

Good 

Coventry and Warwickshire Partnership NHS Trust

Wards for people with learning disabilities or autism

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RYG12	Brooklands Hospital	Amber ward	B37 7HL
RYG12	Brooklands Hospital	Jade Ward	B37 7HL
RYG12	Brooklands Hospital	1 Tuxford Avenue	B37 7HL
RYG12	Brooklands Hospital	3 Tuxford Avenue	B37 7HL

This report describes our judgement of the quality of care provided within this core service by Coventry and Warwickshire Partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Coventry and Warwickshire Partnership NHS Trust and these are brought together to inform our overall judgement of Coventry and Warwickshire Partnership NHS Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Requires improvement 

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 / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated the inpatient wards for people with a learning disability or autism as **good** because:

- During this most recent inspection, we found that the services had made improvements and addressed most issues that had caused us to rate the inpatient wards for people with a learning disability or autism as requires improvement following the April 2016 inspection.
- Staffing levels on all wards were sufficient and ensured safe clinical practice. Ward managers ensured a balance of staff skills and gender mix across all wards. Wards had enough staff to meet needs of patients and provide therapeutic time for patients. All patients had up-to-date risk assessments that informed risk management plans.
- We saw many improvements to the awareness of environmental risks. Staff undertook assessments of ligature points and, where these were identified, took adequate action to mitigate the risk. Staff were made aware of both the ligature risk assessment and the mitigation plan for each ward.
- There were low rates of restraints and prone restraints. The trust had adopted robust effective systems to review and learn from incidents.
- Staff demonstrated good knowledge of the Mental Health Act, Mental Capacity Act and Gillick competency.
- Staff were receiving regular clinical supervision and were appraised in line with the trust policy and procedures. Staff had access to a range of specialist training that was directly linked to the needs of patients. This included additional training for nursing staff in physical health care and monitoring.

- Staff delivered treatment in a respectful and caring way and demonstrated an advanced understanding of patient needs. Patient and carers spoke very highly of staff and the quality of care received.
- Staff were passionate about their work and spoke with pride about the wards they worked on.
- Patients had easy access to information on advocacy, complaints, treatments, and legal rights. Patients had access to community (patients) meetings where they could raise issues and concerns. Patients knew how to make complaints, and received outcomes from their complaints.

However:

- The wards did not adhere to all safeguards relating to long-term segregation, in accordance with the Mental Health Act Code of Practice, for the patients nursed in long-term segregation. There was no evidence of external three monthly reviews taking place.
- Medical reviews in seclusion records were not consistent. One of those seclusions lasted five hours with no medical reviews taking place and no clear justification why the doctor did not attend.
- Patients and visitors could see confidential patient information on the patient information boards in the staff offices.
- On Jade and Amber wards, there was no unified approach to records consolidation. Patient notes were stored in four different files. This meant records were not easily accessible to staff and there was a risk that records could be misfiled.

Summary of findings

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

Are services safe?

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

- The wards were not adhering to all safeguards relating to long-term segregation in accordance with the code of practice for the patients nursed in long-term segregation. There was no evidence of external three monthly reviews taking place.
- Staff from Tuxford and Jade who had direct contact with young people had not completed level three safeguarding training.
- Medical reviews in seclusion records were not consistent. One of those seclusions lasted five hours with no medical reviews taking place and no clear justification why the doctor did not attend.
- Fridge temperatures recorded above maximum levels on two occasions, were not escalated as per trust policy. This could have led to harm to patients who used the services.
- There was lack of proper food hygiene monitoring in 3 Tuxford.

However:

- There were sufficient clinical staff working within the wards to meet the needs of patients. There were robust systems in place to ensure staffing was maintained. Jade, Amber and Tuxford wards used regular bank and agency staff and had access to a dedicated peripatetic “floating team” of staff to support them.
- Staff identified and mitigated environmental risks such as blind spots and ligature points on the wards. Staff were aware of the risks. Wards had up-to-date environmental risk assessments, staff maintained daily environmental checks.
- The wards had taken action to reduce the levels of restraints and incidents. Managers held weekly restraint review meetings. Staff used restraint as a last resort when de-escalation (calming down) techniques had failed. Medical review of restraints were in accordance with trust policy.
- All patients had up-to-date, comprehensive risk assessments that informed risk management and care plans.
- Staff were trained in safeguarding and demonstrated detailed knowledge of how to identify and report any abuse.
- Staff received mandatory training. The wards achieved the trust’s average compliance rate of 90% for mandatory training.

Requires improvement



Summary of findings

Are services effective?

We rated effective as **good** because:

- Staff demonstrated good knowledge of the Mental Health Act, Mental Capacity Act and Gillick competency in practice.
- Staff received induction, regular supervision and annual appraisals. Staff had the appropriate skills and qualifications for their roles. Regular and effective multidisciplinary team (MDT) meetings took place, and the wards had access to a wide range of disciplines to support patients' individual needs.
- Staff undertook comprehensive assessment and care planning of patients' needs that included physical health needs.
- Handovers took place between each shift and were structured, comprehensive and informative. There was good information sharing, with a specific focus on patients' presentations and any changes in their needs and risks.
- Staff had excellent links with a range of external services to help meet the specific needs of their patients. Staff from external organisations were very actively involved in discharge planning processes, for example, Jade and Amber wards MDT staff held external provider workshops. This ensured handovers with other services was effective.
- Wards used recognised outcomes measures such as the health of the nation outcome scales to assess and measure the health and social functioning of the patients.

However:

- On Jade and Amber, there was no unified approach to records consolidation. Each patient had three different case notes. The fourth folder contained current case notes for all patients on the ward. There were risks to records being lost, as the other records were not combined until a patient was discharged.

Good



Are services caring?

We rated caring as **good** because:

- All patients and carers described staff as caring, kind, lovely and respectful. We observed positive interactions between staff and patients. Staff responded to patients in a calm manner.
- Staff worked with carers promoting good communication between staff, patients and carers. Staff knew the patients well and had a good understanding of their needs. Carers confirmed this was the case.

Good



Summary of findings

- Patients received orientation to the ward and a range of easy read information, including easy read welcome booklet, on admission.
- Care planning was holistic and recovery-oriented. Patients and carers were fully involved in treatment plans and were provided with a copy of their care plan.
- Patients had good access to advocacy services, including independent mental health advocates. Patients could invite advocates to attend their care reviews.
- All staff demonstrated their commitment to providing highest quality of care possible despite the environment particularly in Tuxford.

Are services responsive to people's needs?

We rated responsive as **good** because:

- All patients had discharge plans in place. Patients knew their discharge plans.
- The wards were able to accept out of area referrals. There appeared to be a good working relationship between the wards and their commissioners and external agencies.
- Patients had easy access to a wide range of information on advocacy, complaints, treatments, and legal rights. Staff had access to interpreters, where needed.
- Patients were communicated with in the way they understood.
- Patients knew how to make complaints, and received outcomes from their complaints. Ward managers took complaints seriously and worked hard to address patients' complaints at a local level. Staff took complaints seriously and dealt with them in line with the trust's complaints procedure.

However:

- On Tuxford, patients and visitors could see confidential patient information on the patient information boards in the staff office.

Good



Are services well-led?

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

- Staff knew and agreed with the vision and values of the trust and felt these were integral to the way care was delivered.

