

Ashley House







Quality Report

Eldertree Lane, Ashley,
TF9 4LX
Tel:01630 674800
Website:www.huntercombe.com

Date of inspection visit: 26 -27 September 2017
Date of publication: 15/11/2017

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?		Requires improvement	
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

- Staff identified and mitigated environmental risks such as blind spots and ligature points on the wards. Wards had up-to-date environmental risk assessments, staff maintained daily environmental checks.
 - The wards had access to emergency and medical equipment that was regularly checked and well maintained. Although nursing vacancies were a continuing challenge for the hospital, there were systems to ensure staffing levels were sufficient to provide safe patient care.
 - Staff completed patients' comprehensive assessments and risk assessments that they reviewed and updated as a multidisciplinary team. Staff regularly reviewed and updated care plans. Staff were involved in a wide range of clinical audits to monitor the quality of service provided.
 - The wards worked well as a multidisciplinary team and with other external organisations to ensure that patients were discharged with the right support. Patients knew how to raise complaints and were involved in decisions about how the hospital was run.
 - The hospital had a good approach to assessing, and responding to, patients' physical health needs. Patients had access to a full time practice nurse who carried out ongoing monitoring of physical health checks.
 - The hospital had robust governance processes to manage quality and safety. The hospital used key performance indicators and other measures to gauge the performance of the team.
- However:
- Oakley West ward environment did not appropriately meet one patient's care and treatment needs and the short term alternative plan of care was not appropriately designed to meet all the needs without impact on other patients using the ward. The ward did not have a clear long term plan in place to ensure that the needs of the patient would be appropriately met.
 - Staff supervision was not consistently carried out in a structured way that captured areas of discussions; it varied in detail and quality.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Ashley House	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	26
Areas for improvement	26
Action we have told the provider to take	27

Good 

Ashley House

Services we looked at:

Wards for people with learning disabilities or autism.

Summary of this inspection

Background to Ashley House

Ashley House is an independent mental health hospital provided by Huntercombe (Granby One) Limited. It is a 46 bedded hospital providing specialist inpatient service for adults aged 18 years and over with a primary diagnosis of a learning disability.

Ashley House provides specialist assessment and treatment for adults in a low secure environment and in a locked rehabilitation unit specifically for patients with a learning disability or autism. Patients may present with a range of behaviours that are challenging, mental health problems, drug and alcohol abuse and may have a history of offending.

Patients may be detained under the Mental Health Act 1983 or subject to Deprivation of Liberty Safeguards. All treatment programmes are delivered through a multidisciplinary team approach.

Ashley House has a registered manager and is registered to provide the following regulated activities:

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

Ashley House has six units located on a secure site of seven acres of land in the outskirts of a rural village between Market Drayton and Newcastle-under-Lyme.

The six units on the hospital site cover comprise of low secure and locked rehabilitation units.

Low secure units are:

- Bromley ward, nine beds, male only
- Lordsley ward, eight beds male only
- Fair oak ward, eight beds, female only.

Locked rehabilitation units are:

- Oakley East ward, seven beds male only
- Oakley West ward, seven beds, male only
- Willowbridge ward, seven beds, female only.

We last carried out a comprehensive inspection for this hospital in April 2016, we rated it as good overall. We rated safe, effective, caring, responsive and well-led as good. We also carried out a focussed inspection in September 2016 following concerns raised to us about staffing levels and we did not find any major concerns.

In the last two years all wards had been visited by our Mental Health Act Reviewers.

Our inspection team

Team leader: Raphael Chichera

The team that inspected the service comprised four CQC inspectors, two specialist professional advisors (a learning disabilities nurse and a clinical psychologist), and an expert by experience.

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?

Summary of this inspection

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all six wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with 17 patients who were using the service;
- spoke with the registered manager, head of nursing, and managers or acting managers for each of the wards;
- spoke with 32 other staff members; including doctors, nurses, occupational therapist, psychologist, human resources adviser, chef, mental health act administrator and social worker;
- received feedback about the service from three care co-ordinators or commissioners;
- spoke with an independent advocate;
- attended and observed three multi-disciplinary morning meetings;
- collected feedback from 27 patients using comment cards;
- looked at 26 care and treatment records of patients;
- carried out a specific check of the medication management on all six wards; 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

Patients told us that they were treated with respect and dignity. Staff were polite and kind. Agency staff did not know them very well.

Patients told us that they felt safe.

Patients told us there were not enough activities on weekends and evenings.

Patients told us that they were involved in their clinical review meetings, care planning and how the service was run.

Patients told us that they were given information about the services and knew how to make complaints.

Some relatives told us that they did not get information packs and carers support and that the communication to keep them updated about their relatives care not very good.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **good** because:

- Staff identified and mitigated environmental risks such as blind spots and ligature points on the wards. Wards had up-to-date environmental risk assessments, staff maintained daily environmental checks.
- Although nursing vacancies were a continuing challenge for the hospital, there were systems to ensure staffing levels were sufficient to provide safe patient care.
- Staff adhered to infection control principles. The wards had access to emergency and medical equipment that was regularly checked and well maintained.
- All patients had up-to-date, comprehensive risk assessments that informed risk management and care plans.
- Staff knew how to report incidents, including safeguarding issues. The hospital had robust monitoring systems to review and investigate incidents. Managers shared lessons learnt from incidents with staff through a range of methods.
- The wards had a good approach to medicine management. They were supported by a pharmacist who carried out weekly visits and monthly audits to monitor safe management of medications.

However :

- Some mandatory training elements were below 75% compliance. Not all staff carrying out observations were actively engaged with patients and always recorded full details about patient engagement.
- There was high use of agency and bank staff, high numbers of restraint and high numbers of safeguarding concerns of patient to patient altercations.

Good



Are services effective?

We rated effective as **good** because:

- Staff undertook comprehensive assessment, and detailed person centred care plans. All care plans included positive behavioural support plans, health action plans, communication passports and contingency plans.
- The hospital had a good approach to assessing, and responding to, patients' physical health needs. Patients had access to a full time practice nurse who carried out ongoing monitoring of physical health checks.

Good



Summary of this inspection

- Staff regularly reviewed and updated care plans. The care plans included patients' views, covered all the needs and had clear goals.
- The wards worked well as a multidisciplinary team and with other external organisations to ensure that patients were given the right support. There were well structured handovers with a specific focus on patients' presentations and any changes in their needs, risks and levels of observation.
- Staff applied and followed the Mental Health Act and Mental Capacity Act procedures correctly. Patients had access to independent mental health advocates. Staff ensured patients received their rights regularly.
- Staff were involved in a wide range of clinical audits to monitor the quality of service provided.

However :

- Staff supervision was not consistently carried out in a structured way that captured areas of discussions; it varied in detail and quality. There were different forms used and some were not of good quality.
- Care records were not appropriately organised and fully integrated together. Staff could not easily locate documents as they were saved in different areas, paper records, shared drive and care notes.

