

**Good**

# Leeds and York Partnership NHS Foundation Trust

# Wards for people with learning disabilities or autism

## Quality Report

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2014  
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## Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Acomb Learning Disability Units	RGDX3	Acomb Learning Disability Units	YO24 4LJ
Parkside Lodge	RGDPL	Parkside Lodge	LS12 2HE
White Horse View	RGDY5	White Horse View	YO61 3QN
St Mary's Hospital	RGD17	2 Woodland Square 3 Woodland Square	LS12 3QE

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for Learning Disabilities and Autism

Good



Are Learning Disabilities and Autism safe?

Good



Are Learning Disabilities and Autism effective?

Requires Improvement



Are Learning Disabilities and Autism caring?

Good



Are Learning Disabilities and Autism responsive?

Good



Are Learning Disabilities and Autism 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 found that the learning disability services had safe staffing levels, there was a shortage of permanent staff and there were vacancies, however there was no impact on care or patient safety.

We found that learning disability services assessed and managed risk to patients and staff and staff were aware of the incident reporting system and learned when things go wrong.

We found that the learning disability services assessed the needs of people and planned care and followed best practice in treatment and delivery of care.

We found there were skilled staffs and multi-disciplinary team working was evident.

There was adherence to the MHA and the MHA Code of Practice.

Medication was stored, handled, administered and disposed of correctly.

All wards were able to describe the complaints policy and how these were dealt with at local level

We found that all patients had a physical health check on admissions and there were specialised care pathways developed for some patients. Each patient had their own activities timetable and there was evidence of occupation and engagement.

The services we reviewed used “TOMS” (Therapy Outcome Measure Scale) and also engaged in regular audits.

Staff training attendance was variable across the learning disabilities services. Whilst some figures were low, There were plans to increase compliance with mandatory training and some of these staff already had dates identified to attend the training.

We found that there were some issues around adherence to the supervision policy, however this was being addressed.

We found that the learning disability teams and involved people in the care they received and treated them with kindness, dignity, respect and support. we saw a number of ways that this was done

We found that generally the learning disability services had good governance procedures in place and staff were aware of the Trusts vision and values. Strong leadership was evident within the learning disability services.

All wards were able to describe the complaints policy and how these were dealt with at local level.

# Summary of findings

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

### Are services safe?

We observed that the wards were clean however some wards were bare and in need of decoration.

Emergency equipment was available on all wards and was regularly checked and all in date.

There were problems with recruitment of staff and all wards were short staffed, but this was being mitigated with the use of bank staff.

Seclusion facilities were available on one ward and met the code of practice standards.

Medication was stored, handled, administered and disposed of correctly.

Staff were aware of the incident reporting system and the safeguarding process and would know what to do should an incident occur.

Good



### Are services effective?

We found that all patients had a physical health check on admission and there were specialised care pathways developed for some patients. Each patient had their own activities timetable and there was evidence of occupation and engagement.

Specialist training had been provided for staff working in the short term care ward at 2 Woodland Square, to allow for specialist physical care including feeding and catheterisation.

The services we reviewed used "TOMS" (Therapy Outcome Measure Scale) and also engaged in regular audits.

Staff training attendance was variable across the learning disabilities services. The Acomb unit training records showed a high compliance with mandatory training. However Parkside Lodge and 3 Woodland Square had lower figures. There were plans to increase compliance with mandatory training and some of these staff already had dates identified to attend the training. White Horse View also reported that staffing shortages affected their ability to undertake off ward training.

Adherence to the supervision policy was variable across the services. Staff we spoke with confirmed that they had regular supervision, and records were there for us to view. However a number of staff also stated that they had informal supervision which was not recorded. Records we viewed at Parkside lodge showed poor adherence to supervision sessions.

Requires Improvement



# Summary of findings

White Horse View also stated that short staffing had also impacted on their adherence to supervision sessions.

## Are services caring?

We observed that staff engaged with patients in a respectful and caring manner. Patients we spoke to told us they were happy and that there were good staff.