Good



Summary of findings

- Staff received mandatory training, specialist training for their roles, annual appraisals and regular supervision.
- Staff reported good morale within the teams and they felt valued and supported by their teams and managers. Staff felt confident to raise concerns and said managers listened to them. There was strong leadership on all of the wards. Staff held ward managers in high regard.
- The wards had effective systems and processes to monitor their service delivery, quality and performance.

Summary of findings

Information about the service

Brooklands hosts a specialist assessment and treatment service. Brooklands inpatient services are based over four wards, providing care and treatment for people who have a learning disability, severe mental health or behavioural problems. Amber and Jade wards support working age adults, whilst 1 and 3 Tuxford Avenue, provide services to adolescents. The service accepts patients from across England.

The adults' service is based over two wards:

Amber Ward has 12 beds and admits both men and women. It has the capacity to offer up to three enhanced care suites. Enhanced care suites are for those individuals who present a higher level of challenging behaviour, levels of disturbance and mental health problems.

Jade Ward has 15 beds and admits both males and females. There are five female beds and 10 male beds, which are separated based on gender. The ward admits patients who have mental health issues and may display difficult and challenging behaviours. Some may also have committed offences.

The adolescent service at 1-3 Tuxford Avenue provides comprehensive inpatient assessment and treatment for adolescents who have a learning disability and other associated mental health and behavioural problems. The two wards 1 and 3 Tuxford provide treatment packages, which include access to education, for individuals aged from 12 to 19 years old. Patients present with a wide variety of different behaviours as a result of environmental, psychiatric and neurological difficulties that cannot be managed in their home or school settings. The service has 12 beds and is based in two separate wards at Brooklands: There are six beds for male patients in the building known as 1 Tuxford, and a further six beds for female patients in the building known as 3 Tuxford. The two buildings share a manager and the same staff team.

Care Quality Commission (CQC) last inspected the inpatient wards for people with learning disability or autism in April 2016 as part of a comprehensive inspection of Coventry and Warwickshire Partnership Trust. There was one unannounced Mental Health Act monitoring visit to Tuxford in May 2017.

Our inspection team

The Coventry and Warwickshire Partnership Trust comprehensive inspection was led by:

Head of Inspection: James Mullins, Head of Hospitals (Mental Health), CQC.

Team Leader: Paul Bingham Inspection Manager (Mental Health), CQC.

The team that inspected the inpatient wards for people with a learning disability or autism consisted of five people: a CQC inspector, a learning disabilities nurse, an occupational therapist, a social worker and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, learning disabilities services.

Why we carried out this inspection

We undertook this inspection to find out whether Coventry and Warwickshire Partnership Trust had made improvements to its inpatient wards for people with a learning disability or autism since our last comprehensive inspection of the trust in April 2016.

When we last inspected, we rated their inpatient wards for people with a learning disability or autism as **requires**

improvement overall. We rated the core service as requires improvement for Safe, requires improvement for Effective, good for Caring, good for Responsive and requires improvement for Well-led.

Following the April 2016 inspection, we told the trust that it must make the following actions to improve inpatient wards for people with a learning disability or autism:

Summary of findings

- The trust must ensure ligature risks are identified, assessed and risks to patients are mitigated appropriately. Staff must be aware of any risks and how they are managed.
- The trust must ensure that all staff have the necessary training to ensure that patients' rights are protected in relation to the Mental Health Act 1983, Mental Capacity 2005, and Gillick competence.
- The trust must ensure that staff have received the required mandatory training, in line with trust policy and guidelines.
- The trust must ensure prone restraint is reduced and medical reviews are completed as per policy.
- The trust must ensure they provide sufficient staff to care for patients safely.

- The trust must ensure that staff receive regular supervision in line with their own policy and procedures.

We issued the trust with requirement notices associated with the inpatient wards for people with learning disabilities or autism. These related to:

- Regulation 11 HSCA (regulated activities) Regulations 2014: Need for consent
- Regulation 12 HSCA (regulated activities) Regulations 2014: Safe care and treatment
- Regulation 13 HSCA (regulated activities) Regulations 2014: Safeguarding service users from abuse and improper treatment
- Regulation 18 HSCA (regulated activities) Regulations 2014: Staffing

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 these services, asked a range of other organisations for information and sought feedback from carers and families of those who use services.

During the inspection visit, the inspection team:

- visited all four of the wards, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with eight patients who were using the service

- spoke with six carers of patients who were using the service
- spoke with the three managers, one clinical lead and four deputy managers for each ward
- spoke with 28 other staff members including doctors, nurses, occupational therapists, ward clerks, housekeepers, student nurses, advocacy, pharmacy technician and clinical psychologists.
- received feedback about the wards from commissioners
- attended and observed three handover meetings and one ward review
- reviewed care records for 16 patients
- reviewed comments and feedback from the CQC website and focus groups
- carried out a specific check of medication management on the four wards
- checked the medication charts of 14 patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with nine patients across all wards. The overall opinion was that staff treated patients well, and were kind, caring and compassionate. Patients felt safe and that staff listened to them and treated them with dignity and respect.

We spoke to 10 carers. Carers told us they were pleased with the care provided. They also told us staff were polite, warm and interacted well with them. They felt their

Summary of findings

relatives received good care and were well looked after. They told us that staff were kind, caring and compassionate and were responsive to any queries they raised.

Good practice

Managers from Brooklands attended formulation meetings every week where all prone or 15-minute long restraints were reviewed. Evidence showed that restraints had dramatically reduced since the new initiative on reviewing of restraints and implementing personal behaviour support. For example on Jade and Amber, in May 2016 the trust recorded 25 prone restraints compared to four prone restraints in May 2017.

Multidisciplinary staff from Jade and Amber wards had delivered presentations and facilitated training workshops to external providers in order to improve discharge pathways. This had resulted in a reduction in readmission rates.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that all safeguards of long-term segregation are managed in accordance with the code of practice including maintaining external three monthly reviews.

Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The trust should ensure staff are aware and know how and when to escalate out of range medicines fridge temperatures in accordance with their policy.
- The trust should ensure that clinical staff from Tuxford and Jade ward who have direct contact with young people have completed level three

safeguarding training as identified through the Safeguarding Children and Young people: roles and competences for health care staff intercollegiate document (March 2014, v3).

- The trust should ensure that it protects confidential patient information and ensure that it is not visible to other people.
- The trust should ensure that there is proper food hygiene monitoring.
- The trust should ensure patient notes are stored in a way that makes them accessible to staff in a timely manner.

Coventry and Warwickshire Partnership NHS Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Amber ward	Brooklands Hospital
Jade Ward	Brooklands Hospital
1 Tuxford Avenue	Brooklands Hospital
3 Tuxford Avenue	Brooklands Hospital

Mental Health Act responsibilities

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

At the time of our inspection, staff compliance with Mental Health Act training across the wards was 53% Amber and Jade had the lowest rate with 32%. Managers showed us information confirming that staff who had not received the training had future dates allocated to complete the training by April 2018.

Despite the low uptake of training, staff demonstrated a good understanding of the different MHA sections. All staff we spoke with knew where to seek further advice and support within the trust on the Mental Health Act and Code of Practice.

Mental Health Act documentation for detained patients was in place and completed correctly. Patients were detained under the correct legal authority.

Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.