Are services caring?

We rated caring as **good** because:

- Staff demonstrated a positive, caring attitude towards patients. Staff interacted with patients in a caring a compassionate way.
- Patients had good relationships with staff and felt well supported by them.
- Patients were actively encouraged to participate in multidisciplinary meetings about their care and treatment.
- Patients were involved in decisions about their service; they chaired a group where they had the opportunity to give feedback on the service. Patients were involved in staff recruitment.
- Patients had access to advocacy. The hospital displayed information about this service across all the wards.

However:

- Some of the carers we spoke with said that staff did not always involve them in their relatives care and kept them informed. They told us that there were no effective communication channels with the hospital and had not received information about the hospital and carers' support.

Good



Summary of this inspection

Are services responsive?

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

- Oakley West ward environment did not appropriately meet one patient's care and treatment needs and the short term alternative plan of care was not appropriately designed to meet all the needs without impact on other patients using the ward. The ward did not have a clear long term plan in place to ensure that the needs of the patient would be appropriately met.
- There were not enough activities for patients around weekends and evenings.
- There was no dedicated multi-faith room.

However:

- All patients had discharge plans in place that were discussed in the multidisciplinary and care programme approach meetings.
- The hospital had a good range of facilities to support treatment and care that included well-equipped clinic rooms, activity and therapy rooms and a garden area with animals and a purpose build therapy room. Patients had access to quiet areas and relatives had access to designated visitor rooms.
- Patients were able to have hot or cold drinks and snacks anytime and had a selection of choice for meals. Patients were able to personalise their bedrooms.
- Patients had access to a wide range of activities during the day and weekdays and facilities to support their care and recovery including access to a therapy kitchen and community access.
- Patients knew how to make complaints, and staff gave them feedback. Staff took complaints seriously and dealt with them in line with the hospital's complaints procedure. The hospital had a good approach to reflecting on complaints by sharing information through various channels to improve standards of care.

Requires improvement



Are services well-led?

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

- Staff reported good staff morale and they told us felt valued. Staff told us that they knew how to use the whistle blowing process and felt free to raise any concerns.
- The managers were knowledgeable and provided good leadership and support to staff.
- The hospital had robust governance processes to manage quality and safety. The hospital used key performance indicators and other measures to gauge the performance of the team.

Good



Summary of this inspection

- There were systems in place for staff to learn from incidents. Staff demonstrated a good understanding of the duty of candour and gave examples of where and how it could be used.
- Staff spoke highly about the management team and there was evidence of clear leadership.
- Staff we spoke to told us they enjoyed their job and that the team were supportive and worked well together.

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.

Training records indicated that 91% of staff had received training in Mental Health Act (MHA). Staff showed a good understanding of the MHA and the code of practice.

Records of detained patients which were up to date, stored appropriately and compliant with the MHA and the code of practice.

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

The wards displayed information on the rights of detained patients where it was easily accessible. The independent mental health advocacy (IMHA) services were readily available to support patients.

Staff routinely explained to patients about their rights and monitored this regularly. Staff repeated the rights at regular intervals if patients had difficulty understanding the information given. They used easy read information forms.

Staff knew how to contact the MHA administrator for advice when needed. There was a local MHA administrator and a corporate MHA department.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training records showed that 82% of staff had received training in Mental Capacity Act (MCA). Staff spoken with demonstrated a good understanding of MCA and they could explain the five principles.

The hospital had a detailed policy on how to apply MCA that staff were aware of and could refer to when required.

Staff assessed and recorded patients' capacity to consent to treatment. This was done on a decision – specific basis concerning significant decisions. There was detailed information on how capacity to consent or refuse treatment had been sought.

Staff supported patients to make decisions where appropriate and there was evidence of using different methods to enhance communication and understanding. The multi-disciplinary team made decisions in the patients' best interest, recognising the importance of their wishes, feelings, culture and history.

Staff understood, and where appropriate, worked within the MCA definition of restraint.






Staff knew the lead person to contact about MCA and DoLS to get advice.

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	Requires improvement	Good	Good
Overall	Good	Good	Good	Requires improvement	Good	Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good 

Safe and clean environment

- Fairoak and Lordsley wards were located on the ground floor. The layout enabled staff to observe most of the parts effectively from the corridor and nurses station in the centre of the ward.
- Staff were always present in the corridor and had clear lines of sight of all bedrooms. Bromley, Willowbridge, Oakley East and West wards had two floors with a number of blind spots on the stairs that had mirrors to manage the blind spots. Oakley West had one spot on the stairs that did not have a mirror. The bedrooms were located upstairs in one open corridor that was easy for staff to observe. We were told there were always staff in the bedroom corridors at night to maintain observations.
- All bedroom and bathroom doors had anti-barricade locks and staff knew how to unlock them.
- All wards had anti-ligature fittings and furniture in bedrooms and bathrooms. Bathrooms and toilets were fitted with anti-ligature sensor controls. There were other potential ligature points such as bedroom and bathroom doors, and in communal areas, there were door hinges, air conditioning protectors and pipes. 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. All the wards had detailed up-to-date ligature risk assessments completed and reviewed in March 2017, which identified these ligature points. The wards had risk management plans on how to minimise ligature risk to patients. Control measures included individual patient risk assessments, use of observations, staff supervision and locked areas. Staff were aware of the potential ligature points on their wards. The wards had ligature cutters available in nurse offices. Staff were trained on how to use them and knew where they were kept.
- All wards were single-gender wards and complied with the guidance on same gender accommodation.
- All wards had access to a well-equipped clinic room with emergency medication and equipment such as automated external defibrillators and oxygen cylinders. Staff had access to emergency medicines for a severe allergic reaction in all wards. Staff checked emergency equipment and medicines regularly to ensure that it was in good working order when needed. The resuscitation grab bags were sealed with a tamper-evident seal to ensure the contents of the bag remain secure and available. The hospital carried out drills every month to check that staff were able to respond on time in an emergency.
- There was a seclusion suite on site that met all the requirements of the Mental Health Act code of practice.
- All of the wards were clean with a good standard of decor and furnishings apart from Bromley where the paint looked worn out and the soap and tissue dispensers were broken. Some wards had patient artwork and displays. Staff completed daily cleaning records. These showed the wards were cleaned regularly. Patients told us that the level of cleanliness and maintenance was good. According to the patient engagement survey of December 2016, the hospital scored 72% for cleanliness.