We saw that patients are involved with their treatment and we saw a number of ways that this could be done taking into account their disabilities.

All wards had access to Advocacy services.

Good



## Are services responsive to people's needs?

The short term care wards planned their admissions well taking in to account the mix of patients that could be on the ward.

The ward environments were fully adapted to meet the needs of the patient group, and all had access to outside spaces.

All care, treatment and risk assessment and management was individualised.

The patients on the wards had varying levels of cognition and literacy. This meant that written information and leaflets needed to be simplified and available in a form, more accessible for their needs. We observed good use of easy read signage or information displayed on the wards. There was a complaints procedure although we did not see easy read information about this clearly displayed on the wards. All wards were able to describe the complaints policy and how these were dealt with at local level.

Parkside Lodge had implemented a pictorial patient as required medication (PRN, Pro re nata) monitoring tool, which incorporated a thermometer tool to use with the patients for signs of arousal, distress and agitation. This had been developed by the team and the ward psychologist and was being piloted at the time of our inspection.

Good



## Are services well-led?

The ward staff showed an awareness of the chief executive and board level leadership and the Trusts vision and values, they reported that they felt more connected with local leadership.

We saw that strong leadership was demonstrated by all ward managers during our visit to all inpatients wards.

Staff at Parkside Lodge said it was a good place to work, they supported each other and felt they could approach their manager at any time. Staff felt listened to with their views respected.

Good



# Summary of findings

## Background to the service

The five wards for people with learning disabilities provide the following:

- The Acomb Unit in York - 8 bed acute assessment and treatment
- Parkside Lodge in Leeds - 12 bed acute assessment and treatment

- White Horse View in York - 8 bed learning disability step down rehabilitation
- 2 Woodland Square, St Mary's Hospital - 5 bed short term care for people with complex needs
- 3 Woodland Square, St Mary's Hospital - 4 respite beds plus 4 short term rehab beds

## Our inspection team

The team responsible for inspecting Leeds and York Partnership NHS Foundation Trust was led by:

Chair: Michael Hutt, Chief Operating Officer, Cumbria Partnership NHS Foundation Trust

Head of Inspection: Jenny Wilkes, Head of Inspection, Care Quality Commission

The Team included a CQC Inspection Manager, a mental health nurse, a Psychiatrist, a psychologist, a Mental Health Act Reviewer and an Expert by Experience and their supporter.

## Why we carried out this inspection

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

## How we carried out this inspection

We visited wards for people with learning disabilities at the Acomb Unit, Parkside Lodge, White Horse View and St. Marys Hospital between the 30 September and 2 October

We attended two multi-disciplinary team meetings and observed the discussion. We reviewed a sample of patients' care records and Mental Health Act documentation. We spoke with patients to seek their view and learn about their experience on the wards. We interviewed staff on a one-to-one basis including consultant psychiatrists, senior/lead nurses, ward managers, nurses and healthcare support workers

Before the inspection we reviewed a range of information we held about the wards for people with learning disabilities, including information we obtained directly from the Trust prior to the inspection. During our visits we requested further information.

To get to the heart of the services 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?

## What people who use the provider's services say

Patients told us that they felt safe and they were working towards moving into the community.

They knew how to make complaints and had followed the policy assisted by staff.

# Summary of findings

There are lots of activities available for them and they are able to have family contact when they want it.

There were mixed comments about the food, however generally the feedback was that food was good.

## Good practice

- 2 Woodland Square provided an excellent short term care service and we were impressed with their dedication and skill of the staff team.
- Parkside Lodge had been innovative in developing their patient daily activity plans.

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve

- **Action the provider MUST take to improve**

- Parkside Lodge should improve the supervision of all staff and develop an action plan to address this.
- 3 Woodland Square and Parkside should increase staff attendance at mandatory training and develop an action plan to address this.