Staff regularly explained to detained patients their rights under the Mental Health Act and recorded this in patients' notes. The wards had access and displayed information on the rights of patients detained in easy read format. Patients had access to independent mental health advocacy services.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Training records indicated that as at 31 January 2017 93% of staff had received training in Mental Capacity Act (MCA) for this core service

Staff demonstrated a good understanding of the Mental Capacity Act and could clearly explain the five principles. The trust had a detailed policy on how to apply the Mental Capacity Act. Staff were aware of the policy and referred to it, when needed.

Staff assessed and clearly recorded patients' capacity to consent to treatment. This was done on a decision – specific basis concerning significant decisions. Patients had access to an independent mental capacity advocate (IMCA).

Staff knew the lead person to contact about Mental Capacity Act and Deprivation of Liberty Safeguards to get advice. There were arrangements in place to monitor adherence to the Mental Capacity Act .

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The layout of all wards did not allow staff to observe all bedroom areas of the wards and there were blind spots. Staff were aware of the risks to patients' safety caused by the layout. To mitigate the risks, staff assessed the appropriate level of observation required for each patient and observed them in high-risk areas as required. Staff conducted hourly environmental checks within Jade, Amber and Tuxford and they positioned themselves throughout the wards to monitor the blind spots. The blind spots on the stairwells and upstairs in Tuxford units were managed using convex mirrors.
- We reviewed the ligature risks in Tuxford bathroom areas to follow up a regulatory breach identified in the previous inspection in April 2016. These were areas that patients used unsupervised. A ligature point is anything that a person could use to attach a cord, rope or other material for the purpose of hanging or strangulation. During this inspection, we found the trust had made some improvements in this area: the showerhead in the Tuxford bathroom area had been removed and changed. The wards had identified all the ligature points in an updated ligature and environmental risk assessment that identified how staff mitigated the risks where there were ligature points. Ward bedrooms had anti-ligature bedroom furniture and anti-ligature ensuite shower fittings. Staff were aware of the potential ligature points within their wards and knew how to manage them. There was a clear management plan in place on how to minimise this risk. For example, staff managed risks through close observation and good knowledge of individual patients. Ward managers highlighted any major risks to staff at handovers and ward rounds. Managers ensured that all new and temporary staff were made aware of where the risks were.
- Staff in Jade, Amber and Tuxford wards were trained in the use of ligature cutters and all staff had quick and easy access to the ligature cutters.
- All wards admitted both male and female patients. Jade, Amber and Tuxford units complied with the Department of Health requirements for mixed gender accommodation. These wards had separate male and female bedroom area; there was a separate lounge area for female patients.
- The wards had clean and well-equipped clinic rooms with clean equipment such as weighing scales, blood monitoring machines and blood pressure machines. All wards had emergency equipment such as automated external defibrillators and oxygen cylinders and all staff had access to them. All staff had easy access to emergency equipment and knew where it was kept. Staff checked equipment regularly to ensure it was in good working order when needed. Emergency drugs were checked daily on all wards.
- In our previous inspection in 2016, we found that the seclusion room on Amber ward was being refurbished. The trust had since completed refurbishment on the seclusion room. It was clean and well maintained. The suite contained an anti-ligature bed and a separate anti-ligature toilet and wash area. The main room had an intercom for communication between the staff and the patients. Patients could view the clock in staffs' communication room. The other wards did not have a seclusion room, and staff managed violence and aggressive behaviour through positive reinforcement and de-escalation.
- Ward areas had good furnishings and were clean and tidy. In Tuxford equipment in the rooms used for school or therapy, such as instruments and art utensils appeared well maintained.
- Each ward had allocated housekeeping staff that cleaned their wards on a daily basis. Cleaning schedules were available on each ward to show that cleaning was always carried out. We reviewed cleaning checklists and found they were completed and up-to-date. Patients told us that the level of cleanliness and maintenance was good. According to 2016 patient-led assessment of the caring environment (PLACE), Brooklands hospital scored 98.9% in relation to cleanliness. This compared well with both the national average of 97.8% and the trust average of 97%. In relation to appearance, condition and maintenance it was 98.9%, again better than the national average of 94.5% and trust average of

Are services safe?

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94%. PLACE assessments are self-assessments undertaken by NHS and private/independent health care providers, and include at least 50% members of the public (known as patient assessors).

- We saw staff using alcohol gel and practising good infection control procedures through hand washing hygiene. Staff we spoke with knew how to respond to infection control concerns. The wards had information on how to follow infection control principles displayed in all key areas. Wards carried out monthly audits of hygiene and infection control. Where audits identified areas for improvement, staff drew up action plans and took necessary steps to address the issues.
- The food stored in the kitchen fridge on 3 Tuxford was clearly labelled to show dates opened and use by dates. However, there was lack of proper monitoring around maintaining food hygiene. We found that yoghurts, cooked pasta and prepared sandwiches were out of date by a week in the fridge. We returned two days later to find that staff had not disposed the out of date yoghurts and pasta. We found open chocolate bars and uncovered cereal in the fridge. Their processes and procedures around safe storage of food were not robust enough.
- The trust carried out electrical appliance tests consistently for all equipment used. All equipment had stickers to show that it had been checked to ensure that it was safe to use. The stickers had visible dates to show when they were due for another test.
- Wards undertook regular environmental risk assessments that included fire safety and infection control. Ward staff and housekeepers maintained a log of work requests sent to the facilities department and risk assessments to manage short-term environmental problems.
- All staff on Jade, Amber and Tuxford wards carried personal safety alarms that they received at the beginning of each shift. Staff could identify the location of the alarm by looking at panels located in all areas of the ward. We observed the alarms being used and staff responded promptly and appropriately.

Safe staffing

- As of 26 June 2017, trust data for whole time equivalent staff for each ward showed:
- Tuxford : 12.6 qualified nurses, 4.3 vacancies; 28.8 nursing assistants, 1.1 vacancies

- Amber and Jade wards: 18.3 qualified nurses, 7 vacancies; 37.6 nursing assistants, 11.4 vacancies.
- Vacancies on Tuxford, Jade and Amber ward were not being filled as there were plans in place to merge Jade and Amber as one ward and move Tuxford to Jade ward, this would mean the number of beds would reduce and the staffing establishment would in turn reduce. The trust were looking at implementing these changes by September 2017.
- The total turnover for the wards in the 12 months to 31 May 2017 was 8% on Tuxford, and 15.8% on Jade and Amber.
- The average sickness rate for the learning disability wards during the 12 months to 31 May 2017 was 2.8% on Tuxford and 8.7% on Jade and Amber wards. The wards had a number of staff on long-term sick leave owing to physical health issues.
- We reviewed the staffing levels to follow up a regulatory breach identified in the previous inspection in 2016. Since the last inspection, the trust had established robust systems in place to ensure safe staffing levels were maintained. The trust had daily staffing reviews to ensure patients received safe care and treatment. The number of nurses matched the establishment number on all shifts. Ward managers were in addition to the number of staff on each ward. Tuxford, Jade and Amber wards utilised the floating team staff. There was appropriate use of agency and bank nurses and regular bank and agency staff were used. Staffing levels for the ward were decided using a safer staffing tool, in line with the number of patients, their needs and observations carried out on the wards. Patients told us that leave or activities were never cancelled and we saw records that showed patients' leave and activities were monitored.
- There was a high reliance on bank and agency staff to cover vacancies and fill shifts, for example, if staff had to provide a patient with increased levels of observations, the ward manager increased the number of staff on each shift through bank or agency staff. For the three months to June 2017, bank staff covered 774 and agency staff covered 127 shifts in Jade and Amber wards. Ward managers requested bank and agency staff who were familiar with the wards, and where possible, booked staff for long periods to ensure continuity of care for patients. All the ward managers and duty senior nurses worked together to ensure safe staffing levels

Are services safe?