Wards for people with learning disabilities or autism

- The wards had information on how to follow infection control principles displayed in all key areas. We saw staff using alcohol gel and practising good infection control procedures such as hand washing hygiene, food hygiene and safe management of soiled laundry. The practice nurse was the infection control lead and staff carried out monthly audits of infection control and prevention. The managers took action to address any improvements needed.
- All equipment had stickers to show completed safety checks. The stickers had visible dates to show when they were due for another test.
- The hospital carried out monthly, quarterly and six-monthly environmental risk assessments. Each ward worked closely with the maintenance department and the health and safety officer to keep risk assessments on health and safety, fire, workplace equipment and control of substances hazardous to health (COSHH) updated.
- All staff carried personal safety alarms that were tested regularly. All wards, therapy rooms and the administration block had alarm systems in place. This helped to ensure the safety of patients and staff. All wards had nurse call systems fitted.
- Willowbridge: 4:5 qualified nurses, 2.9 vacancies; 17.4 nursing assistants, no vacancies
- Bromley: 4:5 qualified nurses, 2.8 vacancies; 15.3 nursing assistants, 0.6 vacancies.
- In addition, the hospital had six ward managers that worked 9-5 based on the wards and were not included in the shift staff numbers. We were told that where shifts could not be filled as a result of sickness and absence the managers would step in to cover the shifts.
- The hospital director told us that they had recruited two more nurses and three support workers that had just finished their induction at the time of inspection. There was a robust action plan for recruitment and retention of staff, which included monthly recruitment open days.
- There were 3961 shifts filled by bank and agency staff in the three-month period from April 2017 to July 2017 and 2766 of these all these were used to cover enhanced observations. The hospital had a total of 13 patients on enhanced observations ranging from 1:1 to 3:1 at all times.
- There were 55 shifts that had not been filled by bank or agency staff, as result of staff sickness or absence in the same period.
- The sickness rate in the 12-month period from August 2016 to July 2017 was Oakley West 9.4%, Willowbridge 7.9%, Bromley and Oakley East 5.7%, Fairoak 3.1% and Lordsley 2.6%.
- The staff turnover rate at the period was Bromley 53%, Oakley West 50%, Willowbridge 48%, Fairoak 39%, Oakley East 36% and Lordsley 33%.
- The hospital established their staffing levels in line with the National Institute for Health and Care Excellence (NICE) guideline SG1: Safe staffing for nursing in adult inpatient wards in acute hospitals. They took into account the bed occupancy and the acuity and risks of their patients to ensure that they met patients' nursing needs safely. They reviewed the staffing levels on a daily basis.
- We looked at the staff rotas for the two months prior to the inspection and found that the wards were not often understaffed and staffing numbers mostly matched the number of nurses and nursing assistants on duty. The wards had enough staff to maintain safety of patients. Both patients and staff told us there were enough staff on duty most of the time.
- The hospital had high use of agency and bank staff. The hospital had contracted eight agency nurses and six support workers on a six-month rolling contract. The

Safe staffing

- In the three-month period from April 2017 to July 2017 the hospital had a whole time equivalent (WTE) of 27 nurses and 107 nursing assistants. There were 18.9 WTE nurse vacancies, and 12.9 WTE nursing assistant vacancies. The nursing levels were similar on each ward with around 4.5 WTE nurses and Fairoak and Lordsley had the highest WTE nursing assistants of 21.9 and Oakley West with the lowest of 10.9. Oakley East ward had the highest number of nursing vacancies with 3.8 WTE followed by Fairoak ward with 3.5 WTE and Lordsley and Bromley with the lowest of 2.8.
- As of 31 October 2016, the WTE staffing for each ward was:
 - Fairoak: 4.5 qualified nurses, 3.5 vacancies; 21.9 nursing assistants, no vacancies
 - Lordsley: 4.5 qualified nurses, 2.8 vacancies; 21.9 nursing assistants, 3.1 vacancies
 - Oakley East: 4:5 qualified nurses, 3.8 vacancies; 19.6 nursing assistants, 9.2 vacancies
 - Oakley West: 4:5 qualified nurses, 3.1 vacancies; 10.9 nursing assistants, no vacancies

Wards for people with learning disabilities or autism

hospital director told us that until they managed to recruit all the staff they needed, this was a way of maintaining consistency. They had also employed a rota coordinator that booked all shifts through the agency and bank well ahead of time to try to ensure that familiar staff were used all the time. However, they told us that at times it was not always possible to have the same staff all the time.

- We observed that the qualified nurses spent some time interacting with patients in the communal areas. Staff and patients confirmed that nurses were present in communal areas if they were not doing paperwork.
- The wards had enough staff available so that patients could have weekly one-to-one time with their named nurse.
- There were enough staff to carry out physical interventions safely. Staff on Bromley and Lordsley told us that at times it could be difficult to leave patients on constant observations and attend to emergencies. The alarm went off on Lordsley ward and we saw that staff responded quickly.
- Patients and staff told us that leave or activities were occasionally cancelled particularly on weekends when there were no other staff such as social worker, and occupational therapy staff to support. Records of patients' leave were monitored.
- Staff told us they could access medical input during the day. The doctors were on site weekdays 9am to 5pm. The hospital had an out-of-hours doctor on call system that ensured a doctor could get on site quickly if needed. All doctors could get to the hospital in less than an hour.
- The hospital provided mandatory and essential training to staff. The hospital had 28 areas of training identified as mandatory training. This included training on health and safety, infection control, food hygiene, safeguarding, moving and handling, resuscitation, the Mental Health Act, the Mental Capacity Act, medicines management, fire safety, equality and diversity, duty of candour and managing violence and aggression. There were areas that were below 75% in July 2017. At the time of inspection we found that 19 areas of training had been 75% or above. There was training programme scheduled for all staff to achieve 100% compliance in all areas by December 2017. The following areas were still below 75%:
 - Information governance 71%
 - Datix (Incident reporting) 59%

- Prevent 51%
- Pressure ulcer care 47%
- Basic life support 46%
- Manual handling practical 24%
- Complaints 42%
- Search 24%
- Positive behaviour support (new module) 11%

Assessing and managing risk to patients and staff

- The hospital had seven incidents of seclusion within the six-month period February 2017 to July 2017. Lordsley had four, Bromley four and Oakley East one.
- The wards had no incidents of long-term segregation within the same period.
- In the six-month period from February 2017 to July 2017, the hospital reported 2074 episodes of restraint. Fairoak ward reported the highest number of incidents of restraint with 1108, followed by Lordsley ward with 368, Willowbridge with 264, Oakley East with 163, Bromley with 140 and Oakley West with 31. Most episodes of restraint in Willowbridge, Oakley East and West related to a small number of patients and in all other wards there were related to many patients. Staff reported restraints appropriately. Reports showed when the restraint took place, how long it lasted, who was involved, the position used and the reasons for the restraint. None of the restraints were in prone position.
- The hospital director told us that there was a high number of restraints reported due to staff reporting any minor intervention including guiding patients away or minor holds as restraint. They told us that most of the restraints were not full restraints. The high number of restraints demonstrated the complexity and the level of risky behaviours presented by the patient group. All incidents of restraint were reported through the incident reporting system and reviewed by the multidisciplinary team to understand what led to restraint.
- Staff recorded methods of de-escalation used prior to restraint to show that it was only used after all other methods had been unsuccessful. The hospital trained staff in physical intervention and they were aware of the techniques required.
- Staff carried out risk assessments on every patient at the initial assessment. We looked at 26 care records of patients and found that each of these contained a detailed risk assessment. The multidisciplinary team regularly reviewed and updated the risk assessments after every incident to reflect the changes in risk.