# Leeds and York Partnership NHS Foundation Trust

## Wards for people with learning disabilities or autism

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Acomb Learning Disability Units	Acomb Learning Disability Units
Parkside Lodge	Parkside Lodge
White Horse View	White Horse View
2 Woodland Square 3 Woodland Square	St Marys Hospital
<Placeholder text>	<Placeholder text>

#### Mental Health Act responsibilities

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

The CQC Mental Health Act reviewer looked at nine records, including seclusion records, on the wards where patients were detained. The records were kept accurately and in line with the Mental Health Act Code of Practice.

We checked medication cards included T2 and T3 medication records. We found them to be accurate as was use of Section 62 used for transition of medication.

Patients were aware of their rights. Section 17 leave forms were appropriately completed and took into account a risk assessment. Old forms had been appropriately cancelled to avoid confusion.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

We found adherence to the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLS) was good across all of the wards some staff had received training. However this was not mandatory so not all staff had done this.

Multi-Disciplinary Team (MDT) meetings that we attended showed good understanding of the Act and also of its application.

# 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

## Summary of findings

We observed that the wards were clean. However on the Acomb unit the walls were bare. The ward manager told us that they were starting a project where the patients would be making some art work for the wall.

Emergency equipment was available on all wards and was regularly checked and all in date.

There were problems with recruitment of staff and all wards were short staffed. This was being mitigated with the use of bank staff.

Seclusion facilities were available on one ward and met the MHA code of practice standards.

Medication was stored, handled, administered and disposed of correctly.

Staff were aware of the incident reporting system and the safeguarding process and knew what to do should an incident occur.

The wards were clean. However on the Acomb unit the walls were bare. The ward manager told us that they had just started a project where the patients would be making some art work for the wall. This was in response to a Care Quality Commission visit earlier in 2014. The Acomb unit also did not have a cleaning contractor and there is an expectation that nursing staff carry out this duty.

We observed that not all of the wards had a suitable clinic room. In the Acomb Unit they did not have one and medication cabinets were housed in a small office on the wall. 3 Woodland Square had a clinic room which had a couch in it which was unable to be used as it contained boxes of patient notes, the manager agreed during our inspection to have these removed.

All wards had resuscitation equipment. However in 3 Woodland Square we found two grab bags. The bags had recently been updated but the old bag had not been removed or disposed of. The ward manager dealt with this immediately before we left the ward. All equipment we viewed was in date and regularly checked by staff, except 2 Woodland Square where an out of date I-gel was discovered and removed.

## Our findings

The Acomb unit, White Horse View, 2 and 3 Woodland Square and Parkside Lodge

### Safe and clean ward environment

The Acomb unit, White Horse View, 2 and 3 Woodland Square and Parkside Lodge were all older buildings that had been adapted for use as learning disabilities wards.

We saw potential ligature points on the Acomb Unit. They were however managed as part of individual and ward risk assessments. We could see that in the other ward areas ligature points had been designed out. All had anti-ligature shower rails, wardrobes and bathroom equipment. We saw that regular ligature audits were undertaken by the ward managers. As these wards were not new and bespoke to the patient group there were some areas without clear lines of sight. However this was managed by the presence of staff and enhanced observations.

Parkside Lodge was the only learning disability facility that we visited which had seclusion facilities. These met with the Mental Health Act Code of Practice minimum standards. This room had toilet facilities that provided privacy and dignity for patients. Earlier in the year the Care Quality Commission had undertaken a visit and stated that the original viewing panels in the doors of the seclusion room did not afford safe enough viewing as they were too small. We found these had been altered and replaced by a half door pane of glass. We saw the seclusion room was situated on the main corridor and did not afford enough privacy or dignity for patients as anyone in the room could quite easily be seen by anyone walking past. The ward staff and manager recognised this and advised that they had ordered a frosted vistamatic cover for the door.

### Safe Staffing

The staffing establishment was different across the wards and was specific to the patient needs and size of the ward.

# Are services safe?

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

All staff stated they could have extra staff if the acuity of the patients determined this. All wards were short of staff and there were plans in place to recruit nurses, occupational therapist and other professionals.