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across all wards. This included moving staff between wards, if necessary. During our inspection, we saw managers adjusting staffing levels to take into account changes in clinical need. Ward managers told us they were able to adjust staffing levels dependant on needs of the patients.

- The managers ensured a balance of staff skill and gender mix across all wards. They displayed staffing levels for the day. Trust data for April 2017 to June 2017 showed 77 shifts left unfilled across the wards. Jade and Amber wards had the highest number of shifts left unfilled (44).
- We observed that staff were present in communal areas on all wards interacting with patients at all times. Staff and patients confirmed that staff were always present in communal areas.
- The wards had enough staff available so that patients could have regular one-to-one time with their named nurse. Patients we spoke with knew who their named nurse was and told us they saw them regularly.
- Staff from all wards told us they rarely cancelled escorted leave and patients confirmed this was the case.
- Across the wards, all staff we spoke with confirmed there was enough staff on shift to carry out any physical interventions safely.
- There was adequate medical cover on the ward during hours provided by the consultant psychiatrists and junior doctors. Out of hours, a doctor on call system was available from the trusts out of hours' rota for emergencies.
- Staff received appropriate mandatory training and records showed that the average rate for this core service was 91.4%. This was in line with the trust's compliance target of 95%.

Assessing and managing risk to patients and staff

- Trust data showed there were 13 episodes of seclusion for this core service from January 2017 to June 2017. Amber had the most seclusion use with 12 episodes. This was a significant reduction from the previous inspection where the trust reported 174 seclusions between April 2015 and November 2015. Seclusion was used only after other interventions to de-escalate behaviour had failed.
- There were two on-going episodes of long-term segregation from January 2017 to June 2017. We saw records that confirmed staff applied the principles of

long-term segregation; updating care plans, risk assessments, recording and maintaining observations. One patient had been in long-term segregation for almost three years. We saw that the wards carried out weekly multidisciplinary reviews but did not carry out three monthly external independent reviews in line with the Mental Health Act Code of Practice. Ward staff acknowledged the reviews had not taken place and that they had escalated this with senior management.

- We reviewed the records of restraint to follow up the regulatory breach identified in the previous 2016 inspection. At that time, staff had reported 581 episodes of restraints during the six months between June 2015 and November 2015. Staff had used prone restraint 92 times. Following that inspection, the trust took measures to address the breach. Managers at Brooklands hospital held weekly restraint review meetings. Safety protocols on how to restrain were in place, to encourage staff to restrain patients in the least restrictive way and for the shortest time possible. In all wards, an incident report was completed following each restraint. During the six-month period of January 2017 to June 2017, staff working in the core service reported 367 episodes of restraints – a reduction of more than 40%. During the same period, Amber reported 28 prone restraints. Medical reviews were taking place following restraints as stipulated in the trust policy. The trust trained staff in physical intervention and staff were aware of the techniques required.
- Staff used restraint as a last resort, after de-escalation techniques had failed. The wards had implemented and embedded the safe wards model of care to promote de-escalation. This model seeks to reduce the need for restraint by identifying potential triggers and developing an understanding of another person's perspective. It focuses on improving communication between patients and staff and avoiding confrontations arising from misinterpretations. To develop the approach, staff had identified and recognised the patient's early warning signs and triggers. We saw easy read patient debrief notes completed following restraints. Staff responded with appropriate techniques such as calming down and distraction. Managers ensured on-going implementation of positive behaviour support (PBS) and that staff were trained in positive behaviour support and received refresher training.
- We looked at 16 care records. Patients had a robust comprehensive risk assessment and an up-to-date risk

Are services safe?

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management plan completed on admission, which identified risks within the ward environment how staff were to support them. The multidisciplinary team regularly reviewed and updated the risk assessments after every incident to reflect the changes in risk.

- Each patient had a detailed risk management plan in the form of a positive behavioural support plan outlining strategies to reduce the likelihood of challenging behaviours. They clearly identified how staff were to support patients. They focussed on different methods that could be used by staff before any restrictive methods such as restraint or rapid tranquillisation could be used.
- Staff imposed reasonable blanket restrictions on the wards to manage identified risks. For example on Tuxford, access to mobile phones was restricted. There was evidence in care plans explaining why these restrictions were necessary. Staff explained these restrictions to patients during their orientation to the wards.
- The wards had some informal patients at the time of the inspection. The wards had locked doors. Managers told us that staff would explain to informal patients that they could leave the ward if they wanted to. There was a sign on the doors informing informal patients that they could leave at their will.
- Staff were familiar with the trust's policy on observation. They determined the levels of observations from the patient's presentation and their risk assessment. This ranged from hourly observations to constant observations at arm's length. They reviewed observations at all handover meetings, ward reviews and MDT reviews. Staff explained the rationale for the observation level with the patient. During the inspection, we observed that staff carried out observations respectfully.
- Staff searched patients if indicated in their risk and care plans and with permission from their consultant as per trust policy.
- Staff were trained in the Management of Actual or Potential Aggression (MAPA) and provided information for patients about the use of restraint in an "easy read" format.
- Staff recorded any use of rapid tranquillisation separately on their prescription charts, recording was in line with the relevant national institute for health and care excellence (NICE) guidelines (NG10 Violence and

aggression: short-term management in mental health, health and community settings). Each patient had detailed medical and nursing guidelines for staff to follow when rapid tranquillisation was used. This covered circumstances in which it could be given, the physical observations that needed to be carried out and any risks. Rapid tranquillisation is medicine given to patients who are very agitated to help them calm down quickly. Trust data showed that staff gave rapid tranquillisation on nine occasions in this core service in the six-month period to June 2017.

- Seclusion records showed staff completed nursing reviews in a timely manner. However, in five out of seven seclusion records we found that no doctor had attended for the medical review, this was not in accordance with the Mental Health Act code of practice that requires a doctor to attend within one hour. The records reflected that staff had contacted the doctors as soon as the patient went in seclusion. In four episodes of seclusions over one hour, no doctor attended including one episode of up to five hours.
- Staff had a good understanding and knowledge of safeguarding policies and procedures. Staff had received training in level two adult and children's safeguarding. At the time of our inspection, safeguarding training level two compliance was 97% on Tuxford and 88% on Jade and Amber. Managers were trained in level three safeguarding adults and children. Level three is required by staff that provide care to children under the age of 18 years. Staff on Tuxford and Jade had not received level three safeguarding, which mean they may not have the most current information to enable them to identify and report safeguarding concerns. However, all staff were able to describe situations that would lead to a safeguarding referral and were able to give us examples of how they had responded to safeguarding concerns.
- Staff received safeguarding supervision in accordance with their trust policy and staff knew the internal lead for safeguarding. Patients told us that they felt safe on the ward. Carers told us they were given information about abuse and what to look out for. The MDT discussed any safeguarding issues such as protection plans with all other relevant professionals in ward review meetings. We saw an example of a patient being moved to another ward due to safeguarding issues and all staff were aware of potential risks associated with that patient.