Wards for people with learning disabilities or autism

- Each patient had a detailed risk management plan in the form of a positive behavioural support plan. They clearly identified how staff were to support patients to be safely managed within the hospital and when involved in local communities. They focussed on different proactive methods that could be used by staff before any restrictive methods such as restraint or rapid tranquilisation could be used and recorded it.
- The hospital had taken positive steps towards implementing least restrictive practice. There was a least restrictive practice group, that met every two weeks as part of the NHS England CQUINS and it involved patients and advocacy. Patients were individually risk assessed for access to kitchen, level of observations and access to mobile phones. Where blanket restrictions were used, there were justified to maintain a safe environment.
- The hospital had policies and procedures for the use of observations to manage risk to patients and staff. Staff we spoke with demonstrated a good understanding of the observations policy. We saw that staff maintained continuous observations of patients on one-to-one or two-to-one care. At the time of the inspection, there were 13 patients on enhanced observations. All patients on enhanced observations had detailed care plans and reviewed on a daily basis. The hourly recording was consistent in line with the policy. However, the quality of recording varied with other staff clearly recording all the details of patient's mood, place and any activities engaged in. The other records simply showed where the patient was with no further details. We observed that some staff particularly in Willowbridge, Lordsley and Bromley actively engaged with patients in activities and positive engagement. Some staff in Oakley East and Fair Oak simply maintained the observations without encouraging patients to engage in activities or discussions.
- The wards had an induction process for undertaking patient observations. The hospital had just taken an initiative to positive risk taking by piloting on Oakley East and Lordsley wards to reduce patients' observations. Patients on enhanced observations were gradually given time slots without enhanced observations to assess how they do with the intention to finally take them off if they did well. We saw one patient on Lordsley that was on two-to-one now on one-to-one.
- The ward had a policy on rapid tranquilisation that followed the national institute for health and care excellence (NICE) challenging behaviour and learning disabilities (NICE guideline 10) and violence and aggression: short-term management in mental health settings (NICE guideline 11). Each patient had guidelines for staff to follow when rapid tranquilisation was used. This covered circumstances in which it could be given and the physical observations that needed to be carried. Staff carried out physical observations after rapid tranquilisation had been used.
- Seclusion was used and recorded appropriately. This was in line with the policy and the Mental Health Act code of practice. Seclusion records were kept in an appropriate manner and reviewed by the multidisciplinary team.
- Records showed that staff received training in safeguarding. Staff knew how and when to make a safeguarding alert and were able to give us examples of how they had responded to safeguarding concerns. The hospital raised 299 safeguarding alerts in the 12-month period from August 2016 to July 2017. Most of these were patient to patient verbal threats/intimidation or physical aggression. There were two out of 299 safeguarding alerts that required section 42 investigation. These were around staff not appropriately carrying out observations to maintain patients' safety. Safeguarding plans were put in place and the provider started rolling out a training programme on observations to all staff. Staff knew who the designated lead for safeguarding was and knew how to contact them for support and guidance. Staff shared and explained safeguarding procedures in easy read format with patients and their relatives.
- Most of the patients told us that they felt safe on the wards. The multidisciplinary team discussed any safeguarding issues on a daily basis and moved patients to different wards where appropriate; to ensure the patient mix was compatible. We also saw evidence of discussions with commissioners to discharge patients that they could not safely manage their risky behaviours towards others. The hospital director told us that social skills was a key area of treatment programme to teach patients how to interact positively and appropriately. They also discussed any protection plans with all other relevant professionals in patients' review meetings and care programme approach meetings.
- The wards had appropriate arrangements for the management of medicines. Medicines were stored securely in a locked clinic room and cabinet although

Wards for people with learning disabilities or autism

the clinic rooms were very small apart from Willowbridge and Oakley West. Staff recorded room temperatures daily to ensure that there were always kept within safe range. The pharmacist carried out monthly audits. The pharmacist conducted a weekly visit to monitor the safe management of medicines, checked medicines stock and administration.

- We reviewed 34 medicine cards, observed medicines being administered and saw that all medicines given were clearly signed for as prescribed with pharmacist interventions documented. The wards disposed of unwanted medication appropriately in designated pharmaceutical waste bins. The pharmacy provided clinical staff with any updates from NICE and other medicines monitoring organisations that promoted safe and effective use of medicines. Staff reported medicine errors using the incident reporting system and investigation information was shared with the nursing staff team.
- Staff were aware of and addressed issues such as falls and pressure ulcers. Staff completed falls assessments when needed.
- The hospital had a policy for children visiting the wards. The multidisciplinary team discussed and risk assessed all visits from children taking into account any child protection issues. There was a separate child visiting room with toys away from the wards where relatives could meet with patients safely.

Track record on safety

- The hospital reported 27 serious incidents in the 12-month period from August 2016 to July 2017. No incidents resulted in unexpected death. The most common themes were violent aggressive behaviour and self-harm.
- Improvements made to safety following incidents included development of individualised management plans and robust risk assessments; use of appropriate enhanced observation levels, introduction of positive behaviour support coaches and practitioners, transfer of patients to alternative care environments where appropriate and training for staff in relation to enhanced levels of observation.

Reporting incidents and learning from when things go wrong

- The hospital used an electronic system for reporting incidents. Staff knew how to use this and gave examples

of reportable incidents. Incidents sampled during our inspection showed that staff reported incidents appropriately. Managers carried out investigations and the outcomes were discussed in the governance meetings.

- The hospital had a duty of candour policy. Staff were aware of the duty of candour and gave us examples of openness and honesty with patients when there were mistakes made. All discussions with patients were recorded.
- The managers shared lessons learnt from incidents with staff through a range of methods including handovers, emails, reflective practice sessions, multidisciplinary morning meetings and newsletters. Managers offered staff debriefs and support after serious incidents. On each shift there was an allocated person on site to support staff with debriefs after serious incidents.

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

Good 

Assessment of needs and planning of care

- We looked at 26 care records across all wards and saw that staff had completed a comprehensive assessment for all patients on admission. These covered all aspects of care as part of a holistic assessment such as social circumstances, medical history, finance, safeguarding, physical health, mental health, medication, communication, and personal information and life style factors.
- Care records showed that all patients had received a physical examination on admission and there was evidence of ongoing physical health monitoring. All patients received annual physical health checks and had weekly and monthly monitoring of weight, blood pressure and temperature depending on individual health. There was a full time practice nurse on site that attended to all physical health needs of patients. The GP ran a clinic every Friday at the hospital. Patients had health action plans and hospital passports.