We found there were problems with recruitment of qualified nurses. This was more evident on Parkside Lodge where they had vacancies in Bands 3, 5 and 6. . We found the trust had identified issues in trying to recruit qualified learning disability nurses.

White Horse View used bank staff and they found there was an increase in usage over the summer months. White Horse View had also been without a manager intermittently for some months. The manager from the Acomb unit had temporarily agreed to oversee day to day management of this ward.

We saw that on Parkside lodge when incidents occurred staff were able to respond quickly and sensitively. We were told that staff could be increased as necessary. This was reflected by the duty rotas we looked at. If bank staff were used we were told that they try and use the same staff as they were familiar with the patient group and all were inducted and oriented to the ward.

At 2 Woodland Square we saw the recruitment of bank staff was problematic as staff were required to have enhanced training to work with the complex physical needs of the patient group. We saw a majority of the patients were provided with food and nutrition using a peg feeding method. Staff administering this required specific training

We found that activities were rarely cancelled due to lack of staff. We observed on a number of occasions patients being escorted to the local area or engaged in ward based activities.

Staff told us that they knew the process for contacting a manager or doctor outside of working hours.

## Assessing and managing risk to patients and staff

All case notes we checked contained a risk assessment and we saw good use of the “SAMP” assessment (Safety, assessment management plan) which was completed on admission and reviewed during the Multi-Disciplinary Process.

Staff undertook observation of the patients as required and were able to describe what to do if the patient was on enhanced observations. This was also enhanced by good relational knowledge of the patient group.

There was evidence of the safeguarding process being used on all wards. Staff we spoke to felt confident that they would know how to report such incidents. A safeguarding flow chart from the trust was seen on all the wards which described to staff how they would escalate and report any safeguarding concerns in relation to the patients on the wards.

The CQC Mental Health Act reviewer looked at records on The Acomb Unit and Parkside Lodge, including seclusion records on Parkside lodge. They found that there had been eight episodes of seclusion since January 2014. One patient accounted for five of these episodes. The records were kept accurately and in line with the Mental Health Act Code of Practice. All patient reviews had been carried out.

All medication charts checked were legible and lawful and there were good recording processes in place for administration of routine medication and PRN medication. Staff recorded accurately the presence of allergies and patients Mental Health Act status. T2 and T3's were attached when required.

Staff stored controlled drugs correctly. If the ward did not store controlled drugs there was a procedure in place for requesting these. Covert medication was used on a few occasions and this was done as per Mental Capacity Act and LYPT policy. We saw patients had a care plan in place for this.

Pharmacy staff visited the wards regularly. Pharmacy technicians re stocked the medication. Lithium, Clozaril and health check monitoring was in place, however it was difficult to locate the results in the notes we reviewed. This meant that there was at times a delay in reviewing these.

## Reporting incidents and learning from when things go wrong

Staff were aware of the incident reporting process. We saw that incident reports were dealt with in line with the LYPT policy and recorded on a “Datix” electronic reporting system or paper incident forms (IR1). The examples we saw showed that the information recorded in incident reports was clear and comprehensive. Ward staff and managers were able to describe the process.

## Are services safe?

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

Staff on White Horse View stated that lessons learnt were routinely discussed in staff meetings and also within the communication book.

The Acomb unit had regular staff meetings and had a standing agenda item which included discussion and review of incident report forms (IR1) and incidents, these meetings were minuted and copies of these are available to staff.

Other wards had a less formal approach to feedback from incidents. We found there was a regular monthly incident meeting that managers attend and reports were available to be viewed.

# Are services effective?

Requires Improvement 

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

## Summary of findings

We found that all patients had a physical health check on admission and there were specialised care pathways developed for some patients. Each patient had their own activities timetable and there was evidence of occupation and engagement.

Specialist training had been provided for staff working in the short term care ward at 2 Woodland Square, to allow for specialist physical care including feeding and catheterisation.