Are services safe?

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

- The wards had fridges to keep medicines that required to be kept in a fridge. Staff monitored the temperatures and told us they knew how to escalate this with the pharmacy if the temperature was not within the required range. However, on 3 Tuxford we found that where the temperature had exceeded the maximum required temperature on two occasions between May 2017 and June 2017 there was no evidence of action taken to report this to medicines department. We found vaccines in the fridge that had been there since April 2017, these were removed when we raised these concerns. This meant it was not possible to know whether it was suitable for administration. Where room temperatures rose above a maximum of 28 degrees, there was a portable air conditioner to use, however most staff we spoke with were unclear on how to use it.
- The wards had appropriate arrangements for the management of medicines. All medication cards were signed and dated to show that staff had given prescribed medicines to patients as prescribed. Where a patient had known allergies they were noted on the cards. Controlled drugs were monitored and recorded in accordance with legal requirements. Staff were positive about the availability of pharmacy support at Brooklands hospital. All medicines were clearly accounted for.
- We saw evidence of assessments for pressure ulcers in patients' notes, vulnerable patients were assessed and had a management plan in place. Patients with pressure ulcers had care plans fully addressing how to monitor regularly. They were up-to-date and amended as necessary.
- Wards at Brooklands had shared access to a separate family room to facilitate safe visits for children and families.
- Staff had a good knowledge and understanding of what constituted an incident and when to report this. All staff reported incidents on trust electronic incident reporting system. On Tuxford, one staff member told us that they at times did not get protected time to input incidents and were expected to do this whilst on observations using the ward laptop. Ward managers reviewed all incidents once submitted.
- Senior staff and all ward managers at Brooklands attended an incident review group led by the modern matron every week, where they discussed and reviewed all the incidents that took place within the hospital. This gave managers an opportunity to share learning across the hospital. We saw evidence of shared learning across the trust in the newsletters and outside organisation.
- Staff told us they received feedback from investigations in handovers and email communications, ward communication book and staff supervision. Ward managers developed action plans to implement changes.
- Staff we spoke with said managers arranged one to one debriefing sessions after every serious incident and shared learning from when things went wrong. Ward staff had access to adhoc one to one sessions. Patients received debriefing following an incident and staff recorded this in the patients' care records.
- We found some good examples of improvements following incidents. Jade and Amber wards ensured that patients going on leave had a thorough risk assessment prior to going following an incident in which patient needed a warrant to return back from leave. The warrant paperwork was adopted within their policy.
- Staff understood the principles of duty of candour and were open and transparent with patients and carers when something went wrong. Duty of candour means that providers must operate with openness, transparency and candour, and if a patient is harmed, they are informed of the fact and offered an appropriate remedy. During our inspection, we saw an incident on Jade ward. The multidisciplinary team demonstrated openness and transparency in line with the trust's policy. The team explained the incident to the patient, apologised for it, and described the actions taken to prevent it happening again.

Track record on safety

- The trust reported one serious incident between July 2016 and June 2017 for this core service. Incident was still on-going and concerned allegations against staff member subject of a police investigation. Immediate improvements to safety following this incident included managers ensuring that the central office dealt with all patient finances.

Reporting incidents and learning from when things go wrong

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We looked at 16 care records across the service and saw that staff had completed a comprehensive assessment for all patients to the service in a timely manner. We found that all of these covered all aspects of care as part of a holistic assessment such as functional behaviour, safeguarding, physical health, mental health, medication, communication and activities of daily living.
 - All care records showed that patients had received a physical examination on admission. There was evidence of ongoing weekly physical health monitoring including blood pressure, heart rate and weight using the Malnutrition Universal Screening Tool (MUST) assessment. Individualised epilepsy support plans were in place. They detailed how staff should care for patients who suffer from epilepsy. Patients with physical health care needs were supported to access healthcare via the GP or from referrals to specialist services such as the dietician.
 - Patients had up to date detailed person-centred care plans and positive behaviour support plans. Patients were supported to improve overall quality of life as well as behaviour change with clear outcomes that focussed on transferring patients back into community settings as soon as they were ready. The care plans addressed the needs identified in the assessment stage and were recovery orientated. They included communication passports, contingency plans including sensory timetables where appropriate. Staff gave patients copies of easy read care plans. There was an additional assessment for staff on how best to communicate the contents of the care plans to patients.
 - The wards used paper records that were organised, stored securely in locked filing cabinets and all staff could access patients' records when needed. However, in Jade and Amber wards there were no unified approaches to records consolidation. Each patient had three different folders. The fourth folder contained current case notes for all patients on the ward. There were risks to records being lost, as records were not combined until a patient was discharged.
- We reviewed 14 prescription charts and spoke to doctors who were responsible for prescribing medication. We found they adhered to the relevant national guidance from the National Institute for Health and Care Excellence (NICE) when prescribing medication. Staff included information on drug interactions, minimum effective doses, contra-indications, side effects and health checks required. Staff also monitored and reviewed the effectiveness of the medicines prescribed. Staff followed NICE guidance on challenging behaviour and learning disabilities (NICE guideline 11), mental health problems in people with learning disabilities (NICE guideline 54) and medicines adherence (clinical guidance 76) when prescribing medicines.
 - Staff completed easy read medication care plans listing side effects, purpose and other useful information. There was good assessment of each patient's ability to understand.
 - Wards at Brooklands had access to psychologists, assistant psychologists and Occupational therapists who led a wide range of psychological therapies such as cognitive behaviour therapy, anxiety management, dialectical behaviour therapy, thinking skills group, and sensory group. Patients could access one-to-one psychology support when required. There was a special interest group of cognitive analytic practitioners taking part in a national research project in partnership with Liverpool University. This focussed on the benefits of the cognitive analytic therapy model in learning disability wards.
 - Staff used positive behavioural support (PBS) plan as a proactive strategy to support patients with challenging behaviours, reducing need for restrictive interventions. PBS is a plan to support people with challenging behaviours in a holistic way rather than a physical way.
 - The wards had a holistic approach to each patient and there was good access to physical healthcare. At Brooklands, patients had access to the two physical health practice nurses in the hospital. We saw staff following good practice at Tuxford on a patient with epilepsy and seeking the right escalation when required.
 - Staff assessed and treated patients' nutritional and hydration needs, and where needed, referred patients to the dietician for specialist support and treatment. Staff

Best practice in treatment and care

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

monitored patients' weight, food and fluid intake for those patients vulnerable to poor nutrition. We spoke to speech and language therapists who confirmed they would carry out any dysphagia assessments when required.

- All wards used health of the nation outcome scales to assess and measure the health and social functioning of the patients. Occupational therapists used the recognised model of human occupation screening tool to assess and monitor progress and recovery.
- Staff on all wards actively participated in a range of clinical audits for monitoring the effectiveness of the services provided. Managers showed us records of audits that included infection control, risk assessment, ligature risk assessment, prescription cards, care plans, physical health monitoring and mattress monitoring. Managers developed action plans to address any issues identified in the audits to improve outcomes for patients. For example, in line with the positive behaviour support plan, use of as required medication was reduced.