Wards for people with learning disabilities or autism

- Patients had care plans to address lifestyle choices such as smoking cessation, healthy eating, physical exercise, weight management and monitoring of individual conditions such as epilepsy and diabetes.
- Patients had up to date and detailed person-centred care plans. The care plans were formulated following 'life star and my shared pathway' and focussed on individual needs and outcomes. All patients had care programme approach plans that reflected their needs. Care plans contained patients' views about their treatment and had clear goals that involved patients on what they needed to achieve to be discharged. The care plans addressed the needs identified in the assessment stage and were recovery orientated. The care plans included communication passports and contingency plans. Staff gave patients copies of easy read care plans. However, not all care plans had been shifted into easy read format.
- The wards used both paper and electronic systems. Records were not appropriately organised. Staff could not easily locate documents as they were saved in different areas. The electronic system used 'care notes' did not allow some of the documents to be created through the system and were either kept in paper format or shared drive. Some of the documents were scanned into the system and some were not therefore causing confusion where to find it. The manager created an index to help staff locate documents. The information was stored securely.

Best practice in treatment and care

- We reviewed 34 prescription charts and spoke to doctors who were responsible for prescribing medication. Doctors followed National Institute for Health and Care Excellence (NICE) guidelines such as 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. We saw that patients had their medication reviewed weekly that included information on possible drug interactions, minimum effective doses, contra-indications, side effects and health checks required. Staff also monitored and reviewed the effectiveness of the medicines prescribed.
- Patients on antipsychotic medication were monitored for weight, blood pressure, fasting blood glucose and lipids. We saw that two patients who were admitted on

more than one high doses of antipsychotic were on a treatment plan to gradually reduce their medication. We found that four patients on more than one antipsychotic medicine had clear reasons for that recorded and was supported by a second opinion appointed doctor (SOAD).

- The hospital offered patients a wide range of psychological therapies such as cognitive behaviour therapy, anxiety management, coping skills, social skills, emotion management, sex offenders treatment programme and solution focussed therapy. The psychologist also offered support to staff around positive behavioural support. At the time of our inspection, one of the psychologist and assistant psychologist had just left the hospital and this had reduced resources to adequately offer psychological therapies to patients. However, the hospital director was in the process of recruiting two psychologists to ensure that patients continue to receive appropriate psychological therapies.
- Patients had access to specialists such as dentists, chiropodists, diabetic team, epilepsy specialists and dieticians. Patients told us that they saw other specialists for their physical health problems. The GP and practice nurse could refer patients to other specialists when required. All patients had full physical health check on admission and were registered with the GP within 24 hours of admission. The hospital had a joint working protocol with primary health, specialist and emergency services. Patients had access and encouraged to participate in smoking cessation advice, healthy eating advice and physical exercise advice and opportunities to exercise.
- Staff assessed patients for nutritional and hydration needs and referred them to the dietician if required. Staff monitored fluid and food intake for patients with medical conditions that would put them at risk of being malnourished. We were told that the speech and language therapist would carry out any dysphagia assessments when required.
- Staff used a range of outcome measures such as health of the nation outcome scales (HoNOS), spectrum star (an outcome measurement tool for people with autism) and model of human occupation screening tool (MoHOST) to ensure that patient progress and recovery were monitored. Staff monitored progress regularly in care records and recorded data on progress towards agreed goals in each patient's notes.

Wards for people with learning disabilities or autism

- Staff carried out a range of clinical audits to monitor the effectiveness of the service provided. These included care plans, risk assessments, security checks, medicines, infection control and prevention, health and safety and physical health audits. Where staff identified areas of improvement, action plans were completed and followed up. The ward used the findings to identify and address changes needed to improve the service.

Skilled staff to deliver care

- The wards had access to a full range of learning disabilities professionals and workers including psychologists, psychiatrists, nurses, social worker, pharmacist, support workers, recovery support workers, speech and language and occupational therapists.
- Staff had the appropriate skills, experience and qualifications to support the care and treatment of patients. A ward manager, a nurse, senior support workers, recovery support workers and support workers supported each ward. The occupational therapists, speech and language therapists and social worker were ward based.
- New staff received appropriate corporate and ward inductions. The hospital gave bank and agency staff formal inductions if they were new. Agency staff on contracts received a full corporate induction. Unqualified staff were able to complete the care certificate. Staff confirmed that they received an appropriate induction.
- As of July 2017, the provider reported the following average staff supervision rates: Fair Oak 96%, Willowbridge 95%, Lordsley 85%, Bromley 82%, Oakley East and West 76%. We looked at a sample of supervision records from each of the wards. However, we struggled to find evidence that all staff received supervision regularly and consistently. We found that there were different forms used for supervision. In particular, one form was not clearly structured and did not capture what had been discussed in the supervision session. Some records we reviewed indicated that staff had only started to get supervision consistently within the last two to three months while other records lacked evidence that supervision had taken place for over three months. However, we saw that the provider had identified this as an area that needed further improvement and standardisation, and they had introduced a new format. They planned to train all staff in supervision and ensure it was carried out in line with

the organisation's policy of six to eight weeks. The staff team meetings on wards were not held consistently but staff had opportunities to attend reflective practice sessions. Medical staff attended continuing professional development sessions.

- The average rate of staff appraisals between August 2016 and April 2017 was; Fair Oak 92%, Willowbridge 92%, Lordsley 90%, Bromley 95%, Oakley East 85% and West 93%. We also saw that most of the appraisals were completed within the last two to months prior to inspection. Most of the staff told us that they received annual appraisals that were reviewed every three months to discuss progress.
- Staff told us that the hospital provided them with training relevant to their role. Staff had completed a range of training including approaches to least restrictive practice, understanding autism, handling complaints, personality disorder, diabetes awareness, epilepsy and positive behavioural support.
- Managers addressed issues of staff performance in a timely manner and received support from the human resources team for any disciplinary issues. There were 14 staff suspended from January 2017 to September 2017.

Multidisciplinary and inter-agency team work

- The wards had regular and effective multidisciplinary team meetings weekly. These meetings involved all different professionals within the team and sometimes included other professionals from external organisations and family members where patients had consented. The advocate also attended the meetings when required by a patient. We reviewed some of the multidisciplinary team meeting notes and saw in depth discussions that addressed the identified needs of the patients such as risk, safeguarding issues, physical health issues, medication review, discharge planning and changes to care plans. Staff took into account patient wishes and considered a holistic approach to patient care.
- We attended three daily multidisciplinary meetings held on the wards each morning to discuss any incidents, leave, requests from patients, safeguarding issues, physical health, mental state, review of observations and any appointments. This ensured that all urgent issues were addressed and level of observations were reviewed on daily basis as a multidisciplinary team.