The services we reviewed used "TOMS" (Therapy Outcome Measure Scale) and also engaged in regular audits.

Staff training attendance was variable across the learning disabilities services. The Acomb unit training records showed a high compliance with mandatory training. However Parkside Lodge and 3 Woodland Square had lower figures. There were plans to increase compliance with mandatory training and some of these staff have already had dates identified to attend the training. White Horse View also reported that staffing shortages also affected their ability to undertake off ward training.

Adherence to the supervision policy was variable across the services. Staff we spoke with confirmed that they had regular supervision, and records were there for us to view. However a number of staff also stated that they had informal supervision which was not recorded. Records we viewed at Parkside lodge showed poor adherence to supervision sessions.

White Horse View also stated that short staffing had also impacted on their adherence to supervision sessions.

We looked at patients' electronic records and notes. We saw that there were good care planning process in place and these addressed a range of physical and psychological issues. All of the records contained a comprehensive risk assessment.

Notes indicated that a physical health check had been undertaken on admission. Some patients with ongoing health conditions had a health passport that would accompany them if they needed additional health care input. Patients who were admitted to 2 Woodland Square had such specialised needs that we saw a patient pathway had been developed in partnership with the local acute trust. This meant that if patients required admission to an acute hospital they would be admitted straight to a ward without going via A&E or their GP.

There were care plans in place to monitor specific physical health needs such as feeding or fluid balance. Some Patients had copies of their care plans in their rooms.

### Best practice in treatment and care

There was evidence of medication being reviewed and second opinions being sought when needed under the Mental Health Act (1983).

There was a lack of access to psychological therapies and this is usually obtained by the wards through a referral to the community teams and there is also a psychologist available in Parkside lodge.

We were told by staff that patients also chose to come to the ward to have minor procedures performed rather than go to their GP or local hospital. Care plans were available for such procedures. Feeding regimes were also available in the kitchen area due to the complex needs of this patient group.

Each patient had their own activity time table. There was evidence of patient occupation and engagement on our visits. At Parkside lodge these plans had been developed further to take into consideration the ability of the patient to understand these. These were short term, day to day plans and were visual and patient centred.

The services we reviewed used "TOMS" (Therapy Outcome Measure Scale) This is a four domain outcome measure based on the WHO (World Health Organisation). It is validated and can be used either to measure outcomes of a specific treatment modality, or the overall improvement in a patient's condition from MDT input.

## Our findings

Acomb unit, White Horse View, 2 and 3 Woodland Square and Parkside Lodge

### Assessment of needs and planning of care

# Are services effective?

**Requires Improvement** 

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

Staff were engaged in audit. On Parkside lodge we could see that this information was displayed on the ward notice boards, much of this information we saw was specific to the local ward.

## **Skilled staff to deliver care**

Patients on the short term care ward (2 Woodland Square) were all cared for by registered learning disability nurses; who had all received enhanced training to enable them to care for patients who had additional complex physical health needs. Training included feeding, catheterisation, physiotherapy and enhanced lifesaving including management of someone with a tracheostomy. They have also done some awareness training with the healthcare workers around oxygen therapy. We were told that this enhanced training was not routinely offered or arranged by the trust and was only provided because of the persistence of the team and their recognition of how important this bespoke training.

Staff training attendance was variable across the learning disabilities services. The Acomb unit training records showed a high compliance with mandatory training. However Parkside Lodge and 3 Woodland Square had lower figures. In Woodland Square the lowest figures were for Intermediate life support at just below 50% compliance and the highest being Safeguarding adult and children training at 93%. In Parkside lodge the lowest figures were 52% for intermediate life support and the highest being 84% for prevention or management of violence and aggression. The managers reported they were aware of these figures and there was a monthly training list available to them. We did hear on the wards that these figures on the online system were not in agreement with local records. This was confirmed to us via the computer in comparison to manual records. We saw that plans were in place to increase compliance with mandatory training and some of these staff had dates to attend training. White Horse View also reported that staffing shortages affected their ability to undertake off ward training.

