encouraged to get involved in decisions about their service. Staff told us they had tried to get patients involved with recruitment but this had initially been unsuccessful as the patient decided they did not want to do it.

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

(for example, to feedback?)

Good

Access and discharge

- The provider's bed occupancy rate over the six-month period between August 2016 and February 2017 was 96%. The average length of stay was 42 months. This was above the national average of 554 days.
- Beds were available for patients within the Essex area. The provider reported one patient was from outside Essex.
- Staff discharged patients at an appropriate time of day. Staff told us they would invite staff from placement areas to discharge meetings. During these meetings, staff planned and arranged discharges with everyone involved. We saw evidence of discharge planning in patients' care review records.
- The provider reported two delayed discharges over the past six months. These were due to a lack of suitable placements for the patients.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a range of rooms to support treatment and care. The provider had recently refurbished the clinic room. However, there was insufficient space to examine patients, which meant staff had to examine patients in their bedroom. The provider had recently refurbished the kitchen so patients were able to use it as part of their therapy. There was a dining room and a lounge area that contained games and activity equipment as well as a computer that patients' had used to complete work for college courses. Patients could also use the computer as a means of communicating with their families. However, there was not a quiet space for patients to meet visitors or for staff to use for one to one sessions.
- There was not an area for patients to make private phone calls. Patients would have to use their bedroom if they wished to make a private call.
- Patients had access to an outside area. There was a garden area for patients to use. The provider had involved the patients in maintaining the garden area and planting vegetables.
- Patients told us the food was of good quality and that they had a choice of food. Staff asked each patient for their choice of what was on the day's menu. Patients were involved in choosing the menu. The chef attended the community meeting to discuss the menu with patients.
- Hot drinks and snacks were available for patients 24 hours a day. There was a drinks station in the dining room so patients could access drinks at any time. There was also fruit available for patients if they wanted a snack.
- Patients were able to personalise their bedrooms. The provider would paint bedrooms in a neutral colour prior to a patient being admitted. The patients would then be able to choose what colour they would like it painted once they had arrived at the hospital. Patients were then able to bring in personal items for their rooms such as posters and ornaments.
- There was a secure store for patients to keep their valuables. Each patient had a locked cupboard in their room to store their personal file and valuables.

Good

Wards for people with learning disabilities or autism

- Patients had access to activities seven days a week. The provider employed an activities coordinator and an occupational therapist that organised the activity schedule. These included cooking and garden management. The provider had a garden area and a greenhouse where patients were growing vegetables and herbs which they could use in their cooking. At weekends, activities were more leisure activities.

Meeting the needs of all people who use the service

- The provider had made adjustments for people with mobility difficulties requiring wheelchair access. There was a lift for access to the first and second floors and a ground floor bedroom.
- Patients had accessible easy read information in pictorial formats on treatments, their rights and how to complain. Patients had a file, which they kept in their bedroom that contained information they needed.
- The provider had access to an interpreter service to use with patients where English was not their first language. Staff told us they knew how to contact them if required.
- Staff were able to offer a choice of foods to meet differing dietary requirements such as vegetarian or vegan, foods for patients with allergies, or for patients of different religious beliefs.
- The provider was able to support patients' spiritual needs. Staff told us they had supported patients to attend church. Staff told us they would be able to access support for patients of other religious groups such as patients of Muslim and Jewish faiths.

Listening to and learning from concerns and complaints

- The provider received two complaints in the past 12 months. These complaints related to allegations of abuse by staff and concerns from neighbours. One of these complaints was upheld and none were referred to the Parliamentary and Health Ombudsman Service.
- Patients knew how to complain. Patients had information on making a complaint in their personal folders in their bedroom. Patients we spoke to told us they knew how to make a complaint and would feel confident in doing so. Patients told us they felt their concerns would be listened too.
- Staff were aware of handle complaints. All staff we spoke to knew what action to take if a patient made a complaint to them. Staff told us they referred complaints to the manager who would then investigate them. Feedback and lessons learned from complaints were shared during team meetings. We reviewed the minutes of staff team meetings, which showed that complaints were a standard agenda item.