Wards for people with learning disabilities or autism

- The wards had handover at the end of each shift in the morning and evening time. We found that there was a detailed and structured handover form for each ward. Staff discussed feedback from multidisciplinary team meetings, any changes in care plans, patients' physical health, mental state, risks, observations, community activities and incidents.
- There was also a detailed site handover between the senior nurses on site at the end of every shift. They shared information about clinical information on each ward. The multidisciplinary team shared information effectively each day with the head of nursing, practice nurse and hospital director about any clinical issues discussed on the wards.
- The hospital had good working relationships and strong links with relevant external organisations to ensure patients received the support needed to meet their needs. They worked closely with the GP, local hospitals, police, local community facilities, the local authority, housing associations and health commissioners.

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

- Training records indicated that 91% of staff had received training in Mental Health Act (MHA). Staff showed a good understanding of the MHA and the code of practice.
- We reviewed 24 records of detained patients which were up to date, stored appropriately and compliant with the MHA and the code of practice.
- Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.
- The wards kept clear records of section 17 leave granted to patients. Staff made patients and their carers aware of the conditions of leave and any risks, and advised them on what to do in the event of emergency.
- The wards displayed information on the rights of detained patients where it was easily accessible. The independent mental health advocacy (IMHA) services were readily available to support patients. We saw information on posters Staff were aware of how to access and support patients to engage with the independent mental health advocate when needed.
- Staff routinely explained to patients about their rights and monitored this regularly. Staff repeated the rights at regular intervals if patients had difficulty understanding the information given. They used easy read information forms. This ensured that staff offered patients the

opportunity to understand their legal position and rights in respect of the MHA. Patients we spoke with confirmed that their rights under the MHA had been explained to them.

- Staff knew how to contact the MHA administrator for advice when needed. There was a local MHA administrator and a corporate MHA department. They gave legal advice on the implementation of MHA and its code of practice to staff.
- The corporate MHA department carried out audits once a year to check that the MHA was being applied correctly. The local MHA administrator did not carry out any audits.

Good practice in applying the Mental Capacity Act

- Training records showed that 82% of staff had received training in Mental Capacity Act (MCA). Staff spoken with demonstrated a good understanding of MCA and they could explain the five principles.
- The hospital had a detailed policy on how to apply MCA that staff were aware of and could refer to when required.
- None of the patients were subject to Deprivation of Liberty Safeguards (DoLS) and the ward had not made any applications in the 12 months up to September 2017.
- Staff assessed and recorded patients' capacity to consent to treatment. This was done on a decision – specific basis concerning significant decisions. There were 20 out of 24 records with detailed information on how capacity to consent or refuse treatment had been sought. The other four from Oakley East and Lordsley ward did not contain enough information.
- Staff supported patients to make their own decisions where appropriate and there was evidence of using different methods to enhance communication and understanding. For example, easy read medicines information and support from speech and language therapist were made available. When patients lacked the capacity, staff recorded in patients' records to show that they had gone through the process of properly assessing capacity following the four-stage assessment. The multi-disciplinary team made decisions in the patient's best interest, recognising the importance of their wishes, feelings, culture and history.
- Staff understood, and where appropriate, worked within the MCA definition of restraint.

Wards for people with learning disabilities or autism

- Staff knew the lead person to contact about MCA and DoLS to get advice.
- There were arrangements in place to monitor adherence to the MCA.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

- We observed a range of interactions between staff and patients. This included one-to-one support, support with personal hygiene, and engagement in activities and therapy sessions. Staff were respectful, kind and caring and were polite in the way how they talked to patients. Staff responded to patients in a reassuring way and were available when needed. We saw that staff praised patients to encourage positive behaviour and participation in their care and treatment. Staff were sensitive to patients' feelings, needs and preferences. Staff knew how to communicate effectively with patients and took their time to listen and explain things to them. There was a feeling of positive relationship and interactions.
- We spoke with 17 patients and 13 carers and all gave us positive feedback about how staff behaved towards them. They told us that staff were very caring, approachable and treated them with respect and dignity. Four of the carers told us that they did not get information about the care and treatment about their relatives when they call ward staff to get updates on their progress.
- We observed that staff had a good understanding of the needs of individual patients. They responded to each individual in a different way that was tailored to their needs. However, some carers told us that they felt some of the staff did not understand the needs of patients with autism. Some of the patients told us that agency staff did not understand their needs.
- According to patient engagement survey of December 2016, in relation to privacy dignity and wellbeing, this service scored 94%.
- The hospital gave patients a welcome pack with easy read information. We were told that this pack is under review to include information on smoking policy, personal safety and the hospital staff team. This explained how the service worked and helped them to understand what to expect. Patients confirmed that staff had shown them around the ward on admission and introduced them to staff and others. Carers had different views on information packs, nine told us they were given copies and four were not given copies of information packs. The social worker showed us some of the information with a checklist on what was sent to carers. We were told that not all patients and relatives had the opportunity to visit before an admission because some admissions were from far away and some were urgent. However, we were told it was possible to visit if planned and agreed before admission.
- The records we reviewed showed that staff actively involved patients in multidisciplinary clinical reviews, care programme approach, care planning and risk assessments. We saw that patients' views were included in discussions. Staff involved patients in making decisions about their care and they offered them choices. Patients were offered alternatives where requests could not be met. Patients told us that they attended their clinical reviews and were able to express their views. They told us staff considered their views and gave them explanations where their views were not possible to be met.
- Staff encouraged patients to maintain and develop independence in areas where they were assessed to be independent. For example, staff involved patients in activities of daily living skills such as cooking, cleaning, laundry, shopping, managing finances and community access. Staff promoted patients to take control and have choice over their lifestyles.
- Patients had access to advocacy services. The advocate attended patient review meetings when required. There was an advocate based on site Monday to Thursday. Patients told us that they could access advocacy services when needed.
- Staff involved patients' carers, and relatives in care planning and clinical reviews with the consent of patients. They considered family members' views about care and treatment plans. Most of the relatives told us

The involvement of people in the care they receive

Wards for people with learning disabilities or autism

that they were actively involved in the planning of care and treatment for patients. However, some relatives and carers told us that they were not fully involved in the decisions about care and treatment of their relatives.

- There were mixed views about receiving information about carer's assessment. Some told us that they had been given the information and some had not received any information. The ones that received information told us that the social worker was very helpful in giving information about what the carers needed. Most of the carers told us that communication with the hospital was not very good; they did not give them information that supported them. The hospital did not run a carers' forum or support group. The hospital director told us that they tried to run a carers' group but no one attended.
- The hospital conducted patient and family surveys to gather their views. The results were analysed to formulate trends and themes to enable staff to make changes to the service where needed. However, most of the relatives spoken with told us that they had not been given the opportunity to participate in the surveys. Patients had opportunities to give feedback on the service they received in weekly community meetings. In addition, the ward had a suggestion box at reception where relatives could post suggestions about how the service was run.
- Patients were involved in decisions about their service. The hospital ran a group called 'Noise, voice, choice meeting' that was chaired by patients where they discussed issues about how the service was run. For example, patients requested to have first aid training and this was offered, additional therapy space off the ward and a garden therapy room was built and animal care was provided. Patients also ran an onsite café and shop, which they were proud of and proved to be popular.
- Patients were involved in the recruitment of staff and recruitment open days.
- Staff considered whether patients had made any decisions beforehand to refuse a specific type of treatment at some time in the future. Staff recorded these decisions in patients' care records.