Skilled staff to deliver care

- At Brooklands wards had access to a range of professionals including consultants, junior doctors, nurses, matrons, ward managers, clinical lead, psychologists, speech and language therapists, pharmacists, housekeepers and occupational therapists. Patients had their own individual social workers. The wards had developed links with the local social work team who came in to undertake safeguarding enquiries.
- Staff had the appropriate skills, experience and qualifications to effectively support the care and treatment of patients with learning disabilities. Most staff had worked on the wards for over five years, which reflected their level of experience.
- The trust operated a preceptorship programme for newly qualified staff. Feedback from staff about the preceptorship programme was positive. Unqualified staff were able to complete the care certificate training. Staff said, and records showed that staff received a local induction to the ward and shadowed existing staff before managers included them in the staffing levels.

- We reviewed staff supervision rates to follow up a regulatory breach identified in the previous inspection in 2016. Staff were not receiving regular supervision in line with trust policy. On this inspection, we saw records and staff confirmed they had received regular one-to-one supervision, in line with the trust's policy. Clinical supervision rates at the time of the inspection were 100% for Jade and Amber, and 93% for Tuxford.
- Managers carried out annual appraisals. Appraisal rates for non-medical staff for last 12 months on Tuxford, Jade and Amber wards was 100%, this was better than trust target of 95%.
- Records reviewed demonstrated that managers provided staff with training relevant to their role. Staff were trained in risk management, epilepsy awareness, anti-ligature, diabetes and positive behavioural support (PBS). Managers discussed opportunities for relevant training with staff. Nursing staff confirmed managers supported them to undertake continued professional development to meet the Nursing and Midwifery Council revalidation and registration requirements. Nurses were specialising in dialectical behaviour therapy, physical health, epilepsy and positive behavioural support training.
- Ward managers had access to leadership training. Jade and Amber wards were planning to adopt paired learning, whereby staff nurses worked closely with doctors, psychologists, occupational therapists and speech and language therapists sharing practices and mentoring each other. This had been an action identified following the teams away day.
- All ward managers showed an understanding of the staff performance policy and received support from human resources when required.

Multidisciplinary and inter-agency team work

- Wards had effective multidisciplinary team (MDT) meetings held weekly. Staff said they felt well integrated and adopted a MDT approach to meet patients' needs. These meetings involved all different professionals within the team and sometimes included other professionals from the community teams. We observed one multidisciplinary team meeting. Staff from different disciplines demonstrated a clear mutual respect and the views of all professionals were valued. All staff were actively engaged in activities to monitor and improve patient outcomes.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- We observed three staff handovers, which included all staff coming on duty for the next shift. The handovers provided an overview of the current needs and risks of all patients on the ward. Staff discussed patients' progress, risks, incidents, levels of observation, planned activities and considered a holistic approach to patient care.
- The wards had a good working relationship with the community teams and shared information well. Tuxford, Jade and Amber shared information effectively about patients likely to move between the wards. Patients transferred between wards were discussed in detail before the transfer was made and wards continued to support each other when needed.
- Staff worked collaboratively with other professionals and had good working relationships with the external organisations to ensure best outcomes for patients. Staff made referrals to relevant healthcare professionals, such as GPs, hospitals, local community facilities, local authorities and commissioners. Staff worked closely with these professionals to make sure they addressed any changes in patients' health needs in a timely manner. Social workers, advocates and staff from the independent health and social care attended meetings at the ward to share information about risks, clinical, social needs and discharge planning. We observed staff on Amber ward working closely with staff from an external provider sharing information in relation to risks and for them to get to know the patient well in order to facilitate a safe discharge.

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

- We reviewed the Mental Health Act (MHA) training to follow up a regulatory breach identified in the previous inspection in April 2016, where training was mandatory for qualified staff and not mandatory unqualified staff. There had been an increased focus on the Mental Health Act since our previous inspection, as the training was made available for all staff. The trust had revamped the training and a three-year training programme developed which commenced in March 2017. Training records showed that 75% of staff on Tuxford and 32% on Jade and Amber ward had received training in the MHA. Managers showed us information confirming that staff

who had not received the training had future dates allocated to complete the training by April 2018. Staff showed a good understanding of the Mental Health Act and Code of Practice and its guiding principles.

- We reviewed 13 records of detained patients. These were up to date, stored appropriately and compliant with the Mental Health Act and the Code of practice.
- Staff had completed consent to treatment and capacity forms accurately and attached them to detained patients' prescription charts.
- Staff knew how to contact the Mental Health Act administrator for advice when needed. There was a clear process for scrutinising and checking Mental Health Act detention paperwork. The MHA department carried out audits twice a year to check that the Mental Health Act was being applied correctly. We found Mental Health Act record keeping and scrutiny satisfactory. We saw copies of the new Mental Health Act Code of Practice in the ward offices.
- Patients signed section 17 leave forms and were given a copy. Staff undertook risk assessments of patients prior to section 17 leave being granted and this was documented within care records.
- The wards had displayed information on the rights of patients detained in easy read format. Staff revisited patients' rights with them regularly and recorded their level of understanding.
- POHwer provided independent mental health advocacy (IMHA) and independent mental capacity advocacy (IMCA) services to the trust. We saw posters and leaflets promoting the advocacy service in staff and patient areas. Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed.

Good practice in applying the Mental Capacity Act

- We reviewed the Mental Capacity Act (MCA) training to follow up a regulatory breach identified in the previous inspection in April 2016. There had been an increased focus on the MCA since our previous inspection. Training records indicated that as at the time of the inspection 58.3% of staff from Tuxford, and 31% of staff from Jade and Amber had received training in Mental Capacity Act. The trust average was 93%.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Staff spoken with demonstrated a good understanding of the Mental Capacity Act and they could explain its principles. We saw evidence of this in the records where a member of staff had reassessed a patient's capacity when it fluctuated.
- The inspection team found that staff on Tuxford had good awareness on Gillick competency and the guidelines. Staff were clear on the differences in MCA and Gillick competency and when it applied. The Mental Capacity Act applies to young people aged 16 and 17. For children under the age of 16, decision-making ability is assessed through Gillick competency. This allows staff to recognise that some children may have a sufficient level of maturity to make some decisions themselves. However, documentation did not reflect the differences in practise. We found evidence in six records where staff documented that the children could not consent with no evidence as to whether Gillick competency had been assessed. Patients aged 16 years and over had evidence of a capacity assessment.
- No patients in Jade and Amber ward were subject to Deprivation of Liberty Safeguards (DoLS) and no applications were made between January 2017 and June 2017.
- The trust had a policy on the Mental Capacity Act and Deprivation of Liberty Safeguards that was available to staff and they knew who the lead person was to contact for advice. The trust displayed information about the Mental Capacity Act on all the wards.
- Staff undertook capacity assessments for patients who may have had impaired capacity. The assessments were done on a time and decision specific basis.
- Patients were involved in their care treatment as much as possible and where they lacked capacity, decisions were made in their best interests. Patients' relatives were involved in this process and able to input the patients' wishes and feelings as well as any cultural needs the person may have. Patients had access to an independent mental capacity advocate when needed.
- Staff we spoke to understood and worked within the Mental Capacity Act definition of restraint. Staff described their understanding of least restrictive practices and gave examples.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- We spoke with eight patients receiving care and treatment and six carers. Our observations of practice and discussions we had with staff showed that staff were caring. Most patients and carers told us staff treated them with dignity and respect. We observed staff engaging positively with patients in a relaxed, kind and polite manner.
- Our discussions with staff showed that they knew and understood the individual needs of their patients. Staff involved carers in care planning meetings about their family members on the ward. Carers had an active involvement with patients' care planning and risk assessments and they said they were kept well informed by staff. They were overwhelmingly positive about the care and treatment staff provided to patients.
- The patient-led assessment of the caring environment score for privacy, dignity and wellbeing was 98% for Brooklands Hospital. This was better than both the trust average of 92.2% and the national average of 89.7%.