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

Good

Vision and values

- We asked if staff were aware of the organisations visions and values to deliver effective and outcome focused services within safe,sound,and supportive environments. Staff could not explain the visions and values or how they reflected these in the team's objectives.
- Staff were aware of who the senior managers in the organisation were. Staff told us senior staff at a regional level visited them regularly. However, senior managers at board level did not visit regularly.

Good governance

- Staff were up to date with mandatory training. The manager had systems in place to monitor mandatory training. The manager kept paper records. We reviewed these and found that they were accurate and up to date.
- The Manager had systems in place to monitor supervision and appraisals. However, they had not identified that staff had not met the provider's policy of four supervisions per year.
- A sufficient number of staff with the right qualifications and experience covered shifts. We checked the duty rotas for the past six weeks, which showed that all shifts were fully covered.
- Staff were able to spend the majority of their time on care activities. We observed that staff spent the majority of their time in communal areas interacting with patients and participating in activities rather than on administrative tasks.
- Staff participated in clinical audits. Staff were given lead roles in different areas such as fire safety, health and safety and safeguarding. The staff member who led each

area was responsible for completing the audits. There was also a staff member who had responsibility for overseeing the audits and making sure they were completed in time.

- The provider had systems in place for sharing lessons learned from incidents and complaints. Senior managers discussed these at regional clinical governance meetings and information was fed back through nurses meetings and team meetings. We reviewed the minutes of three clinical governance meetings and saw that incidents and complaints were a standard agenda item.
- Staff followed safeguarding, Mental Health Act, and Mental Capacity Act procedures. We checked the Mental Health Act paperwork for three patients. Staff completed correctly. We also checked Mental Capacity Act documentation for one patient and found that staff completed these correctly. The Mental Health Act administrator audited all the paperwork.
- The provider used key performance indicators to measure the performance of the hospital. These included care plan and risk assessment reviews, mandatory training, supervision, appraisals, and financial targets. The provider monitored these through their ward to board reporting.
- The manager had sufficient authority to run the hospital. They told us senior managers in the organisation supported them. They had support to manage their workload from the ward administrator.
- Staff had the ability to submit things to the organisations risk register. Staff would highlight issues to management who would then place these on the register if necessary.

Leadership, morale and staff engagement

- The provider had a sickness rate over the past 12 months of three percent.
- Staff knew how to use the whistle blowing policy. Staff told us they would use it if necessary. Staff told us they were confident that managers would listen to their concerns and deal with them appropriately.
- Staff felt that they could raise concerns without fear of victimisation and that manager would support then in doing so.
- There was good staff morale and job satisfaction. Staff told us they were very happy in their job and that the team worked well together and supported each other.
- Staff told us there were opportunities for leadership and development. Care support workers were trained in National Vocational Qualifications level two and three. Nursing staff were given the opportunity to act up as manager when the manager was on leave. The manager told us that they started at the hospital as a care support worker and had received support to develop themselves.
- Staff were open and honest and explained when things went wrong. Staff we spoke to were able to explain their responsibilities under their duty of candour.
- Staff had the opportunity to have input into service development. Staff were able to share their ideas during team meetings.

Outstanding practice and areas for improvement

Outstanding practice

The provider had developed the Personal Paths this model of care for patients.Personal Paths is a way of supporting people with complex needs in health and social care, based on research and best practice. It draws together contemporary thinking and practice, and importantly, reflects what people and families tell us is important to them.There were five principles to this model of care; Personal behaviour support, appreciative enquiry, therapeutic outcome, healthy lifestyles, and safe services.This model incorporated positive behaviour support, learning from incidents, the promotion of healthy lifestyles, safe care and treatment and therapeutic outcome measures including discharge planning.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure staff adhere to their policy on supervision.
- The provider should ensure families and carers are involved in patients' care planning and that they document this in their care records.
- The provider should ensure that staff understand the organisation's visions and values and that these are embedded in the hospital's objectives.