Adherence to the supervision policy was variable across the services Staff we spoke with confirmed that they had regular supervision. Records we looked at confirmed this. However a number of staff told us they had informal supervision which was not recorded. Records we viewed at Parkside lodge showed that out of 27 staff there was only three staff that had had 1:1 supervision in the last month. The managers of the ward confirmed they were aware of

this and the ability to provide regular supervision had been adversely affected by the staffing shortages they were experiencing on the ward 7.2 whole time equivalent qualified nurse posts were unfilled. In response to this they had implemented a monthly group supervision session and records we viewed showed that eight staff members had attended each session over the last three months. Whilst we appreciate that this is a short term measure, this lack of a clear supervision process must be of concern. At Parkside Lodge the appraisal data we viewed showed that 80% of staff had been appraised.

White Horse View also stated that short staffing had also impacted on their adherence to supervision sessions.

## **Multi-disciplinary and inter-agency team work**

There was a clear and effective system in place for handovers between nursing teams. Two of the wards we visited had also been part of the releasing time to care "productive ward" initiative they implemented a notice 'board at a glance' so that all staff coming on duty could view this with ease should the ward be busy.

Parkside Lodge had implemented a system for patients to choose what they wanted from their MDT meeting. This included such questions as "would you like to attend the MDT?" and "things I want MDT to know this week". These also included pictures and symbols for ease of communication.

We attended a MDT meeting on Acomb unit and White Horse View. We observed and saw that patients, carers and family members participated in these patient reviews. Contributions to the meetings were from all of the MDT and were individualised, there was also good clinical discussions around client formulations and showed short and longer term planning for patients. Discussions around capacity for investigations and blood tests clearly explained the rationale for these investigations and medication. There was also comprehensive discussion around the use of the Mental Capacity Act (MCA) and the Mental Health Act (MHA). The health action plan, behaviour management plan, physical interventions guidelines and eating and drinking guidelines, were also available.

## **Adherence to the MHA and the MHA Code of Practice**

# Are services effective?

Requires Improvement



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

The CQC Mental Health Act reviewer looked at nine records, including seclusion records, on each ward where there were detained patients. They found that all detentions were lawful and the records were kept accurately and in line with the Mental Health Act Code of Practice.

Medication cards were checked as were T2 and T3 medication records, they found that these were accurate as was use of Section 62 used for transition of medication.

Patients we spoke with were aware of their rights. Section 17 leave forms were appropriately completed and took into account a risk assessment; old forms were cancelled to avoid confusion

## **Good practice in applying the MCA**

Adherence to the mental capacity act and deprivation of liberty safeguards was good across all of the wards.

MDT meetings that we attended showed good understanding of the Act and also its use.



# Are services caring?

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

## Summary of findings

The 10 patients we spoke to across the five wards reported that they were treated well, patients said they were happy and that there were “good staff here” “they care and help me, they know me”. We observed informally staff engaging with other patients in a respectful and caring manner.

Patients were involved with their treatment which was individualised and took account of their disabilities.

All wards had access to Advocacy services.

## Our findings

Acomb unit, White Horse View, 2 and 3 Woodland Square and Parkside Lodge

### Kindness, dignity, respect and support

The 10 patients we spoke to across the five wards reported that they were treated well, patients said they were happy and that there were “good staff here” “they care and help me, they know me”. We observed informally staff engaging with other patients in a respectful and caring manner.

Patients we spoke with told us they were happy and that there were, “good staff here”; “they care and help me and they know me”.

One of the wards we visited was unsettled on the afternoon of our visit due to the complex nature of a patient’s presentation. However the interactions we observed were appropriate and incidents were dealt with sensitively and appropriately and staff were provided with support afterwards as necessary.

### The involvement of people in the care they receive

Patients were encouraged to attend their MDT meeting. We saw that a form was in use on one ward. On other wards we saw staff supported patients fully to attend, by having a pre meeting to discuss issues in a smaller forum.