The involvement of people in the care they receive

- On admission, staff provided easy read welcome packs to both patients and carers in Tuxford ward. The packs had information explaining how the service worked and helped them to understand what to expect. These were freely available on the ward and contained information about staff roles, daily routine, contraband items and visiting hours. Each patient was allocated a named nurse on admission. The wards gave patients and relatives the opportunity to visit before an admission was agreed if possible.

- All carers we spoke with informed us that they were invited to attend review meetings, received regular updates from the multidisciplinary teams on the wards and were kept up to date on every part of the patient's care plan. Patients and carers had copies of easy read care plans suitable to each individual's preferred method of communication. For example, some patients had care plans that were in pictorial format.
- We saw that the ward team involved patients in making decisions about their care and they offered them choices. For example, where patients refused to attend meetings, they sat down with named nurse before and after the meeting to discuss their views and feedback. Staff encouraged patients to express their views. Patients told us that staff involved them in their care.
- Patients had access to advocacy services. Information about the independent mental health advocate (IMHA) service; the CQC and making complaints was on display on all wards. Ward staff made sure patients and their carers had access to this information. Every file contained an "easy read" leaflet on the role of IMHA and contacting CQC. We saw posters displayed on the wards about advocacy services. The advocate attended patient review meetings when required. Patients and their families told us that they could access advocacy services when needed. Most of the detained patients told us they had received information about advocacy services and regularly had visits from IMHA.
- Patients at Brooklands had opportunities to give feedback on the service they received in community meetings.
- Staff considered whether patients had made any decisions beforehand to refuse a specific type of treatment at some time in the future.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The range of bed occupancy for Tuxford, Jade and Amber was 47%-79% between December 2016 and May 2017. The average length of stay for patients was 160 days on Amber and 134 days on Jade over a 12-month period between March 2016 and February 2017.
- The trust admitted patients to the wards from across the country. This was because there may not be specialist inpatient wards of this nature in their local area.
- Patients on leave could access their beds on return. The trust had a clear policy not to admit new patients into leave beds. Following any discharge, Jade and Amber ward beds were left vacant for two weeks to ensure that patients had settled in their new placements.
- Patients were not moved between wards during an admission episode unless this was justified on clinical grounds and in the interests of the patient. For example, patients did on occasion move between Tuxford, Amber and Jade wards, due to safeguarding concerns if two patients on the same ward were a risk to each other.
- When people were moved or discharged this happened at an appropriate time of day.
- The multidisciplinary team worked in partnership with the commissioners and independent organisations to ensure that patients were successfully supported with their discharge plans. All patients had discharge plans in place that were discussed in their care programme approach meetings. Patients told us that they were aware of their discharge plans. We saw one patient close to discharge having planned visits from the provider to familiarise them with the staff from next placement.
- From 1 March 2016 and 28 February 2017, trust reported 56 delayed discharges in this core service. Amber ward had 45 and Jade ward had 11. These accounted for 40% of the trusts overall delayed discharges. Staff told us that delayed discharges were usually attributable to finding a suitable placement for the patient to move on to because of their complex needs and the shortage of specialist placements in the area. However, they had found that the care and treatment review (CTR) process was helpful in unblocking barriers to discharge. The CTR involved the patient, their relatives, independent mental

health advocate or independent mental capacity advocacy, relevant professionals in the MDT, commissioners and social services from the patient's admission area.

The facilities promote recovery, comfort, dignity and confidentiality

- The wards had full range of rooms where patients could sit quietly, relax and watch TV or engage in therapeutic activities. Patients on Tuxford had access to educational facilities on site. There was a fully equipped sensory room at Tuxford. This was a specially designed room for people with limited communication to develop a person's senses particularly those on the autistic spectrum. Jade ward had a clearly labelled child only lounge, to accommodate any patients under the age of 18 years.
- All wards had clinic rooms, only Jade and Amber had an examination room with a couch.
- The wards had quiet areas to meet with visitors.
- Patients had access to telephones and staff helped them to make and receive calls if needed. Staff allowed patients to use ward telephones if necessary.
- Patient information boards in nurses' offices at 1 Tuxford were visible to patients and visitors from the corridor. The boards held patients' confidential information such as names, date of birth, date of admission, detention status, NHS number and observation levels. We discussed this with the ward manager who acknowledged this during inspection and informed us they would look into this. Two weeks following the inspection we contacted the ward who informed us there had not been any progress and would be escalating this to their matron for advice.
- Each ward had access to well maintained outside space including a sensory garden at Tuxford. Patients on Tuxford had access to three outdoor spaces to play in which included a soft-play area. On Amber and Jade wards, there was a variety of play equipment, including outdoor gym equipment, which was cleaned and checked for breakages regularly. Staff told us if supervision was required for individual patients, this was individually risk assessed. Garden spaces at Tuxford, Amber and Jade ward were routinely locked and patients could request staff for access.

Are services responsive to people's needs?

Good 

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

- According to patient-led assessment of the care environment (PLACE) in relation to food, this service scored 99%. This was higher than the national average of 91%. Patients, particularly those at Brooklands hospital, said the quality of the food was very poor. We observed meal times on the wards and found the food to be of variable quality. Staff had considered the needs of the patient groups and had displayed easy to read picture menus. However, menus displayed on Tuxford did not reflect the food offered to patients on the day of inspection. Patients at Brooklands told us that the menus offered some choice however; they did not like the food available to them and said that they were not always offered what was on the menu. Patients told us they had raised issues around their dissatisfaction with the food at their patient meetings, but nothing had been done. Four patients told us the choice was limited, mainly sandwiches were offered for lunch. Staff and patients confirmed that on Amber ward the housekeeper would speak to patients to find out their personal preferences and try to improve how the food was presented and tasted.
- Facilities were available on all wards for patients to have hot drinks and snacks throughout the day and night.
- The inspection team observed that patients were able to personalise their bedrooms on all wards. Patients could bring posters, family pictures and other personal items such as bedding, where appropriate.
- Patients had somewhere secure to store their possessions. Patients had keys to their bedroom where they were able to use these, based on their individual risk.
- The wards had their own transport so patients could regularly access the community for health appointments and days out. Patients also had leisure and recreational activities including at weekends and evenings such as, cinema, cooking, DVDs, consoles and games. Patients told us that there was a variety of activities throughout the day and week. They were encouraged to make their own choices.
- The ward environments on Tuxford were not fit for purpose to meet the needs of adolescents on the autism spectrum. For example, the ward areas and kitchen accessed by patients were not patient friendly for patients with autism. We did not see labels, words or symbols on fixtures and fittings to help patients identify areas. However, staff told us there were plans in place to move the wards to more suitable premises, elsewhere on the Brooklands hospital site.
- There were information leaflets, which were specific to the services provided in all wards. Patients had access to relevant information in an easy read format which was useful to them, such as treatment guidelines, advocacy services, patient rights under the Mental Health Act, ward activities, how to complain and how to contact the Care Quality Commission. Other information leaflets were available in different languages on request.
- On Tuxford patients had access to welcome packs and attended educational classes during the day. Classrooms were well stocked with educational tools, and the classroom walls were decorated with a variety of educational posters.
- All wards had access to interpreting services when required. Staff had easy access to telephone interpreters when needed. There was evidence of interpreters having been used on the wards. Speech and language therapists worked with patients to develop their communication passport, which helped the patient to effectively, communicate with staff and visitors their needs, likes and dislikes.
- Some staff told us they were trained in Makaton. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used alongside spoken words.
- A choice of meals was available to suit patients' religious, cultural and dietary needs. Patients could access snacks outside of meal times if they wanted to and healthy eating guidance was available to patients in picture or photograph formats.