Are wards for people with learning disabilities or autism responsive to people's needs?
(for example, to feedback?)

Requires improvement 

Access and discharge

- The average bed occupancy for the six-month period from February 2017 to July 2017 was Fair Oak 87%, Willowbridge 86%, Bromley 84%, Lordsley 70%, Oakley West 57% and Oakley East 54%.
- The average length of stay over the six-month period from February 2017 to July 2017 was Fair Oak 51 months, Bromley 25 months, Oakley West 23 months, Lordsley 15 months, Willowbridge 12 months and Oakley 9 months. The length of stay was longer in Fair Oak and Bromley due to a number of patients that were on Ministry of Justice restriction order.
- All referrals for admission were made through the corporate central point. The hospital considered referrals for adults aged 18 years and over with a primary diagnosis of a learning disability. To be admitted, the patients must present with a challenging behaviour, mental health problems and may have a forensic history. At least two members of multidisciplinary team would go and assess the patient before admission. The multidisciplinary team would then discuss the request for admission to see if the needs of the patient would be appropriately met within the hospital.
- The hospital admitted 'out of area' patients from all over England and Wales. An initial assessment was undertaken to decide whether the needs could be appropriately met and the funding for the placement would be agreed with the commissioners. There were 29 patients out of 37 that were from West Midlands area and nearby boarder from Wales.
- Patients on leave could access their beds on return.
- Patients were moved between wards during their admission period for clinical reasons. We found that one patient was moved from the rehabilitation ward to low secure after a serious incident that could not be safely managed in a rehabilitation ward. Most of the patients were moved down from low secure to rehabilitation

Wards for people with learning disabilities or autism

wards following their care pathways after a period of progress. There were three care pathways, female complex care, male neurodevelopmental and male forensic pathways.

- The managers told us that they would contact the commissioners if a patient was to require intensive care that could not be safely provided in their present ward.
- Staff discussed all discharges and transfers in the multidisciplinary team meeting and they managed them in a planned and co-ordinated way. All patients had received care and treatment reviews. The hospital worked closely with the commissioners to discuss any discharge plans in line with transforming care.
- The hospital had two delayed discharges in the six month period from April 2017 to September 2017. The delays were due to problems in identifying a suitable placement recommended in care treatment reviews and discharge plans. Escalation meetings were held to discuss progress.
- The discharge care plans identified the section 117 after-care arrangements for patients detained under section 3 or equivalent. The social worker closely worked with external organisation to ensure that identified needs of section 117 could be appropriately met.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had a well-equipped clinic room to support treatment and care with an area to examine patients.
- The wards had rooms where patients could sit quietly, relax and watch TV or engage in therapeutic activities. Patients had access to occupational therapy kitchen, sports facilities, café and shop, music therapy shed and educational rooms. Willowbridge ward had a very nice open kitchen. Oakley West had a very modern sensory room but was not accessed by patients from low secure unit.
- There was a designated family room where patients could meet visitors privately. There was another family room in the Lodge where families with children could meet patients.
- Some patients had access to their own mobile phones and could make calls in private depending on individual risk assessment. The ward phone was plugged in the dining area, which did not promote privacy at all times particularly when it was in use by other patients.

- The ward had access to secure garden area; this included a smoking area which patients had access to throughout the day.
- Patients had mixed views on the quality of food, some told us that the quality of food was good and others told us it was not so good, there is a limited choice and the portions were small. We saw that the chef provided patients with a feedback form every week about meals. There were active discussions between the chef and patients to act on their feedback to continue improving the meals. They had a wide choice of menu. According to patient engagement survey provided by the hospital in relation to food, the hospital scored 58%.
- Patients had access to hot drinks and snacks anytime of the day.
- Patients were able to personalise their own bedrooms. Patients had their own televisions, radios and could decorate the rooms to their own liking.
- Patients had locked cabinets where values could be secured subject to individual risk assessments.
- The hospital offered a wide range of activities to patients. Each patient had an individual rehabilitation structured daily programme of activities which were related to their individual needs. The occupational therapist assessed patients and encouraged them to actively engage in routine meaningful and purposeful activities that promoted their skills such as cooking, education, voluntary work, music therapy, animal care, understanding finances, making their own hot drinks, community access and laundry. The hospital had recovery support workers that supported patients with activities and engagement. Patients told us that they were limited activities at weekends and evenings. Staff told us that activities were limited for those patients not on constant observations as staff were always tied up on observations.

Meeting the needs of all people who use the service

- The entrance to the building had adjustments for disabled access. There was also a ramp that could be used to access the buildings for those with wheel chairs. There was a disabled toilet facility in the reception area.
- We found that there was a patient in Oakley West that had a severe physical health condition and the ward environment could not appropriately meet their needs. The patient had only been admitted for two months and the hospital were aware of his physical health conditions but not the implications for their

Wards for people with learning disabilities or autism

management. The hospital had removed the hospital standard bed in the patient's bedroom following risk assessment and care plan. The patient had to sleep on the mattress so that they could not fall from the bed. The patient's bedroom was located upstairs. The alternative plan of care was when having complications associated with this condition downstairs staff took the mattress downstairs and an activity room downstairs was temporarily used as a bedroom for at least 24 hours until they had recovered. At that point the patient was considered high risk to use the stairs. All other patients could not access the activity room and the activity room had a glass panels on two doors one to the garden area and the one in the corridor. These glass vision panels were not covered and all other patients could see inside the room from the garden area and corridor. The room had not been properly adjusted to become a suitable bedroom and compromised the patient's privacy and dignity. There were also no bathroom facilities downstairs. We saw that the ward did not have a clear long term plan in place as to how they were going to appropriately meet the needs of the patient within that environment.

- The hospital had information leaflets in English. Staff told us that leaflets in other languages could be made available when needed.
- Staff gave patients relevant information that was useful to them such as the service provided, treatment guidelines, medical conditions, medicines, safeguarding, advocacy, patient's rights and how to make complaints. Although most of the information was available in easy read leaflets, signs, symbols, photographs and photographs. Some of the important information was not available in easy read.
- Interpreting services were available when required. Staff knew how to access these services.
- Staff offered and supported patients with the choice of food they wanted to meet their dietary requirements, health, religious and ethnic needs.
- The hospital had no dedicated multi-faith room. Staff told us they supported patients to attend faith centres in the local community to meet their spiritual needs. The ward had contact details for representatives from different faiths that visited the hospital.