Patients told us they felt listened to and it was an inclusive process. Carers and outside agencies were also encouraged to attend. We saw good clinical discussions taking place of client formulations. Some patients had copies of their care plans in their rooms and those we viewed were in an accessible format.

We viewed care plans which were all patient centred and clearly showed clear goals that had been agreed with the patient

All wards provided access to advocacy services and independent mental health advocates (IMHA) and independent mental capacity advocates (IMCA). Advocacy services are provided by an independent service.

# Are services responsive to people's needs?

Good 

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

## Summary of findings

The short term care wards planned their admissions well taking in to account the mix of patients that could be on the ward.

The ward environments were fully adapted to meet the needs of the patient group, and all had access to outside spaces.

We could find no examples of blanket restrictions. All care, treatment and risk assessment and management was individualised.

The patients on the wards had varying levels of cognition and literacy. For many this meant that written information and leaflets needed to be simplified and available in a form more accessible for their needs. We observed good use of easy read signage or information displayed on the wards. There was a complaints procedure although we did not see easy read information about this clearly displayed on the wards. All wards were able to describe the complaints policy and how these were dealt with at local level.

involvement as possible and they always try to follow the regimes that patients have at home. If the patients are funded for support from other areas this usually continues whilst in short term care.

### **The ward environment optimises recovery, comfort and dignity**

2 Woodland Square was fully adapted to care for the patients who are admitted. All rooms have hoists and adapted beds and there are also mobile hoists available. The bedrooms were not ideal and could be slightly larger to accommodate some of the equipment needed. However the environment had been used well. There are adapted baths and also the Burnett bathing support system. This was developed to provide postural support in bathing situations. The supports are simple to use, moulding like plasticine to form to the seating for the patients they also had a float system for use. All slings used were personal ones and usually are brought into the ward with the patient.

2 Woodland Square had a sensory room and a light and airy lounge. It also has full access into and out of the building which has been adapted for wheelchairs including access to the garden at the rear of the ward.

The Acomb ward had access to outside space. They operated a locked door policy however, the doors were open on the day of our visit. However there was no signage on the doors of the unit to this effect. Due to the size of the Acomb unit it does not have a clinic area. This means that any procedures needed are completed in individual bedroom areas.

We saw at the Acomb unit that they allowed patients to have their own mobile phone for private calls.

Other wards we visited provided a variety of flexible spaces where visits, appointments and 1:1's could take place. They also offered access to outside space and patients were able to smoke in designated areas. Parkside lodge had a telephone for patient use. However this was in a public area. Following a visit from the CQC earlier in the year there are plans to move this into a more private area.

The Acomb unit offered access to the kitchen area and patients could make hot and cold drinks when required. They also cook their own food in this area. Feedback on food was generally good across the wards.

## Our findings

Acomb unit, White Horse View, 2 and 3 Woodland Square and Parkside Lodge

### **Access, discharge and bed management**

The wards accepted patients from across the county and there was sometimes movement into different wards dependant on acuity of the patients.

The Acomb ward accepted referrals from a variety of sources, including A&E, the psychiatry department or a telephoned referral.

The short term care or respite wards planned their admissions well. 3 Woodland Square met the requirement to provide same sex accommodation by admitting male patients one week and one week it has female patients. 2 Woodland Square also plans its care and is usually full. Referrals to this ward come from the respite allocation panel and the complex multiple impairment teams. This short term care ward encourages as much carer

# Are services responsive to people's needs?

Good 

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

Parkside Lodge had implemented a pictorial Patient Required Necessary (PRN) monitoring tool, which incorporated a thermometer tool to use with the patients for signs of arousal, distress and agitation. This had been developed by the team and the ward psychologist and was being piloted at the time of our inspection

## **Ward policies and procedures minimise restrictions**

All care and risk management was individualised.

All wards visited were able to describe their locked door policy and how informal patients could leave the ward as necessary.

Patients were able to personalise their bedrooms as required.