Meeting the needs of all people who use the service

- The wards had facilities available for patients with mobility difficulties who required disabled access. Each ward had an adapted bedroom with toilet and shower facilities for disabled patients.

Are services responsive to people's needs?

Good 

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

Listening to and learning from concerns and complaints

- Information about how to make a complaint was displayed on the wards. This information was provided in accessible formats to make it easier for patients to understand. Patients and their carers could raise concerns and complaints directly with staff and we were told they felt confident in doing so. Staff encouraged patients to raise any concerns they had at community patients' meetings. In the first instance, staff tried to work with patients and carers to resolve complaints at a local level.
- Staff told us they were open to receiving both positive and negative feedback and ward managers discussed complaints and shared any learning from them with staff in one-to-one sessions or handover.
- During the period of January 2017 to June 2017, the core service received one formal complaint from Amber. However, it was not referred to the parliamentary and health services ombudsman. Between February 2016 and January 2017 there was one compliment. Wards displayed any compliments and thank you cards received from patients and carers.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- The trust disseminated the importance of their vision and values to staff. Staff were aware of these and how they reflected in their everyday patient care. The wards displayed the vision and values for staff, patients and visitors.
- Most staff knew who most of the senior managers were. Ward managers had regular contact with their managers and senior colleagues and felt supported; they said they had the confidence to raise any concerns directly to the senior managers if they needed to.

Good governance

- The trust had governance processes to manage quality and safety; managers used these methods to give assurances to senior management. The trust had an operational structure and governance arrangements. Managers were experienced and knowledgeable and demonstrated strong leadership.
- Staff had received mandatory training and specific training for their roles, such as positive behaviour support, to support them in developing their practise and improving patient outcomes. Managers had arrangements in place for monitoring the set targets and identifying areas of poor performance against trust training targets.
- At the time of our inspection, the wards had achieved an average mandatory training rate of 93% on Jade and Amber ward better than the trust's target of 91%. Staff received annual appraisals and regular supervision in line with trust policy.
- The trust had addressed most of the concerns or issues identified in our previous inspection in 2016. The trust had put robust quality and assurance systems in place to monitor various issues such as monitoring incidents, restraints and to ensure ligature risks were identified with risks mitigated appropriately. In addition, the wards covered shifts with sufficient numbers of qualified nurses and health care assistants with the right skills and experience providing care for patients safely. Where required the wards used regular bank staff and agency staff to fill shifts.
- Staff had enough time to engage with patients to offer direct care activities.

- Student nurses we spoke to highlighted that they felt safe on the wards. They were fully supported by all staff on the wards. They said they would want to come back and work on the wards permanently if opportunities arise.
- Staff participated in clinical audits in order to monitor the effectiveness of the service provided and it was clear how they used the findings to address changes needed to improve outcomes for patients.
- Staff were aware of the safeguarding lead and there was good awareness of safeguarding procedures. Staff discussed safeguarding in multidisciplinary meetings.
- The trust had a Mental Health Act (MHA) lead that ensured staff had the right support to enable them to apply the Mental Health Act procedures correctly. In light of the last inspection, the trust had taken measures to ensure that staff had received the appropriate training when they needed it.
- All wards had set key performance indicators to gauge how the service was performing. These monitored the length of patient stay, delayed discharges, readmission rates, patient outcomes and community treatment reviews.
- All ward managers told us that they were fully committed to making positive changes. They were encouraged and felt well supported by matrons to operate independently in managing their wards.
- Ward managers confirmed they could submit items to the risk register. There was a good understanding of risk and the impact of these on staff and patients. Effective actions were in place to mitigate against identified risks.

Leadership, morale and staff engagement

- The average sickness rate for the learning disability wards during the 12 months to 31 May 2017 was 7.3%. This was higher than the trust average rate of 5.4%. The wards had a number of staff on long-term sick leave owing to physical health issues. Managers assured us and could evidence that they were managing sickness and absence issues locally in line with the trust's policy.
- At the time of our inspection, there were no bullying and harassment cases reported from this core service.
- Staff were aware of the whistleblowing process and knew how to raise concerns. Most staff said they would be happy to raise their concerns with their line

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

managers, as they were confident they would be listened to. We observed an open culture between staff, and their managers. All staff spoke positively about their managers and felt their work was valued.

- Due to the transforming care agenda, and the reduction of in-patient beds for learning disabilities, staff working on Tuxford, Jade and Amber wards knew that there was a reshuffle of the wards and reduction in beds. Despite this, staff retained their enthusiasm and dedication for the wards on which they worked, retaining the interests of patients at the heart of what they did. All staff we spoke to were clearly passionate about their work and working for the trust. Staff had a genuine sense that they had a positive impact upon outcomes for patients.
- Many staff we spoke to had worked for the trust for a number of years. Staff had been given opportunities to develop their career pathways within the trust. Two nurses spoke with pride of the fact they had stayed with the trust after their nurse training and had progressed within the organisation. One health care assistant spoke highly of the fact they were supported to start their nurse training.
- All wards took time out to attend away days that promoted good working relationships and teamwork. All staff said that they were proud of the work they did for patients.
- Staff had a good understanding of the duty of candour and the need for openness and transparency. During our inspection, we observed a good example of staff sharing information about an incident during handover.

Commitment to quality improvement and innovation

- Jade ward had accreditation for learning disability services AIMS-LD approved in March 2017. Amber ward had accreditation for the Quality Network for Inpatient Learning Disability Services (QNLD) until February 2019.
- In view of the Winterbourne review and subsequent transforming care agenda for learning disability services, the trust developed a new model of service delivery. The trust had plans to reduce the number of inpatient beds. As such, the wards aimed to move patients back into the community within the shortest possible time. For example, the trust had approved plans to move Tuxford to where Jade was located and would be going down to nine beds. Amber and Jade ward were to merge with 12 beds in total.
- There was excellent joint working between multidisciplinary staff from Jade and Amber wards and external agencies. Staff from the trust delivered presentations, facilitated training workshops and share effective practice with external stakeholders. This had resulted in a reduction in readmission rates.
- Staff told us the trust had plans to reduce handover times from the current 30 minutes to 15 minutes. This had caused some anxieties amongst most staff we spoke to on the possible impact this had on patient care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The trust did demonstrate due regard to the Mental Health Act Code of Practice guidelines for patients nursed in long-term segregation or seclusion. Internal and independent medical reviews did not routinely take place in a timely manner. This was a breach of Regulation 13 (1), (2) (3), (4) (b), (5), (7) (b) of the Health and Social Care Act 2008 (Regulated Activities) 2014