Listening to and learning from concerns and complaints

- The hospital received 50 formal complaints and five compliments in the 12-month period from August 2016 to July 2017. The main reasons for complaints were peer behaviour and clinical issues. Five complaints were upheld. None of the complaints were referred to the parliamentary and health services ombudsman.
- The hospital had information on how to make a complaint displayed and patients were given this information. Patients could raise concerns with staff anytime. Staff told us they tried to resolve patients' and families' concerns informally at the earliest opportunity. Patients and relatives told us that they knew how to raise concerns and complaints, and staff gave them feedback.
- Staff were aware of the formal complaints process and knew how to support patients and their families when needed.
- Staff told us that any learning from complaints was shared with the staff team through staff meetings, handovers and emails and the managers made changes where it was required.

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

Good 

Vision and values

- The hospital shared the importance of their vision and values with staff. Staff were aware and agreed with the hospital's values of transparent, collaborative working, recovery and life-goals based. The vision and values were displayed in different parts of the hospital for staff, patients and visitors.
- The objectives of the care pathways reflected the organisation's values and objectives. There was a focus on person centred and recovery focussed approach for patients and close working within the teams and other external organisations.
- In view of the transforming care programme for learning disability services, the hospital developed discharge care pathways for patients to progress through within the hospital before they were finally discharged into the

Wards for people with learning disabilities or autism

community. As such, the hospital aimed to move patients from low secure to rehabilitation wards and back into the community within the shortest possible time.

- Staff told us that they knew who the most senior managers in the organisations were and would like them to visit and spend some time on the wards.

Good governance

- The hospital had robust governance processes to manage quality and safety; the ward managers used these methods to give information to senior management to identify and address any gaps in the quality of the service provided. The hospital had an operational structure and governance arrangements. They held monthly meetings at the hospital and quarterly meetings at corporate level. Managers were experienced and knowledgeable and demonstrated strong leadership of the service.
- Staff received mandatory training and the service had monitoring arrangements for compliance with training targets.
- The wards covered shifts with sufficient numbers of qualified nurses and nursing assistants with the right skills to meet the needs of patients.
- Staff had enough time to engage with patients to offer direct care activities and maintain observations.
- The hospital ensured that staff learnt lessons from incidents, complaints and patients' feedback. They shared information through staff meetings, handovers and reflective practice sessions.
- The hospital had good awareness of safeguarding procedures. Staff discussed safeguarding in multidisciplinary team meetings. They had a Mental Health Act administrator that ensured staff had the right support to enable them to apply the Mental Health Act procedures correctly. Staff had a good awareness of the Mental Capacity Act and Mental Health Act procedures.
- Staff participated in a range of clinical audits in order to monitor the effectiveness of the service provided. However, it was not clear how they used the findings to address changes needed to improve outcomes for patients.
- However, clinical staff from Oakley West ward did not ensure that the needs of a patient were appropriately met when they adjusted the plan of care and they did not have a long term plan to appropriately meet the needs.

- The hospital managers identified and came up with an action plan that staff supervision and appraisals were not consistently carried out and needed to be of good quality.
- The ward managers provided data on performance to the senior managers consistently. All information provided was analysed to identify themes and trends. The information was used to identify areas that required improvements and action plans were put in place. They collected data on performance such as staffing levels, length of stay, discharges, bed occupancy, incidents, physical interventions, seclusion, use of rapid tranquilisation, complaints, safeguarding and training. The management discussed the performance at monthly governance meetings to assess the performance of each ward. This information was shared with the wider staff team and displayed on the notice board.
- The ward managers felt they were given the freedom to manage the ward and could get administration support for the wards. They told us where there were concerns; they could easily raise them and were given support by the senior management. Where appropriate they could place the concerns on the hospital's risk register. They told us that they were involved in the review of risk register and governance arrangements.

Leadership, morale and staff engagement

- Managers from all wards reported there were no bullying or harassment cases within the ward staff.
- All staff knew how to whistle blow and told us they felt confident to do so, if necessary. Staff told us that there was a number that they could call and remain anonymous.
- Staff told us they had seen some improvements over the last year. There was a regular staff forum to discuss any concerns with the management and any concerns raised were listened to. Staff spoke positively about the new direction their managers were taking to involve, value and support staff. The management had introduced a monthly award for a 'Huntercombe hero' voted by staff for their outstanding contribution to work.
- Staff felt confident about raising concerns with their managers and expected they would be dealt with appropriately.
- Staff reported that morale varied from time to time as working in this environment could be stressful. They

Wards for people with learning disabilities or autism

told us they liked working for the hospital and felt happy about what they did. They felt supported by their line managers. Some staff commented on lack of permanent staff to build a stable core team.

- Staff described their teams as cohesive and dedicated to support each other and high quality patient care. We saw that all teams had good working relationships and were well coordinated.
- The hospital offered staff opportunities for leadership development. There was a programme for secondment of support workers to complete nurse training and a nurses forum for monitoring and reviewing the development of nurses.
- Staff had a good understanding of the duty of candour and the need to be open and transparent with patients and their families when something went wrong. Staff were aware of, and applied the hospital's process.

- Staff gave feedback on the service and contributed to service development through staff meetings, staff forum and staff surveys. The managers gave staff feedback and staff felt that their views were considered.

Commitment to quality improvement and innovation

- In May 2017 the hospital participated in quality network for forensic mental health services and received a score of 88%. They were now working towards accreditation from national autistic society.
- In May 2017 the service had a review from NHS Wales quality assurance improvement team and received a positive report against the fundamental standards reviewed.
- This service was running a least restrictive practice working group that aimed to implement the use of pro-active strategies, minimise the use of coercive practices and prevent the misuse and abuse of restrictive practices.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that all patients admitted are placed in an environment that appropriately meets their care and treatment needs.
- The provider must ensure that any short-term alternative plan of care is appropriately designed to meet all their needs without impact on other patients using the ward.
- The provider must also ensure that there is a clear long-term plan in place to ensure that the needs of the patients are appropriately met.

Action the provider **SHOULD** take to improve

- The provider should ensure to continue addressing the high use of agency and bank staff.
- The provider should ensure that all staff are up to date with their mandatory training.
- The provider should ensure to continue monitoring and addressing the issues leading to high numbers of restraint and safeguarding issues.

- The provider should ensure that all staff carrying out observations are actively engaged with patients and always record full information about patient engagement.
- The provider should ensure that care records are appropriately organised and fully integrated together.
- The provider should ensure that supervision for staff is consistently carried out in a structured way that captures areas of discussions.
- The provider should ensure that there are enough activities for patients around weekends and evenings.
- The provider should ensure that all families and carers receive an information pack about the hospital and have access to carers' support information and forums. There should also be clear channels of communication with families and the hospital in a timely manner.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The hospital did not ensure that a patient was placed in an environment in which their privacy and dignity were always respected. There was no clear long term plan in place to ensure that the privacy and dignity needs of the patient would be appropriately met in the future. This was in breach of regulation 10 (1).