## **Meeting the needs of all people who use the service**

The patients on the wards had varying levels of cognition and literacy. This meant that written information and leaflets needed to be simplified and available in a form, more accessible for their needs. We observed good use of easy read signage or information displayed on the wards.

The ward staff at Parkside Lodge had also developed their activity charts into a more day to day simplified form which allowed the patients to see their achievements in a different format. For instance they had also developed a discharge plan with one patient who was due to move within days and it outlined their programme until that day.

There were some LYPFT medication leaflets available on the Acomb unit, which were in an easy read format. We reviewed the Clozaril and Lithium leaflet, and we found that the need for patients to have blood tests with these particular medications was missing. The trust should develop and implement information leaflets that meet the needs of the patients to inform them of the treatments they would receive and the implications of having this treatment, to ensure that they reflect the need for blood tests.

Patients could be referred to the speech and language therapist within the local Community Learning Disability teams.

## **Listening to and learning from concerns and complaints**

There was a complaints procedure, although we did not observe easy read information about this clearly displayed on the wards. All wards were able to describe the complaints policy and how these were dealt with at local level.

On 2 Woodland Square there had been three complaints that had been resolved at local level and the manager was able to describe how the lessons learnt from these complaints had been embedded and how some changes were made to their practice as a direct result of this complaint.

# 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.

## Summary of findings

The ward staff showed an awareness of the wider organisation's values. However, this was poor in comparison with the staff awareness of management at service level.

We saw that strong leadership was demonstrated by all ward managers during our visit to all inpatients wards.

Staff at Parkside Lodge said it was a good place to work, they supported each other and felt they could approach their manager at any time. Staff felt listened to with their views respected.

Parkside Lodge had implemented a pictorial Patient Required Necessary (PRN) monitoring tool, which incorporated a thermometer tool to use with the patients for signs of arousal, distress and agitation. This had been developed by the team and the ward psychologist and was being piloted at the time of our inspection.

There were issues on two wards with adherence to mandatory training and supervision especially at Parkside Lodge.

### Good governance

We saw strong leadership at ward manager level on all of the inpatients areas visited.

The ward manager on the Acomb unit did not have any administrative support and sometimes they felt that time taken up with administrative tasks could be better used in clinical matters.

There were recognised difficulties in ensuring that the wards had the correct staff skill mix for the patient's needs due to the ongoing recruitment process. Staff told us they felt safe on these wards. They also stated that should the acuity of the patient group change extra staff could be used.

There were issues on two wards with adherence to mandatory training and supervision especially at Parkside Lodge.

There was good application of the Mental Health Act, Mental Capacity Act and the safeguarding procedures.

### Leadership, morale and staff engagement

Across all learning disability services we saw that sickness levels were low. In 3 Woodland Square it was as low as 3.6%.

Staff reported on White Horse View that morale was good. It had dips like any team but generally staff supported each other.

Staff on Parkside Lodge also stated that it was a good place to work. Staff supported each other and they felt they could approach the manager at any time. Staff told us they felt listened to and their views were respected.

### Commitment to quality improvement and innovation

Learning disability services we visited had also participated in the "AIMS" accreditation for inpatient mental health services, and they had been accredited.

Parkside Lodge had implemented a pictorial Patient Required Necessary (PRN) monitoring tool, which incorporated a thermometer tool to use with the patients for signs of arousal, distress and agitation. This had been developed by the team and the ward psychologist and was being piloted at the time of our inspection.

## Our findings

Acomb unit, White Horse View, 2 and 3 Woodland Square and Parkside Lodge

### Vision and values

The ward staff showed an awareness of the chief executive and board level leadership and the Trusts vision and values, they reported that they felt more connected with local leadership. Staff were committed to working with patients with a learning disability and their enthusiasm showed through in their engagement with patients.

We were told that staff would probably recognise the chief executive however were not familiar with any other members of the board. One staff member we spoke to stated that there had been a visit by a senior member of staff but they didn't introduce themselves and they didn't know who they were.